

Appendix A
Fiscal Year 2018-2019

COUNTY HUMAN SERVICES PLAN
ASSURANCE OF COMPLIANCE

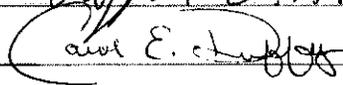
COUNTY OF: McKean

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

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

Signatures

Please Print

<i>Signatures</i>	<i>Please Print</i>	Date:
	Clifford D. Lan	Date: 6-12-18
	Carol E. Duffy	Date: 6-12-18

Appendix B: County Human Services Plan Template
McKean County

PART I: COUNTY PLANNING PROCESS

Planning for the McKean County HSBG is completed by the McKean County Department of Human Services administrative staff, representation from every human services program utilizing block grant fund, consumers and stakeholder groups in the county.

The **McKean County Department of Human Services Advisory Board** reviews county programs, expenditures, trends and needs. Members include representation from Psychiatric Services, Mental Health/ID Case Management, Alcohol and Drug Abuse Services, Victims Resources, MH/ID Residential Services, Children and Youth Services, CASSP, physical health services, housing, advocacy groups, and the business community. Meetings occurred on August 3, 2017; November 2, 2017; February 1, 2018 and May 3, 2018. The group provided feedback on issues related to housing, safely reducing RTF use, mental health procedures, violence in schools, stigma and bias, dental health shortages, trauma informed care, mental health justice barriers, transition age youth, and changes in Intellectual Disability service categories.

The **McKean County Collaborative Board** is a 52-member diverse coalition with stakeholders representing a broad array of human service, health, education, consumer groups, criminal justice, faith-based and the business community. Meetings are held every other month. Members discussed the needs of specialized populations, gaps in service, housing, and trauma-informed care. The goals of this board align with housing and trauma-informed care needs, so discussion focused on related supports, services and infrastructure. This feedback is incorporated in the block grant. An electronic survey was distributed to the Collaborative Board, DHS Advisory Board, and members of the community. Results are included in Attachment 1. Feedback from this survey was incorporated into the block grant.

The **McKean County Criminal Justice Advisory Board (CJAB)** membership represents law enforcement, criminal justice, university, human services and county government. Meetings are held quarterly and members provided feedback on mental health justice needs. Pretrial services, re-entry planning and participation in the National Stepping Up Initiative are goals aligned with this group. These goals were incorporated in the block grant.

The **McKean County Trauma Task Force** focuses on increasing trauma-informed care capacity and is comprised of representatives from schools, behavioral health organizations, hospital, human services, Area Agency on Aging, University of Pittsburg School of Social Work, and McKean County Department of Human Services. The Task Force is a sub group of the McKean County Collaborative Board and reports back to this larger group. Meetings occur quarterly and the June meeting focused on planning activities for the fiscal year 2018-19, of which, these goals were incorporated into the block grant.

The **McKean County Housing Coalition** is comprised of faith-based organizations, human service agencies, and housing related partners who focus on promoting awareness of housing and homelessness needs, and increasing housing options for all. Meetings occur monthly. Again, the Coalition is a sub group of the McKean County Collaborative Board. The Housing Coalition reports back the larger board. All goals of the Housing Coalition were incorporated in the block grant.

Independent Monitoring for Quality is a trained independent monitoring team that interviews people receiving services and their families about the quality of their services.

Community Support Program and Consumer/Family Satisfaction Teams provide consumers and family members the opportunity to provide feedback on services through Recovery-Oriented Systems Indicators (ROSI) meetings.

Quality Monitoring is completed by a McKean County Department of Human Services internal reviewer. On site provider reviews are conducted annually, and results are shared with the provider and DHS Administration for continuous quality improvement purposes.

Community and Consumer Groups: Consumer groups at Futures, Inc and the STEPS Drop-In Center participated in block grant planning by providing feedback on the value of the current service system and what could be improved. Additionally, other focus groups and survey opportunities included community members and families of consumers. **Attachement 1** contains feedback from these surveys and focus groups:

Tool Used	Targeted Group	Number of Participants
Survey Monkey: Electronic Community Survey	McKean County Collaborative Board, McKean County Department of Human Services, and Community Members	45
ID Consumer Focus Group	Futures Rehabilitation Center Participants	7
Mental Health Consumer Focus Group	STEP Drop-In Center CPSParticipants	16
McKean County Provider Focus Group	McKean County Providers	7
School Superintendent Focus Group	Area School Superintendents	16
Aging Focus Group	Consumers, Citizens and Orgnaizations invested in older adults.	38

Collaborative and Advisory Boards involved in the planning process were:

- McKean County Department of Human Services Advisory Board
- McKean County Collaborative Board
- McKean County Criminal Justice Advisory Board
- McKean County Trauma Task Force
- McKean County Housing Coalition
- McKean County Provider Network

McKean County DHS intends to utilize Block Grant funding across the following categories and for services in the least resitrcitive setting.

- **Mental Health Services:** Administrative Management, Community Employment & Employment Related Services, Community Residential Services, Community Services, Emergency Services, Family Based Vocational Rehabilitation, Family Based Mental Health Services, Family Support Services, Housing Support Services, Outpatient Services, Partial Hospitalization, Social Rehabilitation Services, and Targeted Case Management.

- **Intellectual Disabilities Services:** Case Management, Community-Based Services, and Community Residential Services.
- **Housing Assistance Service:** Case Management and Rental Assistance.
- **Drug and Alcohol Services:** Case/Care Management, Inpatient Non Hospital, and Outpatient/Intensive Outpatient.
- **Human Services and Supports:** Adult Services, Aging Services and Specialized Services.

No substantial programmatic and/or funding changes are anticipated in FY 18/19 in McKean County.

PART II: PUBLIC HEARING NOTICE

The Block Grant hearing announcement was distributed to McKean County Department of Human Services staff, McKean County Department of Human Services Advisory Board, McKean County Criminal Justice Advisory Board and the McKean County Collaborative Board.

Additionally, the public announcement was published in two major newspapers—the Kane Republican on May 14, 2018 and in the Bradford Era on May 15, 2018. The Public Notice included hearing dates, ability to provide public comments, period of public viewing of the draft plan, and ability to also provide written comments to the DHS Administrator.

Two hearings were held at the McKean County Department of Human Services in Smethport, PA on May 30, 2018 at 3:00 and again at 5:00 PM. An overview of the Block Grant was presented by the Administrative Team at the McKean County Human Services. There were 13 people in attendance.

The following Attachments summarize the hearing process.

- Attachment 2: Public Hearing Notice
- Attachment 3: Proof of Publications
- Attachment 4: Public Hearing Sign In Sheet

PART III: CROSS-COLLABORATION OF SERVICES

Employment:

Employment services and supports are coordinated through the McKean County Collaborative Board, McKean County Criminal Justice Advisory Board and the Youth Consortia/Transition Council.

Intellectual Disabilities: The Office of Vocational and Rehabilitation services (OVR) is central to coordinating employment resources for individuals with Intellectual Disabilities. The first step toward accessing services is a referral to OVR. If the client is not eligible for OVR, county ID base funding (if available) pays for Community Participation Supports or Supported Employment. County ID Base dollars could be authorized for clients not enrolled in a waiver. A point person in the Administrative Entity who works for the McKean County Department of Human Services is the employment lead and works collaboratively with local stakeholders, individuals and family members to promote competitive integrated employment resources. She attends local coordinating meetings in order to share information and resources, develop interagency relationships, and engage employers.

Mental Health: A small portion of block grant funds are utilized for Supportive Employment services in the community, however, most resources are accessed through OVR. OVR contracts with local providers for job coaching and paid work experience. It should also be noted that Peer Supports Services hire consumers into competitive employment opportunities. Many consumers have been hired to support their peers in this fashion. Additionally, Officers of the STEPS (MH) Drop In Center gain valuable skills in their leadership role. While being an Officer at STEPS is an unpaid responsibility, it is notable that every past President of STEPS has gone on to gain competitive employment in the community.

Criminal Justice: No block grant funds are administered to this categorical, however, collaborative practices have generated many opportunities furthering employment for justice involved individuals that have mental health, substance abuse or co-occurring disorders. In partnership with CareerLink and Vista Corp, volunteers conduct job readiness classes in the jail setting. Inmates are referred to CareerLink early while incarcerated, thus providing a more seamless re-entry. Additionally, justice involved individuals in the Intermediate Punishment Program or on Work Release from the Jail are often required to work in a community service program called Growing Good Gardens (3G Program). This opportunity often leads to employment; builds and boosts skills; and gives participants the opportunity to network with businesses, agencies and citizens. New opportunities are generated through 3G since it is a hub of collaboration. As just a few examples, 3G participants made child cut-out displays for Child Abuse Prevention Month; made raised garden beds for Maple Manor (an inpatient drug and alcohol rehabilitation facility); and distributed flags on Veteran grave markers for Memorial Day. Donors contribute to the program also. Walmart makes weekly lawn and garden donations; community members donate scrap metal that is then cashed in for operating funds; and citizens buy vegetables produced by the program. Additionally, the program regularly works on the beautification of the county—landmark areas at the entrance to Bradford, McKean County Fairgrounds, and the development of the Bucktail Park.

Alcohol and Drug Abuse Services: Alcohol and Drug Abuse Services, Inc. provides training to employers on Drug Free Workplace issues. Additionally, CareerLink regularly provides job training and career readiness activities in Maple Maner, an inpatient treatment center for addictions.

Housing:

The McKean County Housing Coalition is responsible for cross collaboration. Partners work together to promote awareness of housing and homelessness needs, and to increase housing options for all. Their mission is: “Building our community where everyone has a place to call home.” And their founding values are: “Hope • Dignity • Safety • Mutual Responsibility • Stability • Shared Resources”. The Coalition is Co-Chaired by the McKean County Department of Human Services Administrator and the Pastor of Tower First United Methodist Church of Bradford. McKean County distributes housing funds in a manner that is consistent with the goals and values of the Housing Coalition. Leveraged funds are generated through grant resources, donations, and volunteerism. Funding strategies are coordinated through the Housing Coalition.

Partners have differing roles, and in working together, have leveraged funds to further housing resources.

- McKean County Redevelopment and Housing Authority: Provides public housing, Housing Choice Voucher program, Centralized Intake, Housing Case Management, Mental Health Justice Housing, Bridge Housing, Rapid Re-entry Services, housing assistance (deposits, arrearages, utilities) and the Family Self Sufficiency Program. Sources of county funds utilized include Homeless Assistance Program, Children and Youth Needs Based Budgeting funds, a Mental Health Justice Fund through the Pennsylvania Commission on Crime and Delinquency as well as HSBG retained earnings for deposits, arrearages, utilities and short term rental assistance. Funds leveraged from other sources include a Emergency Solutions Grant for Rapid Re-housing and Homeless Prevention activities; PHARE funds for Bridge Subsidy; Continuum of Care funding for Rapid Re-housing across 13 NW PA counties; United Way funding to offer a Financial Literacy and Savings program; and funding to operate the Family Self-Sufficiency Program for Housing Choice Voucher participants. All Housing Case Managers are familiar with SOAR (SSI/SSDI Outreach, Access and Recovery) in order to expedite acceptance of SSI for households who are homeless. Additionally, HUD-VASH (Veterans Affairs Supportive Housing) Vouchers have been maximized for Veteran housing needs. Four units of housing for homeless transition age youth will open in the Borough of Kane in mid 2018. Funds for rehabilitation of these apartments was accessed through funding through a grant through the Federal Home Loan Bank of Pittsburgh.
- YWCA of Bradford provides Emergency Shelter Services, Domestic Violence Services (including shelter).Emergency Shelter/Housing Case Management and MH Supportive Housing Services. Sources of county funds utilized include HSBG Reinvestment Funds/Housing Assistance Program and Mental Health Base Funds. Leveraged funding sources include the United Way of Bradford and YWCA private donors. Additionally, YWCA is a sub-recipient to provide Emergency Shelter Essential Services and Street Outreach. Churches and the McKean County Independent Living Program have donated time for Shelter Clean Up Days—painting and refurbishing rooms. Several times per year, local organizations and volunteers donate time and money through fund raising events that benefit the YWCA.
- Churches, Friendship Table, Destinations Bradford, and the Salvation Army provide emergency food and shelter vouchers. County funds utilized include the State Food

Purchasing Program. Funds leveraged include other food programs, the United Way of Bradford, faith-based grant funds, and community donations.

- Substance Abuse and Behavioral Health providers such as Evergreen Elm, Journey Health, The Guidance Center, and Alcohol and Drug Abuse Services work collaboratively with partners on the Housing Coalition in housing and supporting populations with specialized needs. Blended Case Managers at The Guidance Center are trained in SOAR.
- The Erie Veterans Administration, McKean County Veterans Affairs, and Supportive Services for Veteran Families (SSVF) providers—Soldier On, Economic Opportunity Council, and Northern Tier Community Action—work in partnership to make sure no veteran is homeless and that veterans are appropriately housed, often utilizing VASH Housing Choice Vouchers. Veterans who are not eligible for VASH due to a less than honorable discharge are linked to the CoC vet or ESG vet programs administered by Lawrence County Community Action Partnership for potential rental assistance.

The Housing Coalition prioritized these populations: Veterans, individuals with mental illness and co-occurring disorders, individuals with intellectual disabilities, victims of domestic violence, transition age youth, justice involved individuals, and individuals with substance abuse disorders.

During the most recent fiscal year an ad hoc committee of the Housing Coalition developed an Emergency Housing Response Plan for planned and unplanned closures/emergencies. This plan includes all known resources in the county as well as contact information and the plan is incorporated into the McKean County Emergency Response Plan.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

McKean County is a small, rural sixth class county that has a well-connected array of supports for children, adults and families. The county's mental health program is designed to deliver services that promote respect and responsibility. Residents with mental illness and co-occurring disorders can access individualized services that enhance recovery and resilience. McKean County Department of Human Services promotes the core values of consumer empowerment, cultural competency, the special needs of citizens, community-based and natural supports, and a system that is flexible, coordinated, accountable and strengths-based, and provides administrative oversight of mental health services in the county through the following functions:

- Program contracting and monitoring
- Oversight of the hospital commitment process
- Child and Adolescent Service System Programming
- PA Community Support Program Coordination
- Mental Health Disaster Crisis Outreach and Referral
- Development and monitoring of the Community/Hospital Integration Projects Program
- Mental Health service coordination for transitioning youth and other specialized populations.

Services are also contracted out to different providers within the county, with our largest behavioral health providers being The Guidance Center and Beacon Light Behavioral Health Systems.

Mental Health services for adults in McKean County include outpatient therapy, crisis services, acute partial hospitalization program, psychiatric rehabilitation services, peer support, drop-in center, mobile medication management, supported living services, and supportive housing options.

Mental Health services for youth and children in McKean County include Case Management, Parent-Child Interaction Therapy, Outpatient Therapy, Family Based Services, Behavioral Health Rehabilitative Services, family support, Partial Hospitalization, Crisis Services, Respite Services, Residential Treatment Facilities, and Hospitalization.

In partnership with Community Care Behavioral Health (CCBH), many of services are covered under the CCBH member umbrella. As a complement, mental health base dollars contribute to the maintenance of services and enhancement of the behavioral health service system.

A number of service enhancements and programmatic improvements were accomplished in 2017-18 through block grant reinvestment funding, grant funding, creative use of base dollars and new initiatives. Innovative programming has become a necessity in order to meet the needs of residents. The following sections describe progress in 2017-18 and how McKean County intends to utilize resources in the coming year. Use of mental health state base funds along with Federal, County match and grant funds will support an array of service options. Resources and supports will be provided in the least restrictive setting appropriate for residents, and will enhance collaboration and planning among stakeholders involved.

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

Dual Diagnosis Treatment Team (DDTT): With HealthChoices dollars, a DDTT Team based out of NHS Human Services continues to provide all-inclusive, intensive services to adults with a behavioral health diagnosis and intellectual disability. The goal of DDTT is to reduce psychiatric inpatient hospitalization stays. In 2017-18, there were ten McKean County individuals served through this program. DDTT consumers learned coping skills necessary to help them navigate in the community and reduce usage of emergency room and hospital admittance. McKean County has had positive experiences with the DDTT approach in reducing recidivism. The DDTT person-centered treatment team provides training and support not only to the individual, but the whole team. DDTT has been able to complete assessments, track behaviors more frequently, provide feedback to doctors or therapists, follow the person into various settings to get a true picture of individual functioning, and provide a support in homes at least five days a week. DDTT also provides follow-up services once the person is discharged. This booster period usually occurs four weeks after discharge.

Adult Community Stabilization and Reintegration Unit (CSRU): Beacon Light's CSRU in McClure, PA is a 16-bed, adult residential facility. Residents must be over 18, dually diagnosed with mental illness and developmental disability, and be at risk of admission to inpatient units or state hospitals. In 2017-18, McKean County had 9 participants in the program. In previous years, DDTT would have to close services when the individual was participating in the CSRU. This is not the case now, thus allowing a seamless transition back into the community. Without this valuable resource, these citizens would have been without a residential option and would likely have been hospitalized. Once integrated back into the community or other residential setting, the consumer is able to apply the coping skills learned at the CSRU.

Certified Community Behavioral Health Clinic (CCBHC): The Guidance Center is one of ten clinics in Pennsylvania to become a CCBHC. The purpose of the CCBHCs is to improve access to care; enhance service coordination; and improve service quality. The Guidance Center has identified new ways to reach underserved populations, improve outreach efforts, and increase substance abuse and mental health screening and treatment. Expanded services include evidence-based therapies and practices; integrated behavioral healthcare and physical health care; electronic health records to support improved clinical decision-making; and providing core services such as crisis, treatment, crisis planning, case management, wellness, peer services, substance abuse outpatient treatment, psychiatric rehabilitation, peer support, family support services, veteran services, and Medication Assisted Treatment (Suboxone). During a recent CCBHC monitoring visit, a consumer named Amber talked about how treatment planning through the CCBHC has benefited her. "I have a voice now and instead of acting out we all come together and work through it. With medication I can deal with stressors in my life. I took myself off some meds at one point and felt comfortable telling my team that 'this is not working and I want something different'. They listened to me." Amber and another consumer recently visited with patients at Warren State Hospital and told them their recovery story. In addition to consumer engagement practices, quality has noticeably increased. Since the CCBHC now has a year of data collected, layering of risks are now correlated and analyzed. For example, BMI and certain medications that may cause weight gain can now be tracked. BMI and high blood pressure can also. Data can be extracted on, for instance, alcohol abusers by sex, consumer outcomes by assessment, trauma symptoms, and interventions offered after a positive suicide screen. Health information exchange is occurring.

For example, all clinical team members are sent an electronic alert if a client is hospitalized. Discharge summaries are loaded on the client's electronic home page for all team members to access. Quality improvement goals are in place, reviewed annually, and monitored monthly. An internal CQI group has been formed and are looking at measures such as decreased wait time for initial evaluations—with a goal of 10 days. Risk management plans are in place that include tracking unusual episodes such as admissions/readmissions within 30 days and suicide attempts. The DHS Administrator participates in CCBHC monitoring visits and webinars.

Mobile Psychiatric Rehabilitation Expansion: The Guidance Center became fully licensed by the Office of Mental Health and Community Care Behavioral Health to provide Mobile Psychiatric Rehabilitation services. The goal of Mobile Psychiatric Rehabilitation is to provide an evidence based rehabilitation program to persons in their home or community setting that focuses on individuals gaining a valued role in their “live, learn, work, and social” environments. Evidence based practices embedded in the program are Boston University Evidence Based Psychiatric Rehabilitation approach; Illness Management and Recovery; and Wellness Recovery Action Plans (WRAP). The Guidance Center started services in July of 2017—adding to the complement of other psychiatric rehabilitation services offered by Dickinson Center.

Certified Trauma-Informed Care Treatment Centers: Through the Behavioral Health Alliance of Rural Pennsylvania (BHARP), two providers—Alcohol and Drug Abuse Services and The Guidance Center—participated in training to enhance competencies in trauma treatment and evidenced-based approaches. Modalities included Trauma-Focused Cognitive-Behavioral Therapy, Cognitive Processing Therapy, Dialectical Behavioral Therapy and Seeking Safety. They also participating in a learning collaborative, whereby the organizations examined agency practices, and made improvements that support trauma informed environments for clients and staff. Both providers are now “certified centers”.

Stepping Up: McKean County is a “Stepping Up” county, and is actively working on reducing the number of people with mental illnesses in the local jail. Regular webinars sponsored by NACO help with cross-sharing of nationwide best practices. This year the statewide Stepping Up Conference was a helpful networking opportunity. Locally, baseline data is collected on the prevalence of SMI and Substance Use Disorders among those incarcerated in the McKean County Jail. Regular coordination meetings are held between the county mental health program, Mental Health Justice Housing Grantee (Redevelopment and Housing Authority), YWCA Shelter Program, Alcohol and Drug Abuse Services, the Public Defenders Office, Juvenile Probation, and Adult Probation. The history, treatment and re-entry needs of incarcerated individuals with Severe Persistent Mental Illness are reviewed; transition to the community is planned; and gaps are addressed. This year a Forensic Social Work Intern will help the team further re-entry planning. The Jail-Community Coordination Team has been successful in ensuring leadership is committed and engaged in the mission. Progress is regularly shared with the Criminal Justice Advisory Board. With a grant from the Pennsylvania Commission on Crime and Delinquency, justice involved individuals with mental health and/or substance abuse disorders receive housing supports such as Master Leasing and Bridge Subsidy. The McKean County Housing and Redevelopment Authority is operating the grant via subcontract with McKean County Department of Human Services and the grant will end in December of 2018. Priorities for the coming year include diversion strategies such as Crisis Intervention Teams; timely screening and assessments upon incarceration; securing one Boundary Spanner to assist in forensic case management; requesting an Adult RTF for the

region; requesting a “Living Room” (crisis holding center) in the region; and pursuing continuation funding for MH justice housing needs. The Jail-Community Coordination Team continues to track prevalence rates. Below are averages from the 2017-18 year.

2017-18 Jail-Community Coordination Team Statistics: Average number of McKean County inmates reviewed per meeting was 77. Prevalence was recorded by the Jail Mental Health Counselor. The average census of the McKean County Jail is around 100 (including Cameron and Elk residents), but only McKean County inmates are reviewed.	Average Number per Review	Percentage
Mental Health Total (including Co-Occurring)	45	58%
Drug and Alcohol Total (including Co-Occurring)	59	77%
Sex Charges or Offender	4	5%

Increased Capacity in Emergency Shelter Services: A new shelter called the “Brown House” was added this year, increasing the number of shelter rooms from 10 to 16. The YWCA operates shelter services with a staff complement that includes a Resident Assistant and a Shelter Manger. Quality practices, policy and procedures are monitored yearly by the McKean County Housing Coalition. The shelters serve individuals and families, including males in the family unit. The average length of stay is improving and is 30-60 days.

Emergency Housing Response Plan: The McKean County Housing Coalition, Co-Chaired by the DHS Administrator and the Pastor of the Tower First United Methodist Church of Bradford, created an Emergency Housing Response Plan that was implemented in partnership with the McKean County Emergency Management Agency. The plan outlines emergency response during a catastrophic event—one that would render a significant amount of McKean County residents homeless. The second part of the document responds to planned closures of housing structures containing 10 or more units per municipality. The plan outlines response steps and specifies use of all known resources in the county/region/state as well as contact information.

Increased Capacity in MH Supported Living: Evergreen Elm, Inc. lost a 10-bed supportive living home for males last year due to a fire. The McKean County Redevelopment and Housing Authority was able to temporarily house the men in public housing while the home was rebuilt. The males that were displaced moved back together in the new home in April 2018. The 5,000-square-foot, split-level home will accommodate 15 residents—5 more than the previous home.

Veteran’s Collaborative: A new Veteran’s Collaborative was formed and is chaired by the McKean County Veteran’s Affairs Director. The DHS Administrator participates on the collaborative and this year the group organized several resource fairs to promote veteran services and benefits. Additionally, a cross-training meeting was hosted by DHS whereby community mental health resources and veteran mental health resources were shared.

211 System Implementation: McKean County was added to the 211 information and referral line this year. 211 is sponsored by the United Way, partially funded with block grant retained earnings, and operated by a regional call center staffed with trained personnel. 211 is not an

emergency response line and these kind of emergency calls are redirected. The McKean County Collaborative Board will be overseeing this project in partnership with the United Way and making sure the 211 database is continually updated, promoted and relevant.

Crisis Intervention Team (CIT): CIT is a training program for law enforcement and first responders that teaches skills and tactics to de-escalate incidences involving persons in a mental health crisis. There is local support to start CIT, and three people from McKean County—DHS Administrator, Chief of Police and Crisis Director—will be attending training in May and June so that the model can be replicated. Both CIT and DCORT strategies have collaborative teams representative of EMA, law enforcement, mental health, veteran affairs, and child welfare. These teams support recommendations in the recent PA Auditor General’s *State of the Child Action Plan* that promotes “proactive work to improve partnerships with local law-enforcement agencies and the Pennsylvania State Police... to improve partnerships with other county-level entities, including social-services agencies...and to work with community partners who want to provide preventive or diversionary programs.”

Disaster Crisis Outreach and Response Team (DCORT): This year 14 additional people were trained and joined the DCORT Team. Three other members were previously trained, and the team now has 17 members. DCORT assists individuals impacted by crisis or disaster by providing emotional support to ease stress and trauma. Regular team meetings help keep skills current and members engaged. With a new Emergency Management Director, the team expects to be deployed in the coming year, and to meet regularly to refresh skills.

The Open Table: McKean County DHS developed a faith-government partnership with the First Presbyterian Church of Bradford in the start-up of The Open Table. The Open Table is a national curriculum/structure designed to support a group of faith-based volunteers who commit to spending one year walking with one individual/family through challenges in their life. The individuals served are referred to as “Brothers or Sisters”. Trained and screened faith-based volunteers are called “Table Members”. Table members provide the Brother/Sister with mutual support, connections, acceptance and commitment. BHARP, through their Systems of Care Grant, is paying for costs of the project so that there will be no monetary fees for training during start up. Seven volunteers joined the McKean County Table in May and will start serving a Brother/Sister in June 2018.

STEPS Drop-In Center Expansion: STEPS Drop-In Center offers social and recreational activities to community residents who receive mental health services. Attendance averages around 25 people per day. Hours were expanded this year due to an increase in membership and STEPS is now open Monday through Friday noon to 6 p.m., and Saturdays from noon to 4 p.m. The center promotes awareness events and has an active Consumer Support Program. In the coming fiscal year CSP will participate in the implementation of a Crisis Intervention Team in McKean County.

Community Based Adolescent Drug and Alcohol Treatment Program (CBDA): In December of 2017, Alcohol and Drug Abuse Services (ADAS) began accepting referrals to their newly formed Community Based Adolescent Drug and Alcohol Treatment Program (CBDA) program. Clients are referred into the program by a variety of sources ranging from formal agencies to parents of adolescents in need of treatment. The service allows for intensive individual and family therapy while also providing parent education. The program is an asset to our rural community as it allows for clients to receive their treatment in their own home, and

thus eliminating any transportation barriers that may exist. The team can maintain up to eight families at a time. Presently, McKean County has two adolescents being served.

Trauma Task Force: Three trainings were offered to in the community through the efforts of the Trauma Taskforce. In September of 2017, the Task Force teamed with Pitt-Bradford's MSW Alumni Network to offer '*Suicide Prevention: Practical methods of chain analysis and relevant applications to safety.*' This training provided an overview on the application of the DBT chain analysis for determining treatment targets in work with suicidal clients. In November, the Taskforce co-sponsored QPR (Question-Persuade-Refer) Training for Suicide Prevention and QPR Train the Trainers (TOT) Training. Most recently, 'Gifts and Consequences of Empathetic Engagement: Trauma and the Sudden Death of Clients' was offered to professional by the Trauma Task Force and Pitt-Bradford's MSW Alumni Network. The Task Force is now in the process of developing training on the adverse effect of trauma on physical health and the targeted date for that training is the Fall of 2018. Additionally, the group will be seeking the help of local service clubs in making "Trauma Blankets"—weighted lap blankets that calm and soothe trauma victims and individuals with disabilities. The Trauma Task Force is a sub group of the McKean County Collaborative Board and members represent organizations and professionals that work on trauma-informed environments, trauma treatment, and advocacy/case management.

Dually Diagnosed Treatment Team (DDTT) Adolescent Pilot Program: In July, a pilot program was developed through the work of BHARP's Dual Diagnosis Workgroup. This program aims to serve as an alternative to more restrictive care or as a step-down from such care. The program is a welcome addition to the service array in our area. In discussion with neighboring counties, all agree that the program has met a gap that had previously existed. This pilot program offers the DDTT model to adolescents age 16 to 18. We look forward to reviewing the success of the pilot and determining next steps with our neighboring counties, Community Care, and BHARP.

Community School Based Behavioral Health (CSBBH): Within the two elementary schools of Bradford Area School District, Journey Health's CSSBH program continues to serve youth in need of support in the school and home environment. The program is in its second year of service in our area with positive results. Though we saw some staffing turnover, Journey Health worked collaboratively with Community Care to identify and train appropriate new staff that has been a great addition to the program. Since inception of the program, approximately 19 youth at the Kindergarten through 2nd grade elementary and 25 kids at the 3rd through 5th have been served. The program is also able to serve siblings of the clients whereby at least 9 collateral youth were also served.

Children's Adolescent Service System Principles: Our Children's Resource Unit (CRU) continues to promote the core principles of CASSP throughout the service system. We are proud of the effort that our providers, schools, county programs, and many others put into working collaboratively in the best interest of our youth. Whether it is an Individual Service Planning Team (ISPT) meeting to request services or a team meeting scheduled through the CRU to brainstorm a case, the participation in these collaborative meetings is consistently high. This dedication to working together maintains positive communication across systems. The joint effort for our youth is also the approach we take for tackling larger community concerns. For example, in the wake of recent school violence in the United States, local schools saw a spike in threats towards schools, staff, and students. The response was swift from our

community. School representatives, mental health professionals, staff from multiple county programs and the District Attorney's Office took the first steps towards opening the dialogue across systems. This discussion will continue as we work together towards increasing our schools safety for the youth we serve.

Multidisciplinary Review Team (MDRT): As an agency, McKean County Department of Human Services values collaborative approach to problem solving. Our MDRT process is a means in which we utilize this collaborative approach to brainstorm cases in an effort to best serve our families. We held 60 MDRT reviews in 2017 and have already held 14 in 2018. The meetings continue to be attended by our core team members representing various agencies, including but not limited to, Children & Youth, Court Appointed Special Advocate, the Housing Authority, and mental health.

Suicide Prevention—Question-Persuade-Refer (QPR) Model: With help from the Garrett Lee Smith Youth Suicide Prevention Grant, 19 school personnel were trained to be Trainer of Trainers (TOTs) in the QPR model so that they can then provide QPR training to other school personnel. An additional training was provided to the general public and 21 community members participated. QPR is an educational program designed to teach "gatekeepers" the warning signs of a suicide crisis and how to respond. QPR follows three steps: (1) Question the individual's desire or intent regarding suicide, (2) Persuade the person to seek and accept help, and (3) Refer the person to appropriate resources.

Truancy Roundtables: The 6th Truancy Roundtable was held on October 24, 2017 to continue to coordinate McKean County's response to truancy. Delaware County Deputy District Attorney Mr. Michael Galantine gave a presentation on the new truancy law that is currently in effect as a result of Act 138. Many key individuals participated in the roundtable including McKean County's President Judge, Magisterial District Judges, Law Enforcement, Juvenile Probation, mental health representatives, school officials, DHS, and others that work with student attendance, truancy prevention and truancy response. The McKean County Truancy Protocol was initially implemented in September 2014, and was revised this year to reflect changes in the new truancy law.

b) Strengths and Needs:

Older Adults (ages 60 and above)

Strengths:

- Collaboration with Older Adult Protective Services Program to assure all mental health service program information available to best assist in the referral process.
- Collaboration with the LINK to Aging and Disabilities, to represent mental health focus for older adults. The County Human Services Administrator attends LINK meetings to coordinate initiatives.
- Mental Health and Aging are working collaboratively on trauma informed care. The McKean County Trauma Task Force has developed a common understanding that trauma can happen anytime in a person's life, and that symptoms may present at different phases of life and in different behaviors.
- The Office of Human Services, Area Agency on Aging offers a full continuum of services and supports for older adults that include Aging Waiver Services, Options for In-Home Services, six Senior Centers, Protective Services, Public Guardianship, Dom Care, Family Caregiver Support, Information and Referral, Senior Volunteer Program and

Nutrition Services. Mental Health services are available for older adults through The Guidance Center and include Outpatient Counseling, Psychiatric Services, Case Management, and Crisis Intervention.

- McKean County has a very active network of Senior Centers that promote the health, education and wellness of seniors. They proactively promote taking control of health/functioning and avoiding risk. All Senior Centers attended a recent Aging Focus Group to provide feedback for the block grant.
- A high proportion of older residents have caring family, friends, church involvement and other informal supports involved in their life that can and do help them in times of need. Additionally, older persons in the area on average have strong desire to remain independent, to meet their own needs as long as possible, and avoid residential care.
- There are several responsive providers of quality home health and home care services, with a 99% reliability in the provision of scheduled visits across the McKean area. This is an unheard of reliability compared to the rest of PA.
- There are competent skilled care facilities, one is more open to admitting patients with serious mental illness or complex needs.

Needs:

- Increase professional capacity within Assisted Living and Skilled Care Facilities to handle complex client needs, aggressive behaviors and sexualized behaviors.
- Low SSI capacity in licensed personal care homes causes some persons on SSI to have to reside out of the county. This then weakens bonds with family, friends, health providers, and churches.
- Access to care is often tied in part to the older person or their significant other's understanding of what their health insurance will and will not allow. This is complicated and confusing. The process of deciding what insurance to purchase or even accept when available is complicated. Our AAA agency provides Apprise counseling to help, but this does not reach every older person.
- As in rest of PA, medication misuse and illegal drug abuse is disrupting older person's lives, sometimes compromising their informal supports, causing or increasing MH issues, draining resources, etc.
- More training in understanding psychiatric issues of dementia is needed.
- Greater use of the county 211 system is needed. More marketing on the availability of 211 is needed.
- Overall affordability and availability of housing is a big concern as affordable housing is simply beyond the reach of many older adults.
- There is no low cost or free resource for older adults to help with legal matters and accessing benefits and resources. There is a need to develop an "Elder Justice Day" whereby education, discussion and assistance is offered to older adults.
- Many hardships impact the older adult including physical illness, emotional strain and guilt. Kinship Caregivers may feel guilty about the failures of their own children and do not seek help when they are in the parenting role. Targeting marketing to this demographic is needed so that they understand resources available to them. Education is needed to eliminate stigma associated with reaching out for help.
- When a patient goes from a skilled care facility to inpatient psychiatric care, most times that patient is not accepted back to the facility.
- It is very hard to find a residential bed for a dually diagnosed older adult.

- There is a need for health organizations such as hospitals and YMCAs to focus on physical and mental wellness. Brain exercise, step exercise, whole health support systems are needed in the community.
- Access to a closer gero-psychiatric inpatient facility is needed.
- See **Attachement 1: Survey and Focus Group Results** for the Aging Focus Group results.

Adults (ages 18 and above)

Strengths:

- Regular cross-collaboration occurs for justice-involved adults through the Community-Jail Coordination Team. Participants include mental health, jail, probation, Alcohol and Drug Abuse Services, Housing, Public Defenders Office, and District Attorney's Office.
- The continuum of services for adults is available through various providers that include The Guidance Center, Bradford Regional Medical Center, Dickinson Center, Beacon Light, Evergreen Elm and the YWCA of Bradford. The continuum includes Crisis Services, ICM/BCM/Resource Coordination, Inpatient Services, Medication Monitoring, Supportive Living, Outpatient Therapy, Outpatient Mental Health Services that includes Psych Rehab, Partial Hospitalization Programs, Community Residential Rehabilitation Services, State Hospitals, Peer Support and a Drop-In Center.
- Peer support is one of the more effective and mutually beneficial mental health services and is available through The Guidance Center and Beacon Light Behavioral Health.
- There is a strong provider system to serve the adult population. There is a full complement of psychiatrists and Certified Nurse Practitioners for the high level of need in the county.
- More pairing of physical and behavioral health is occurring through the BCM Initiative called Population Health Management.
- The Guidance Center is one of ten clinics in Pennsylvania to become a Certified Community Behavioral Health Clinic (CCBHC) and this has improved access to care, service coordination, and service quality.

Needs:

- More navigation services are needed for co-occurring and justice-involved individuals.
- A crisis holding center is needed for the region.
- More supportive housing options are needed.
- Assertive Community Treatment (ACT) Team is needed to provide services 24 hours a day, seven days a week, 365 days a year.
- Inpatient psychiatric admission criteria is sometimes restrictive and hospitals will not admit aggressive or elderly individuals. More capacity building is needed.
- More residential options are needed for forensic and SMI populations.
- Increased opportunities for peer specialist available to work with those involved in the justice system and veterans.
- More job support for seriously mentally ill persons is needed. A Fairweather Lodge would be a good step in this direction.
- Mental Health Drug Court, diversion and re-entry services are needed.

Transition-age Youth (ages 18-26)

Strengths:

- There is strong collaboration among youth serving organizations. The Youth Consortium/Transition Council is a valuable resource for this collaboration.

- A local Youth-in-Transition conference was held in Smethport this year in partnership with McKean County, CareerLink, OVR, LIFT and LINK.
- There is a family advocate employed by Beacon Light Behavioral Health that effectively advocates for individualized service options.
- There are resources accessible through the CYS Independent Living Program and the PATH Program.
- Churches are socially minded and provide opportunities for youth.
- A Transition Coordinator from the IU9 carefully transitions youth to adulthood through PDE required transition activities.
- YMCA and Penn State Cooperative Extension provide many activities to engage youth.
- Strong partnership exists around supportive employment between CareerLink, Juvenile Probation, CYS Independent Living, and Office of Vocational Rehabilitation.
- School Districts, Children and Youth Services, Independent Living, and the Redevelopment and Housing Authority collaborate resources for homeless youth.
- McKean County hires a Coordinator of Children's Programs who works on promoting CASSP principals across the mental health system.
- A new Independent Living House was opened this year, with the capacity to house 5 youth and provide life skill training in order to transition them to living independently in the community.
- McKean County DHS developed a faith-government partnership with the First Presbyterian Church of Bradford in the start-up of The Open Table. The Open Table is a national curriculum/structure designed to support a group of faith-based volunteers who commit to spending one year walking with one individual/family through challenges in their life. The individuals served are referred to as "Brothers or Sisters". A transition age youth will be referred to the Table in June of 2018.

Needs:

- To continue strengthening the transition process in child welfare to carefully work with each individual in helping them gain skills needed for adulthood.
- Housing support services are needed for those sanctioned from public housing and on a waiting list for bridge housing.
- Increased opportunities for peer specialist available to work with youth are needed.
- More affordable housing options are needed.
- More funding is needed for our local Big Brothers Big Sisters program in order to increase capacity to serve more.
- PATH is not utilized in McKean County as frequently as it should, and more awareness is needed.
- Support to kinship family that are caring for youth needs attention. This demographic does not always hear about resources. Marketing targeted to the workforce is needed.

Children (under 18)

Strengths:

- CASSP and SAP are available to help families, schools and organizations find and navigate appropriate services. The continuum of services for children include Behavioral Health Rehabilitation Services, Therapeutic Foster Care, Crisis Services, Family Based Services, ICM/BCM/Resource Coordination, Inpatient Mental Health Services, Medication Checks, Outpatient Therapy, Outpatient Mental Health Services, Parent-Child Interaction Therapy,

Psychiatric Rehab Services, Partial Hospitalization Programs, and Residential Treatment Facilities.

- Department of Human Services Family Engagement (Family Group Decision Making) offers assistance developing plans to address concerns related to safety, permanency, and/or the well-being of children in a family.
- There are quality after-school activities available in Bradford and Otto-Eldred School Districts through the YMCA's 21 Century Community Learning Centers.
- There is a strong Coordinated School Based intervention and treatment services for elementary age youth in one school district.
- There is adolescent psychiatric care in McKean County.
- There are school based mental health services in every school in McKean County.
- An Adolescent Community Based Drug and Alcohol program operated by Alcohol and Drug Abuse Services started this year.
- Suicide prevention screenings are broadly utilized with mental health providers and schools.

Needs:

- Affordable, safe afterschool/evening/weekend childcare is needed in all areas of McKean County.
- Some children have no parent available to authorize treatment or educational services. More Education Decision Makers and public guardians are needed. Additionally, more resources are needed for grandparents that may now be in a parenting role.
- Residential inpatient beds are scarce and restrictive admission criteria make it difficult to place those with the most severe disorders. It is not uncommon that children wait 5 days in the Emergency Room for bed availability in a residential setting. Schools and law enforcement are frustrated with the weaknesses in the children's mental health continuum.
- Coordinated School Based intervention and treatment services for middle school youth is needed in the Otto-Eldred School District.
- Respite service is needed for parents of this age group.
- Increased opportunities for peer specialist for youth are needed.
- Training for schools in handling aggression and violent threats is needed.

Individuals transitioning out of state hospitals

Strengths:

- Licensed Crisis Services which include, Mobile, Telephone and Walk-in. Telephone and Mobile Crisis Services are available 24 hours a day/7 days a week through a local provider.
- McKean County residents have access to a CSRU as an alternative to hospitalization.
- Coordination and participation in multi-disciplinary team meetings on complex cases to ensure that the individual receives the proper least intrusive level of care. All stakeholders are encouraged to attend the meetings so that all needs are met for these individuals.
- A County Hospital Community Liaison based with a private provider that is highly involved during a patient's inpatient stay, discharge planning, and transition back into the community.
- Community Care Behavioral Health (CCBH) employs a complex case manager that directly works with providers and individuals on these cases.
- Strong utilization of community supports including: the STEPS Drop in Center, Peer Specialist, Crisis Outreach, Outpatient Services, and Social Rehabilitation Services.
- Beacon Light Behavioral Health Systems opened a new home on their campus to integrate adult residents of Warren State Hospital back into the community.

Needs:

- Continued collaboration with our managed care provider, OMHSAS, the treatment community, and individuals receiving mental health services in the development of outpatient options to meet the needs of our most complex individuals who cross systems and have co-occurring disorders.
- Specialized services including trauma, sex offender treatment, dual and co-occurring treatment.
- Continue to ensure services and supports are available to meet the needs of individuals with SMI disorders.
- More supportive housing options are needed.

Co-occurring Mental Health/Substance Use Disorder

Strengths:

- A Certified Community Behavioral Health Clinic (CCBHC) started at a local clinic, whereby The Guidance Center increased substance abuse and mental health screening and early intervention. Substance abuse outpatient treatment, psychiatric rehabilitation and buprenorphine treatment are being developed at this clinic. Several clinicians were trained in Co-occurring Competency.
- Staff of The Guidance Center are Certified in DBT (Dialectic Behavioral Therapy).
- The amount of psychiatrists is notable in such a rural county—three full-time psychiatrists and three full-time nurse practitioners.
- Additional short-term, and the start of long-term inpatient treatment started at Maple Manor this year.

Needs:

- To continue to increase evidence based treatment approaches across drug and alcohol and mental health professionals.
- Adolescents with co-occurring disorders continue to be an underserved population. Traditional drug and alcohol treatment services can be viewed by youth as confrontational and stigmatizing. More outreach and alternative treatment settings are needed.

Justice-involved individuals

Strengths:

- Collaborative practices have been put into place through efforts of the McKean County Criminal Justice Advisory Board.
- Community-Jail Team meetings (mental health, probation, housing, jail, drug and alcohol, Public Defenders Office and the District Attorneys Office) occur on a regular basis to review the jail census and to coordinate re-entry planning efforts.
- The McKean County Public Defenders Office will take extra steps to advocate for appropriate care and re-entry for inmates with Serious Mental Illness.
- Through the Justice Bridge Housing program funded through Pennsylvania Commission on Crime and Delinquency (PCCD), a Master Leasing, Bridge Housing and Supportive Housing are provided for justice-involved individuals.
- McKean County has a strong Community Service Program that serves as a diversion program and fulfills work requirements for the Intermediary Punishment Program.
- McKean County jail has a full-time mental health therapist on staff.

- Human service organizations provide some reentry assistance for specialized populations. MI/COD Case Managers through The Guidance Center and Alcohol and Drug Abuse Services, and Peer Specialist through Beacon Light help inmates transition back to the community.
- The McKean County owned and operated jail provides for the maintenance of those pending disposition of charges and those sentence to two years or less. A full time nurse, full time counselor, and a part-time medical doctor join the correctional officer complement.
- Psychiatric services are provided to inmates on a pro bono basis by The Guidance Center. Sheriffs transport patients to Smethport and Bradford clinics for this care.
- Vista Corp volunteers now go into the jail and provide training on basic financial literacy/budgeting, and refer to CareerLink early, thus allowing for a more seamless release.
- McKean County is participating in the National Stepping Up Initiative. This initiative looks as safely reducing the number of seriously mentally ill that are incarcerated.

Needs:

- Funding for Peer Support Services for individuals that are justice involved is needed.
- No comprehensive approach exists to assure that inmates with substance abuse or mental health issues have the supports needed to keep them out of the prison system or to remain out of jail upon release. Formalized pre-trial services are needed with a facility available 24/7 to provide assessments for individuals that do not need to go to jail but need some support or diversion.
- More intensive case management services (ACT) are needed for those with Mental Health needs in order to coordinate care and support.
- There is an extraordinarily long wait period for competency evaluations requested through OHMSAS. Reduced access to forensic treatment and evaluation services are a huge barrier.
- Diversionary services are severely strained because of declining state and federal financial support. Expanded capacity within our community mental health and drug and alcohol programs are needed.
- Rapid restoration of public benefits upon release is needed for all incarcerated individuals. While there is legislative authorization to do this, it does not appear to be happening.
- A Crisis Intervention Team is needed.
- A Boundary Spanner is needed to help navigate diversion and re-entry.
- A regional crisis holding center is needed.
- A regional RTF is needed.
- Sustainability funding for Justice Bridge Housing programming is needed.
- Brief mental health screening should be completed on every inmate entering the local jail.
- A system of data collection is needed to measure length of stay, connection to community supports, recidivism, and who can afford bail.

Veterans

Strengths:

- Cognitive Processing Therapy training has been added as treatment modality at The Guidance Center through the CCBHC Initiative.
- There is a full-time director of Veteran's Affairs in McKean County that oversees record keeping of veterans' files; reviews claims; provides information regarding burials and headstones; helps veterans secure rights; and acts as Custodian of veterans' discharge orders.

- There is a new Veterans Collaborative Board in McKean County that coordinates resources and information. The Human Service Administrator sits on this board.
- There is a Veteran Employment Representative at PA CareerLink McKean County that connects veterans to needed employment and career resources. Services provided includes: Job search assistance, Occupational resources, Counseling, testing and identifying training and employment opportunities, Women veterans resources, Crisis resources, Disabled veterans' outreach programs & services, Apprenticeship & on-the-job training, Referral to Department of Veterans Affairs community based organizations that link veterans with appropriate jobs and training opportunities.
- There is a primary care clinic in Bradford that is a branch of the Erie VA Medical Center. Primary care offered includes: patient assessment, medication management, diabetes management, care planning, nursing services, phlebotomy, patient-family health education, telephone care, and teleconferencing for services in Erie.
- The DuBois Vet Clinic offers mental health treatment for combat veterans in outreach offices in Smethport and Bradford.
- McKean County has three providers that offer Supportive Services for Veteran Families (SSFV): Soldier On, Economic Opportunity Council and Northern Tier Community Action Corporation. Services include homeless assistance and supportive housing.

Needs:

- Continue to increase evidence based treatment approaches to veteran needs related to trauma.
- Increased public awareness and education on veterans' issues with mental health disorders, addictions, and PTSD, as well as re-entry or orientation services for returning veterans is needed.
- More mental health outreach service provided by the Erie VA Medical Center is needed. It is over 100 miles to Erie and this is a barrier to accessing care. Volunteers to help transport vets are also needed.
- Potential Peers and funding for Veterans Peer Support services are needed.
- Providers need to ask consumers their veteran status so that individuals can be linked to resources.
- Insurances often limits treatment options. Veteran Insurances have a very low reimbursement rate, making access to community services difficult.

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

Strengths:

- Regional providers (i.e., White Deer Run) are available for residential options.
- Providers have received training on issues related to LGBT populations through the Trauma Learning Collaborative.
- McKean County DHS staff have received training on diverse LGBT identities, terminology and health disparities.
- There is a strong Gay-Straight Alliance in McKean County and based at the University of Pittsburgh Bradford.

Needs:

- Develop more staff competencies in supporting and caring for LGBT individuals with co-occurring disorders.
- There is an increasing number of individuals identifying as transgender and providers have very little knowledge of social, medical and surgical transitioning resources.
- Clubs or peer support groups in high schools would be beneficial.
- Increase community awareness and affirming practices are needed.
- Specialized therapy for LGBT individuals, as well as resources to help families accept their LGBT youth are needed.
- Youth peer support is needed.

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

Strengths:

- The YWCA recently completed a Diversity Audit and is exploring new ways to eliminate racism, with the goal of approaching race and poverty with shared values, action and policy change. The Human Services Administrator is participating in this initiative.
- The Open Table started in McKean County.
- Translation services can readily be secured at neighboring colleges and universities.
- The University of Pittsburgh Bradford offers educational, public awareness and promotion of the value of racial and ethnic diversity through events, programs, and community outreach activities.
- McKean County Department of Human Services has contracted providers for translation services.
- Community providers hire diverse staff.

Needs:

- Discussion groups are needed around issues of racial inequality. Engaging in frank discussions of race and race-based issues is needed and has been recommended as a diversity starting point.
- Cultural competence is an area in need of ongoing attention in professional development activities.
- Culturally competent practices in center and office-based settings also require constant attention so that diversity is respected and environments where people are served are welcoming and inviting.

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

Yes No

If yes, please describe the CLC training being used. Plans to implement CLC training may also be included in the discussion. (Limit of 1 page)

Agency self-developed cultural competency trainings are completed upon hire and reviewed during supervision activities. Additionally, one provider has added online training from the National Child Traumatic Stress Network as it relates to working with military families and children.

<https://www.nctsn.org/resources/overview-military-and-veteran-families-and-children>

Does the county currently have any suicide prevention initiatives?

Yes No

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

With help from the Garrett Lee Smith Youth Suicide Prevention Grant, 19 school personnel were trained to be Trainer of Trainers (TOTs) in the QPR model so that they can then provide QPR training to other school personnel. An additional training was provided to the general public and 21 community members participated. QPR is an educational program designed to teach "gatekeepers" the warning signs of a suicide crisis and how to respond. QPR follows three steps: (1) Question the individual's desire or intent regarding suicide, (2) Persuade the person to seek and accept help, and (3) Refer the person to appropriate resources.

c) Supportive Housing:

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

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

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

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

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 18-19 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19	Number of Targeted BH Units	Term of Targeted BH Units (ex: 30 years)		Year Project first started
Fraleley Street Apartments	Federal Home Loan Bank	0	0	0	4	1	30 years		2018
Notes:									

2. Bridge Rental Subsidy Program for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
Short term tenant based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19	Number of Bridge Subsidies in FY 16-17	Average Monthly Subsidy Amount in FY 16-17	Number of Individuals Transitioned to another Subsidy in FY 16-17	Year Project first started
	PCCD	30,600	30,600	9	15	9	392	3	2015
	MCO Reinvestment —NW9	23,532	14,616	7	3	50	470.64	0	2013
Notes:									

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 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18 –19	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY 16-17	Average subsidy amount in FY 16-17	Year Project first started
	PCCD	15300	6115	4	4	1	1	450	2015
	MCO Reinvestment	2,380	7,140	1	1	1	1	595.00	2013

	—NW9								
Notes:									

4. Housing Clearinghouse for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
An agency that coordinates and manages permanent supportive housing opportunities.									
	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Number of Staff FTEs in FY 16-17	Year Project first started
Notes:									

5. Housing Support Services for Behavioral Health				<ul style="list-style-type: none"> <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 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Number of Staff FTEs in FY 16-17	Year Project first started
	County	266,178	236,532	80	80			18	1990
	MCO	262,505	264,623	80	80			18	2011
Notes:									

6. Housing Contingency Funds for Behavioral Health				<input checked="" 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 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Average Contingency Amount per person	Year Project first started
	CYS	30000	30000	11	53			566	2016
	PCCD	3299	3299	7	8			500	2015
Notes:									

7. Other: Identify the Program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
<p>Project Based Operating Assistance (PBOA) is a partnership program with Pennsylvania Housing Finance Agency in which the County provides operating or rental assistance to specific units then leased to eligible persons); Fairweather Lodge (FWL) is an Evidenced Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness); CRR Conversion (as described in the CRR Conversion Protocol), other.</p>									
Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Year Project first started	
Notes:									

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

1. Increase the use of trauma-informed care and practices.

McKean County has recognized the need to continue to support trauma competencies across all the community. Substance Abuse and Behavioral Health providers have participated in training and certifications; a learning collaborative sponsored by the Behavioral Health Alliance of Rural PA (BHARP); have become Certified Trauma Informed Care Clinics; and are active on the McKean County Trauma Task Force. New partners will continued to be added to the task force to increase trauma-informed practices across the county. More criminal justice partners will be recruited as McKean County implements Crisis Intervention Teams this year. Trauma-informed criminal justice responses can help to avoid re-traumatizing individuals; resulting in safety for all, reduced recidivism, and increased recovery practices. Additionally, new attention will be focused on how schools and afterschool programs can be supported with training and policy development as they continue to struggle with issue related to youth suicide, trauma, and threats of violence in the wake of the Parkland school shooting.

Action Steps	Timeline	Resources
Add criminal justice partners to the McKean County Trauma Task Force as McKean County's Crisis Intervention Team is implemented.	Dec 2018	Law Enforcement; Criminal Justice Advisory Board; Trauma Task Force
Host a training about the effects of trauma on physical health.	FY 18/19	Inkind resources through the University of Pittsburgh; Trauma Task Force; and use of base dollars if needed.
A Forensic Social Work Intern will focus on re-entry and diversion in conjunction with the Jail-Community Coordination Team. Trauma informed practices will be imbedded in the work she does.	FY 18/19	University of Pittsburgh School of Social Work; McKean County Department of Human Services; Jail-Community Coordination Team
Continue to focus on trauma competency among all providers in McKean County. Pilot a Trauma Blanket project.	FY 18/19	McKean County Trauma Task Force; Kiwanis Club of Bradford; other service clubs
Explore the emerging and continuing training needs of schools and after-school programs as they relate to suicide prevention and school violence.	FY 18/19	Garett Lee Smith Grant/ OMHSAS; STARS Center; BHARP/SOC Mini Grant; MCO Reinvestment funds; base dollars; and/or University of Pittsburgh resources.

Tracking Mechanism: The McKean County Trauma Task Force will report progress to the McKean County Collaborative Board since it is a subgroup of the board.

2. Reduce the amount of mentally ill in the McKean County Jail.

According to a September 2016 paper by the Office of Research and Public Affairs, Treatment Advocacy Center, "Approximately 20% of inmates in jails and 15% of inmates in state prisons are

now estimated to have a serious mental illness... this means approximately 383,000 individuals with severe psychiatric disease were behind bars in the United States in 2014 or nearly 10 times the number of patients remaining in the nation's state hospitals." The National *Stepping Up* also points out that jails spend "two to three times more money on adults with mental illnesses that require intervention than on those without those needs, yet often do not see improvements to public safety or these individuals' health." Collaborative strategies are needed to divert individuals away from the criminal justice system; prevent long lengths of stay in jail; reduce recidivism; and to help inmates safely re-enter the community. Teaming practices; monitoring the rapid restoration of public benefits for incarcerated individuals; funding for forensic needs across all intercepts; sustaining the Mental Health Justice Housing program; and Crisis Intervention Team training are among best practices to pursue.

Action Steps	Timeline	Resources
Participate in the National <i>Stepping Up</i> Initiative—webinars, training, and networking opportunities to safely decrease the amount of mentally ill in jails.	FY 18/19	Jail-Community Coordination Team; this is unfunded.
Hold regular Jail-Community Coordination Team meetings at the McKean County Jail to plan diversion, re-entry and referral steps.	Monthly	McKean County DHS, Adult Probation, Juvenile Probation, Alcohol and Drug Abuse Services, Housing Authority, Public Defender and District Attorney's Offices. This is unfunded.
With the support of a Forensic Social Work Intern, implement Brief Jail Mental Health Screening.	FY 18/19	Jail-Community Coordination Team; Forensic Social Worker through the University of Pittsburgh School of Social Work; McKean County CJAB
Increase forensic peer support options. Encourage two Peer Support Providers to recruit and actively pursue this specialized peer service. Pursue funding options for Peer Services in the jail setting.	FY 18/19	Beacon Light Behavioral Health and The Guidance Center; ACLU Settlement funds; or future grant funding.
Sustain funding for the Mental Health Justice Housing Initiative.	Dec 2018	Pursue alternate funding streams through PHARE, ESG or other grants in partnership with McKean County DHS, McKean County Housing Authority and McKean County Housing Coalition.
Start a McKean County Crisis Intervention Team. Pursue sustainability funding for CIT	June 2018	Criminal Justice Advisory Board; McKean County Department of Human Services; future grant funding.
Research funding for pre-trial services, other diversionary strategies and re-entry services. Pursue ACLU Settlement funds for regional strategies such as Boundary Spanner, RTFA, Living Room (Crisis Holding Center); justice	FY 18/19	McKean County Criminal Justice Advisory Board; McKean County Department of Human Service, STEPS Drop-In Center Consumers, local Law

housing and mental health services in the jail setting.		Enforcement, McKean County Collaborative Board; OMHSAS; and future grant, reinvestment or retained earnings funding.
Host a Psychological First Aid and a Mental Health First Aide class.	Fall 2018	McKean County Department of Human Services with the use of base dollars.

Tracking Mechanism: Monthly team meetings and quarterly CJAB meetings will ensure collaborative practices are incorporated.

3. Reduce discrimination and stigma and instill recovery-oriented approaches across McKean County.

Self-stigma is greatly reduced through recovery practices imbedded in supportive local organizations and schools, however, social stigma still exists and there is a need to reduce prejudicial attitudes and discriminating behaviors directed toward individuals with mental illness and co-occurring disorders. Events that encourage social contact between individuals with and without differences will help improve attitudes and promote acceptance. “Recovery dialogues” with community groups and initiatives that challenge common stereotypes and assumptions are needed.

Steps	Timeline	Resources
Quarterly Friends-Family-Alumni events will be held at Maple Manor (inpatient substance abuse treatment facility) in order to support those in recovery and to promote dialogue and acceptance.	FY 18/19	Alcohol and Drug Abuse Services
Supporting the growth of Consumer Support Program as the group promotes the principals of: Consumer-Centered/Consumer-Empowered, Culturally Competent, Designed to Meet Special Needs, Community-Based/Natural Supports, Flexible, Coordinated, Accountable and Strengths Based. Invite CSP members to be part of the CIT Steering Team; support monthly groups by encouraging attendance.	FY 18/19	McKean County Department of Human Services; CIT Team; STEPS Drop-In Center.
Intellectual Disabilities Awareness Month Activities	March 2019	Collaborating partners include the ID Committee; Futures Rehabilitation; HQUI; Community Links; and Evergreen Elm.
Mental Health Awareness Month and World Mental Health Day Activities	May 2019	Collaborating partners on the Rays of Hope Committee.
Special Olympics	Year round	Special Olympics Committee

Tracking Mechanism: The Department of Human Service Advisory Board will track progress of this priority.

4. Promote awareness of housing and homelessness needs and collaborate to increase housing options for all.

McKean County recognizes the need to ensure that a system of supports is in place to prevent institutionalization and incarceration, and promote core principles important to the Community Support Program (CSP), Child and Adolescent Service System Program (CASSP) and Systems of Care frameworks. Close partnerships are maintained with providers, drug and alcohol, housing, aging, criminal justice, consumer groups, community organizations and civic leaders in order to build a housing network that nurtures and protects citizens. Efforts are coordinated through community coalitions that include the McKean County Collaborative Board, McKean County Housing Coalition, and McKean County Criminal Justice Advisory Board.

The goal is to integrate all housing programs (Continuum of Care {CoC}, HOME, HAP, HUD, ESG, Children and Youth Special Grant and others) into one unit based at the McKean County Redevelopment and Housing Authority. This unit would serve as a centralized intake department in order to link special populations to specific housing resources. Additionally, collaborative practices that will continue to expand include—emergency shelter options; Supported Living options; use of SOAR (SSI/SSDI Outreach, Access and Recovery) assistance; and centralized intake. The county participates in the CoC Coordinated Entry System to prioritize homeless households for available housing opportunities.

Action Steps	Timeline	Resources
Continue collaborative practices through the McKean County Housing Coalition that promote “Housing First” principles, strengthen data collection to measure progress, increase awareness of the need, sustain and expand emergency shelter, and develop more housing options to support specialized populations, and increase affordable housing in the community.	Monthly meetings throughout FY 18/19	McKean County Housing Coalition, public/private partnerships, funding for emergency shelter and specialized housing options
Continue to strengthen and sustain the coordinated housing entry point in McKean County so that housing resources can be easily accessed by citizens.	Throughout FY 18/19	Sustained funding for housing supports through grant funding through the PA Department of Community and Economic Development, Housing Assistance Program or Continuum of Care (CoC) Initiatives
Explore startup funding for specialized supportive housing; regional RTF; Sober Houses; and additional group home/shared living options for adults.	FY 18/19	Possible sources: Retained Earnings, MCO Reinvestment funds, OMHSAS or grant funding

Continue to support the development of two transitional living houses for transition-age youth—located in Bradford and Kane.	FY 18/19	McKean County Independent Living Program; McKean County Redevelopment and Housing Authority; McKean County Department of Human Services; and leveraged dollars from a variety of housing funds.
Continue community discussions around the need for affordable housing options for all. Reframe the housing discussion so that housing messages do not backfire. Host a community breakfast to begin this discussion.	FY 18/19	McKean County Collaborative Board, McKean County Housing Coalition

Tracking Mechanism: The McKean County Collaborative Board through the efforts of the McKean County Housing Coalition will track progress of this priority.

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 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 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 type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children's Evidence Based Practices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Services		
Telephone Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Walk-in Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Residential Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis In-Home Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Emergency Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Targeted Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrative Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Transitional and Community Integration Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Employment/Employment Related Services	<input 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 type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Rehabilitation	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Social Rehabilitation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" 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 checked="" type="checkbox"/> Reinvestment
Family Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Peer Support Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Consumer Driven Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Mental Health Treatment	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
BHRS for Children and Adolescents	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Inpatient D&A (Detoxification and Rehabilitation)	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Outpatient D&A Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Methadone Maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Clozapine Support Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Additional Services (Specify – add rows as needed)	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment

*HC= HealthChoices

f) Evidence Based Practices Survey:

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Current number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Additional Information and Comments
Assertive Community Treatment	N							
Supportive Housing	Y	24	County Developed	County	Quarterly	N	N	
Supported Employment	Y	15	County Developed	County	Quarterly	N	N	Include # Employed
Integrated Treatment for Co-occurring Disorders (MH/SA)	Y	350	Agency Quality Improvement Committee	Agency	Quarterly	N	N	
Illness Management/ Recovery	Y	254	Agency Quality Improvement Committee	County and MCO	Quarterly	N	N	
Medication Management (MedTEAM)	Y	42	Agency Quality Improvement Committee	County and MCO	Quarterly	N	N	
Therapeutic Foster Care	N							
Multisystemic Therapy	Y	15	Multiple measures of fidelity to the EBP	Measured by the lincensing program and monitored by the state.	Minimum 2 times a year	No. MST has their own	Y	
Functional Family Therapy	N							
Family Psycho-Education	N							

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

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	Y	30	
Compeer	N		
Fairweather Lodge	N		
MA Funded Certified Peer Specialist- Total**	Y	25	
CPS Services for Transition Age Youth	N		
CPS Services for Older Adults	N		
Other Funded Certified Peer Specialist- Total**	N		
CPS Services for Transition Age Youth	N		
CPS Services for Older Adults	N		
Dialectical Behavioral Therapy	Y	3	
Mobile Meds	Y	42	
Wellness Recovery Action Plan (WRAP)	Y	12	
High Fidelity Wrap Around/Joint Planning Team	N		
Shared Decision Making	N		
Psychiatric Rehabilitation Services (including clubhouse)	Y	41	
Self-Directed Care	N		
Supported Education	N		
Treatment of Depression in Older Adults	Y	25	
Consumer Operated Services	Y	16	
Parent Child Interaction Therapy	Y	10	3 trained clinicians
Sanctuary	Y	8	
Trauma Focused Cognitive Behavioral Therapy	Y	31	
Eye Movement Desensitization And Reprocessing (EMDR)	Y	20	
First Episode Psychosis Coordinated Specialty Care	N		
Other (Specify)			

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

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

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

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

h) Certified Peer Specialist Employment Survey:

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

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

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

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

Total Number of CPSs Employed	8
Number Full Time (30 hours or more)	4
Number Part Time (Under 30 hours)	4

INTELLECTUAL DISABILITY SERVICES

Two hundred seventy three (273) McKean County residents are enrolled in the developmental disability system. All individuals enrolled are offered choice of supports coordination services and all but one individual living in Lehigh receive supports coordination from The Guidance Center. Of the total number, 65 individuals are enrolled in the Consolidated Waiver, 89 individuals are enrolled in PFDS and five (5) are enrolled in Community Living Waiver. In reserve, we have identified 3 candidates for consolidated waiver and 3 slots are reserved for PFDS Waiver. As of April 11, 2018, twenty four individuals are funded with base dollars. The remaining individuals are either supported in a state center, private ICF/ID or receive supports coordination services only.

In McKean County a continuum of services are available to meet the needs of individuals. Providers in McKean County and services offered by each organization include:

- Futures Inc. – Community Participation Supports and In-home and community supports
- Evergreen Elm – 6400 and 6500 licensed residential settings, non-licensed residential, in-home and community supports and respite
- Beacon Light/Ramsbottom – 6400 licensed residential settings, supported living residential
- Community Links – in-home and community supports, supported employment, respite, both day and 15 minute, companion, behavior supports, and benefits counseling
- YWCA of Bradford – in-home and community supports and chore services
- Dickinson Center – in-home and community supports and supported employment, community participation supports
- Training Towards Self Reliance – 6400 licensed residential settings and community participation supports
- Point of Caring – 6400 licensed residential settings and community participation supports
- Martha Lloyd – 6400 licensed residential settings and community participation supports
- Area Transportation Authority – transportation
- Health Ride Plus – transportation
- Pediatric Services of America – in-home and community supports
- ARC of Crawford County – 6500 licensed residential settings and Agency with choice options
- Goodwill Industries – supported employment, advanced supported employment and small group employment
- Resources for Human Development – licensed 6500 setting
- The Guidance Center – Supports Coordination
- SAM Inc. – Supports Coordination for one individual
- Helpmates – Chore Services

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%	0	0%
Pre-voc - CPS	0	0%	0	0%

Community participation CPS	10	4%	10	4%
Base Funded Supports Coordination	25	9%	25	9%
Residential (6400)/unlicensed	3	1%	3	1%
Life sharing (6500)/unlicensed	0	0%	0	0%
PDS/AWC	0	0%	0	0%
PDS/VF	0	0%	0	0%
Family Driven Family Support Services	14	5%	14	5%

Transportation services are limited in McKean County. The Area Transportation Authority provides services to and from Futures day programming. For those individuals living near a fixed route, transportation is affordable and convenient. However, for a number of residents, transportation (MA) is very difficult to arrange. Health Ride Plus, works in Potter County and picks up one individual living near the McKean/Potter line and accesses services in Potter. At this point, it is not financially feasible for Health Ride Plus to expand in our county.

Individuals are offered choice of service delivery and residents of McKean County continue to choose the traditional provider driven service delivery model.

Respite options continue to be limited in McKean. Two residential providers offer and have delivered respite services in Fiscal Year 2017/2018. Another provider offers day respite and 15 minute unit respite. McKean AE is grateful for the support of these agencies willing to offer respite in planned and emergency situations.

New service offerings available this fiscal year include the residential option of supported living and companion services, as well as an additional provider offering chore services.

Twenty four (24) individuals receive services paid with base dollars. Services funded include licensed residential habilitation, in home and community supports, community participation support, and transportation.

McKean DHS contracts with The Guidance Center to operate a Family Support Services (FSS) program, using base ID dollars. As of April 25, 2018, fourteen (14) individuals have or will receive supports through this funding stream. FSS continues to provide funds for emergency situations, such as emergency respite and also for health and safety concerns. Examples of support include Temporary chore services and pest control. The target number of individuals to be served will remain consistent with previous years.

Supported Employment:

Employment services available to McKean residents include referrals to the Office of Vocational Rehabilitation and supported employment. Three providers offer supported employment services in McKean County. Community Links offers benefits counseling, supported employment - job finding/job development, supported employment – career assessment and supported employment – job support. Goodwill Industries offers advanced supported employment – discovery, job acquisition and job retention, small group employment and supported employment – job finding/job development, career assessment and job support. Dickinson Inc. offers supported employment – job support.

As part of quality management activities, our Quality Manager will work with supports coordination and OVR to increase knowledge of employment opportunities and process. OVR did meet with supports coordinators twice this fiscal year to provide training. In FY 2018/19, our action plan includes increasing education regarding employment opportunities to individuals and families. ODP can assist in this area by continuing to provide information which can be shared. Quality Manager will also contact PA Family Network to ascertain what assistance or trainings may be offered in securing employment.

Our Quality Manager also participates in quarterly Transition Council Meetings as well as quarterly McKean County OVR Collaborative Meeting, with participation from Providers, Supports Coordination, OVR, Administrative Entity staff and North Central Workforce. The objective is transition to employment in the community.

Employment barriers include: family and individual concerns regarding income, finding jobs in the community and transportation to those jobs.

McKean County does not participate in an Employment Pilot.

Supports Coordination:

McKean DHS is now actively involved in intake/registration for intellectual disability/autism services. During intake meeting, life course tools are briefly introduced. In 2017, DHS sponsored a Life Course tools training as part of quality management activities. The Supports Coordinator Director was present for the overview. In March 2018, DHS again coordinated a training with ODP and all supports coordinators from McKean County. Communities of practice and the use of the tools to engage in conversation was training topic. MY ODP also has a “*Charting the Life*” Course series of webinars. This announcement went out to all supports coordinators and our local provider network. If supports coordination staff will need continued training and support from ODP or DHS, the continued support will be requested. At present time, the supports coordinators from The Guidance Center report use of the tools to start engaging in meaningful conversations.

McKean AE Program Director and the Guidance Center (SCO) staff meet weekly and often use the meeting time to discuss individuals with emerging needs, as well as individuals who are in crisis situations. There are times when individuals can be served with base dollars to meet needs, allowing waiver slots to be utilized for individuals with greater or more complex needs. A process is established to request funding for services. A meeting with AE staff, MH Program Director and Supports Coordination is held to discuss the needs for services. McKean County providers and supports coordination staff participate in these meetings for problem solving activities.

McKean AE and SCO organization regularly meet to review PUNS waiting list. SCO staff also use the weekly meetings to inform AE of current situations with individuals and families to plan effectively for future needs.

Currently, there are no consumers in McKean County choosing to self-direct services. McKean DHS did reach out to our agency offering these types of service delivery models for another overview. The last meeting was a couple of years ago and new supports coordinators have been hired. The ARC of Crawford County, our AWC provider for McKean County met with Administrative Entity staff and supports coordination on May 2, 2018. The PA Family Network could possibly be a resource to train families and individuals, however, McKean DHS understands only three (3) staff are available for entire western region and ability to come to McKean County is challenging.

Lifesharing and Supported Living:

The number of lifesharing homes has declined over the last several years. McKean County supports three homes, one operated by ARC of Crawford County, one home operated by Evergreen Elm and lastly, Resources for Human Development in Lehigh County is now supporting a McKean County transplant to Lehigh. At this point, the individuals funded with base dollars in residential settings are not candidates for the less restrictive setting. Supports Coordinators continue to discuss this type of residential service during ISP meetings.

McKean County is fortunate one of our providers was interested and has developed a supportive living home for a young man aging out of the RTF system. Reports indicate the placement is working for this person. This provider is more than willing to expand this type of service for individuals who can benefit from this type of setting.

A barrier to Lifesharing expansion is the satisfaction of those individuals who are in residential placement and have been in their homes for many years. Each year this option is discussed at ISP time, but there has been no willingness by individual or their family members to seek this alternative. At the present time, we do not have any available consolidated waiver slots available.

Another barrier has been the team's recommendation for 24 hour licensed residential services for individuals in need of residential support. In most cases, individuals in an emergency status need substantial support and lifesharing works best if there is a thoughtful plan to secure and nurture a relationship. We may see an increase in lifesharing opportunities as waiver language now allows for family members to provide these services. Most individuals recently in a crisis situation, have dual diagnosis concerns and require more specialized support in a residential setting vs. lifesharing or supported living.

At present time, McKean is not requesting any support from ODP.

Cross Systems Communications and Training:

McKean County takes advantage of the resources available, especially resources to support individuals with developmental disabilities as well as struggling with mental illness. McKean County has a weekly formal meeting process to discuss intake and treatment planning or to problem solve concerns. Participants in these weekly meetings include ID Program Director, MH Program Director, Blended Casemanagers and their director and supports coordinators and supports coordinator director. Providers of service, individuals and family members, as well as other interested parties, such as psychiatrists, hospital staff, law enforcement, probation, housing or shelter staff are invited to participate.

Our local HCQU, Milestone Northwest, provides professional development and training and our local provider agencies. The HCQU also provides technical assistance to teams who are struggling to support individuals, without concern to funding streams. McKean County also has the option to request support from the Office of Developmental Programs Dual Diagnosis Coordinator.

The Dual Diagnosis Treatment Team, funded through behavioral health managed care and delivered by NHS (now known as Merakey) has been an invaluable support in our county. During Fiscal Year 2017/2018 ten (10) individuals have been supported by DDTT. Any person struggling with dual diagnosis issues and in-patient hospitalizations could be referred to this program, which does ease the burden of local ID and MH base allocations. The DDTT has also provided targeted trainings to the teams supporting these individuals.

McKean Administrative Entity and mental health program director forward any information on trainings to the providers in our geographic region. Opportunities are generally provided through HCQU units, WPIC, Community Care Behavioral Health or BHARP. The ID Director also participates in Cameron/Elk, McKean, Potter, Forest/Warren, Clearfield/Jefferson Counties Aging and Intellectual Disabilities team. This group is sponsoring a training this year on "Active Shooter".

The ID Director is a member of the LINK Oversight Committee. Link to Aging and Disability Resources serving Cameron, Clearfield, Elk, Jefferson, McKean and Potter Counties is a collaborative effort between local agencies, businesses, organizations and groups that have a vested interest in the welfare, personal choice and community inclusion of the following populations (regardless of income level): older adults age 60+; individuals of any age living with any kind of disability; individuals of any age living with a behavioral health or addiction issue; and the caregivers and family members of these populations. LINK is a financial sponsor of our Intellectual Disabilities Awareness Month event.

On March 29, 2018, McKean County DHS, Futures, Inc., Evergreen Elm, Community Links, YWCA of Bradford, Milestone HCQU Northwest and the LINK sponsored an Intellectual Disabilities Awareness Day at Futures. One hundred forty four (144) individuals attended the "Celebrating Abilities" event. In the morning Nancy Ritchey and Cathy Traini from ODP provided an overview of "Communities of Practice" to participants of Futures, as well as staff. The audience was very respectful and attentive. In the afternoon, Tim Juliano, of Milestones Northwest presented "Laughter for the Soul." Simultaneously, Nancy Ritchey and Cathy Traini, provided an overview of the Life Course Tools for McKean County Supports Coordination and Administrative Entity staff.

McKean County DHS staff attend regional and statewide meetings as scheduled and share information to the provider, supports coordination, blended case management staff and other stakeholders. DHS staff collaborate with partnering organizations through the McKean County Collaborative Board, Aging/ID Committee and LINK.

Our Quality Manager, as well as ID Program Director and Supports Coordinator Director participate in quarterly Transition Council Meetings. In previous years, our Quality Manager, has reached out to school districts to discuss transition.

To engage individuals and families at an early age, McKean plans to invite ODP to present on the Life Course Tools to our Early Intervention community. We also plan to provide information on Communities of Practice and the Life Course Tools to our Transition Council Members.

McKean County is a Human Services model, with Children and Youth housed in the same complex. Twice a month, core members, including C&Y, Adult Mental Health, Children's Mental Health, Court Appointed Special Advocates (CASA), McKean Housing Supports and Intellectual Disabilities Director, meet to review complex cases spanning multiple systems. The benefits of coming together to problem solve have been noted. During these Multi-Disciplinary Resource Team Meetings (MDRT) Area Agency on Aging is also invited if family member(s) are over the age of 60.

McKean ID Program Director participates in the Cameron/Elk, McKean, Potter, Forest/Warren, Clearfield/Jefferson Aging/Intellectual Disabilities Team. This group has been existence for over twenty years. The team meets regularly to share resources, problem solve, plan training opportunities for those supporting individuals crossing both the aging and ID system. The team also reviews complex cases.

Emergency Supports:

If no waiver capacity is available and the person needing support can be served with base funds, this is our first avenue to explore. McKean's approach has always been to keep funds available for emergency situations throughout the fiscal year. Program Directors in both Mental Health and Developmental Disabilities Program work closely with the Fiscal Officer when requesting funds for emergency needs.

In addition to ID base funds funneled through block grant, McKean DHS contracts with a local provider to operate a Family Services System (FSS) program. The funds are used for emergency and respite situations, as well as assistance for housing concerns.

The Supports Coordination Unit, according to their guidelines, must have a process in place to address emergency situations which may occur outside of normal working hours. If the unit learns of an emergency situation, their responsibility would also include notification to the Administrative Entity.

McKean County contracts with The Guidance Center; this agency operates the 24 hour crisis hotline and crisis services. The crisis on-call worker is available to be mobile in the community to assess the need for additional crisis supports, law enforcement or hospitalization and works closely with providers supporting individuals with developmental disabilities.

If the need is not immediate, the process used in this county to discuss service needs, is referred to as our "Base Service Unit" process. Weekly, the ID Program Director, (AE) as well as the Adult Mental Health Program Director, have scheduled time at The Guidance Center, provider of blended casemanagement and supports coordination services. Each Tuesday morning from 8:30 to noon, meetings are scheduled to problem solve, develop strategies to assist folks in need of support, approve and authorize services which will be funded with either mental health or ID base dollars, as well as individual needs for those enrolled in any of our waiver programs. Providers of direct services, as well as community members, such as law enforcement, psychiatrists, family members and the individual(s) are also welcome at these meetings.

Another initiative, Disaster Crisis Outreach and Referral (DCORT) is a team approach to assisting citizens impacted by crisis or disaster. McKean County DHS staff work with emergency management Department and Regional DCORT on an implementation plan.

McKean County DHS refers individuals to Merakey (NHS) Dual Diagnosis Treatment Team, which is comprised of a specialized mobile team of professionals including a Psychiatrist, a Behavioral Specialist, Recovery Coordinators and a nurse, providing treatment, support, and education for individuals in the community diagnosed with a mental illness and developmental disability. Individuals referred to DDTT are in crisis, at risk of homelessness, and/or transitioning from acute care hospitalization. This year, ten (10) individuals utilized this team support, which has a mobile crisis component. This services is funded with behavioral health managed care dollars.

McKean County does not have a separate mobile crisis team, but utilizes the crisis supports already available to individuals in McKean County. Specialized training is available to providers, supports coordinators through our local HCQU, as well as our Dual Diagnosis Treatment Team, and WPIC.

Administrative Funding:

McKean County continues to be a member of a large Regional Collaborative. Recently, all county programs (AEs) participated in a phone call facilitated by our ODP Western Region Contact, Catherine Traini. The programs are all in beginning stages and continue to be interested in a regional meeting to bring PA Family Network Director to our area to provide an overview of the program. Those on the call learned there are only three people hired by the network to cover the entire western region of PA.

The “Supporting Families” Statewide Initiative Coordinator was in McKean County on March 29, 2018 and did two presentations for consumers of service and in the afternoon reviewed the Life Course Tools for supports coordination. Our next step is to reach out to members of our local transition council and also coordinate a training for Early Intervention Professionals. At our recent local MH/ID provider meeting, we discussed the options available to providers. All providers expressed an interest.

McKean County DHS staff participate in several networking meetings, including the McKean County Collaborative Board and the McKean/Potter Early Learning Team. The McKean County Collaborative Board is the largest and most diverse coalition in the county. Various sub-committees carry out special initiatives. Stakeholders represent a broad array of human service, health, education, consumer groups, criminal justice, faith-based and business representatives.

The Early Learning Team (local interagency coordinating council) is meant to ensure that traditionally underserved groups, including minority, low-income and rural families are provided the opportunity to be active participants in the LICC and parent advisory groups.

ODP can assist with providing an overview to our Early Intervention community in the upcoming fiscal year. Once the PA Network has staff available in our area, McKean and possibly surrounding county programs, would work together to bring information, training opportunities to families and individuals. McKean DHS will continue to work with our Regional Collaborative partners, including our ODP representative, to focus on ODP’s vision for connecting and networking for individuals and families.

McKean County DHS, Supports Coordination, and our provider community utilize the HCQU for training purposes as well as requesting technical assistance for specific individuals, generally those individuals struggling with mental illness or displaying disruptive or challenging behaviors. Our community has great respect for the HCQU staff and their importance to local support teams. the county will support local providers to increase their competency and capacity to support individuals

who present with higher levels of need related to: aging, physical health, behavioral health, communication, etc. primarily, by utilizing the HCQU as our first option. The data generated by the HCQU to the county programs has focused on the number of trainings as well as the number of participants, as well as topics of local interest. Our HCQU is looking to focus more on outcomes of trainings and this information may be useful when developing a local Quality Management Plan. Locally, providers have asked the HCQU for information on how to support young individuals addicted to gaming, social media, etc.

Milestone HCQU Director and Clinical Supervisor participate in our quarterly Risk Management/Human Rights Committee meetings. The HCQU is also represented at our local Quality Management meetings, Aging/ID meetings, ID Awareness Committee and receives support from the local LINK., Aging and Disability Resources.

McKean County continues to work closely with Community Services of Venango County, our local IM4Q program. Our Quality Manger works closely with the IM4Q Program Director, to review all recommendations offered during the interview process and agree to the resolution(s) submitted by supports coordinator and team. IM4Q meets yearly with Supports Coordination and Administrative Entity Quality manager. At the present time, our quality management plan is focused on restraint reduction, reduction of Individual to Individual abuse, and to improve employment opportunities for individuals seeking community employment. Yearly, IM4Q is invited to our provider quality management provider meeting. Our Quality manager attends the Western Regional IM4Q meetings, as well as the annual IM4Q Conference held in Harrisburg. Data provided in the yearly IM4Q report is used to generate Quality Management activities. An example of an action plan in the past, include improving knowledge of the right to vote. Our local IM4Q agency does employ one individual who also receives ID services.

The Office of Developmental Programs charges each administrative entity to participate in quality management initiatives. ODP also expects administrative entities to put together a risk management framework. For our purposes, in McKean County, AE staff will analyze data specific to CONSUMERS of service. We will be looking at Enterprise Incident management data to analyze reports which potentially could impact the health and safety of individuals receiving ODP funded services. In addition to review data for individual consumers, McKean AE staff will conduct periodic trend analysis by PROVIDER to identify potential systemic issues related to health and welfare.

Risk Management Council Members:

Supports Coordination Representation, Providers, Administrative Entity, and HCQU staff

McKean AE staff review data extracted from Enterprise Incident Management System, Docu-share and the Data Warehouse.

The purpose of the meeting is to look at the data, determine if additional steps need to be taken to ensure health and welfare, referrals made to other funding sources such as Behavioral Health, etc.

Risk Management Meetings will be held quarterly. The Quality Manager will maintain minutes of the meeting.

Trend Analysis

- On a quarterly basis, QM staff will request an EIM report of all reported incidents
- Report will be separated by provider

- Report will be separated by category of incident
- Report will be separated by location (site)
- Report will be separated by individual
- Report will be separated by time of event
- QM will review the report and drilled down information and contact supports coordination if a trend or potential issue is discovered
- QM will contact provider of service to discuss and determine a course of action
- If a trend or potential issue is discovered, QM will review the information monthly and be in constant contact with provider
- Trend information for provider will be reviewed at Risk Management Meeting. The provider will not be identified to the group, only the findings

Our upcoming Quality Management Meetings will focus on risk management activities. McKean's plan includes invitation to ODP Western Region Risk Manager to review data related to risk, specific to McKean County and how to analyze the data and ways to support individuals as aging occurs. We hope to discuss risks in the home, such as falling and how to avoid injuries; our local HCQU may be able to provide this training.

McKean DHS and Supports Coordination staff have an excellent working relationship with the McKean County Housing and Redevelopment Authority Housing Coordinator and her staff of three program specialists. This department has worked cooperatively to solve housing issues for the homeless, individuals released from jail, as well as individuals with poor rental history. An example of their assistance is securing an apartment for a young man who aged out of RTF system and was not allowed to return to his mother's home. The housing authority coordinator successfully assisted a young woman to return to Bradford, her hometown, after a stay in a group home in Erie. Their support and knowledge of various funding streams is invaluable.

Milestone HCQU Northwest provides training on emergency preparedness and this would be first avenue to explore. The HCQU did a presentation on Emergency Preparedness to consumers in the Spring of 2017 which was successful. At a recent provider meeting, providers agreed this is a training which could be an annual event. Each agency has their own emergency preparedness plan.

Participant Directed Services (PDS):

In 2016, ARC of Crawford County, presented an overview of Agency with Choice service delivery model to Administrative Entity and Supports Coordination staff from The Guidance Center. On May 1, 2018, ARC returned to McKean County to again review this service delivery method. The options available for service delivery are discussed during the intake process.

Solutions include ensuring the supports coordination staff in McKean County are aware of the options for service delivery and feel comfortable assisting families to explore this option. The challenge to AWC and VF/EA may well be the comfort level of McKean County residents with providers of MH/ID services and their long standing presence in our communities.

McKean County will support training to individuals and families on self direction and are hoping once PA Family Network has staff in our geographic area, McKean County can partner with Network to deliver this training topic.

ODP can continue to provide resources to increase supports coordinators ability to offer the alternatives to the traditional service delivery method.

Community for All:

McKean County has not been notified that any person(s) living at state centers has an interest in community placement. If a person were identified and funding is available, the AE will work with the state center staff, ODP, as well as the individual, family and potential providers to secure a return to the community. There are two (2) individuals residing at Polk Center.

In additional to the individuals living in state ICF facilities, 15 individuals reside at private ICF facilities, including Ramsbottom Center/Beacon Light in Bradford, Martha Lloyd, Inc., in Troy PA and Allegheny Valley School, in Slippery Rock, PA. If funding is secured and individuals/families opt for a community setting, again, McKean AE will work with partners to obtain community residential options.

HOMELESS ASSISTANCE SERVICES

Continuum of Service Overview

McKean County continues to increase the programs and services available to households who are homeless or facing eviction. The Redevelopment and Housing Authority (RHA) administers the Homeless Assistance Program for McKean County. HAP funds are used to offer case management, rental assistance to prevent eviction for payment of rental arrears, security deposit payments to quickly re-house households who are homeless, as well as utility arrearages to prevent eviction.

The Housing and Homeless Services Department at the McKean County Redevelopment and Housing Authority is considered the central point of contact for homelessness for the County. In late 2017, RHA began participation in the Western PA CoC Coordinated Entry System and is the General Assessment Center for the county. The goal is to integrate all housing programs (Continuum of Care projects, HOME, HAP, HUD, ESG, PHARE and others) into one unit in the Redevelopment and Housing Authority. The McKean County Redevelopment & Housing Authority/A Partnership in Housing, Inc. secured funding through ESG for Rapid Re-housing and Homeless Prevention activities (financial assistance, ongoing rental assistance and case management); through PHARE for a Bridge Subsidy Program as a diversion from Homelessness, Continuum of Care funding for Rapid Re-Housing across 13 NW PA counties (including McKean). The McKean County Redevelopment Authority received funding through the Federal Home Loan Bank of Pittsburgh to renovate the second floor of a main stream building for 4 rental units for homeless transition age youth. This project will be operational during mid 2018. These programs are utilized in conjunction with HAP to maximize resources for homeless and near homeless populations.

McKean County DHS was awarded a Mental Health and Justice Housing grant of \$120,000 from the Pennsylvania Commission on Crime and Delinquency to help provide supportive housing to justice involved individuals starting July 1, 2015. According to local service providers, the number of previously incarcerated people with MI/COD returning to the community without stable housing has increased considerably in the last few years. National research from the Urban Institute indicates that over 10 percent of those entering prison and jails are homeless in the months before and after their incarceration. For those with a history of mental illness, the rates are even higher at 20 percent. This project is slated to end December 31, 2018. So far 23 households were assisted through this funding stream. It is anticipated the justice involved population will be served through other existing projects in the future. Without this resource many of those involved in the Justice Bridge Housing Program would have entered the homeless system due to the lack of affordable housing as they exited local and state prison systems.

Bridge Housing: HAP funds are not used for Bridge Housing. Bridge Housing is provided through PHARE funds (\$56,500 for 2 years of operation). It is projected that PHARE (Marcellus Shale) funds will provide bridge subsidy for 13 near homeless households during the grant cycle. In prior grant terms 13 households either exited to a Housing Choice Voucher (Section 8) or increased household income to a sufficient level to afford housing without a subsidy. An additional 20 households were not able to be assisted through the McKean County Bridge Subsidy Program. The need far outweighed the funds available for this service. The County once again will apply for competitive RRT PHARE funds to expand this program. Service providers in McKean County are very good at collaborating and providing for the unique needs of the households we serve. The households who were not able to be served through the Bridge Housing Program were linked to other housing options. The County

Planning Department monitors the expenditure of funds and requires the submission of status reports bi-annually as required by PHFA.

McKean County has also been involved with the Northwest Nine (NW9) Master leasing and bridge subsidy program. The program is designed to assist individuals experiencing housing barriers such as criminal background or poor landlord references, in re-entering rental arrangements. While this has been a valuable resource, the program ended in April of 2018.

Case Management: McKean County utilizes 18% of HAP funds for Case Management to process applications and invoices as well as assessment, referrals for services, and development of a budget and services plan for households to maintain housing. Additional case management is provided through the Housing Case Managers at McKean County Redevelopment & Housing Authority and funded through other funding streams. The remaining funds provide rental assistance for homeless households and homeless prevention services. There are no proposed changes for case management services for the upcoming fiscal year.

As stated previously, the Housing and Homeless Services Department at the McKean County Redevelopment and Housing Authority is considered the central point of contact for homelessness. Funding has been secured to expand the department to include 3.5 Housing Case Managers to work one-on-one with families and individuals to prevent homelessness and to rapidly re-house those who become homeless. Two case managers are funded through CYS special projects funding in the Needs Based Budget and the other positions are funded through ESG, Continuum of Care and PHARE. Three apartments are secured with CYS Special Projects funding to house at risk families in need of emergency shelter. This is a far better option than the Holley Hotel, a notorious boarding room hotel that sits above a bar. The Housing Case Managers work in conjunction with the family to identify permanent housing options. During the 2016-2017 fiscal year 229 households were served through the Housing Case Management Program. This service has proved to be invaluable to prevent homelessness and to assist families who are homeless in quickly finding suitable housing.

The County Department of Human Services (DHS) monitors the program to ensure compliance with HAP requirements. DHS also monitors the CYS Special Projects funding for case management for at risk families. Benchmarks to be achieved are numbers of households who were assisted and prevented from becoming homeless, number of households connected to housing options, and recidivism rates.

Rental Assistance: McKean County utilizes 82% of HAP funds for Rental Assistance to pay rent/utility arrearages as well as security deposits and limited first month rent payments. HAP coordinates with the County Assistance Office and faith-based organizations to reduce duplication. HAP funds are used to leverage additional rental assistance funding for homeless prevention and rapid re-housing through the Emergency Solutions Grant (\$75,000) and Continuum of Care (CoC) funded programs available in McKean County. The McKean County Redevelopment & Housing Authority administers a \$406,000 CoC grant for Rapid Re-Housing for the 13 northwest PA counties.

The County Department of Human Services monitors the program to ensure compliance with HAP requirements. Through monitoring, it was determined that there was a recidivism rate of 3.75% because three households returned for additional assistance in 2016-17. They were then linked to additional supportive services and/or rental assistance programs in the community. This year the overwhelming majority of households served were again required to contribute some of their own personal funds for security deposit or rental arrears. Landlords and service providers welcomed this

change in policy because it gives a sense of ownership for the households served. The Housing & Homeless Services Department at the McKean County Redevelopment and Housing Authority also offered a Financial Literacy curriculum funded through the United Way of the Bradford Area for participants in Housing Authority programs and those receiving financial assistance through HAP.

In 2017-18 there are no proposed changes in the rental assistance component of HAP.

Emergency Shelter: HAP funds are not used for Emergency Shelter. These services are provided through private funds for the YWCA of Bradford and for hotel vouchers through the faith-based community.

An informal assessment was conducted on homeless from the winter of 2014-15 to determine amounts vouchered/sheltered and demographics (individuals, families, children, mental health, veteran and substance abuse status). This assessment was the basis to show a need to retool shelter service policy and capacity utilizing community resources and grant funding. A sub-committee of the Housing Coalition wrote the YWCA Shelter handbook, Policies and Procedures manual and forms to allow for better operations. These changes began June 1, 2016. The committee meets annually to monitor quality and to collaborate around fund raising efforts for shelter services.

In response to the loss of the cold weather shelter, the YWCA of Bradford expanded shelter services to include sheltering of intact families during the fiscal year. The YWCA purchased and renovated a unit to provide handicap accessibility and an additional 6 beds. This response mobilized churches and housing partners in assessing models of emergency shelter delivery. It is apparent that responses to the need for emergency shelter needs to be an entire community response and shelter stays should be brief and non-recurrent.

The YWCA Bradford was awarded funding through the county application for 2017 ESG funds for Essential Services to assist with the expenses of increased shelter capacity. The YWCA is also conducting a Capital Campaign to build new Homeless and DV shelters as well as upgraded Administrative Offices.

Other Housing Supports: HAP funds are not utilized for Other Housing Supports.

DHS maximized housing contingency funds by utilizing The Housing & Homeless Services Department at the RHA to manage the funds, make decisions and quickly allocate resources to families in need in the community. \$30,000 within the CYS Needs Based Budget are utilized as resources. These funds maximize HAP resources. During fiscal year 17/18, RHA is managing MH Reinvestment retained earnings funds of \$30,000 for additional HAP activities.

The RHA also administers United Way funding to offer a Financial Literacy and Savings program; and offers the Family Self-Sufficiency Program for Housing Choice Voucher participants.

The Housing Coalition organizes a Clothesline Project with the local faith –based community and area business to promote homeless awareness and provide hats and mittens for needy families during the annual Point In Time Count the last week in January. The Data and Awareness Sub-committee of the Coalition plans to expand awareness activities in the coming year by offering a Poverty Simulation for the local business community, promote Hunger and Homeless Awareness Week in November as well as participate in a Business After Hours event sponsored through the Bradford Area Chamber of Commerce.

The Housing & Homeless Services Coordinator is the county lead for SSDI/SSI Outreach, Access and Recovery (SOAR). The SOAR Program is intended to assist homeless or near homeless individuals with mental illness to quickly (less than 100 days) access benefits. Two Benefits Specialists are trained and submitting SSI/SSDI applications using the SOAR model. Current success rate for SOAR applications is 80% versus the national average of 10% for first time applications. The Coordinator is also a co-chair for the Western Pa Continuum of Care Governance Board. This connection brings current information and resources to our county.

Homeless Management Information Systems:

McKean County Redevelopment and Housing Authority/A Partnership in Housing, Inc. inputs data into PA HMIS for reporting purposes for ESG, HAP and Continuum of Care programs. Data entry for the Homeless Assistance Program began for fiscal year 2016-2017. The YWCA shelter also inputs data into PA HMIS.

SUBSTANCE USE DISORDER SERVICES

1. Waiting List Information:

	# of Individuals	Wait Time (days)**
Detoxification Services	3	5
Non-Hospital Rehab Services	0	
Medication Assisted Treatment	0	
Halfway House Services	3	14
Partial Hospitalization	0	
Outpatient	0	

**Use average weekly wait time

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

# of Overdose Survivors	# Referred to Treatment	# Refused Treatment	# of Deaths from Overdoses
21	2	3	7

This SCA utilizes the SCA model for the warm hand-off process. We are have a 24-hour facility that takes warm hand-off calls and begins the process of the SCA sending a Case Manager to the hospital to do an assessment and refer an individual in need to the proper level of care.

3. Levels of Care (LOC):

LOC	# of Providers	# of Providers Located In-County	Special Population Services**
Inpatient Hospital Detox	2	1	In county, alcohol only
Inpatient Hospital Rehab	0	0	
Inpatient Non-Hospital Detox	4	0	
Inpatient Non-Hospital Rehab	8	1	Co-occurring, pregnant women, women with children, adolescent
Partial Hospitalization	3	0	Adult, co-occurring
Intensive Outpatient	2	2	Adolescent, Adult
Outpatient	2	2	Adolescent, Adult
Halfway House	6	0	Adult, WWC

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

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

The SCA in McKean County is a joinder with Cameron and Elk. The Cameron, Elk and McKean SCA is also a functional unit that provides the majority of substance use services in the three counties. Since January of 2017, there has been significant expansion of services in our area. In Elk County, we have expanded Recovery Support Services to help serve individuals involved with drug court. We hired an additional Case Manager to serve a growing number of assessments. In addition, to work part of their time with our neighboring counties, Clearfield/Jefferson's Center of Excellence. The newly hired Case Manager will work with individuals that are prescribed MAT to ensure their ancillary needs throughout treatment are being met. A few years ago, we added an outpatient office in Ridgway and this year added a full-time therapist to that office. Cameron and Elk Counties also saw an addition of a Prevention Specialist to meet the increasing demands of providing evidenced based drug and alcohol programs to school aged individuals in those counties. In McKean County, The Guidance Center has added substance use outpatient services as part of their CCBHC designation. They provide additional counselors to do intakes and assessments as well as substance use counseling. The CCBHC also provides MAT services. McKean County also saw the addition of a mobile Vivitrol unit to the services we offer, this service was not previously provided in our rural counties.

HeathChoices reinvestment funds were utilized in the expansion of inpatient services for CEM counties. The SCA, as a functional unit, doubled the short-term bed capacity and added long-term non-hospital residential services to our counties. In addition, reinvestment funds were utilized to bring a non-existent service to our counties with a Community Based Drug and Alcohol program for adolescents. The new program seeks to reduce inpatient admissions for adolescents and provide the treatment they need with their families at home.

A need that has been identified through community involvement and stakeholder input is for imbedded personnel in our ER's to assist with the warm hand-off protocols. The SCA has partnered with Clearfield Jefferson SCA and Penn Highlands Hospital to write a grant to obtain the funding to facilitate this process. The Health Resources and Service Administration Grant (HRSA) was awarded to the consortium recently. It will fund an imbedded Case Manager at Penn Highlands Elk the second year of the grant. This position will facilitate the warm hand-off process as well as educate the hospital personnel on proper warm hand-off protocol. McKean County will see an addition of a Case Manager in 2018 to work closely with the local ER's to facilitate the same process in McKean County.

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

The SCA in Cameron, Elk and McKean Counties has enjoyed a partnership with Clearfield/Jefferson SCA and Penn Highlands hospital that has provided training and free Narcan to first responders through a Rural Opioid Overdose Reversal grant. The same entities partnered and received a PCCD grant that provides training and free Narcan to second tier individuals that may come into contact with a person who has overdosed. To date, nearly all first responders in all three counties carry Narcan and we have been steadily training and giving free Narcan to Probation, CYS, Collaborative Boards, Agencies and other individuals that wish to carry Narcan and potentially save a life. We have increased the number of personnel that have been trained to do the trainings to ensure we are dispersing the Narcan efficiently.

6. **ASAM Training:** Provide information on the SCA plan to accomplish training staff in the use of ASAM. Include information on the timeline for completion of the training and any needed resources

to accomplish this transition to ASAM. See below to provide information on the number of professionals to be trained or who are already trained to use ASAM criteria.

	# of Professionals to be Trained	# of Professionals Already Trained
SCA	3	18
Provider Network	3	3

Because CEM SCA is a functional unit and also a provider. We hosted an ASAM training in February and invited our providers and neighboring SCA's. We trained all but three clinicians in our counties during that training. The three clinicians that were unable to attend are registered in to complete their training on May 29-30.

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

Adult Services:

Program Name: Homemaker Services

Description of Services: Services provided by the Life and Independence for Today (LIFT) will allow adults with disabilities to receive homemaker services for individuals meeting the 250% fpiq eligibility guidelines. Individuals in danger of eviction due to poor housekeeping will be able to remain in their homes when consumers can maintain their home in a safe and sanitary manner. LIFT staff will maintain cooperative relationships with agencies, landlords, including those subsidized housing, and the district justice as referral source for this service so that those with the most critical needs are prioritized for service

Service Category: Homemaker - Activities provided in the person's own home by a trained, supervised homemaker if there is no family member or other responsible person available and willing to provide the services, or relief for the regular caretaker.

Aging Services:

Program Name: Personal Care Services

Description of Services: The Office of Human Services Area Agency on Aging will provide Personal Care to teach or assist in activities of daily living to older adults that cannot independently provide this for themselves. The service is provided in accordance with a care plan that is monitored monthly to ensure the consumer is getting the level of care needed to safely stay in their home. Supplemental housekeeping service can include washing dishes, making beds, shopping, laundry, light housekeeping, preparing meals, and assistance with money management.

Service Category: Personal Care - Includes assistance with ADL's and IADL's, such as feeding, ambulation, bathing, shaving, dressing, transfer activities, meal preparation, and assistance with self-administration of medications by an agency provider.

Children and Youth Services: No services are proposed under this category.

Generic Services: No services are proposed under this category.

Specialized Services:

Program Name: Big Brothers Big Sisters

Description of Service(s): The Guidance Center will provide a supervised mentoring relationship between an adult and a child to help them deal with life challenges such in school, home or the community. Annual program fundraisers predominately fund the community-based matches. Financial support of this program is needed to help maintain the professional case management staff that assesses and screens the volunteers and monitors matches as required by the National Big Brother Big Sister standards.

Program Name: **Drug and Alcohol Programs**

Description of Service(s): Group education aimed at prevention of drug and alcohol use; programs involve building self-esteem, conflict resolution, peer pressure, and parent education. Alcohol and Drug conduct these programs in conjunction with the McKean County Family Centers, area school districts, and Senior Centers.

Program Name: **School-Based Mental Health Services**

Description of Service(s): The Guidance Center will offer group counseling to each High School in McKean County aimed at helping youth build skills to more adequately handle aggressive behaviors. The Aggression Replacement Training (ART), an evidence-based model, will be utilized for these 10-week programs, which would be operated by two staff persons. Each professional would be certified in the ART treatment model.

Program Name/ Description: **STEPS Drop-In Center**

Description of Service(s): Drop-In Centers provide mental health consumers with an opportunity to interact socially and to enhance their independence. The facility in Bradford, which is open five days a week, and the part-time center in Kane encourage consumers to define their needs and to work together to develop relevant activities. This kind of program helps reduce the need for more intensive treatment efforts.

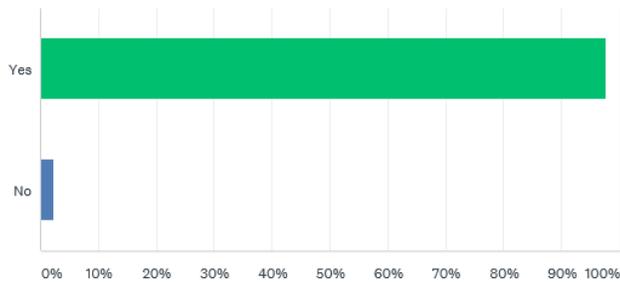
Interagency Coordination: No services are proposed under this category.

Attachment 1: Survey and Focus Group Results

Survey Monkey Results
 McKean County Collaborative Board, DHS Advisory Board and Community
 Members
 45 Participants

Do you live or work in McKean County

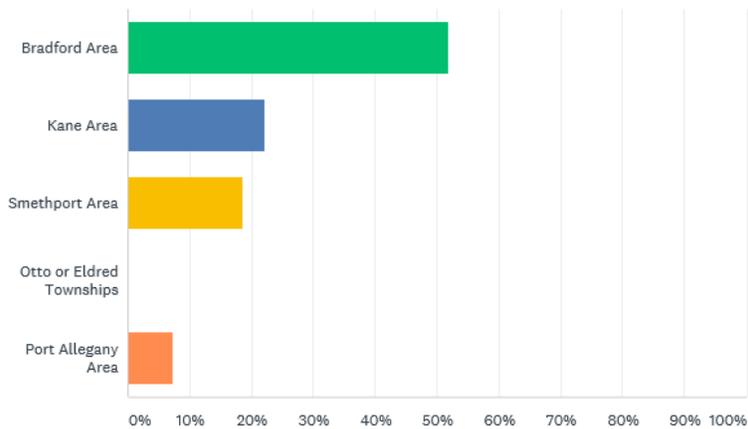
Answered: 45 Skipped: 0



ANSWER CHOICES	RESPONSES	
▼ Yes	97.78%	44
▼ No	2.22%	1
TOTAL		45

What community in McKean County do you live in? If you don't live in McKean County, what community do you work in?

Answered: 27 Skipped: 18



ANSWER CHOICES	RESPONSES	
▼ Bradford Area	51.85%	14
▼ Kane Area	22.22%	6
▼ Smethport Area	18.52%	5
▼ Otto or Eldred Townships	0.00%	0
▼ Port Allegany Area	7.41%	2
TOTAL		27

Q.1. What ideas do you have to improve mental health services for adults in McKean County?

- We need more licensed therapists, psychiatrists
- More doctors
- I think we have a significant amount of service in the continuum currently, especially having just added Mobile Psych Rehab.
- Give consumers more choice in the surrounding areas.
- transportation options
- improve transportation, shorten waiting time to get seen
- outreach groups
- Availability to access services within the adults community to help overcome the transportation issue of traveling for town to town OR offering evening services for those individuals who work first shift
- More access to MH services for our students in the schools. School based MH services. Too many parents do not follow through on outside appointments.
- MH awareness in the community—law enforcement, schools, afterschool programs—so that we can keep people out of hospitals and the jail.
- Better Housing Options and a more diverse selection of services.
- PEER support helps both the PEER and others
- A crisis holding center would help—somewhere safe and comfortable to go as an alternative to hospitalization and jail.
- Continuity of services between organizations and the community at large
- there are mental health services in many communities but transportation is still an issue for some
- I think that if there is a better way to start mental health services prior to an adult coming out of prison or a psychiatric inpatient placement would be very helpful as it may give them a better chance of returning to the community more successfully. I also think that just being able to get more information about what each service provides would help as I find that a lot of people are unaware of services such as peer support and how they can help that person.
- Have them plant and take care of a garden...
- More available information on what services there are and who qualifies for certain services or they are available for everyone
- Increase services to individual incarcerated and create a re-entry program.
- Need for additional supported living, supported employment and affordable housing programs for persons with MH/ID
- Allow for service/appointments to take place in the school settings, allow parents to participate via videoconference, or hold more appointments in the Kane area.
- More transportation to attend appointments
- A living environment that has services connected with it, yet gives the individual some responsibility.
- improve transportation, increase services in each town, RTFA, personal care homes, long term residential facility, MH visiting nurse for medication monitoring/injections
- Have more options on places for mental health adults to live with supports
- adults need to be able to access the services

- Develop a cohesive, interagency related mental health plan that connects individuals with services without having to go to each service provider directly. Something similar to an e-One Stop for mental health and all services in McKean Co.
- Need more state hospital slots. Need diversion and re-entry help. CIT teams are needed.

Q.2. What ideas do you have to improve mental health services for children in McKean County?

- Again more therapists, psychiatrists, psychologist
- I think we have a significant array of services for children too. It would be helpful to have access to respite, planned & emergency when the family just needs a time out.
- Continue to train staff. Make sure there is consumer choice. Ensure parents know resources available.
- not sure
- transportation, shorten waiting time to get seen
- summer groups
- Ability to access during school day to eliminate the need for parents to take off work and/or find transportation to appointments
- more school based
- More diverse selection of services
- I leave this question to those who work with children.
- Offer more supports to children birth to five and their parents. Improve early identification efforts and don't wait to implement services until after the third birthday.
- I think it would be beneficial for parents to be able to have a place/website to go to get resources that could help their child. I think having more groups for parents to either attend in person or by phone (such as Autism support group, special needs parent support group) would be helpful. I also feel that it would help if the county would have a Hi-Fidelity Wraparound Program started. If the county would be able to get funding from Systems of Care to help families with services.
- Have them help mom and dad in the garden.
- Probably need more providers that specialize in this field
- Work to curb misdiagnoses/overdiagnoses; increase services to parents to provide better/different coping mechanisms to children's behaviors.
- quicker access for child psychiatric services
- More doctors, more trainings and more appointments to be scheduled in school or offices in clients hometowns. Also offer social work and more counseling in the schools.
- More RTF beds across the region and state.
- Transportation and more activities in community
- improve transportation,
- same as above. Transportation is an issue for many people
- Adolescent crisis needs to be improved. Sometimes kids and parents and schools need a break and just need to cool off but there is no where to put them except in the ER.
- More RTF availability. More options on the continuum for kids.

Q.3. What ideas do you have to improve services for individuals with developmental disabilities in McKean County?

- More assisted group homes and/or appt complex with staffing for those with developmental disabilities and their children
- I think we have services for this population as well
- More housing opportunities around the area.
- transportation, housing
- I don't know enough about this to comment
- community involvement
- More awareness of what services are available
- We have wonderful services.
- not informed enough on this issues
- More opportunity for jobs and services in the county
- Early identification and Treatment. Improvement in health care providers referrals to Early Intervention. School Districts providing more services in the primary grades to alleviate the need for more costly interventions when the child is older.
- I think it would benefit for more people to be aware of the Dual Diagnosis Treatment Team (DDTT) as i know this can be a very beneficial program for people with IDD. I also think that it would be extremely helpful to have consolidated waiver homes for children in the county as i feel that there are a few children within the county that need that level of care and would benefit from it due to the high level of care they need. The closest childrens waiver program that i am aware of is Erie County and that is not close enough to those who could truly need it within their own community. I think that it would be great to have more of the Supportive Living Programs open in the county as well.
- Plant a small garden and have them take care of it.
- Educate the public on the services that are available
- additional supportive employment and housing opportunitites
- Assign case workers early, trainings for parents, availability of staff
- I think we have a lot of services for this population.
- more options for ID individuals to live if more supportive supports are needed
- more opportunities in the community need to be identified for employment
- Provide educational programming for DD adults so they can get out of the residences and engage in learning activities.
- more employment options. But all in all services are excellent and providers are so committed.

Q.4. What ideas do you have to improve homelessness and housing support services in McKean County?

- We need a mens shelter and an intact family shelter to housing facility like Genesis House in Olean
- I think the housing team is better prepared to respond to this question. However, I would hope that families have increased access to public housing even when the history of the past may not support that. We have so many families living in inadequate houses. It is good to see when the city demolishes some of the houses & rules them out as options for desperate families.
- Streamline the process for housing. More help for individuals to apply for housing and walk them through the process.

- increase funding for shelters
- more outreach/awareness, more available housing
- Not able to answer as I am not aware of the scope or need of this problem
- I am not informed enough on this issue or need
- A larger variety of affordable housing.
- More affordable housing options are needed. Many people can't afford market rate rentals. More subsidized housing slots are needed too because the wait list is really long.
- Difficult. Major impact will take good bit more money mostly, I suspect.
- More homeless shelters, localized in communities. More for-profit partnerships to facilitate job opportunities for those able to work. More vo-tech opportunities for those who are homeless
- more housing is needed
- I feel that the county does a good job of improving this and the county is always trying to think of new ways to help this population so keep up the good work.
- Trailer park
- Increase housing stock for working-class and low-wage earners
- additional prevention or diversion services. there is a need for expanded affordable housing development in the private market
- awareness, locations established in each town for individuals to go to to report homelessness
- Possibly more group homes available
- Is it possible to have more shelters or beds?
- categorized all individuals in need of housing or supportive services in different age groups and based on their need. That way based on there need they can be added up on the list quicker. Sometimes adults who are homeless have to be put on a waiting list and can't move up on the waiting list because they don't meet the criteria.
- more low income housing options are needed.

Q.5. What ideas do you have to improve services for addictions services in McKean County?

- We now are at crisis for dental care, and routine pediatric care
- Services have expanded this year with the addition of mAT services for McKean residents at TGC & with the Dr. In Limestone. Increased access to counseling with added program at TGC. Wish insurance would support a minimum of 2 months for residential services for addiction - as it takes that as a minimum to rewrite the brain.
- Training for community members about services.
- Transportation
- Transportation
- hotlines, drop in centers
- Perhaps the best idea is to help focus on preventative
- A very responsive Warm Handoff program that hospital staff and law enforcement can count on to find detox and transport within hours, not days. Not easy, but being done in some other rural areas of PA.
- Education as early as possible.
- I think that the county is doing a great job with addiction treatment as well. I think it is great that Maple Manor has expanded to make more beds for longer periods of time. I like that they also have the in-home counseling for adolescent and transition youth. Keep up the good work.
- Detox program
- Again, make the public aware of the available services
- no ideas at this time

- awareness, training, more personnel and offices in each town for addicts and families to seek help
- transportation available for meetings
- people need support for longer that insurance will pay. They come back into the same environment which does not help them to stay clean and sober.
- Early no cost intervention for youth. Provide treatment plans for incarcerated folks.
- methodone maintance more locally provided.

Q.6. What is the most pressing social problem our county is facing?

- generational poverty and abuse that accompanies it
- Alcohol and Drug addiction
- Addiction
- Growing number of children in the dependency system.
- drug addiction
- low income families and the connected issues (see above)
- D/A and MH
- Social media addictions and people unwilling to listen and have a meaningful civil conversati to others who may
- Opioid crisis and decline of the family unit creating problems for our students in our schools.
- I believe drug use in out county is a symptom of many more problems that are happening, including abuse of all ages. If we could work together as a community we could end abuse and thereby end many of the other social problems attached to it, including mental health problems, self medication, costs of medical care, etc.
- Drug and alcohol addictions and the broad impact on persons with addictions, their families, social and health providers, law enforcement, employers and more.
- Poverty
- drugs as it effects the whole family
- I think that the most pressing issue is the lack of funding to help support the county. I think that the county is being very creative with finding more ways to get the money but i think with more funding comes more resources to help more people.
- Bullying in our schools
- drug abuse and overdoses
- Poverty
- generational poverty compounded by drug/criminal activity
- dysfunctional families which leads to addiction, mental health, abuse, etc.
- Poverty
- Social upward mobility. By this I mean, opportunities for people to grow, whether income or social gatherings, into a different level. It seems many are stuck in cycles of poverty or lower income. It might be by choice, yet opportunities seem to be lacking.
- drug addication/overdose/manufacturing drugs
- homeless for young adults
- lack of opportunity or perceived lack of opportunities
- Chronically unemployed folks that are on welfare with no desire to improve theri lives.
- Addictions crisis

Intellectual Disabilities Focus Group – April 6, 2018
Futures Inc., One Futures Way, Bradford
7 Participants

Participants: C.J. C, Elizabeth K., Shauna P., Danyelle T., Donald L., Melissa Bartlein, Futures Program Specialist, and Linda Gault, McKean County Developmental Disabilities Director.

Are you happy with your day program? What do you do here at Futures?

- Yes, Like to do slip axel job and packaging wicks. I also go out in community (CPS)
- Yes. I do different jobs at Futures and also go out in community (CPS)
- Yes. I love my job. I do wicks.
- Yes. I am happy to have a job and do various jobs, including filing.
- Yes. I do wicks, put boxes together, and go out in community (CPS)

Are you happy where you live? Please describe where you live.

- CJ lives in Bradford with his family. Happy
- Donald lives at Hotel Holley.
- Danielle lives in her own apartment and is very content.
- Elizabeth lives at Kiwanis Court with her husband and son.
- Shauna lives in Rixford with her parents. Happy.

What services do you receive?

- CJ receives CPS (Futures) and transportation
- Donald receives transportation & CPS (Futures) as well as in-home and community supports with YWCA.
- Danielle receives transportation and CPS (Futures)
- Elizabeth receives transportation and CPS (Futures)
- Shauna receives transportation and CPS (Futures)

Do you have any problems with your current services?

- The group does not report any problems with services

Do you know what to do in an emergency?

- Call 911
- Stand in doorway if a tornado is coming our way
- Fire Drills help
- Smoke Detectors are important
- Elizabeth told the group they should all invest in renters insurance
- We discussed the Emergency Preparedness Training sponsored by DHS and presented by Milestones Northwest held at Futures last year. Some of the group missed the presentation and felt it would be good to have a repeat performance.

What type of activities do you like?

- CJ – fishing, hunting, rifles, music, walks, bike and going to hunting camp
- Donald – riding my bike
- Danyelle – lives to go for walks
- Elizabeth – takes her son to Buffalo Zoo, the park, movies and Pumpkinville

- Shauna – go for walks, swimming, her gaming system

What makes you happy?

- CJ – “Being Alive.”
- Donald – his girlfriend
- Danyelle – my mom and step-dad
- Elizabeth – my son and my cat
- Shauna – my mom

Steps Drop-In Center Focus Group
May 4, 2018
16 Participants

Present: 13 CSP members, Steps Drop-In Center Supervisor, Blended CM Director, and McKean County Developmental Disabilities Director

Satisfaction with current services

- Pre-vocational services at Futures is important and is a reason to get up in the morning
- Occasionally there is a ruckus or drama but still a great place to make friends
- Appreciate how Futures works and supports other community events, such as Special Olympics and an upcoming concert "From the Heart" June 3, 2018 at 2:00 p.m. at the Bromely Theatre at UPB. A number of the CSP members are performing in this event
- Psychiatric Rehabilitation is helpful
- The Guidance Center helped me with my anger management
- ATA in Bradford is great; it helps me to be independent
- STEPS Drop in Center is a good service
- The YWCA does a great job and is helpful (supported living services)

Considerations for changes or additional services

- One person wants the police department to install more cameras on the streets to help him feel safe as well as have a dog warden in the city of Bradford
- The Drug problem is very concerning
- One person was concerned with single moms and the safety of their children
- One person would like to see pet therapy used more
- Housing options are poor. The Riddle House is not safe or appropriate
- Veterans should have excellent health care and employment opportunities
- Many said they want a job. Skills training needed. One person said OVR has an extensive waiting list for help
- One member stated that a person experiencing mental health issues should not be discriminated against. STIGMA is real. She felt continued education for general community is vital
- A couple of members expressed concern about welfare fraud

McKean County Provider Focus Group
April 3, 2018
7 Participants

Present: Lee Sizemore, DHS Administrator; Linda Gault, Developmental Disabilities Director; Bill Leven, Futures Executive Director; Debbie Price, Evergreen Elm Executive Director; Pam Fingado, LINKS Executive Director; Vanesa Castano, YWCA Executive Director; and Jack Golden, Beacon Light Behavioral Health Systems Program Director.

Discussion:

- High and complex need individuals are surfacing in the community all of the sudden— transition age youth and re-entrants from incarceration. They have severe needs and acuity is very high.
- The community is seeing a disruption in parenting due to mental illness and addictions. Sometime youth are not parented at all.
- There are some adult mental health consumers that are giving up because life is too hard and saying, “just take me to jail” and then act out with nuisance crimes to get in jail.
- RTFs are not teaching skills.
- Housing casemanagemnt through the McKEan County Housing and Redevelopment Authoirty is a positive development. The Housing Authority is always willing to try and house tough populations.
- Local residentla providers like Beacon Light are making gains to lesson restraints.
- More mental health consumers have comples medical problems and finding appropriate treatment is more of a challenge.
- There is a lack of nursing homes that will take older adults with MH. It almost always takes a two year search for a nursing home.
- Bradford Mannor (nursing home) is the most accommodating.
- We need more CRR options
- We need re-entry planning and diversion. Some consumers prefer jail and we need help in keeping them out.
- There was praise for the support the HIQUs provide. One provider had a recent training on UTIs.
- Housing is priced out of reach for many consumers.
- The addictions crisis touches all services and is a huge driver of costs.

School Superintendents Focus Group

April 11, 2018

16 Participants

Present: Lee Sizemore, DHS Administrator; Mandy Reese, Children's Mental Health Director; Dan Wertz, CYS Director; Beth Sprinz, Regional SAP Coordinator; Don Wismar, IU9 Executive Director and Superintendents:

- Jerry Sasala - Austin
- Katy Pude - Bradford
- Jackie Canter - Coudersport
- Alanna Huck - Galeton
- Dennis Crotzer - Johnsonburg
- Jeff Kepler - Kane
- Scott Graham - Northern Potter
- Michele Hartzell - Oswayo Valley
- Matt Splain - Otto-Eldred
- Gary Buchsen - Port Allegany
- Brian Toth - St. Marys

Discussion:

- Schools are requesting help with mental health problems in the schools. Their biggest pressing issue right now is the need for a "SWAT" team of mental health folks to assess and respond to crisis situations.
- Schools expressed needing help in when to expel students for threats, when to seek mental health treatment and clearing them to return to school.
- Radicalized youth are becoming a problem, and difficult to handle due to 'freedom of speech' protections.
- One school noted that it is a problem in getting notice from 'someone' when youth are discharge from an RTF or hospital and come back to school but are not necessarily stabilized.
- Schools are trained in things like, Safe Crisis Management but systems are each school is typically trained by different programs and different models. It would be nice to have a consistent approach across all schools.
- Schools are requesting training on Threat Assessment Inquiry and how to use this state prepared document.
- Some schools are adding more social workers.
- Grant funding may be coming through Safe Schools but they believe for social workers and resource officers.
- Schools mentioned that there are many bills in the House and Senate regarding school violence but they worry more unfunded mandates will be passed down to them without extra funds attached.
- They expressed willingness to collaborate or share data that can be helpful to support the need.
- Schools indicated that they could benefit from training in de-escalation techniques.

MAY 17, 2018



**McKean County
Collaborative Board**

**Aging Focus Group
RESULTS**

MCKEAN COUNTY COLLABORATIVE BOARD

Aging Focus Group

The McKean County Collaborative Board hosted a focus group to determine the most urgent needs our aging residents may be facing. There were 38 participants. The results were then shared with various organizations, clubs, and foundations to be utilized for future planning purposes, and were utilized in the McKean County Department of Human Services Block Grant Plan.

The morning of May 17, 2018 started with a brief overview. Participants were then able to choose focus group breakout sessions they wanted to participate in. The sessions included:

- Legal, Insurance and Benefits Issues
- Grandparents as Parents
- Medication and Addictions Issues
- Mental Health and Housing Issues

Participants

Name	Representing
Barb Paul	Office of Human Services, Area Agency on Aging
Mark Morelli	PA LINK to Aging and Disabilities, McKean County Collaborative Board
Lee Sizemore	McKean County Department of Human Services, McKean County Collaborative Board
Nicole Shrubbs	McKean County Department of Human Services
LaRue Smith	Mount Jewett Senior Center
Harriet Moore	Mount Jewett Senior Center
Vanessa Castano	YWCA Bradford, McKean County Collaborative Board
Clair D. Butler	Bradford Senior Center
Phil Sell	Sena Kean Manor
Heidi Scrivo Passmore	Sena Kean Manor
Debbie Price	Evergreen Elm
Amie Peck	Futures Rehabilitation Center
Melissa Kirk	McKean County Department of Human Services
Kara Kennedy	Bradford Area Chamber of Commerce
Rhonda Race	State Representative Martin Causer
Debbie Wieber	Eldred Senior Center
Jessica Jarrett-McKeirnan	BRMC Meals on Wheels
Lori Freer	Bradford Hospital Foundation
Lisa Johnson	Bradford Ecumenical Home Inc.
Vicki Harris	Bradford Ecumenical Home Inc.
Nicole Wells	Bradford Ecumenical Home Inc.
Bob Esch	McKean County Collaborative Board
Brad Mangel	Bradford City Council
Carol Steck	Bradford Senior Center
Tonya Gayley	Keystone Rural Health Consortia, Inc.
Jo Ellen Kille	Eldred Senior Center
Greta Billings	Alcohol and Drug Abuse Services, McKean County Collaborative Board
Mary McCormack	The Guidance Center, McKean County Collaborative Board
Angie Switzer	Office of Human Services Area Agency on Aging
Nancy Reynolds	Bradford Senior Center
Michelle Hatch	McKean County Redevelopment and Housing Authority
Ron McNeil	Eldred Senior Center
Bill Orzechowski	Office of Human Services Area Agency on Aging, McKean County Collaborative Board

Name	Representing
Ashley Hatch	Williams Agency
Wendy Frederick	Office of Human Services Area Agency on Aging
Ron Orris	Blaisdell Foundation
Lacey Love	Bradford Library

Objective

To determine the most urgent needs of our aging residents and to brainstorm possible solutions to address these needs.

Results

Legal, Insurance and Benefits Issues

BACKGROUND

Some older adults are unable to make decisions about their care and assets because they are disabled, injured or too ill. They are often caught in a crisis and cannot find help and resources. Planning ahead is always best, but many times this does not happen. Planning for long-term care and eligibility for government assistance are very complex issues. Many cannot afford a private attorney to help with best options. More public resources are needed to help older adults and their families navigate legal issues. Barriers include finding assistance in accessing and developing Wills, Living Wills, Advance Directives, Power of Attorney (and finding someone who will be a person's POA), and Representative Payee and Guardianship (assistance with cost and appointing someone).

ISSUES

- There is not a central place or "one stop shop" to find out information and seek assistance.
- There is no (low cost or free) resource for older adults to access to help with Wills, Living Wills, Advance Directives, POAs, or Rep Payee.
- Some do not plan ahead in formulating their plans and wishes as a preventative measure for when they may become incapacitated. Many cannot afford a private attorney in order to do so.
- Mixed information is received when older adults do try to seek help, and they become frustrate. The public is told to contact multiple agencies and are unable to talk to a person or get a consistent message.
- Many older adults are not comfortable with technology and cannot access online resources without assistance to do so
- Most in the room did not know about the 211 information and referral line. There is a need to market 211 more.
- Staff at the Bradford Library spend a great deal of time helping older adults complete applications and inquiries online because the person cannot navigate technology and does not have any other help. There is a need for public navigation services.
- Office of Human Services Area Agency on Aging helps some older adults in navigating legal issues. Helpmates provide public guardianship for a fee. Martin Causer's Office helps with some navigation.
- Northwest Legal Services (NWLS) does not provide direct elder law services, but does have online self-help resources for Advance Directives, Guardianships, Powers of Attorney and Living Wills and other elder law topics. NWLS has a link to this self-help material that can be found at www.PALawHelp.org
- Children of older adults also need help. They do not know what to expect as their parent ages or the legal steps their parents should be taking to protect themselves and their assets.
- Older adults are more vulnerable to fraud and abuse.

SUGGESTIONS

- Develop an “Elder Justice Day” whereby education, discussion and assistance offered to the general public on legal issues. Develop a more inviting name for this event versus “Elder Justice Day”.
- Host more educational discussions at Senior Centers on elder law issues.
- Market resources and provide public education through media venues on topics and issues important to older adults.
- Market the 211 information and referral line. Ensure that resources for older adults are listed in the 211 database.
- Research to determine if there are local attorneys who specialize in elder laws and legal issues.
- Research if there are local or regional legal experts that would provide discussion and training at an Elder Justice Day event.
- There is a need for navigation services beyond what is available in the community.
- Would BRMC, Northwest Legal Services, the McKean County Community Foundation, or other organizations or groups be willing to host workshops and educational events?
- Martin Causer’s office hosts the annual Senior Expo, and the Bradford Ecumenical Home hosts an annual resource fair. Are other resource fairs needed?
- Market resources available through the McKean County Veterans Affairs Office.
- Market the availability of area Senior Centers.
- Educate the public about available resources: County Assistance Office, ATA, The Guidance Center, The Erie Sight Center, and PACE.
- Target caregivers and younger older adults through workforce marketing and education.
- There needs to be more support groups and marketing about the availability of these groups. Support groups suggested were a Family Caregiver Support Group and a Dementia Support Group.
- An educational group or workshop targeted to the children of older adults is needed. This education would focus on “what to expect” as their loved one ages and how to plan ahead, protect themselves and their family.
- Advertise and educate about what to do when a person is a victim of fraud. The victim or family should call the police and can file a complaint with the Attorney General’s Bureau of Consumer Protection. A form is provided at www.attorneygeneral.gov

Grandparents as Parents (Kinship Caregivers)

BACKGROUND

Many older adults and relatives are assuming the caregiving role over minor children when the biological parents are unavailable. Parents may be incarcerated, have died, or have abandoned them. More parents have been affected by the addictions crisis, are single parents, or are facing removal of their children due to abuse or neglect. Older adults assuming the parenting role are known as kinship caregivers. They have taken on the role of parent to ensure that these children receive medical care, an education, and the stability needed to survive. Many other grandparents also care for children while parents are at work, for a few hours when needed, or during a difficult period such as a divorce. Kinship caregivers are growing in numbers and are a demographic norm in our community.

ISSUES

- Resources and educational programs may not be targeted to older adults caring for children.
- Many hardships impact the older adult including physical illness, emotional strain and guilt. Grandparents may not seek help because they feel guilty about the failures of their own children. Many have internalized the feeling of “what will people think?” if I seek help.
- Older adult caregivers are under financial strain because their own resources are depleting and they have a new burden of providing for minor children in their care.
- Caregivers need help in accessing health insurance for their grandchildren.

- Legal issues are a barrier, such as who has legal authority to consent to care and treatment for the child. Many do not know how to obtain the right to consent for medical care or how to pursue custody or visitation.
- Grandparents raising children today is not the same as when the grandparent raised their own child 40 years ago (there was no internet, no social media, school programs and after school activities did not exist as they do now). Grandparents may not be equipped to deal with these issues.
- Some children are coming to the older adult with significant issues of their own that the older adult is not equipped to deal with. For example, the child may be experiencing significant mental illness or trauma.
- Many existing programs for parenting education and workshops don't target or market to the older adult or grandparent. There are resources that can be promoted—Parents As Teachers, Nurturing Parenting Program, WIC, Head Start, other Early Learning Programs....
- Kinship caregivers are becoming a “norm” and the entire community needs to recognize this in order to meet their needs.

SUGGESTIONS

- Need to get the information to the people that need it—target all markets such as Senior Centers, Libraries, Churches, organizations and employers.
- Develop packets with resources to hand to grandparents/older adults when children are placed with them.
- There is not a single solution or agency that bears full responsibility for the needs of kinship caregivers. All organizations and communities need to work on meeting the unique needs of this demographic.
- Target and get information on how to link people to resources to the groups that come in contact with the child or older adult. Schools, human service organizations, Children and Youth Services, law enforcement, faith communities and employers are in need of resource information to share with kinship caregivers.
- We need to deal with the stigma by having an ongoing community discussion; get the message across that this is not a sign of failure on the parent or grandparent's part. Grandparents may be more willing to accept help if we deal with the stigma of failure.
- Advocates must put significant amount of pressure on legislature and keep the discussion going on the needs of kinship caregivers.
- 211 is an information and referral line and should be promoted.
- Some grandparents need one-on-one help completing on line applications and working with computers/social media.
- Assist grandparents in becoming foster parents in order to get financial assistance.
- There is a need for long term planning; what if grandparent passes on. Promote the need for legal assistance.
- Inform kinship caregivers of legal advice available on www.PALawHelp.org
- Provide legal workshops on topics and issues kinship caregivers need help with (medical consent, custody and visitation).
- Support groups were suggested but there was recognition that the number or people that would take advantage of this are small and groups often fizzle out.
- Advertise and educate that older adults can discuss concerns about kinship care, raising grandchildren or other minor children by calling the Senior LAW HelpLine at 1-877 727-7529.
- Advertise this: According to the Medical Consent Act, a parent or legal custodian can authorize another person to consent to medical, dental or mental health care for children by completing and signing a simple document. Again, call the Senior Law HelpLine for assistance.
- Overall, there is a need for more education, assistance and linkage to resources on raising grandchildren and kin.

Medication and Addictions Issues

BACKGROUND

Older adults face many changes in health, lifestyle, and sources of support. These hardships can bring with it physical pain, stress, loneliness and loss of mobility; and can pile up and impel seniors toward alcohol or drugs. Additionally, an older adult may have had a problem for a long time that has continued to get worse over the years. Medication abuse and addiction is often hidden, overlooked and misdiagnosed. Older adults are also at significant risk for prescription drug abuse and addiction because of an increased rate of illness, changes in the body's capacity to process medications, and the potential for drug interactions.

ISSUES

- Prescription refills are sometimes not filled as ordered or when needed.
- Older adults may have struggled with substance use their whole lives and the problem worsened over the years.
- Medication and substance abuse is a large reason for Hospital Admissions/ER visits.
- Not taking prescriptions as prescribed, sharing prescriptions, mixing medication with alcohol and over prescribed medication is a problem.
- Because copays/cost are a barrier, some older adults will stop taking medications all together or will take ½ prescription or share prescriptions.
- Some have transportation problems or other barriers to access transportation in order to pick up prescriptions and may resort to other self-medications or take themselves off their medication.
- Overmedicating/multiple pharmacies/multiple doctors prescribing have been noted as on the rise.
- Use of opioids has increased among older adults.
- Older adults can become victims of theft with money or prescriptions stolen from their homes.
- Trading prescriptions was noted.

SUGGESTIONS

- Educate the public on the significant risks that older adults face in the addictions crisis.
- Utilize PACE/Apprise/Senior Centers and more broadly advertise their availability.
- Educate and offer to review Medicare plans and ensure they are enrolled in a plan that is right for them with the current medications they are prescribed.
- Are they eligible for generic brands—physicians and pharmacies should always ask this.
- Discuss alternatives to narcotics. Promote health and wellness. Connect older adults to mutual support and community activities.
- Advertise and promote resources about treatment.
- Focus on “Warm Hand Offs” when someone overdoses—immediate connection to treatment is needed.
- Promote the availability of residential treatment at Maple Manor.
- There is a urgent need for more local staffing of substance abuse providers due to the increase in volume of those needing it.
- Promote resources for case management/life skills.
- Need to increase preventative measures—the more discussion around whole-health the better the preventative outcome.
- Have Maple Manor staff present/educate at the senior centers.
- Advertise where to drop off used prescriptions—medication drop off locations are available but there is little information going out to the public on this.
- Educate the public about the dangers of sharing prescriptions with others and the need to lock medications.
- Publicize where to get help for addictions.
- Drug overdose death has increased in the elderly population—data is less accurate in older populations due to an overlay of physical health and other issues. Make it known in public venues that it is a problem in the older adult populations and advertise where to get help.

Mental Health and Housing Issues

BACKGROUND

A growing number of older adults are experiencing mental health difficulties; and are challenged with the high cost and poor availability of housing.

- Mental health and well-being are just as important in the aging years as they are in younger years.
- Over 20% of adults aged 60 and over suffer from a mental or neurological disorder.
- Affordable housing is simply beyond the reach of many older adults.
- Older adults are more likely than their younger counterparts to spend more than 30 percent of their income on their home.

MENTAL HEALTH ISSUES

- There is a stigma around mental illness even though 1 in 5 persons will struggle with mental illness in their lifetime.
- Many great existing resources exist in the community but access is a problem as agencies are over taxed with an increasing workload (increased numbers of individuals with mental illness/referrals) and transportation is a huge barrier.
- While our area is better off than most counties, there is still a psychiatric shortage.
- Mental illness is portrayed as the worst case scenario in the media; need to change the focus to mental wellness. Depression is the main mental health illness facing older adults and this should not have a stigma associated with it, but support instead.
- Often a problem getting the older adult to treatment; often undiagnosed mental illness or developmental disability occurs.
- There are no inpatient geriatric psychiatric services in McKean County.
- Problems with insurances not providing coverage or providers that do not accept certain insurances.
- Primary Care Physicians do not get reimbursed for existing clinical tools that take a holistic approach to treatment.
- There needs more wellness classes in the community for older adults—Step programs, brain challenge groups, Parkinson and Depression Support Groups....

MENTAL HEALTH SUGGESTIONS

- Focus on the person as a whole; both physical and mental well-being.
- Offer wellness classes for older adults. YMCA would be a logical location for this.
- Build on existing resources that work such as psychiatric rehabilitation, Peer Support, and the STEPS Drop In Center. Getting consumers involved more would be beneficial.
- Educate the public to reduce stigma. Reframe issues by putting human faces to this.
- Physician education and family education to help get the older adult treatment, by addressing whole health is needed.
- Advocate for policy change through local legislators. There are many resources lacking on the continuum of mental health services.
- The health care community must be a partner in this. It would have a larger impact focusing on overall physical and mental wellness. Also, brain exercise, step exercise, whole health support systems....all are needed in the community.
- Build on innovative approaches. Some facilities have implemented tele-psychiatry. Wellness initiatives are much needed also.
- Research these issues: Is Olean General Hospital's new Gero-Psychiatric unit available to McKean County residents? Do Skilled Care providers and residential providers need support with behavioral issues that can exacerbate to inpatient hospitalization— could these be diverted somehow?
- More Personal Care Boarding Homes are needed for the aging population with mental health concerns. Specialized residential care is needed in our region (aging sex offenders, mentally ill that have physical conditions...).

HOUSING ISSUES

- Lack of Personal Care Home beds (SSI income and other low income low income individuals) are in very low supply. Very few PCBH facilities accept SSI and many have limits on how many they will take.
- Overall affordability and availability—housing affordability is simply beyond the reach of many older adults.
- There are younger older adults that are struggling financially and the only way to reach them is through employers—their HR Departments. We need to be addressing their needs.
- Financial issues and older adults on fixed incomes is a big issue. Many simply can't afford to stay in their homes. One person shared a personal story—since the death of a spouse, housing was no longer affordable and the future was very uncertain.
- Greater mental health acuity in nursing facilities is a problem. Patients have more severe degrees of mental health issues than ever before. Do skilled care facilities need more support?
- Difficulty in finding housing for sex offenders, those with severe mental and physical health diagnoses, and individuals with criminal records is a problem.
- Skilled nursing facilities, while very capable of meeting an older adults medical needs, are not equipped to deal with many of the sever behavior issues they are seeing. How do they gain more skills?

HOUSING SUGGESTIONS

- More resources on housing continuum are needed. The concept of Senior Housing does not seem to exist. Older adults need a range of affordable and accessible options.
- Offer trainings to facilities on how to deal with behaviors and mental illness.
- Education to the community of available housing resources is needed.
- Many citizens react negatively to the concept of needing more “affordable” housing, thinking the economic vitality of the community will be compromised. But there are collective benefits in addressing housing affordability issues.
- More financial resources to keep people in specialized housing are needed. Many older adults have complex needs.
- Need more affordable residential housing; for example older adults looking to downsize but no quality affordable housing available.

Call to Action

Thank you to the McKean County Collaborative Board for hosting this focus group. The Collaborative Board hopes that organizations and groups will utilize the feedback to implement ideas that help support older adults.

Attachment 2: Public Hearing Notice

NOTICE OF PUBLIC HEARING – McKean County Department of Human Services

PUBLIC NOTICE is given to all persons in McKean County that public hearings will be held on Wednesday, May 30, 2018 at 3:00pm and again at 5:00 pm, to solicit comments on the proposed Human Service Block Grant plan, a plan required by the PA Department of Public Welfare that addresses services in Developmental Disabilities, Mental Health, Drug and Alcohol Services, Housing Assistance Program, and the Human Service Development Funds. Effective May 29, 2018 through May 31, 2018, from 8:30 a.m. to 4:30 p.m., the proposed Human Services Block Grant plan will be on file and open for public inspection at the front office of Department of Human Services, 17155 Route 6, Smethport, PA. The plan outlines the use of several funding streams to promote the health and welfare of citizens experiencing mental, intellectual, physical, emotional, or behavioral health conditions. All persons interested are invited to provide feedback and attend one of the hearings. Additionally, written comments may be submitted to: McKean County Department of Human Services Administrator, 17155 Route 6, Smethport, PA 16749.

Attachment 3: Proof of Publications

Affidavit of Publication

STATE OF PENNSYLVANIA) SS
COUNTY OF MCKEAN)

LEGAL
NOTICE OF
PUBLIC
HEARING

Kellie S. Lipps, being duly sworn, says:

McKean County Department of Human Services PUBLIC NOTICE is given to all persons in McKean County that public hearings will be held on Wednesday, May 30, 2018 at 3:00pm and again at 5:00 pm, to solicit comments on the proposed Human Service Block Grant plan, a plan required by the PA Department of Public Welfare that addresses services in Developmental Disabilities, Mental Health, Drug and Alcohol Services, Housing Assistance Program, and the Human Service Development Funds. Effective May 29, 2018 through May 31, 2018, from 8:30 a.m. to 4:30 p.m., the proposed Human Services Block Grant plan will be on file and open for public inspection at the front office of Department of Human Services, 17155 Route 6, Smethport, PA. The plan outlines the use of several funding streams to promote the health and welfare of citizens experiencing mental, intellectual, physical, emotional, or behavioral health conditions. All persons interested are invited to provide feedback and attend one of the hearings. Additionally, written comments may be submitted to:

That she is Bookkeeper of the Bradford Era, a daily newspaper of general circulation, printed and published in Bradford, McKean County, Pennsylvania; that the publication, a copy of which is attached hereto, was published in the said newspaper on the following dates:

McKean County
Department of
Human Services
Administrator,
17155 Route 6,
Smethport, PA 16749.

May 15, 2018

That said newspaper was regularly issued and circulated on those dates.

SIGNED:

Kellie S Lipps

Bookkeeper

Subscribed to and sworn to me this 15th day of May 2018.

Marcia K Lindstrom

Marcia K. Lindstrom, Notary Public, McKean County, Pennsylvania

My commission expires: September 23, 2021

00068975 00229086

MCKEAN CO DEPT OF HUMAN SVC
STACY BAIR
17155 RT 6
SMEHTPORT, PA 16749

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Marcia K. Lindstrom, Notary Public
City of Bradford, McKean County
My Commission Expires Sept. 23, 2021
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES



AFFP
PUBLIC HEARING MAY 2, 2018

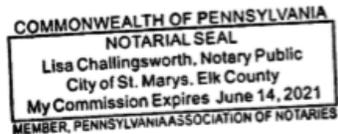
Affidavit of Publication

STATE OF PENNSYLVANIA } SS
COUNTY OF MCKEAN }

Christie Gardner, being duly sworn, says:

That she is publisher of the Kane Republican, a daily newspaper of general circulation, printed and published in Kane, McKean County, Pennsylvania; that the publication, a copy of which is attached hereto, was published in the said newspaper on the following dates:

May 14, 2018



That said newspaper was regularly issued and circulated on those dates.

SIGNED:

publisher

Subscribed to and sworn to me this 14th day of May 2018.



Lisa Challingsworth, McKean County, Pennsylvania

My commission expires: June 14, 2021

01101116 00126871

KATHY ROCHE
MCKEAN COUNTY DEPARTMENT OF HUMAN
SERVICES
17155 RT 6
SMETHPORT, PA 16749

NOTICE OF PUBLIC HEARING

McKean County Department of Human Services PUBLIC NOTICE is given to all persons in McKean County that public hearings will be held on Wednesday, May 30, 2018 at 3:00 pm and again at 5:00 pm, to solicit comments on the proposed Human Service Block Grant plan, a plan required by the PA Department of Public Welfare that addresses services in Developmental Disabilities, Mental Health, Drug and Alcohol Services, Housing Assistance Program, and the Human Service Development Funds. Effective May 29, 2018 through May 31, 2018, from 8:30 am to 4:30 pm., the proposed Human Services Block Grant plan will be on file and open for public inspection at the front office of Department of Human Services, 17155 Route 6, Smethport, PA. The plan outlines the use of several funding streams to promote the health and welfare of citizens experiencing mental, intellectual, physical, emotional, or behavioral health conditions. All persons interested are invited to provide feedback and attend one of the hearings. Additionally, written comments may be submitted to: McKean County Department of Human Services Administrator, 17155 Route 6, Smethport, PA 16749.
May 14, adv.

Attachment 4: Public Hearing Sign In Sheet

**Human Services Block Grant Public Hearings
 Sign In Sheet
 5/30/18**

Signature	Printed Name	Title	Attendance	
			(✓)	
<i>Melissa Kirk</i>	Melissa Kirk	Adult MH Director	3:00	5:00
<i>Linda Gault</i>	Linda Gault	ID+EI	3:00	
<i>Kathryn Harves</i>	Kathryn Harves	IL	3:00	
<i>Tara Erway</i>	Tara Erway	IL	3:00	
<i>Jen Landmesser</i>	Jen Landmesser	DHS FE sup	3:00	
<i>Denise Butler</i>	Denise Butler	FE Coordinator	5:00	
<i>Lee Sizemore</i>	LEE SIZEMORE	DHS Administrator	3:00	
<i>RJ McDowell</i>	RJ McDowell	DHS-IL Supervisor	3:00	
<i>Russell Linden</i>	RUSSELL LINDEN	DHS-FISCAL OFFICER	3:00	
<i>Daniel J. Wertz</i>	DANIEL J. WERTZ	CYS DIRECTOR	3:00	
<i>Angie Eckstrom</i>	Angie Eckstrom	APPS One	3:00	
<i>Amanda Rein</i>	Amanda Rein	Director of CR	3:	
<i>Stephanie Eckstrom</i>	Stephanie Eckstrom (via phone conferencing)	School of Social Work Director of University of Pittsburgh	3:00	

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

County:	1.	2.	3.	4.	5.	6.
McKean	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						
Administrative Management	275		\$ 184,290		\$ 15,202	
Administrator's Office			\$ 177,369	\$ 15,036	\$ 14,631	
Adult Developmental Training						
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment						
Community Residential Services	9		\$ 656,748	\$ 40,905		
Community Services	23		\$ 157,714			
Consumer-Driven Services						
Emergency Services	201		\$ 259,221			
Facility Based Vocational Rehabilitation	20		\$ 130,156		\$ 10,736	
Family Based Mental Health Services	48		\$ 61,059			
Family Support Services	8		\$ 8,141			
Housing Support Services	45		\$ 237,960	\$ 560	\$ 19,628	
Mental Health Crisis Intervention						
Other						
Outpatient	1,672		\$ 399,492		\$ 32,952	
Partial Hospitalization						
Peer Support Services						
Psychiatric Inpatient Hospitalization						
Psychiatric Rehabilitation						
Social Rehabilitation Services	95		\$ 152,770	\$ 1,245	\$ 12,601	
Targeted Case Management	230		\$ 80,769			
Transitional and Community Integration						
TOTAL MENTAL HEALTH SERVICES	2,626	\$ 2,505,689	\$ 2,505,689	\$ 57,746	\$ 105,750	\$ -

INTELLECTUAL DISABILITIES SERVICES

Administrator's Office			\$ 300,348	\$ 5,887	\$ 24,349	
Case Management	54		\$ 52,438		\$ 4,325	
Community-Based Services	73		\$ 187,540		\$ 15,469	
Community Residential Services	4		\$ 230,655	\$ 6,533		
Other						
TOTAL INTELLECTUAL DISABILITIES SERVICES	131	\$ 770,981	\$ 770,981	\$ 12,420	\$ 44,143	\$ -

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

County:	1.	2.	3.	4.	5.	6.
McKean	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
HOMELESS ASSISTANCE SERVICES						
Bridge Housing						
Case Management	98		\$ 5,519			
Rental Assistance	98		\$ 30,673			
Emergency Shelter						
Other Housing Supports						
Administration						
TOTAL HOMELESS ASSISTANCE SERVICES	196	\$ 36,192	\$ 36,192		\$ -	\$ -
SUBSTANCE USE DISORDER SERVICES						
Case/Care Management	56		\$ 10,573			
Inpatient Hospital						
Inpatient Non-Hospital	340		\$ 54,795			
Medication Assisted Therapy						
Other Intervention						
Outpatient/Intensive Outpatient	88		\$ 30,473			
Partial Hospitalization						
Prevention						
Recovery Support Services	21		\$ 3,473			
Administration			\$ 24,717			
TOTAL SUBSTANCE USE DISORDER SERVICES	505	\$ 124,031	\$ 124,031		\$ -	\$ -
HUMAN SERVICES DEVELOPMENT FUND						
Adult Services	17		\$ 1,100			
Aging Services	4		\$ 5,000			
Children and Youth Services						
Generic Services						
Specialized Services	113		\$ 48,035			
Interagency Coordination						
Administration						
TOTAL HUMAN SERVICES DEVELOPMENT FUND	134	\$ 54,135	\$ 54,135		\$ -	\$ -
GRAND TOTAL	3,592	\$ 3,491,028	\$ 3,491,028	\$ 70,166	\$ 149,893	\$ -