

Tioga County
Department
Of
Human Services
FY 18/19
Block Grant

Appendix A
Fiscal Year 2018-2019

COUNTY HUMAN SERVICES PLAN
ASSURANCE OF COMPLIANCE

COUNTY OF: TIOGA

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

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signatures</i>	<i>Please Print</i>	
	ROGER C BUNN	Date: 5/22/2018
	Erik J Coelidge	Date: 5/22/2018
	MARK L Hamilton	Date: 5/22/2018

Appendix B County Human Services Plan Template

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

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

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

1. Please identify the critical stakeholder groups, including individuals and their families, consumer groups, providers of human services, and partners from other systems, involved in the county's human services system.
2. Please describe how these stakeholders were provided with an opportunity for participation in the planning process, including information on outreach and engagement efforts.
3. Please list the advisory boards that were involved in the planning process.
4. Please describe how the county intends to use funds to provide services to its residents in the least restrictive setting appropriate to their needs. (The response must specifically address providing services in the least restrictive setting.)
5. Please list any substantial programmatic and/or funding changes being made as a result of last year's outcomes.

The Tioga County Department of Human Services (TCDHS) Administrator, Tioga County's Administrative Officer, and Service Access and Management, Inc. (SAM) are the core of the County Planning Team for the Human Service Block Grant. The TCDHS Advisory Board and Planning Council guide the planning process. During these meetings, the TCDHS Administrator provides an update on Tioga County's human service programs/needs and raises any areas of programmatic/service concerns. The County Planning Team does not view the needs assessment process as a fixed process that occurs annually, but rather a fluid process that evolves as the constituent's and County's needs change.

The Tioga County Board of Commissioners oversee all aspects of the process and grant final approval of the County's Human Services Plan. The TCDHS Administrator, Tioga County's Administrative Officer and SAM meet regularly to discuss the status of Tioga County's Human Service system, review Tioga County's business practices/policies/regulations, provide updates across all categoricals, review service trends/needs and identify future needs.

The TCDHS Administrator provides direct management of the Tioga County Single County Authority (SCA), Child and Adolescent Service System Program (CASSP) and Forensic Services. The Tioga County Board of Commissioners entered into a contract with SAM to provide management and oversight services for Children and Youth (C&Y), Mental Health (MH), Intellectual Disabilities (ID), Early Intervention (EI), Homeless Assistance Program (HAP), Human Services and Supports (HSS),

Contract Services and Fiscal Services. The TCDHS Administrator and Tioga County's Administrative Officer are tasked with providing oversight and monitoring of the contract with SAM.

Additional Stakeholders include: consumers, family members, drop-in center members, community employers, landlords, mental health providers, drug and alcohol providers, intellectual disability providers, dual diagnosis providers, advocates, the Area Agency on Aging, veterans services, the Tioga County Housing Authority, Tioga County Homeless Initiative, Community Support Program, court staff, law enforcement, Tioga County Prison staff, Domestic Relations staff, the Local Housing Options Team (LHOT), area hospital staff, students and teachers, managed care staff, Behavioral Health Alliance of Rural Pennsylvania (BHARP) staff, Community Care for Behavioral Health, the Partnership for Community Health, faith based organizations, Peer Specialists, Certified Recovery Specialists, the Single County Authority (SCA) staff, local Law Enforcement Agencies, the CASSP Coordinator, the case management staff, local grass root organizations and the local school district staff.

Throughout the fiscal year, stakeholders regularly have an active role in the planning for local services. This occurs through ongoing meetings with the various stakeholders. These meetings may occur on a scheduled basis (i.e., school-to-work transition meetings, Student Assistant Program (SAP) meetings, Member Advisory Council (MAC) feedback, Family Advisory Council (FAC) feedback, Regional Service System Transition (RSST), quarterly Provider Meetings, Tioga County Partnership of Community Health board meetings, consumer satisfaction surveys), or on an as needed (i.e., a school district experiencing difficulties, local grass roots organizations, such as Seeds of Hope or Recovery Revolution and individuals/families raising concerns).

Throughout all meetings and discussions, the primary focus is on how to best meet the needs of individuals in the least restrictive community based setting while reducing the need for higher levels of intervention.

Tioga County is planning to continue to focus on systemic and cultural changes across all categoricals, as well as concentrating on maximizing services within the existing funding to meet the increased demands of services and engaging/educating the community at large on issues and services barriers. This will be accomplished by integrating best clinical practices, developing programmatic outcomes, utilizing outcome driven decision making, and continuing to encourage the use of the charting the Lifecourse framework and core belief (All people have the right to live, love, work, plan and pursue their life aspirations just as others do in their community) across the human service system. Tioga County recognizes that individuals can receive services from many categoricals, with each categorical having its own set of regulations, requirements and planning documents that they must use. The Lifecourse tools provide a "common language" and consistency that can be used to help individuals and families explore and learn about various opportunities in their communities that cover the various domains. It is hoped through this approach we can assist individuals and families in developing social capital, reduce their dependence on formalize services, and achieve stabilization in their lives in their home community. Tioga County has established a contract with Person Driven Clinical Solutions (PDCS) to assist us in changing our "culture" and serving individuals that present a challenge to remaining safely in the community.

Tioga County is planning to work on addressing two key populations that are having a significant impact on the whole human service system. One population is youth transitioning out of children and youth services that are between the ages of 18-21. Over the past year it has become clear that this population is struggling to remain safely in the community. A pattern has emerged that involves

hospitalizations, incarcerations and evictions. The second population is adults experiencing serious mental illness. We currently have several individuals that are seeing repeated hospitalizations, having difficulty remaining safely in the community and are unwilling to accept services, thus leading to incarceration in some cases. To address some of these issues, Tioga County has been working on the development of a supported transitional housing program, a diversion program and the development of forensic peer specialists and blended case management. Although early in the planning stages, funding has been planned for these services.

Advisory boards that have participated in the planning process include:

- a. The Tioga County Department of Human Services Advisory Board
 - i. MH/ID/C&Y/EI/HAP
- b. The Tioga County Drug and Alcohol Planning Council
- c. The Criminal Justice Advisory Board
- d. The Tioga County Children's Roundtable

The TCDHS Advisory Board and the D&A Planning Council guide the planning process, host the public meetings and provide ongoing feedback on the services/planning throughout the year.

PART II: PUBLIC HEARING NOTICE

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

1. Proof of publication;
 - a. Please attach a copy of the actual newspaper advertisement for the public hearing (see below).
 - b. When was the ad published?
 - c. When was the second ad published (if applicable)?

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

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

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

Tioga County held two public hearings. The first was held on April 11, 2018 and the second was held on May 16, 2018. See Attachment 1 for Public Hearing documentation.

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

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

Employment:

Tioga County has a single Administrator for mental health, intellectual disabilities, drug and alcohol, early intervention, homeless assistance and children and youth. The Administrator views employment as a human service system need, rather than a categorical need.

Throughout FY 2017/2018, Tioga County continued to work with the individuals and offer ongoing assistance to those that participated in the FY 16/17 Charting the Life Course training. However, only two families are continuing to utilize the tools. Although this is a small number, Tioga County sees this as a success and has learned a great deal about this approach - what works for people, what does not, and what we can adjust as we move forward. It is hoped, that through the identification of informal resources that surround the individuals, they will build their social capital, which in turn will help them identify employment opportunities. **In FY 18/19 Tioga County is coordinating with the MH/IDD Providers and businesses in Wellsboro to hold a community scavenger hunt for individuals with IDD and individuals that are dual diagnosed with MH/IDD. This will be an opportunity for individuals to enter various businesses, meet the employers, gather the pre identified items and become familiar with navigating their community.**

Tioga County continues to work with various community stakeholder on employment opportunities for all individuals. The stakeholders include, the Program Directors of MH, IDD, EI, C&Y and D&A, OVR, Providers of supported/supportive employment services, community employers, CareerLink, school districts and various State agencies. The IDD employment lead shares all information obtained through trainings and webinars. For much of FY 17/18 Tioga County did not have a designated OVR contact person. This made it difficult to coordinate various services and funding for individuals. Towards the end of the fiscal year, we were notified that an individual was hired and are hopeful that this will help expedite funding and regulatory requirements related to employment options for individuals and ensure that a job placement is not lost due the length of time necessary to meet the requirements.

Additionally, Tioga County was able to assist twelve additional individuals obtain employment/employment related services and fund the necessary supports for them. Seven of these individuals were funded through Mental Health, four were funded through Intellectual Disabilities and one was funded through Independent Living.

In FY 17/18, Tioga County established a contract with Person Driven Clinical Solutions to assist Tioga County in working with individuals that demonstrate difficult behaviors; how we can better meet their needs in the community, remove potential barriers and hopefully increase their employment opportunities through the elimination of these behaviors. PDCS will work across all categoricals and support existing providers of service.

Housing:

Tioga County has a Housing Specialist that works as a central point of contact for housing needs. This position works with all Tioga County residents and focuses on the housing needs of the individual/family. Having one individual work as the clearing house helps prevent duplication of services and resources. Ongoing outreach and networking are key components of this position. In addition, the housing specialist spearheads the Local Housing Options Team (LHOT), maintains a landlord database, tracks the reasons for homelessness/near homeless for those that request assistance, coordinates the requests across the various agencies, manages financial assistance PHARE funds and will assume the responsibility of the Local Lead Agency. These responsibilities, as well as others, help the housing specialist maximize existing resources throughout the County.

As housing needs are identified by a categorical, the Housing Specialist is called in to participate in any discussion regarding the need and identifying existing resources that could be used to meet the need. Throughout the planning process it was noted that the following continue to be identified needs: individuals between the ages of 18 & 22 that are homeless; individuals discharged from mental health or drug and alcohol treatment facilities; and non-violent offenders who are experiencing a substance abuse disorder and are on probation/parole. In addition, Tioga County is experience an increase in requests for supervised mental health housing options. Tioga County is assessing existing resources to determine if they can be redeployed to help meet the needs and is exploring various program enhancements and service developments.

Tioga County is working through their CJAB Team in conducting a needs assessment as part of the “Stepping Up” initiative. This is important to note, as the inability to stabilize this population in the community correlates to the increase in forensic services in the Tioga County Prison.

In FY 17/18, Tioga County did develop a shelter apartment that can be utilized across the human service system. This apartment can be accessed through the HAP Program and assists in meeting the immediate needs of individuals and families while a more permanent solution in the community can be found.

As previously stated, the housing specialist works with all Tioga County residents. Therefore, there are times that she will request assistance from other County and State agencies in meeting the needs of individuals. For example, if an individual with a hearing impairment needs assistance, in either locating housing or modifying housing, the housing coordinator may contact the State Deaf Services Coordinator or local IDD program. For a transitioning youth, she may work closely with the Children and Youth system or the Independent Living Program. For an individual that is aging, she may work with the Area Agency on Aging or local providers. In all cases, the housing coordinator works to meet the needs of individual’s/families so they can safely remain in the least restrictive, community based, setting.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

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

Tioga County will continue to fund all services that were provided in FY 17/18 and annualize any services that were implemented mid-year. Tioga County participates in the Regional Service System Transformation meetings as a member of the Behavioral Health Alliance of Rural Pa (BHARP). Participation in these meeting enables Tioga County to remain current on identified needs, service expansions, provider expansion and funding opportunities.

Tioga County will continue to work on accessible psychiatric services for all individuals in need, employment opportunities for individuals with mental illness, introducing the Charting the Lifecourse tools, diversifying housing options and maximizing available transportation options.

A primary need identified throughout this planning process has been a housing option that is community based and provides 24-hour support. It is believed that a community based housing

option with 24-hour support would help prevent institutionalization or aid in the transition back to a community based setting. Tioga County ceased funding of the Community Residential Rehabilitation Program which resulted in its closure. However, the need for this service has not gone away. Tioga County continues to explore various options to meet the needs of these individuals through existing services, but it is proving to be increasingly difficult to ensure health, welfare and safety.

In FY 17/18 Tioga County did not move forward with the Master Leasing as original planned. However, the Shelter Apartment was completed mid-year and is currently available for utilization in the human service system.

Tioga County offers a full continuum of services with great emphasis on community-based, recovery oriented services. If needs are identified throughout the year, the human service block grant funding enables Tioga County the flexibility to become creative, maximize existing resources, seek out new ones and navigate ways to combine funding to meet the needs or use it as bridge funding to alleviate an emergency.

a) Program Highlights: (Limit of 6 pages)

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

- Tioga County participated in a “Stepping Up” Summit in State College and is currently working with the Criminal Justice Advisory Board (CJAB) Team in conducting a need/readiness assessment. Although in the early stages, Tioga County’s team represented a cross section of human services, legal services and court services. Additionally, two Tioga County Commissioners participated in the training and have shown ongoing support of this initiative.
- Tioga County is home to a Center for Excellence, through Crossroads Counseling. In its first year of operation, 48 individuals were served. Thirty-one are engaged in services and 29 remain engaged in the COE. Thus far no one has completed service and eight received MAT services.
- In FY 16/17, Tioga County saw a dramatic increase in the requests for MH services through the BSU due to the creation of the Mental Health Director position. In FY 17/18, the service requests have stabilized, but at a much higher number than previous years. Intakes have leveled out to average 35 per month, with BCM services averaging 111 per month.
- Tioga County continues to work on reducing transportation barriers through a contract with an outside entity. This entity coordinates transportation requests and maximizes available funding on an individual request basis. This partnership has not only helped with eliminating the previous barriers encountered, it has expanded the transportation options available to Tioga County residents.
- The mobile intake screener position started on 11/28/17. At this time, the screener is working in the court system. Forty-nine referrals have been made since the program started – eight for D&A, seven for MH, and 34 for Family Engagement (which includes trauma assessments). As the Judge orders individuals into service, the mobile screener is present to meet with the person, help them set up their initial appointments and authorize time limited funding until a full intake can be completed and other funding is put into place. In many cases, the same individual can be referred to multiple services, thus making this a “one stop shop” for service initiation.
- Tioga County, through SAM, Inc., is working with PA LINK and plans on having five staff trained in person centered counseling. The individuals trained will include the intake

screeners and the housing coordinator. At this time, we do not plan on these individuals providing this as a primary service. However, through their training, they will be able to screen if someone is eligible for this service, explain what the service is and refer the individual for the service.

- Tioga County is once again actively participating in Mental Health Awareness month. Tioga County will continue partnering with the providers and has joined with Potter County. Activities planned are a Mental Health Awareness Walk, Consumer and Provider appreciation picnics, outreach to local news outlets and providing transportation to a Consumer Education Day in Potter County.
- Tioga County has established a consulting/service contract with Person Directed Clinical Solutions. Through this contract, Tioga County is looking to:
 - o Integrate evidence-based practices and practice-based evidence
 - o Ensure that clinical issues are accurately perceived, explored and honored in order for people to enjoy an everyday life
 - o Help organizations create the necessary culture of feedback to eliminate Micro-violence from individuals everyday lives
 - o Help groups and organizations in making appropriate changes in their systems and business practices while improving their ability to customize supports and become increasingly more person driven.
- CONCERN (MH outpatient provider in Tioga County) has had their nurse accepted into the Common Ground Academy. A Recovery Library is available to all program staff, and they are moving forward with this initiative.
- Two providers are actively incorporating physical health into their behavioral health services through the PH/BH initiative. Individuals receiving services through these providers have a "Wellness Goal" incorporated into their treatment plans.
- CONCERN is instilling Seeking Safety principles into their OP clinic, since they have become a Trauma Informed Care Center.

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

Please identify the strengths and needs of the county/joiner service system specific to each of the following target populations served by the behavioral health system. When completing this assessment, consider any health disparities impacting each population. Additional information regarding health disparities is available at <https://www.samhsa.gov/health-disparities>.

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

- Strengths:
 - Tioga County will continue collaborating with the Area Agency on Aging and providing training/educational opportunities for workers.
 - Tioga County is committed to providing supports and services to this population.
 - Tioga County will be training five people on person centered counseling
 - Participation in the Grandsaves are Lifesavers Support Group.
- Needs:
 - Psychiatric time
 - Continued training on the Adult Protective Services Act
 - Stronger outreach

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

- Strengths:
 - A large continuum of services
 - Recovery oriented Psychiatric Rehabilitation.
 - Continued support of the PH/BH model by three service providers
 - Active, consumer driven Drop-in Center
 - Development of an emergency shelter apartment
 - Strong collaboration across all categoricals, law enforcement, the court system and the Partnership for Community Health in resolving emerging trends.
 - Needs:
 - Positive community activities
 - Affordable housing
 - Additional employment opportunities and supports.
 - Psychiatric time or the ability to base funds to pay for tele-psychiatry.
 - 24/7 Supervised Transitional Housing to assist individuals in reintegration into the community after hospitalization.
 - Diversion Program to either prevent incarceration or assist in re-entry after incarceration.
 - Employment opportunities
- **Transition-age Youth (ages 18-26)-** Counties are encouraged to include services and supports assisting this population with independent living/housing, employment, and post-secondary education/training.
 - Strengths:
 - Independent Living Apartments.
 - Strong coordination with Children and Youth staff on youth reentering care until age 21.
 - Strong relationship between the Independent Living Program and the BSU.
 - Independent Living Program working with a driving school to assist participants in obtaining their driver's license.
 - Strong relationship between the BSU and the IDD Program.
 - Development of an emergency shelter apartment.
 - Funding obtained to assist with employment supports for IL eligible youth.
 - Funding obtained to assist with post graduate studies for IL eligible youth.
 - Needs:
 - 24/7 Supervised Transitional Housing to support individuals in developing and strengthening their life skills and enhance their awareness of self-protection.
 - Diversion Program to either prevent incarceration or assist in re-entry after incarceration.
 - Intensive housing supports specifically for the 18-21 year olds that are transitioning out of the children and youth system, have experienced trauma and have a difficult time during the evening hours.
 - Additional employment opportunities and supports
 - Positive community activities during the evening and weekend hours
 - **Children (under 18)-** Counties are encouraged to include services like Student Assistance Program (SAP), Respite, and CASSP Coordinator Services and Supports, as well as the

development of community alternatives and diversion efforts to residential treatment facility placements.

- Strengths:
 - The school districts in the County are referring to the Student Assistance Program (SAP)
 - The CASSP Coordinator continues to participate in all MH placement meetings, and keeps the Administrator informed of their status, including transitioning from a residential placement or a behavior health rehabilitative service (BHRS).
 - Availability of Parent Child Interactive Therapy (PCIT)
 - Funding to assist the schools with immediate mental health, behavioral concerns.
 - Development of a MH assessment and evaluation process, including bonding assessments, to assist in faster reunification or permanency for children.
 - The mental health and children and youth programs are collaborating on the review of the psychotropic medication dashboard for dependent youth.
 - Local Residential program has partnered with a MH/D&A outpatient provider to provide needed services and supports to the program including bonding assessments, trauma assessments, consultations, assistance in developing safety plans and on-call availability during the day. This has enabled youth to remain in their home county and prevent a more restrictive placement.
- Needs:
 - Greater understanding among peers to help reduce stigma and instill a sense of community.
 - Increased accessibility to services county-wide during after school hours
 - Ongoing education for the children and youth system on mental illness and available resources.
 - Mobile Therapy
 - Positive community activities that are accessible in the evenings and weekends.
 - Transportation

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

- **Individuals transitioning out of state hospitals**

- Strengths:
 - When individuals are preparing for discharge there is close coordination among all county providers in an effort to meet their need
- Needs:
 - Housing
 - Transportation
 - Psychiatric Time
 - 24-hour community based services

- **Co-occurring mental health/substance use disorder**

- Strengths:
 - Strong coordination with the SCA
 - Active participation with BHARP subcommittees
 - Two providers have Counselors trained in Co-occurring service
 - Two providers are dual licensed.
 - The provision of Community Based Drug and Alcohol services
 - One provider has been designated as a Center for Excellence
 - Needs:
 - Continued training for Case management/Case Coordination/Caseworker Staff.
 - Increased utilization of Case Coordination
- **Justice-involved Individuals-** Counties are encouraged to collaboratively work within the structure of County Criminal Justice Advisory Boards to implement enhanced services for justice-involved individuals to include diversionary services that prevent further involvement within the criminal justice system as well as reentry services to support successful community reintegration.
 - Strengths:
 - The creation of a Drug Court
 - A mobile Intake/screener housed at the courthouse during hearings.
 - Strong collaboration between MH, D&A, C&Y, Tioga County Prison and Tioga County Probation office.
 - Forensic Coordination services located in the Prison.
 - Counseling services located in the Prison.
 - Agreement among all Stakeholders on identified needs.
 - CJAB and Tioga Human Services actively working on the “Stepping Up” Initiative.
 - Active participation in the creation of a Diversion Program.
 - Needs:
 - Housing
 - On-site psychiatric time for incarcerated individuals
 - Increased sexual offender counseling
 - Formalize re-entry support and services
- **Veterans**
 - Strengths:
 - The Bath Veterans Affairs Office location in Wellsboro shares space with the County Veterans Office. This places them on the same campus as a licensed D&A and MH Outpatient Provider and the BSU.
 - Needs:
 - In FY 17/18, the needs for veterans are reflective of all populations, with psychiatric time, choice of providers and transportation being the primary areas.
- **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) Consumers**
 - Strengths:

- Tioga County has not been notified of any complaints of discrimination or limited access for this population
 - All staff continue to participate in annual training on LGBTQI, and additional staff have pursued more training on this topic.
- Needs:
 - Continuing cultural competence training to ensure all DHS staff and Provider staff understand the terminology and persons behind the descriptive words.
 - The development of a formal tracking system for this population and the services they are receiving. Currently, Tioga County provides ongoing cultural competence and LGBTQI training to all staff. If an individual chooses to disclose they are a member of this population, the worker is not required to report or track, but is required to ensure that their needs are met. At this time, the only tracking that would occur would be if a complaint or grievance were filed.
 - At this time, it is assumed that the primary needs of LGBTQI consumers are reflective of all other populations with psychiatric time, choice of providers and transportation being the primary areas. However, Tioga County does not track this population or statistics separately.
- **Racial/Ethnic/Linguistic Minorities (including Limited English Proficiency)**
 - Strengths:
 - TCDHS and providers have access to translation services.
 - TCDHS utilizes a sign language interpreter service as needed and shares this information with providers.
 - All Case Managers have access to language accessibility training.
 - Staff are trained on the limited English proficiency policy, services and translation cue cards.
 - The Tioga AE is available to assist MH workers in obtaining or maintaining communication devices and connecting with the Deaf Services Coordinator.
 - Tioga County is currently using cultural and linguistic competence training.
 - Needs:
 - Continued and ongoing training is necessary since utilization of the available resources is not routine.
 - Bi-lingual staff.
- **Other (specify), if any** (including Tribal groups, people living with HIV/AIDs or other chronic diseases/impairments, Traumatic Brain Injury, Fetal Alcohol Spectrum Disorders)

Program Wide:

- Strengths:
 - Tioga has attended trainings on Traumatic Brain Injury and also works with the Brain Steps program and the Association of Pennsylvania for Brain Injury.
 - Tioga County has access to the Dual Diagnosis Treatment Team (DDTT) to work with individuals in the community who are diagnosed with an intellectual disability and experience mental illness. This service works to prevent and/or reduce hospitalizations.
 - Tioga County has access to the Community Stabilization and Reintegration Unit (CSRU) which is licensed as a RTF-A. The focus is on crisis intervention,

stabilization, and acute state hospital diversion for individuals that present with co-morbidity specific to an intellectual and developmental disability (documented prior to age 18), and an Axis I diagnosis or qualifying Axis II diagnosis. Other Admission criteria must be met as well.

- Tioga County has three providers that are participating in the physical health/behavioral health initiative.
 - Tioga County has established a contract with PCDS that will be utilized across all categoricals. It is hoped that through this contract we can better serve individuals exhibiting difficult behaviors in county.
- Needs:
- Tioga County's local provider network is unable to meet the residential and/or programmatic needs of individuals exhibiting difficult behaviors due to co-occurring MH/ID issues. This results in the majority of Tioga County residents relocating to other counties in order to receive the necessary supports
 - Increased awareness of mental illness to help alleviate stigma and misconceptions.
 - Higher reimbursement rates. Tioga County is a rural community. There are services available elsewhere that are not available here simply due to the rural nature, and there not being enough individuals to support the service. Economy of scales makes it difficult for providers to expand or enhance their services at the current rates.

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

Yes No

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

Tioga County contracts with Service Access and Management (SAM) to manage the MH Program, provide Base Service Unit (BSU) Functions and service provision, as well as training for all County employees.

SAM promotes an environment in which all staff are aware that cultural differences and similarities exist and have an effect on values, learning, and behavior. Staff values and recognizes the importance of their own cultures, value diversity, and realize that cultural diversity will affect an individual's communication and participation in service delivery in various ways. This belief is incorporated in all policies, procedures, practices and trainings.

Consumer Satisfaction Surveys are conducted annually, and gather family/individual satisfaction with the way staff understand and respect their culture, beliefs and traditions, as well as how they help them access services that do the same.

The two primary trainings related to cultural/linguistic competence that all staff receive are:

ASSESSING INDIVIDUAL CULTURAL COMPETENCE (2 Hours):

This interactive workshop considers culture as who we are: our personal beliefs and value systems which influence all of our interactions with people. It utilizes an informal assessment process to help participants examine the importance of understanding their personal culture, the value of using that personal culture as a foundation in building relationships, and the development of personal cultural competence within the context of difference.

Course Objectives: *Participants will be able to:*

- Define personal culture and how it fits with a global definition of culture.
- Understand the impact of personal culture on the development of working relationships.
- Connect personal culture, personal beliefs and value systems in completing an informal self-assessment and developing an individualized plan for enhancing cultural competencies.
- Understand principles of cultural and linguistic awareness and application

Creating Affirming Environments of Care for Persons Who Are LGBTQI

Description: This workshop will provide an overview of sexual orientation, gender identity and expression, as well as discuss ways to use appropriate language in order to reduce missteps in communication. We will also discuss the importance of confronting our own beliefs, feelings and values in order to create respectful, sensitive and effective working relationships.

Learning Objectives:

- * Understand principles of cultural and linguistic awareness and application to persons who are LGBTQI.
- * Examine appropriate language used to describe persons with differing gender or sexual identities.
- * Identify personal thoughts/feelings that impact helpfulness to persons who are LGBTQI.
- * Identify ways to develop welcoming and affirming environments/attitudes in service delivery.

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)

Tioga County does not have a formalized suicide prevention initiative. However, Tioga County will be working with the Tioga County Partnership for Community Health and the Crisis Intervention provider to explore what can be developed in this area within existing funding.

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 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
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 17-18	Average Monthly Subsidy Amount in FY 17-18	Number of Individuals Transitioned to another Subsidy in FY 16-17	Year Project first started
Bridge Housing	HAP	264,250	199,842	72	95	0	0	10	1980
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
Transitional Living	HSS	\$0.00	\$20,000	0	8	0	0	0	18-19
Notes:	Tioga County is working to develop a transitional living home. A component of this program would include a master lease. It is estimated based upon the fair market value that \$800/month would be needed per residence. We are hoping to develop two residences. The funding utilized is located HSS – Specialized.								

4. Housing Clearinghouse for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
An agency that coordinates and manages permanent supportive housing opportunities.									
	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 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 17-18	Year Project first started
Housing Coordinator	PHARE	66,454	28,055	366	200			.45	2012
Housing Coordinator	HSS	0	28,055	0	200			.45	2012
Notes:	The FTE for this position is .90. In FY 17/18 .90 FTE was funded 100% through PHARE. In FY 18/19 .45 will be funded through PHARE and .45 will be funded through HSS.								

5. Housing Support Services for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
HSS are used to assist consumers in transitions to supportive housing and/or services needed to assist individuals in sustaining their housing after move-in.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 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 17-18	Year Project first started
Residential Supportive Housing	HSBG-MH	\$26,872	\$26,872	13	16			0	2012
Tioga View	Conifer, LLC.	0.00	10,000	0	25			.25	2017
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
Housing Specialist	PHARE	70	38,678	164	170			925	2013
Housing Specialist	BHARP-Reinvestment	\$0.00	\$14,377	0	22			642	2012
Notes:	The PHARE funding is reflective of all funding expended. We do not track this population by behavioral health needs.								

7. Other: Identify the Program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Project Based Operating Assistance (PBOA is a partnership program with Pennsylvania Housing Finance Agency in which the County provides operating or rental assistance to specific units then leased to eligible persons); Fairweather Lodge (FWL is an Evidenced Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness); CRR Conversion (as described in the CRR Conversion Protocol), other.									
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)

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

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

1. (Employment)

Narrative including action steps:

Employment continues to be one of the top identified needs across all populations. The Mental Health Program will be coordinating with the IDD Program and CSP on this priority. The primary barriers to increasing this service, (beyond the actual job development), are the cost of the service and the provider/employer perception. The programs will focus on education of individuals, providers and businesses about integrated employment. This will be accomplished through stronger outreach and informational meetings. It is hoped that the outreach activities will generate additional and new employment opportunities, while the informational meetings will help educate employers, providers and individuals. Continual outreach and highlights of successes will be necessary. Tioga County participates in the various employment webinars and shares the information across all the programs. Additionally, conversations are occurring to partner with a provider and holding informal educational/social meetings across the county to build stronger relationships with not only the manufacturing businesses, but all the locally owned businesses as well. At this time, Tioga County has limited access to an OVR worker, due to turn over in the Williamsport office.

Timeline:

July 1, 2018-June 30, 2019 – total number of individuals employed:

Three times per year – meetings with providers of Supported Employment services to measure progress, barriers, wait-lists and brainstorm ways to eliminate identified barriers.

Baseline:

- Number of individuals receiving employment supports – 7/01/17 – 2
- Number of individuals receiving employment supports 7/1/17-6/30/18 - 9
- Number of individuals receiving employment supports. – 7/01/18 - 7
- Number of unduplicated individuals receiving employment supports 7/1/18-6/30/19.

Fiscal and Other Resources:

HSBG & IDD (if dual diagnosed)

Tracking Mechanism:

CCR POMs data, Provider Billings, Promise Billings, Meeting Minutes

2. (Self-Directed Care)

Narrative including action steps:

Tioga County will continue to work on the expansion of the Charting the Lifecourse tool kit across all categoricals. In FY 17/18, Tioga County has seen some progress with the incorporation of this across the categoricals. However, keeping individuals engaged in the process is proving to be a challenge. A transition youth receiving BCM services that we were working with in this process decompensated throughout the year, and we have not attempted to re-engage her in the process as of this writing. Use of this toolkit is still new to Tioga County, and we are still working out how best to incorporate into existing practices by trying different approaches. We are hopeful that, through the support of PCDS, the cultural shift we are working towards will progress further. Additionally, the MH side continues to work closely with IDD side to gain insights to successful implementation.

Timeline:

FY 17-18: Number of participants: 1

FY 18-19: Target number of participants: 3 transitioning youth

Active: Youth have been identified

Meeting with IL/BCM staff: 7/2018

Support meeting with Director of IDD 9/2018 & 1/2018

Fiscal and Other Resources:

HSBG & Independent Living

Tracking Mechanism:

Number of individuals that participate in charting their Lifecourse,

3. (Community Stabilization)

Narrative including action steps:

Tioga County is working to develop a Diversion Program. This program will look at various levels of interception to prevent incarceration and to support individuals who have been incarcerated and are in process of reintegration. This program will be self-contained and consist of various components, most of which are already existing. A diversion specialist will be new and be the point of contact for law enforcement agencies and crisis personnel. Crisis will be utilized as a support to law enforcement. Blended Case Manager's (BCM) will be trained to work with the forensic population. Peer Specialists will be trained to work with the forensic population. Strong engagement of local law enforcement and their needs will sought. This unit will take a team based approach to individuals identified as needing diversion. This is still in the infancy stage.

Timeline:

Current: The development of collaborative board.

7/1/18-9/30/18 – outline and development of program description.

10/1/18-12/31/18 – hire and training of new and existing staff

1/1/19-6/30/19 – Community education and implementation of the program.

Fiscal and Other Resources:

HSBG

Tracking Mechanism:

Baseline: 0 (new Program)

Number of individuals that received services through this unit.

Number of individuals with successful diversion

Number of individuals that remain engaged in services upon release

4. (Identify Priority)

Narrative including action steps:

Timeline:

Fiscal and Other Resources:

Tracking Mechanism:

5. (Identify Priority)

Narrative including action steps:

Timeline:

Fiscal and Other Resources:

Tracking Mechanism:

e) Existing County Mental Health Services:

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

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

*HC= HealthChoices

f) Evidence Based Practices Survey: Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Current number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Additional Information and Comments
Assertive Community Treatment	NO							
Supportive Housing	Yes	6	N/A	N/A	N/A	No	No	EBP not used
Supported Employment	Yes	4	Evidence Based Practices checklist	Provider	2 times per year or more often if deemed necessary	Yes	yes	Include # Employed
Integrated Treatment for Co-occurring Disorders (MH/SA)	Yes	100/year 45 current	N/A	N/A	N/A	No	No	We do not use the EBT toolkit, but the general principles of the model are integrated into our treatment practice.
	Yes	160	Toolkit	Agency	Annually	Yes	Yes	
Illness Management/ Recovery	Yes	10	N/A	N/A	N/A	No	No	We do not use the EBT toolkit, but the general principles are integrated into our treatment practice. Many clients have chronic illnesses that need to be managed along with their treatment for MH and/or D&A. For example – chronic pain

Medication Management (MedTEAM)	Yes	15	N/A	N/A	N/A	No	No	We do not use the EBT toolkit, but the general principles are integrated into our treatment practice. Many clients have chronic illnesses that need to be managed along with their treatment for MH and/or D&A. For example – chronic pain
	Yes	20	Monitoring	Agency	Yes	Yes	Yes	
Therapeutic Foster Care	Yes	0		County	Ongoing throughout placement			Out of county purchased service
Multisystemic Therapy	NO							
Functional Family Therapy	NO							
Family Psycho-Education	Yes	30	N/A	N/A	N/A	No	No	We do not use the EBT toolkit, but the general principles are integrated into our treatment practice. Many clients have chronic illnesses that need to be managed along with their treatment for MH and/or D&A. Family Psychoeducation is part of the treatment for those in Family Group.

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

To access SAMHSA's EBP toolkits:

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

g) <u>Additional EBP, Recovery Oriented and Promising Practices Survey:</u> Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer/Family Satisfaction Team	Yes	50	
Compeer	No		
Fairweather Lodge	No		
MA Funded Certified Peer Specialist- Total**	Yes	Approx. 72 (CPS) 50 (CRS)	
CPS Services for Transition Age Youth	Yes	Approx. 15	Individuals ages 18-27
CPS Services for Older Adults	Yes	Approx. 5	1 Supervisor & 1 Worker with specific training
Other Funded Certified Peer Specialist- Total**	Yes	0	Base Funding is available. 3 CPS workers have training & certification as forensic peers
CPS Services for Transition Age Youth	Yes	0	Base funding is available. Planning to have CPS worker trained in youth services
CPS Services for Older Adults	Yes	0	Base funding available
Dialectical Behavioral Therapy	yes	70	
Mobile Meds	No		
Wellness Recovery Action Plan (WRAP)	Yes	5-12 annually	2 CRS
High Fidelity Wrap Around/Joint Planning Team	No		
Shared Decision Making			
Psychiatric Rehabilitation Services (including	Yes	Approx. 70	
Self-Directed Care	No		
Supported Education	Yes	5	CRS & MH/D&A Clients
Treatment of Depression in Older Adults	yes	168	Not an evidence based modality. Refelcts the number of older adults who have a depression related diagnosis.
Consumer Operated Services	No		
Parent Child Interaction Therapy	Yes	2	Outreach to C&Y continues as it is believed this is underutilized
Sanctuary	Yes	30	

Trauma Focused Cognitive Behavioral Therapy	Yes	70	
Eye Movement Desensitization And Reprocessing	Yes	35	
First Episode Psychosis Coordinated Specialty	No		
Other (Pat Deegan’s Common Ground Personal Medicine, Power Statements, Whole Health , Decision Balance, 2Recovery Library) BU PR, Advance Directive, five Wishes, PH/BH)	Yes	110	Utilized in Peer Specialist & Psych Rehab, Drop In Center Programs
12-Step recovery facilitation, recovery library, motivational interviewing, CBT, Anger Management		185	
Matrix Seeking Safety, MAT Services, COE		75	

*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	13
Number Full Time (30 hours or more)	5
Number Part Time (Under 30 hours)	8

INTELLECTUAL DISABILITY SERVICES

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

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

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

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

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	1 SE/3SGE	10% SE 6% SGE	0 SE/2SGE	0%/4%
Pre-Vocational	5*	8%	2*	3%
Community participation	10	9%	5	5%
Base Funded Supports Coordination	46	29%	46	30%
Residential (6400)/unlicensed	1	4%	0	0
Life sharing (6500)/unlicensed	1	13%	0	0
PDS/AWC	10	43%	10	43%
PDS/VF	0	0	0	0
Family Driven Family Support Services	0	0	0	0
*This number is duplicated in Community Participation				

Tioga County will continue to offer services to Intellectually Disabled (ID) individuals and has expanded to serve individuals with autism in the IDD Program based upon their identified need and to ensure the health, safety and well-being of the individual. The services offered will follow the approved base funded service definitions, as well as the services that have been approved in the Consolidated and P/FDS waivers or any approved amendments. The Services Supports Directory (SSD) is made available to the individual and their families at the time of enrollment, during the initial team meeting and at each review of their plan. At this time, Tioga County has nine base/SC Only individuals on the emergency PUNs. Of this number, five are targeted for enrollment into the PFDS wavier, and one is targeted for enrollment into the consolidated waiver. Two of the remaining three are being reviewed for enrollment into an open consolidated capacity. Once the enrollments are complete, Tioga believes, through the reinvestment of base funding, the other two individuals should have their needs met, thus alleviating the emergency. Should an emergency arise throughout the fiscal year, the Administrative Entity (AE) will meet with the Supports Coordination Organization (SCO) and review the Prioritization of Unmet Needs (PUNs) report to prioritize the needs of the individuals and work to eliminate any emergencies or barriers that may be creating the emergency. Tioga County AE understands, that upon all individuals receiving a Supports Intensity Scale (SIS), this procedure will change to incorporate the results of the SIS.

Tioga County will continue to access the Community Stabilization and Reintegration Unit (CSRU) and the Dual Diagnosis Treatment Team (DDTT) for individuals that are dual diagnosed and decompensating, thus placing them, their services, and/or their housing, at risk.

Although it is still difficult to meet the needs of individuals requesting services within the County, Tioga has seen some improvement in the provider capacity/choice area. One provider has opened two new residential homes and has, so far, accepted three individuals from Tioga County. Of these three individuals, one has been incarcerated and recently discharged from the CSRU, and another resides out of the county and will be able to return to the County. Additionally, Tioga County has established a contract with Person Directed Clinical Services to provide additional support to Individuals, family members, the SCO and providers in meeting the needs of individuals and helping to maintain individuals safely in the community. Tioga AE continues to work with local providers to educate them on anticipated needs to provide them time to develop and train staff to meet the anticipated needs. Tioga County AE will continue to work on provider/service expansion to increase service delivery options and choice within the County. In FY 17/18, Tioga County contracted with one provider in New York State.

In FY 16/17, Tioga County identified approximately 23 individuals with an autism diagnosis that may request service. Of this number, four are youth adjudicated dependent, and have a diagnosis of autism and are in the process of aging out of the C&Y Program during FY 17/18. The AE is working with the Children and Youth Program to gather necessary information for enrollment into the program. One of these youth is being reviewed for an open consolidated capacity. Tioga has not seen a large increase in the number of referrals due to expansion of service to this population. So far, the referrals received, with the exception of aging out youth, we have been able to meet the identified needs. However, the AE has concerns that this could be due to it being relatively new. In order to plan and prepare, the SCO, the AE and the Base Service Unit (BSU) continue to work closely on reviewing service requests for both MH and IDD. Tioga County, as part of the Regional Collaborative, is sponsoring and training on Demystifying Autism in May.

Tioga County's continuum of service starts with enrollment into the program and the assignment of the SCO. The SCO then works to engage the individual and their support team and clarifying the information from the intake. The SCO focuses on the individual's needs, wants and willingness to participate in various community options while remaining safe. Self-directed, informal supports, Charting the Life Course activities and formal support options are presented and reviewed in a manner that will complement existing supports. Tioga County offers an array of services. The primary focus is to provide all options/choices to the individual, and their team, based upon a thorough assessment of the individual's needs, while ensuring their health/safety in the least restrictive, independent setting possible. This approach is discussed monthly and reviewed with the SCO during AE/SCO meetings. Tioga AE and the SCO Provider focus on community involvement and remaining in the community prior to reviewing any type of services or alternative living arrangement. If the safety of the individual comes into question, the AE is contacted immediately and various options are discussed to alleviate the circumstances creating the safety risk in the least restrictive manner possible.

Tioga County is participating in a Regional Collaborative on Supporting Families Through the Lifespan. In FY 17/18, we were able to reach our target of working with 25% of individuals enrolled for SC Only services – five families. However, only three families remain engaged in this process. An identified area of concern regarding the utilization of the tools is the SCO's level of comfort with the tools and approach to engagement with the families. In April, the Regional Collaborative is hosting a work bee that will last a full day and focus on using the tools and becoming comfortable with the flexibility of incorporating them into daily practice. The day will include ice breaking activities, motivational vignettes, and practice in the use of the tools, lunch and raffle of two donated baskets. (Yes, we are bribing them with food and prizes.) Additionally, discussion has occurred with PDCS regarding this, and Tioga AE feels that, through ongoing support and consultation with PDCS, the connection between Charting the Life Course and Everyday Values will become stronger, and hopefully lead to a change in approach and practice rather than being a considered a decision to use the tools. The core values of Supporting Families through the Lifespan are carried throughout all areas listed below, as we believe they are critical in helping individuals achieve their personal goals.

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

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

Tioga County has been working with the SCO during monthly AE/SCO meetings, and with Providers during quarterly meetings, to focus on individual skill sets and employment opportunities. Employment options and service levels are discussed during this meeting. Questions are asked about employment readiness, supports needed and service reviews of individuals receiving employment supports.

Overall employment opportunities in Tioga County are an issue. The closure of two major employers has had an impact on employment opportunities. Tioga is experiencing some difficulty in getting one provider to engage community employers, rather than creating internal opportunities. The other provider is open to this and has been working with the Tioga AE and working to engage community

employers. Tioga County AE continue to support providers in their employer expansion efforts and to focus on what is within their control – public perception of employability and provider perception that continual support is not necessary.

Employment is a part of Tioga's Quality Management Plan. The target objective is, 100% of the individuals who express a desire to be employed are provided competitive employment options. Although we have not reached this objective, and there is a decrease in numbers in Tioga County due to the change in definitions, Tioga's QM Team continued to focus on education of individuals, providers, schools and businesses about integrated employment. This was accomplished through increased outreach and informational meetings in coordination with the SCO and providers. It is hoped that the outreach activities will enhance the Providers activities and generate additional and new employment opportunities. The AE will continue to work with Providers regarding the idea that continual support may not be necessary, thus allowing Tioga County to increase opportunities without a substantial increase in necessary funding.

A local provider obtained a grant through OVR for youth to provide them shadowing, volunteering and employment experiences. This program ended in December 2017. The provider continues to serve youth through OVR PTS. However, this is a very cumbersome process, and the lack of a dedicated counselor for Tioga County has created a barrier.

In FY 16/17, Tioga County's objective was to increase employment for individuals. At the start of FY 16/17, 15 individuals were receiving supported employment services, and nine individuals were competitively employed without supports. As of May 2017, 26 individuals are receiving competitive employment services, and 10 are employed without supports. In April 2018, six individuals are receiving competitive employment services, and 10 are employed without supports. As is evidenced by the numbers, there was a dramatic drop in competitive employment services provided. Much of this reduction is due to changes in the service definitions and individuals now receiving small group employment. However, Tioga is very committed to increasing employment opportunities and will be discussing these changes with the Providers during the third quarter provider meeting and identifying any barriers and ways the AE can assist.

Supports Coordination:

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

From the time of intake through SCO assignment, a great deal of time is spent engaging the family and assessing existing services/supports, needs, wants and goals. Once assigned to the SCO, the SCO then works with the family on clarifying the above, as well as discussing all options and choices available to them. It is throughout this process that the SCO will initiate the discussion of Charting the Life Course, so existing natural supports can be reinforced/expanded rather than supplanted. Additionally, the Tioga AE is identifying areas of difficulty in the implementation of life course tools and working with the collaborative on ways to minimize or eliminate these areas.

Tioga AE meets monthly with the SCO. ISP review is a standard topic for the agenda. Natural support options and self-direction are discussed. Additionally, during the ISP review process, the AE reviews for natural support inclusion and self-direction specifically and will seek clarification if none are identified. The primary focus is to identify what informal supports the individual already has in place and what is being offered to support them in maintaining those supports, rather than identifying new formal supports. The AE understands that this is difficult to do, as formal supports are much easier to maintain. However, the AE believes that helping the individuals and their families sustain the informal support network is critical in enabling the individual to remain in the least restrictive setting, be an active part of their community, and empower them to make choices. Tioga County had two SC's that championed the life course tools and participated in the Regional Collaborative. One of the two SC's has retired, but the remaining SC is a strong supporter of the tools, and the AE is capitalizing on her enthusiasm. She continues to be instrumental in helping Tioga find ways to incorporate the use of the tools without creating additional work or duplication of existing work.

The PUNs is reviewed monthly to clarify what services are needed to remove an individual from an emergency status, and if those services can be provided through natural supports. This occurs during a monthly AE/SCO meeting, as well as when an emergency is identified. It is hoped that as the Charting the Lifecourse tools are more fully incorporated into daily practice, and that individuals in critical and planning stages be able to develop and incorporate a strong informal support network for themselves, as well as those they support. This one doesn't quite make sense to me either.

Lifesharing and Supported Living:

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

Tioga County reviews Lifesharing options on all individuals who are in need of additional supports and can no longer reside independently or in their current environment. When speaking with providers, the two largest barriers are being able to meet the needs of individuals in a Lifesharing setting and locating individuals that are willing to become Lifesharing providers. Tioga County has reviewed the individuals entering Lifesharing, or those that have chosen Lifesharing, to determine if the lack of Lifesharing opportunities is due to the provider's assessment of whether or not they can find a home to meet the individual's needs, rather than the actual person's needs. This review has revealed that it is a mix of both. Tioga County will continue to work with providers and provide as much lead time as possible for individuals who may need a Lifesharing option. At this time, if an individual is identified as possibly needing a Lifesharing option within a one-year period, the SCO and the AE work together to reach out to providers to start the recruitment process to avoid the use of an out of county placement, or a CLA placement, due to the lack of Lifesharing homes.

If a local provider cannot meet the individual's needs in a Lifesharing option, Tioga County has sought out-of-county providers to see if they can meet their needs, if the individual is willing to relocate.

Tioga County has reviewed those individuals that have chosen Lifesharing as an option to see if Supported Living can meet their needs while ensuring the safety, health and well-being of the individual. This review was conducted in an effort to see if an existing home could be maximized and help reduce the need to seek out-of-county placements. The review revealed that the SCO and the Providers do not feel that there are any individuals that could have their needs met through Supported Living. The Tioga AE has concerns that, as the population has shifted to serve those presenting with challenging behaviors, the SCO and Providers are having a difficult time accepting this as the “new” normal, and considering informal and less restrictive settings to meet their needs. The Tioga AE will continue to work with the SCO and Providers on thinking outside of the box. It is also hoped that, with the assistance of PDCS, we will be able to find solutions to some of the behaviors identified, or modify services to reduce the behaviors, and enable individuals to remain in the least restrictive setting.

Cross Systems Communications and Training:

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

As stated above, Tioga County continues to hold discussions with providers on the “changing” and “multiple” needs of individuals, and to ask what additional supports they may need to help serve these individuals within the County. The Dual Diagnosis population does present some unique challenges, but it is also a growing population that should have the option to have their needs met locally. Thus far, providers have been willing and able to serve the majority of the individuals referred. However, Tioga County has established a contract with PDCS that will be available to the AE, SCO and Providers on staffing cases and providing support.

The SCO sits on the transition team meetings at each of the schools within the County. Their participation not only provides education to the schools, but this also enables them to remain current on future referrals. The SCO shares this information with the AE during monthly meetings. The SCO has reached out to the schools to let them know what services and supports are available to individuals and their families. This was done through phone calls, meetings and the distribution of flyers. Tioga County AE and SCO actively participate in Promising Practices meetings and share that information with providers and other services systems upon return.

Tioga County will continue to follow the applicable requirements and participate in planning and training activities for individuals identified as leaving a State Center/State Hospital, RTF or C&Y placement. This coordination will occur with the State, the Managed Care Organization (MCO), and Behavioral Health Administrative Unit (BHAU), providers throughout the state, the individuals/families involved, the court system, the SCO, the CASSP Coordinator and other identified individuals. The SCO will continue to be informed and trained on the various initiatives being developed with CCBH and the BHARP. These initiatives include the Community Stabilization

and Reintegration Unit (CRSU) and Dual Diagnosis Treatment Team (DDTT), both of which have been developed for individuals with ID that also have an MH diagnosis whose services/placements may be in jeopardy. In all cases, the full array of eligible services will be offered to the individual within the budget.

For extremely difficult and multi-categorical cases, the Tioga AE contacts Northeast Regional Office for assistance and discussion of cases, as well as has the option of calling a Multi-disciplinary Team meeting with the individual/families consent. Members of this meeting include individuals from MH, D&A, C&Y, EI, a registered nurse, and a licensed social worker. Additional ad hoc members may be added. The purpose of this team is to provide support to the SCO, discuss all available options, and brainstorm on barriers being encountered. A plan of suggestions is developed, and the SC shares them with the individual/family. The team will reconvene and follow up as necessary.

The Tioga County AE maintains consistent contact with Tioga County's Forensic Coordinator in the event that an individual with an intellectual disability is incarcerated and unknown to the AE. This coordination ensures that appropriate services and advocacy can be offered to the individuals.

Emergency Supports:

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

The SCO provides a formalized after hours call system in the event of an emergency. This number is provided to all individuals enrolled in the ID Program. Should an emergency arise after hours, the on-call worker will contact any necessary individuals to alleviate the emergency, including the AE. Additionally, the ODP's Northeast Regional Office (NERO) and the Providers have the cell phone number of the AE, so they may contact the AE directly for individuals that may not currently be enrolled in the Program.

In all emergency cases, informal supports are first explored. If informal supports cannot be put into place immediately, or are not available, the SCO will contact the AE, and seek verbal authorization for funding to alleviate the emergency, with follow up eligibility and paperwork occurring the next

business day. If the individual should prove to be ineligible for ID services, other funding will be utilized.

The Tioga County Planning Team has requested that \$9,000 remain set aside for unanticipated emergencies that may arise throughout the FY. If this funding is not utilized by April 30, 2019, it may be reallocated to cover one-time, or short-term, needs for individuals with ID, initial funding for graduates awaiting PFDS initiative capacity or deficits in other areas of the Block Grant. Additionally, Tioga County AE projects budgets throughout the FY based upon year-to-date actual expenditures and projected expenditures based upon utilization of each individual. (The only exceptions to using the utilization are for individuals that are new to service, or changes in services in the last quarter of the FY, which are projected at 100% utilization.) This process automatically picks up any “add backs” of unused funds and any increases in projected utilization, thus providing the AE with a realistic picture of unencumbered funds that can be accessed at any time for emergencies.

If the above two actions prove insufficient to cover any unanticipated emergencies until waiver capacity becomes available, Tioga County will look to maximize the flexibility provided by the Block Grant, and shift funding to the ID budget through a re-budgeting process.

Tioga County does have mobile crisis available. The Tioga AE and the BSU work closely with the Crisis program and the social workers at the local emergency room. The mobile crisis teams are trained in special populations - ID/Autism/LBGTQIA/Aging/Veterans/Co-occurring. The Tioga AE, through the Regional Collaborative, has worked to bring in trainings that are free and available to all individuals and providers. Thus far two trainings have been scheduled for 2018: Demystifying Autism, by William Stillman on April 16th and Making Contact, Making Connections, Making Community, a Day with David Hinsburger on May 24th. In addition, CONCERN (mobile crisis provider) partners with Bloomsburg and Alvernia University to provide free training opportunities to staff. This FY the Educational Series Event is titled, “Strategies to Support LGBTQ Youth.” Last FY the Education Series was on autism. At this time, mobile crisis would only be contacted on individuals that are not currently enrolled in the ID Program. If they are in the ID Program, individuals, families and providers are provided the 24 hour on call number to reach the on call SC.

See Attachment 2 for Tioga County’s 24-hour Emergency Response Plan.

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

- Describe the county’s interaction to utilize the network trainers with individuals, families, providers, and county staff.
- Describe other strategies you will utilize at the local level to provide discovery and navigation (information, education, skill building) and connecting and networking (peer support) for individuals and families.
- What kinds of support do you need from ODP to accomplish the above?

Tioga County is part of a Supporting Families through the Lifespan Regional Collaborative. Through this collaborative, Tioga County continues to work closely with the PA Family Network and Bradford County. In FY 17/18, the PA Family Network provided additional training to the Tioga and Bradford SCO’s, and the Tioga/Bradford Collaborative is holding a one day “work bee” with the SC’s to practice using the tools and applying them to a situation in their lives. Until the skills and tools are

fully adopted as part of their daily practice, the Tioga AE anticipates that ongoing training and refreshers will be necessary.

Coming into FY 17/18, Tioga County had five individuals utilizing the Charting the Life Course Tools. At this time, only three individuals are continuing to participate. When discussing the desire to no longer use them with the SC's, it was reported that: the individuals and families appeared frustrated as people they know did not do this, and they just received needed services; that it was hard to start asking for help or talking about their needs with support systems as they have never done that before; and the rural nature makes it difficult to find/identify supports for adults. Tioga County AE is providing full support and encouragement to these teams and offering any assistance they may need. The PA Family Network has also offered to come back at any time and assist the teams as they move forward. It is hoped that their experience continues to be a positive one that they find useful, and will be willing to continue to work with the collaborative on "spreading the word", and engaging other families.

Tioga AE and the SCO have been discussing implementing the use of the Charting the Life Course tools with individuals that are receiving SC Only services, as well as working with the Northern Tioga School District in using these tools in their life skills classroom. Tioga AE is still working out details with these two entities and how to work towards this within the existing structures to avoid duplication and increased work. Additionally, the Tioga AE and the SCO have been discussing that, for all new individuals, this could be incorporated into the initial meetings as a part of regular business practice. These conversations are ongoing as the perception is seen, at this time, that this is additional work and not as a "tool".

The Regional Collaborative continues to bring in speakers to educate the professionals and community members of Tioga/Bradford Counties. In April 2018 William Stillman will be speaking on Demystifying Autism, and in May we will be spending a day with David Hinsberger on Making Contact, Making Connections and Making Community.

- Describe how the county will engage with the Health Care Quality Units (HCQU) to improve the quality of life for the individuals in your community.
- Describe how the county will use the data generated by the HCQU as part of the Quality Management Plan process.
- Describe how the county will engage the local Independent Monitoring for Quality (IM4Q) Program to improve the quality of life for individuals in your program.

Tioga County will continue to request the HCQU provided individual case consultation and training for staff and individuals/families. They have recently been assisting us with a family who has an ongoing CPS investigation, and another individual that is experiencing some difficulties with sexuality and behaviors.

The HCQU provides a great deal of data during positive practice meetings which is very helpful as discussion around the information provides clarification and ideas on how other areas are using the information. Additionally, information from the HCQU is reinforced when Tioga AE calls NERO for assistance on individual cases. This reinforcement of data use is helping Tioga AE to incorporate any data into daily practice and identify what training needs may be needed to improve quality.

The IM4Q data is reviewed with the Tioga County Department of Human Services Advisory Board and the QA Council. Based upon the outcome of the surveys, the identification of considerations

and closing the loop, patterns (if any) are reviewed. If there are patterns identified, the AE/SCO meet and review potential causes, how to alleviate them for the specific cases and what needs to be done system wide to prevent them in the future. If there are no patterns, one to two items will be selected to focus on and work to improve. In the past, Tioga has focused on communication, access to community resources and choice. This fiscal year, Tioga AE continues to discuss choices with the SCO and the providers on a regular basis, especially in relation to the service definition changes. Much of this discussion also revolves around the changes in the ISP's and ensuring the outcomes reflect what is identified throughout the individual's support plan. Tioga County plans to continue to focus on the area of choice in an effort to continue to reinforce the positive outcomes associated with self-direction.

- Describe how the county will support local providers to increase their competency and capacity to support individuals who present with higher levels of need related to: aging, physical health, behavioral health, communication, etc.
- How can ODP assist the county's support efforts of local providers?

This area presents many challenges. In conversations with providers and the SC's, the challenges identified below remain the same as last year.

- Individuals who do not require the higher levels of need are choosing to become more involved in their community and utilizing self-direction. This has created a shift in the population being served by providers who have more formalized and restrictive settings (i.e. pre-voc, residential placements).
- Staff being hired to meet the needs of individuals who are being served need to have a larger skill set and more experience. Unfortunately, the wages being offered are for entry level staff. By the time this staff person gains the experience and training, they are either promoted or seek employment elsewhere.
- The current population in many of the programs are having a difficult time in adapting to some of the new behaviors being introduced.
- There is an economy of scales for the providers. Since Tioga's population is not as large as other areas, in order to safely meet the needs of some individuals, the providers must create individualized programs. This is often not financially viable.

Additionally, the change in pre-vocational services' and looking at folks moving to a more community based setting' has put some pressure on the providers on how to support individuals presenting with challenging behaviors.

In order to assist the providers, Tioga County has executed a contract with Person Directed Clinical Solutions, (PDCS), to provide consultation and assistance throughout the human service system, including IDD. It is believed that this service will assist the AE, the SCO and the providers in ensuring the safety of individuals while transitioning to less restrictive service settings.

The Tioga County AE and SCO continue to meet with providers to discuss the changing trends, what the anticipated needs will be and how to continue to ensure the safety of those currently receiving services. Tioga County understands the issues the providers are experiencing and will seek technical assistance from ODP.

- Describe what risk management approaches your county will utilize to ensure a high-quality of life for individuals.

- Describe how the county will interact with individuals, families, providers, advocates and the community at large in relation to risk management activities.
- How can ODP assist the county in interacting with stakeholders in relation to risk management activities?

Tioga County contracts with the Advocacy Alliance for Incident Management. However, the AE checks all incidents on a regular basis, as well as reviews incidents during each provider meeting which occur three times per year. When the AE reviews the incidents, patterns and frequency are reviewed for each individual and incident, as well as any corrective action that is to be taken as a result of the investigation. The AE tracks that the corrective actions, or safety plans, are entered into the ISP for individuals with an incident of I:I abuse and notifies all providers of changes in the ISP when it is updated and approved. This is a part of Tioga County's QM Plan. The QM Plan is reviewed with Tioga County's Department of Human Services Advisory Board. The Advocacy Alliance will be conducting an annual IM training with Tioga AE and SCO staff on April 26th.

The AE/SCO meet to discuss a case if a case presents as high risk, or if a case is deemed to become high risk. This meeting may include other individuals, including ODP, for the review to ensure that all areas are reviewed. Other individuals that have been involved in case reviews include the Director of MH Services, Fiscal Personnel, Providers, other SAM site personnel, or SAM corporate staff that may have encountered a similar situation. Additionally, Tioga County works closely with ODP-NERO on high risk cases. ODP has been very helpful on these cases. Regular discussions and updates provide Tioga County the opportunity to review the case for what we may be missing and seek guidance on how to proceed.

In FY 17/18, Tioga County has developed a contract with PDCS, to provide consultation and assistance throughout the human service system including IDD. A Service Deliverable in the contract is to help Tioga County develop a Human Rights Committee and participate in this committee and review of safety/behavioral plans. Tioga County will begin reviewing all restrictive plans with the SCO and PDCS. As further guidance from ODP is provided, Tioga AE will ensure implementation.

- Describe how you will utilize the county housing coordinator for people with autism and intellectual disability.
- Describe how the county will engage providers of service in the development of an Emergency Preparedness Plan.

Tioga County's Housing Coordinator is used for all residents of the County regardless of population. At any time an individual, their family or support network may contact the Housing Coordinator and request assistance in the location of housing, and/or completion of paperwork, or application for financial assistance, to assist in emergency situations (to prevent eviction/utility shut off) or initial costs associated with housing (security deposits, relocation expenses).

Participant Directed Services (PDS):

- Describe how your county will promote PDS (AWC VF/EA) services including challenges and solutions .
- Describe how the county will support the provision of training to SCO's, individuals and families on self direction.

- Are there ways that ODP can assist you in promoting/increasing self direction?
- All individuals are informed of PDS services upon enrollment and during each review. The AE monitors this through monthly record reviews, AE/SCO meetings and review of the ISP signature pages.

Tioga County strongly believes in the PDS process, as it is a great complement to enabling the individual to retain their natural supports and not supplant them with paid supports. The flexibility and individual choice it provides the individual has proven key in meeting needs in the least restrictive setting possible. Many times, as people experience, or develop challenging behaviors, the first solution is to move towards a more formalized or restrictive service. Tioga County is optimistic, that through the availability behavioral specialists and consultation with PDCS, the Team may be able to develop alternative solutions. Additionally, PDCS is available to provide training to the whole IDD system, including families, their support teams and individuals. The AE continues to monitor that this service is offered to individuals and their team during enrollment and at each review. This is done through the monthly record review and ongoing review of the ISP signature pages. Additionally, when cases are discussed during the monthly AE/SCO meeting, this option is reviewed.

Tioga's individuals seem to gravitate towards the Agency with Choice (AWC) model. In discussion with the families, this seems to be due to the assistance and support AWC provides through the co-employer relationship. The largest barrier with utilizing this model continues to be the location of staff to hire. Some individuals come with many options, and others have very limited options, and a recruitment campaign must be done. Tioga County remains optimistic that, as the use of the Charting the Life Course tools become more prevalent, the recruitment of potential employees becomes more successful. Tioga County has also closely reviewed the Family Finding System utilized by the children and youth system. This program researches and builds an extensive family tree which is utilized to provide support to children and their families. Outreach is then conducted to the individuals located, and a meeting is held to discuss the various needs of the family and support they could use. Although this would not be necessary in all cases, in some it could prove useful. Tioga is continuing to review this, how it would fit into the IDD system, how it would be paid for, and how the tools utilized by the program would need to be modified.

The largest barrier to VF/EA model is that the majority of the responsibility rests with the individual and/or their family. Although this offers a great deal of freedom and choice for the individual, the responsibility is also significant, and many chose the AWC for the support. The second largest barrier for VF/EA model is the location of staff. VF/EA experiences the same issue as AWC in this area.

ODP provides a great deal of support in this area. They help educate us as we work through cases on what options we have to meet individual needs. Tioga County continues to look at PDS as the first option for service delivery, and it is becoming a standard practice. Individuals who have been enrolled in IDD Services for some time and have utilized provider driven services continue to have a difficult time with any change in how their service is delivered. Tioga County also remains optimistic that through Charting the Life Course, more individuals will be able to identify potential supports and self-direction will seem less daunting.

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

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

As of 4/20/2018 Tioga County has not received this data, and it is not located in Tioga's DocuShare File.

HOMELESS ASSISTANCE SERVICES

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

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

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

In FY 17/18, the Housing Specialist was funded 100% through PHARE. In FY 18/19, Tioga County will be funding 50% of this position through the HSBG and is looking to fund this position 100% through the HSBG by 2020. Funding for this position is located in the HSS-Generic.

The Housing Coordinator is the first point of centralized contact for all individuals facing homelessness or near homelessness. This individual will work with the person and assess what the immediate needs are and help the individual address those needs. This may be through accessing PHARE funding, TREHAB, (for utility, foreclosure, rental assistance), or referring to the housing authority, the Bridge Housing Program, MH Residential Supportive Housing, Independent Living Program, the Homeless Shelter, the Emergency Shelter Apartment, and/or various landlords.

The following statistics, from 7/1/17-3/31/18, demonstrate the continual need for housing services in Tioga County:

- Bridge Housing: 37 Adults and 38 children have been served. 80 applications have been received.
- Residential Supportive Housing: 14 adults have been served. 28 applications have been received.
- Housing Specialist received 118 calls from individuals that are either homeless or near homeless.
- The Housing Authority reports that 26 individuals meet the homeless preference status.
- The Tioga County Homeless Initiative reports that 93 individuals have been served through the shelter.

Tioga County continues to partner with outside entities in an effort to improve and/or rebuild the facility in which the Bridge Housing and Residential Supportive Housing apartments are located. Throughout FY 17/18 Tioga County has reached out to local landlords and hotels in an effort to plan

for any relocation that may be necessary should funding be secured for facility upgrades/reconstruction.

In the FY 17/18, HSBG Tioga County identified Emergency Shelter Care as an unmet need. Tioga has worked to address this, and at this time, feels that the need is being met. (Please see below section.)

Tioga County looked at developing a Master Leasing Program during FY 17/18. However, this did not materialize.

Tioga County is exploring the establishment of a Diversion Program for individuals experiencing mental illness. This is still in the early discussion stages. However, an identified need for this program will be the necessity of housing. Funding for the exploration and development of this service is located in HSS-Specialized.

There are two populations that Tioga County is struggling with regarding housing and housing supports. The populations are individuals with serious mental illness that are unable to reside independently, and youth over the age of 18 that have requested to remain the Children and Youth system. Both of these populations present serious challenges due to either challenging behaviors and/or an unwillingness to follow through with services. In an effort to address this need, Tioga County has developed a consultant/service contract with PDCS to provide behavioral assessments, education, support and case consultation for the individuals and providers providing support to these individuals. Funding for this contract is located in HSS-Specialized section of the plan. In FY 18/19, Tioga County will be working with providers in the community to see if a transitional housing option can be developed. This is very much in the early stages, but at this time we are envisioning a provider developing a program that would provide housing for these populations that would provide a live-in support system; much like a Resident Assistant in a college dorm that can be available to assist the individuals when necessary, develop home activities, and teach necessary life skills for independence. Additional community supports and providers would be utilized as well. For example, for transitioning youth, the Independent Living program can provide support on developing the life skills. Peer Specialists and Blended Case management could provide ongoing support for individuals with mental illness.

Bridge Housing:

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

For FY 17/18 the Bridge Housing program operated at 87% occupancy from July-March. This program provides housing to families and individuals who are homeless or facing homelessness, victims of domestic violence, working with individuals on reunification whose children are in care, or families who are at risk of losing their children due to having unstable housing. This is a transitional setting where they may stay up to one year. Residents in the Bridge Housing program are provided with services such as obtaining permanent housing, employment skills, obtaining their GED, budgeting, parenting, MH and D&A Counseling, if needed. There are six apartments designated as

Residential Supportive Housing Apartments. Individuals residing in these apartments meet Bridge Housing eligibility guidelines as well as “Reinvestment” guidelines. Tioga County used reinvestment monies to restore and furnish the apartments. The Block Grant will continue to be used to make up the difference that the original HAP grant amount, client fees and program income do not cover.

In FY 17/18, Tioga County did not establish a more formalized process of capturing individualized outcomes and did not put a satisfaction survey into place. However, the residents do complete an exit evaluation which allows us to gather information about their housing and goal progress upon program exit; what they felt was most helpful, least helpful; what recommendation they would make about the program; and a scale for them to rate service provision during their stay. Thus far, 20 individuals moved to stabilized housing. In response to the increase in opioid use/abuse, the Bridge Housing Program supported four individuals who were able to successfully participate in a methadone maintenance program while their children continued to reside with them, thus maintaining the family unit and preventing an out-of-home placement.

Case Management:

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

Every individual or family that resides in Bridge Housing, Residential Supportive Housing or Independent Living programs are assigned a case worker to assist them in achieving their identified goals and obtaining stable affordable housing. These individuals/families are either assigned to the BH caseworker, the Housing Specialist and/or a caseworker in another categorical, if they are open for service. Prior to intake, there is a team meeting held, which includes the individual and family, to identify the goals targeted to be achieved during their involvement with the BH program and establish a comprehensive service plan. The Bridge Housing Caseworker is funded through HAP. The Housing Specialist is funded through PHARE/HSS, and the Independent Living worker is funded through the C&Y IL Special Grant.

The Housing Specialist also provides short-term case management functions with individuals who call in and request assistance in locating housing. This may include assistance in completing applications, determining eligibility, making referrals to available resources and assisting the individual in accessing all available resources.

The Housing Specialist has successfully worked with the Housing Authority to allow individuals who were asked to leave low income housing due to lease violations to return to the program.

The Housing Specialist has successfully taught the Prepared Renters Education Program (PREP) course to nine individuals in Bridge Housing to improve their rental skills when reentering the community and 10 additional staff have been trained in this curriculum.

The Housing Specialist assists those unable to apply alone, on line, for all low income and housing vouchers.

In FY 2017/2018, Tioga County is working with a housing development company, and is providing 11 hours of Case Management services on site to assist the residents of the development with identified needs, and to help ensure they retain a good tenant status, and alleviate concerns that could lead to eviction/homelessness. This service formally started in December 2017. Thus far, 18 individuals have been served and six presentations have been arranged. Presentations range from car seat safety inspections and proper installation, to referrals for more formalized services (such as Aging or OLTL) to offering First Aide/CPR certification.

Tioga County was hoping to develop and implement a satisfaction survey that would be used to provide feedback. The information will be used to help us determine what is effective, and what we need to improve upon. However, we were not able to implement this. We will keep this as a goal for FY 18/19

Rental Assistance:

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

Tioga County applied for and received a PHARE grant which enables Tioga County to continue to assist individuals with rental assistance in FY 18/19. In FY 17/18, Tioga County anticipates 164 individuals will receive financial assistance through PHARE funding and projects; 170 individuals in FY 18/19. Tioga County is not making any changes to the eligibility requirements for the use of PHARE funding. However, Tioga County does plan on funding part of the Housing Coordinator through HSS-Generic, which will free up additional funding to help meet the needs of those requesting rental assistance or other financial assistance to prevent eviction or utility shut off.

Emergency Shelter:

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

In FY 17/18 Tioga County has set aside an apartment in the Bridge Housing complex to serve as an emergency shelter. At the time of this writing, the "Shelter Apartment" has not been utilized. However, policies and procedures on how to access the apartment has be shared with MH, IDD, C&Y, D&A and EI service systems. The Housing Supervisor is the point of contact for all referrals and, during evening and weekend hours, we have coordinated the utilization of an existing on-call system to reach out to the supervisor and/or Director of Residential Services. The criteria for using the apartment are: a person who is at least 18 years of age, or a person under 18 years of age who is head of an independent household who is in need of a short-term (45 days) housing. Priority will be given to individuals who are homeless and all other housing options have been exhausted, discharged from a facility and temporarily have no other resources, or are in need of a temporary

housing option to assess capacity of residing independently (for example an individual with ID or autism).Funding for the occupancy of this apartment is located under HSS-Specialized.

Tioga County does have access to “housing vouchers” from local organizations, if there is an immediate need for shelter. These “housing vouchers” will usually cover up to three days of a hotel stay. Use of the “housing vouchers” is a last resort and are only requested if the health/safety of the individual/family is at imminent risk and no other options remain available.

Other Housing Supports:

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

Tioga County has an established Local Housing Options Team (LHOT). This team is comprised of our Regional Housing Coordinator, Tioga County Housing Coordinator, MH providers, consumers, ministries, landlords, C&Y Agency, providers and family members. They meet monthly to discuss housing needs and possible resolutions. The effectiveness of this support is measured through the number of meetings held and the diversity of the group attending.

Tioga County does employ a full-time Housing Specialist. This position is funded through PHARE/HSS. The effectiveness of this position is measured through the number of individuals served. Additionally, we will continue to work towards implementing a satisfaction survey.

The expansion of Case Management to a local housing development is helping residents sustain their current housing arrangements, as well as provide other services that will help the residents build upon their existing skills. The effectiveness of this support will be measured through the number of individuals accessing service and the development of a monthly activity calendar for residents.

Tioga County has hired a mobile Intake/Screening that will also be available to work out of the Housing Specialist Office or the housing development. This position will be able to help residents access other needed services across all categoricals. The effectiveness of this support will be measure through the number of individuals accessing service. Since this is a new support, Tioga County will be tracking what types of assistance and support are requested.

Homeless Management Information Systems:

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

The Homeless Prevention and Rapid Re-housing Funding (HPRP) expired in October 2012. Since that time, Tioga County has not utilized the HMIS system.

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

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

Please provide the following information:

1. Waiting List Information:

	# of Individuals	Wait Time (days)**
Detoxification Services	1	7
Non-Hospital Rehab Services	2	65
Medication Assisted Treatment		
Halfway House Services		
Partial Hospitalization		
Outpatient		

**Use average weekly wait time

The SCA has not put a waiting list in place, nor have we been notified of waiting lists from any providers. However, due to bed availability, people have had to wait to access treatment, often because they will accept admission only to a particular facility.

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. Warm hand off process or County.

# of Overdose Survivors	# Referred to Treatment	# Refused Treatment	# of Deaths from Overdoses
80	10	39	None reported

Numbers reported above include both warm handoff reports from the hospital, and people who requested services from the SCA and self-reported as an overdose survivor. These include overdoses for alcohol, prescribed medications, and a combination of drugs and/or alcohol.

The local hospital has contracted with a local outpatient provider to perform warm handoff from the hospital 24/7. If someone is seen and agrees to treatment, the hospital and provider staff arrange the admission. If the person is in need of SCA funding, detox services will be funded, and the case manager will contact the individual at the facility to complete needed paperwork in order to be able to use SCA funding for treatment. Tioga County has requested a waiver from the State for face-to-face assessments for County funded people who are further than 50 miles from the SCA.

When an overdose survivor contacts the SCA for assistance with treatment, the above plan is also followed, if the person is in need of immediate detox. If appropriate, such as if the person is not in need of immediate detox, then necessary paperwork is completed, including an MA/CBBH application, and treatment is arranged.

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

LOC	# of Providers	# of Providers Located In-County	Special Population Services**
Inpatient Hospital Detox	0	0	
Inpatient Hospital Rehab	0	0	
Inpatient Non-Hospital Detox	17	0	IDU; pregnant women; adolescents
Inpatient Non-Hospital Rehab	30	0	IDU; pregnant women; adolescents; WWC
Partial Hospitalization	2	1	IDU; pregnant women
Intensive Outpatient	2	2	Adolescent; IDU; pregnant women
Outpatient	2	2	Adolescent; IDU; pregnant women
Halfway House	9	0	IDU; pregnant women; 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.*

In County treatment providers include five outpatient providers. The SCA contracts with two of these providers, who provide outpatient, intensive outpatient, and Partial Hospitalization. One of those contracted providers also offers MAT and Community Based Drug and Alcohol. Both of these providers also accept CCBH funding. There is one provider in the County that provides detox and non-hospital rehab services, as well as outpatient services, though they accept private insurance only. A fourth outpatient provider accepts private insurance only, and the fifth does accept Medicaid.

There are detox and inpatient providers across the State that the SCA contracts with and that people can access for those services, regardless of funding source.

Although the SCA does not directly contract with any hospital based detox or rehab providers, we do have a non-par agreement with a hospital based facility in order to be able to utilize those services when needed.

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.

Tioga County residents would benefit from more outpatient treatment options in the County. There are three located in the same town, central to the County. One of those takes only private insurance. One in the northern section of the County takes only private insurance. One provider that the SCA contracts with has opened a satellite office in the southern area of the County. Tioga is a large, rural County, and transportation can be a problem. A provider in the northern section of the County would benefit residents. This issue is being explored.

The inpatient provider in the County that accepts only private insurance has agreed to offer two scholarship beds for warm handoff individuals needing direct treatment from the hospital. There is an inpatient provider in a neighboring County that the SCA contracts with, and many Tioga County residents have benefitted. Although it is beneficial to get away from “people, places, and things”, there are people who refuse to go a distance away for various reasons.

- 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.

Both contracted outpatient providers in Tioga County have Narcan on hand. One keeps it on hand, if needed; the other also hands it out to people, tracking inventory, and who it is given to. The SCA has not provided the training nor coordinated the use of Narcan. The hospital through EMS carries Narcan, and several police departments in the County carry it.

- 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	4	0
Provider Network	12	2

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

For each of these categories (Adult Services, Aging Services, Children and Youth Services, Generic Services and Specialized Services), please use the fields and dropdowns to describe how the county intends to utilize HSDF funds on allowable expenditures (please refer to the HSDF Instructions and Requirements for more detail). ***Dropdown menu may be viewed by clicking on “please choose an item”.***

HSDF Program moved to Office of special program – Renee is new contact

Copy and paste the template for each service offered under each categorical, ensuring each service aligns with the service category when utilizing Adult, Aging, Children and Youth, or Generic Services.

Adult Services: Please provide the following:

Program Name: Housing Services

Description of Services: Trehab will provide case management for housing services to eligible adults throughout Tioga County to assist families and individuals to remain in their homes and prevent homelessness. Services will include assistance in completing applications for Homeowners Emergency Mortgage Assistance, mediation with utility companies through enrollment in customer assistance programs, utility shut-off and payment of utility bills. Projected Funding: \$5,000

Service Category: Housing - Activities to enable persons to obtain and retain adequate housing. The cost of room and board is not covered.

Aging Services: Please provide the following:

Program Name: Meals on Wheels

Description of Services: The Area Agency on Aging (AAA) will provide a hot, nutritious noon-time meal to eligible consumers in their homes. The meal will meet the one-third recommended daily allowance criteria established by the US Department of Agriculture. The need for the Home-Delivered Meals will be determined by an Aging Care Manager - Projected Funding: \$18,000

Service Category: Home-Delivered Meals - Provides meals, which are prepared in a central location, to homebound individuals in their own homes.

Children and Youth Services: Please provide the following:

Program Name: Big Brother/Big Sister

Description of Services: Big Brother/Big Sister provides (BBBS) 1:1, professional support mentoring services to at-risk youth in Tioga County. BBBS Mentoring Relationships provide children who are facing adversity with a strong, positive and supportive same-gender role model. BBBS relationships are shown to increase self-confidence, promote a positive attitude towards school, mitigate likeliness for engaging in risk-behaviors, and improve children's relationships with other adults and peers. Tioga County will be requesting ongoing funding for this program through the FY 19/20 Children and Youth Needs Based Planning process. Projected Funding: \$20,000

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

Generic Services: Please provide the following:

Program Name: Transportation

Description of Services: The Tioga County Partnership for Community Health (TCPCH) will be contracted to address transportation needs and will be responsible for all aspects of service provision, except for the actual transport. The TCPCH will work directly with local and existing transportation providers to develop various options and maximize available funding while ensuring all other revenue sources are exhausted, as well as work to recruit volunteer drivers. Projected Funding \$34,672

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

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

Adult Aging CYS SUD MH ID HAP

Program Name: Mobile Intake Workers

Description of Services: These individuals will respond to all requests for service, whether face-to-face or via telephone for MH/C&Y/ID/D&A/EI and conduct all initial screenings for service. Service will be provided in the office and community. Additionally, this individual will provide information and referral services and authorize services if necessary. Projected Funding \$20,552

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

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

Adult Aging CYS SUD MH ID HAP

Program Name: Batterer Intervention Services

Description of Services: Services will be provided to individuals who have been convicted of crimes involving domestic violence, or as a result of a protection from abuse order. Services will include weekly group sessions, as well as domestic violence assessments. The Duluth Model will be used. Additionally, educational hours will be provided to members in the community, law enforcement and spouses of those who may enroll in programming. Prevention activities will also reach out to the schools to offer education to young adults. The school prevention will focus on dating violence, risk with cyber relationships and overall safety in relationships. Projected Funding: \$37,500

Service Category: Counseling - Nonmedical, supportive or therapeutic activities, based upon a service plan developed to assist in problem solving and coping skills, intra- or inter-personal relationships, development and functioning.

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

Adult Aging CYS SUD MH ID HAP

Program Name: Camp Partners

Description of Services: Transportation to PIP's Camp will be provided. Additionally, funding for the camp may be provided. This camp serves a wide range of youth with disabilities (mental retardation, mental health, physical disabilities, autism, learning disabilities and multi-handicapped) alongside their non-disabled peers. The camp provides secure, structured recreational and academic activities for youth age's five to twelve. Projected Funding: \$8,820

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

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

Adult Aging CYS SUD MH ID HAP

Program Name: HelpLine-211

Description of Services: Help Line-211 is a 24/7 telephone information & referral and after-hours crisis first responder program that serves the residents of Tioga County. Services range from assessing client needs and referral to resources designed to alleviate those needs, to assessment for crisis services. Help Line's taxonomy of needs consists of over 500 need categories. Projected Funding: \$4,700

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

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

Adult Aging CYS SUD MH ID HAP

Program Name: Integrated Service Planning

Description of Services: Currently, every case open for service with C&Y Case Management is reviewed prior to closure of service and any case that is experiencing difficulties is reviewed by

Integrated Service Planning Team (SPT). The SPT meets one time per week. This team consists of a Licensed Social Worker, a Licensed Psychologist, representation from C&Y, MH, ID, EI and D&A, a Casework Supervisor, representation from the Management Team and the Case Manager presenting. The purpose of the team is to support the caseworkers, review the assessed needs of the individual/family, and the appropriateness of the service plan, and identify any service gaps that are preventing the individual/family from progressing. Projected Funding: \$7,800

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

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

Adult Aging CYS SUD MH ID HAP

Program Name: Housing Coordinator

Description of Services: The Housing Coordinator is the first point of centralized contact for all individuals facing homelessness or near homelessness. This individual will work with the person and assess what the immediate needs are and help the individual address those needs. This may be through accessing PHARE funding, TREHAB, (for utility, foreclosure, rental assistance), or referring to the Housing Authority, the Bridge Housing Program, MH Residential Supportive Housing, Independent Living Program, the Homeless Shelter, the Emergency Shelter Apartment, and/or various landlords. Projected Funding: \$28,055

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

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

Adult Aging CYS SUD MH ID HAP

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

Program Name: Supervision Program

Description of Services: Supervision program provides an independent observer/evaluator to oversee visits between children and their parents who are not open for Children and Youth services. A sliding fee scale is used for these families as they often have the inability to pay the full cost related to this service. Projected Funding: \$23,437

Program Name: Shelter Services

Description of Services: Shelter services will be available to an individual that is at least 18 years of age, or a person under 18 years of age who is head of an independent household who is in need of short-term (45 days) housing. Priority will be given to individuals who are homeless and all other housing options have been exhausted, or have been discharged from a facility and temporarily have no other resources. For example, if a family's home is deemed unsuitable and hazardous and the placement of children is imminent due to the conditions of the home, this shelter could be used to prevent the placement of children, maintain the family unit and ensure the safety of the family. If an individual is ready for discharge from a State Hospital but has no income, they may be offered this apartment to expedite their release to the community and receive intensive in-home supports while applying for SSI and other housing options. The shelter may also be used to provide a temporary housing option to assess capacity of residing independently as with an individual with ID/autism or a

child aging out of C&Y. This apartment will enable on site services to provide intensive support and assessment of the individuals skills so an appropriate service plan can be developed to ensure the individuals safety: Projected Cost: \$6,000

Program Name: Court Initiated Services

Description of Services:

This funding will be used by the Mobile Intake workers to authorize services immediately. The Intake workers will meet with the individuals at the Courthouse. If they do not have medical assistance, or other insurance for service, the Intake worker will call the provider, schedule the initial appointments, authorize services and refer to the appropriate categorical. If the individual is not eligible for MA, or funding in the other categoricals prior to the first appointment, this funding will be utilized. Additionally, this funding may be used for services that are unique to the individual and not available under the other categoricals. Services that may be authorized are D&A outpatient/assessment services, MH outpatient services, or drug testing/screening. Tioga County understands that the provision of medical care is prohibited and no medical care would be authorized. This funding will enable the individuals to be engaged in service at a time when they are most receptive, enable the individual to meet the requirements issued upon them by the court and expedite the start of service. Projected Funding: \$10,000

Program Name: Diversion Program

Description of Services: Tioga County's Criminal Justice Advisory Committee (CJAB), has established a work group to explore various options that can be used to reduce the number of individuals with mental illness in jail. This work group is using the Stepping Up framework to guide their process. At this time, they are reviewing the inventory of services. During this process, they recognized the various community services and those available in the jail. However, none of these services are coordinated with law enforcement, or the court system, to help divert individuals from incarceration. Currently, meetings are being held to learn more about established Diversion Programs, how they operate and how they are embedded into the system. Tioga County is looking to implement a Diversion Program in January 2019. We know at this time, that it will involve a diversion case manager to maximize the existing services and to provide new services that will be available to the Courts and law enforcement. Funding is being requested for ongoing exploration, training, community meetings/educational sessions, and start up. Once a final framework is established, Tioga County will review what services are involved and may reclassify some of the expenses to other categoricals during the FY. Projected Funding: \$50,000

Program Name: Behavioral Support Services

Description of Services: Tioga County has established a consulting/service contract with Person Directed Clinical Solutions (PDCS). Through this contract, Tioga County is looking to: Integrate evidence-based practices and practice-based evidence; ensure that clinical issues are accurately perceived, explored and honored in order for people to enjoy an everyday life; help organizations create the necessary culture of feedback to eliminate micro-violence from individuals everyday lives; help groups and organizations in making appropriate changes in their systems and business practices, while improving their ability to customize supports and become increasingly more person driven. The above will be utilized by all categoricals in an effort to transform the human service system and focus on strength based, natural supports. Projected Funding: \$85,408

Program Name: Transitional Housing

Description of Services: Tioga County is looking to establish transitional housing to support mental health recovery, promote self-sufficiency and foster independence to two key populations – individuals

diagnosed with mental illness and individuals transitioning out of the children and youth system. We would look at a 1/1/19 startup of this program to serve either one or both of the above populations. Funding is being requested for ongoing exploration, training, community meetings/educational sessions, and start up. Once a final framework is established, Tioga County will review what services are involved and may reclassify some of the expenses to other categoricals during the FY. In addition, Tioga County will request Independent Living funding in the FY 19/20 C&Y NBPBP. Projected Funding: \$50,000

Program Name: Forensic Initiator

Description of Services:

The Forensic Initiator is an individual housed in the Tioga County Prison. This position will conduct an initial screening on all inmates to assess the suicide risk and determine what additional D&A and MH services may be necessary during the inmate's period of incarceration. Once this determination is made, referrals will be made to the SCA and BSU to complete the necessary intakes and assessments. Additionally this position will work with Children and Youth services and the inmates to encourage parental engagement in their children's plans (where appropriate). This position was previously a Case Worker position that would refer for services. However, over the past couple of years it became clear that this was a duplication of service provided by the SCA and BSU. In order to eliminate this duplication, but retain the necessary services for the inmates, the position was changed to screen and initiate services while incarcerated and act as the centralized person on inmate needs.

Projected Funding: \$53,116

Interagency Coordination: (Limit of 1 page)

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

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

Comprehensive Resource Directory

The Tioga County Partnership for Community Health has developed a comprehensive online resource directory, specific to Tioga County. This funding will be used for ongoing updates to existing listings, addition of new services, program and service highlights through a monthly newsletter, radio ads, and social media. On average, there are 937 "hits" monthly to the Directory. The Partnership is able to drill down and view what the top categories being searched are. As well as providing an overall resource for the residents of Tioga County, the information it generates can be used by human services and other agencies for planning purposes. Projected Funding: \$5,000

Supporting Families through the Lifespan

Tioga County is part of a Regional Collaborative that receives funding through ODP. However, Tioga County has expanded this project and is introducing it across all categoricals. It is believed by introducing this across all categoricals it will assist individuals and families to identify a variety of supports, both formal and informal, that can help them achieve their goals. Funds will be spent on trainings and meetings and public awareness activities to expand the local collaborative to be more inclusive and representative of Tioga County's population. Additionally, funds may be used to reimburse individuals/families for expenses associated with their participation in the collaborative (This may include purchasing tools and resources for individuals and families, reimbursement of any travel expenses, and/or registration fees for training) and to access Family Finding Services to assist individuals in locating additional natural resources. Projected Funding: \$10,000

Other HSDF Expenditures – Non-Block Grant Counties Only

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

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

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

Appendix D

Eligible Human Services Cost Centers

Mental Health

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

Administrative Management

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

Administrator's Office

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

Adult Development Training (ADT)

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

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

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

Children's Evidence Based Practices

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

Children's Psychosocial Rehabilitation Services

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

Community Employment and Employment Related Services

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

Community Residential Services

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

Community Services

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

Consumer-Driven Services

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

Emergency Services

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

Facility Based Vocational Rehabilitation Services

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

Family-Based Mental Health Services

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

Family Support Services

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

Housing Support Services

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

Mental Health Crisis Intervention Services

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

Other Services

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

Outpatient

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

Partial Hospitalization

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

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

Peer Support Services

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

Psychiatric Inpatient Hospitalization

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

Psychiatric Rehabilitation

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

Social Rehabilitation Services

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

Targeted Case Management

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

Transitional and Community Integration Services

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

Intellectual Disabilities

Administrator's Office

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

Case Management

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

Community Residential Services

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

Community Based Services

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

Other

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

Homeless Assistance

Bridge Housing

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

Case Management

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

Rental Assistance

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

Emergency Shelter

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

Other Housing Supports

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

Substance Use Disorder

Care/Case Management

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

Inpatient Non-Hospital

Inpatient Non-Hospital Treatment and Rehabilitation

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

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

Inpatient Non-Hospital Detoxification

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

Inpatient Non-Hospital Halfway House

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

Inpatient Hospital

Inpatient Hospital Detoxification

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

Inpatient Hospital Treatment and Rehabilitation

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

Outpatient/Intensive Outpatient

Outpatient

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

Intensive Outpatient

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

Partial Hospitalization

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

Prevention

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

Medication Assisted Therapy (MAT)

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

Recovery Support Services

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

Recovery Specialist

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

Recovery Centers

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

Recovery Housing

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

Human Services Development Fund

Administration

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

Interagency Coordination

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

Adult Services

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

Aging

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

Children and Youth

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

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

Generic Services

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

Specialized Services

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

Attachment 1

Public Hearing Documentation

WELLSBORO GAZETTE

Its place of business is Wellsboro, Tioga County
Pennsylvania

The same was established in 1874

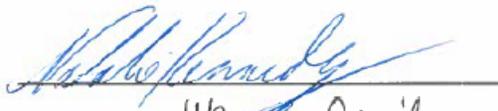
Legal Notice - Public Notice

a copy of which is hereto attached, was published in issues of said

newspaper(s) of April 5th, 2018

STATE OF PENNSYLVANIA, TIOGA COUNTY, ss:

Personally appeared before me, Natalie Kennedy, who being duly sworn according to law deposes and says that she is the Managing Editor of the above mentioned THE WELLSBORO GAZETTE a weekly newspaper published in Wellsboro, Tioga County, Pennsylvania. That your affiant is not interested in the subject matter of the above advertisement, and that all of the allegations of the statement as to time, place, character of publication are true.



Sworn and subscribed before me this 10th day of April, 2018



Commonwealth of Pennsylvania

NOTARIAL SEAL
Shereen G. LaPoint, Notary Public
City of Wellsboro, Tioga County
My Commission Expires 07/21/2021

**PUBLIC NOTICE /
PUBLIC HEARING**

The Tioga County Department of Human Services will be hosting the first Public Hearing regarding the FY 2018/2019 Human Services Block Grant Plan on Wednesday, April 11, 2018 at 12:00 noon in the W. M. Tokishi Training Center, which is located on NY-PUM Drive in Wellsboro, Pennsylvania. The purpose of this hearing is to inform the public and solicit stakeholder input.

Persons interested in attending these meetings should contact Nancy Clemens at 1873 Shumway Hill Road, Wellsboro, Pennsylvania 16901 or telephone (570) 724-5788/724-8834 (TDD).

If you are a person with a disability and desire to attend these meetings and require an auxiliary aid service or accommodation to participate, please contact Nancy Clemens at the above address or telephone number.

PROOF OF PUBLICATION

Name of the newspaper of general circulation is:

WELLSBORO GAZETTE

Its place of business is Wellsboro, Tioga County
Pennsylvania

The same was established in 1874

Legal Notice - Public Notice

a copy of which is hereto attached, was published in issues of said

newspaper(s) of May 3rd & May 10th, 2018

STATE OF PENNSYLVANIA, TIOGA COUNTY, ss:

Personally appeared before me, Natalie Kennedy, who being duly sworn according to law deposes and says that she is the Managing Editor of the above mentioned THE WELLSBORO GAZETTE a weekly newspaper published in Wellsboro, Tioga County, Pennsylvania. That your affiant is not interested in the subject matter of the above advertisement, and that all of the allegations of the statement as to time, place, character of publication are true.

Legals

**PUBLIC NOTICE /
PUBLIC HEARING**

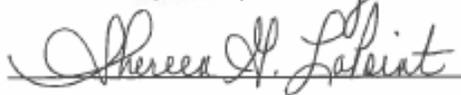
The Tioga County Department of Human Services Advisory Board meeting will be held on Wednesday, May 16, 2018 at 12:00 noon in the W. M. Tokish Training Center, which is located on NYPUM Drive in Wellsboro, Pennsylvania. During this meeting the Board will be hosting the second Public Hearing regarding the FY 2018/2019 Human Services Block Grant Plan. The purpose of this hearing is to inform the public and solicit stakeholder input.

Persons interested in attending these meetings should contact Nancy Clemens at 1873 Shumway Hill Road, Wellsboro, Pennsylvania 16901 or telephone (870) 724-5768/724-8634 (TDD).

If you see a person with a disability and desire to attend this meeting/public hearing and require an auxiliary aid service or accommodation to participate, please contact Nancy Clemens at the above address or telephone number.



Sworn and subscribed before me this 16th day of May, 2018



Commonwealth of Pennsylvania

NOTARIAL SEAL
Sharon G. LaPoint, Notary Public
City of Wellsboro, Tioga County
My Commission Expires 07/21/2021

Tioga County Department of Human Services
Public Hearing for the 2018/19 Human
Services and Supports Proposals
April 11, 2017

12:00 Noon

Attendance: Debbie Borden, Commissioner Roger Bunn, Nancy Clemens – Administrator for TCDHS, Marcie Reese – SAM, Inc, Sara Rice – Administrative Officer, Kristie Schuster - BHARP, Sue Sticklin, Seth Watkins, Patrick Deitrick, Marlea Hoyt, Becky Deremer, Kaitlyn Hoeflein, Sue Sticklin, Peter, McEnroy, Ashley Wagner, Peggy Dunning Smith – Contract Manager for SAM, Inc, Tom Foley

Call to Order: Administrator Nancy Clemens called the meeting to order, and asked everyone to introduce themselves. She then stated that the purpose of the meeting was to review the FY 2018/19 Human Services and Supports Program proposals. Then the Proposals will be given to the Commissioners for their review and approvals.

Tom Foley, from the Family Services Association, Helpline, PA 211, presented his request. The PA 211 line is available 24/7 for anyone with a concern. It has been in operation since 1972. A new program in 33 counties is the continuum of care. An intake is taken and then referrals are made to the proper agencies or programs. The call volume fluctuates. There is a need for 1 ½ people to work on their data base to ensure that it is up-to-date with the correct information. The Association has received a grant for this person, and, once the database has been updated, would like to bring the person here to verify information. The request from Human Services and Supports Program is for \$4700 to continue the existing programs.

Patrick Deitrick, from TREHAB, presented next. He represents the Community Services branch of TREHAB. They have a program in place with UGI Natural Gas CAP to provide assistance to low income people. They are able to provide money to cancel shut-offs. The money provided goes to pay arrears. A person can be on the program for three years. If a person's income qualifies, they can get a lower budget. It also has a security deposit waiver program, if the person qualifies for CAP. An operation share grant for people with a slightly higher incomes to receive \$400. Wellsboro has a \$1 contribution program. That is a \$500 grant. Also do a FEMAP program which allows someone to take out a second mortgage to get caught up. TREHAB is asking for \$6000 for administrative expenses.

Ashley Wagner, from Partners in Progress, presented her request for Camp Partners. This is the 20th year that the Camp has operated. It is an inclusion camp which means that disabled children, as well as non-disabled children, attend this camp. The ages include five to 21, if the child still is in school. There is an educational component completed every day. Campers help each other with the activities. Each year has a particular theme, and this year the theme is "Welcome to the Jungle". The camp manager is a certified special education teacher. There are also physical activities, called Fit For Life, planned each day. There are logistical challenges this year as the program had to move to a church in Mansfield. The current building is being renovated. There is a concern in walking to the pool because of having to cross Route 6, and the intersection by the high school. PIP is asking for \$8600 for transportation costs. Children will have to be bussed from Wellsboro to Mansfield, and probably to the pool. They contract with a local bus agency.

Question – how many children are transported? Last year there were 84 campers, approximately 30 to 35 each day. A majority of the students of those required transportation. Question – are most of the children disabled? It has varied over the years. There are quite a few groups of siblings.

Marlea Hoyt, from Area Agency on Aging, is requesting funding for the Meals on Wheels Endless Mountains program. Meals on Wheels stresses good nutrition for older adults, who tend to not eat properly due to lack of funds or resource. Marlea said they are asking for \$18,000. Over the last couple of years, the program has found food insecurity. The Department of Agriculture has defined food insecurity as individuals who have limited access to nutritious foods. With the Meals on Wheels program they have to meet 1/3 of the daily allowance. Meals are provided seven days a week, including holidays. Drivers are also trained to identify any health or safety concerns that might be in the home, such as someone living there that shouldn't be; that people are healthy, etc. Last year, 24 individuals in Tioga County were served, with over 2700 meals provided. The meal program continues to grow. Good nutrition reduces doctor visits, and hospital admissions. Question – do you have the numbers for those served in Tioga County? In FY 16/17, almost 45000 meals were served to 329 individuals participating in Tioga County. For the four counties, it was almost 158,000 meals. Question – do you know how much the drivers have been paid? As of 9/17, drivers were paid \$8600 for mileage, just in Tioga County. The drivers are reimbursed \$.50 per mile. There are 24 drivers in Tioga County. Question – can the drivers forego the reimbursement if they want? Yes. Marlea said they are always in need of drivers. Drivers have to go through a screening process.

Sue Sticklin, from Tioga County Partnership for Community Health, stated that she is asking \$5,000 to maintain the Comprehensive Resource Directory for Tioga County. It was established from funding for the Quality of Life Community Survey that was completed with ACT 13 funds. The Survey indicated that people wanted an up-to-date local online resource directory. The information is on the Partnerships website, but can be printed if needed. The website is updated constantly. If anyone wishes to have items added, or deleted, there is a box on the side to enter the information and it goes to Staci. The site averages 2000 hit. The top five hits are the community, education, C&Y, MH and then disability. Based on the average number of units, 24000 over the next year. Total anticipated income is \$.27 per hit.

Kate Hoeflein, from Big Brothers/Big Sisters, reported that the program is a community based mentoring program, as is the school based Big Buddy program. This is the 27th year as a BB/BS affiliate. The head office is in Bradford County. The program started in 16/17 for Tioga County, and the reception since then has been great. An advisory board, which has 13 members, has been started. A community based program, called Bigs in Blue, is an offshoot of the traditional program. The traditional program is for adults to mentor, one-to-one, same gender child. It is for at-risk children, which could be defined as simply not having a positive role model in their life. Many participants are low income with a single parent. There are ten matches in Tioga County. The program involves law enforcement. There are eight law enforcement officers in the program. Right now the focus has been in Wellsboro, but also in Blossburg and Westfield. The schools like this program for the added benefit of having an officer present, even if the officer is not on duty. It provides a better rapport with all the children. The Big Buddy expanded its mentoring program in 2017, which is a high school student (grades 7 through 12)

mentoring an elementary student. They get together once a week. There is a need for a full-time person to manage. As of this fall, there will be a Big Buddy program in three high schools. They are in the process of advertising and hiring for a school based case manager. Those areas that don't have high schools are offering the law enforcement officers as Big Buddy's. The Dean of Students at Mansfield University has met with them to start a BB/BS club this coming fall. Matches won't be made with MU until the fall. There are ten matches in the community and 42 in the schools. In FY 18/19 the goal is to grow to 90 school matches and 25 in the community. The BB/BS system is an evidenced-based model. The outcomes from the PA Youth Survey show that the three highest risks, identified from the survey, are Perceived Risk of Drug Use (46.7% of students at risk), Low Commitment Toward School (45.5% at risk), and Parental Attitudes Favorable Toward Antisocial Behaviors (44.2% at risk). Overall, there are great gains in grades in school, an increase in confidence and in relationships with parents and guardians. Conceptually, it is a very simple program – literally just giving them a friend. There is an advisory board meeting tonight; please feel free to attend. There will be a bowling fundraiser in Mansfield on 27th. Also a school event the same day to get them all involved. They are requesting \$20,000 to cover the 120 community and 25 school matches. Questions – do officers go to the schools in uniforms? Yes. Question – does this make the children afraid? There is some of that. When they get together outside of school, they aren't in uniform. So hopefully they will realize this is just their job. The school is excited to have their presence there, since they don't have funding for officers. Question – what about the National Guard assisting? Kate said they hadn't thought about that.

Nancy stated that the proposals will be summarized and given to the commissioners for their review.

Meeting closed at 1:00.

Nancy Clemens
Tioga County Dept. of Human Services
Administrator

TCDHS
Advisory Board

May 16, 2018 - 12:00 noon
Sign-In Sheet

Name:	Please initial:	E-mail Address (Please print)
Bernard, Mike		
Bodine, Jim		
Borden, Debbie	DBB	
Bunn, Roger, Commissioner	RFB	
Clark, Barry		
Clemens, Nancy	✓	
Coolidge, Erick, Commissioner		
Eckman, Jack		
Hamilton, Mark, Commissioner	MH	
Harmon, Jen		
Hartman, Lori		
Haver, Nan		
Kelly, Barb	BK	
Kyle, Doris		
McBride, Tim	TM	
Palmer, Jane		
Reese, Marcie	MR	
Rice, Sara	SR	
Riehl, Patty		
Roof, Laurie		
Schu, Jim		
Schuster, Kristi		
Stager, David		
Sticklin, Sue	SP	
Watkins, Seth	SW	
Wheeler, Katie		
Williams, Derek		
Wirth, Bob		
Visitors:		
Jen Bowen	JB	jbowen@concern4kids.org

**Tioga County Department
of Human Services
Advisory Board
May 16, 2018
12:00 Noon**

Attendance (In bold): Debbie Borden, Jen Bowen, Commissioner Roger Bunn, Nancy Clemens, Commissioner Mark Hamilton, Barbara Kelly, Tim McBride, Marcie Reese, Sara Rice, Sue Sticklin, Seth Watkins

Call to Order: Chairman Barbara Kelly called the meeting to order with the Pledge of Allegiance and a moment of silence.

Tioga County Advisory Board

Secretary's Report: Barbara

Tim/Seth made a motion to accept the minutes as presented. Motion carried.

Treasurer's Report: Nancy

The beginning balance was \$9786.81. The Child Abuse Event was in April, which accounted for the large number of transactions for the month. The ending balance was \$9,633.34. The balance in the child abuse fund is \$7,610; the rest belongs to the Advisory Board. People at the event were very generous in their donations and asked for the event to be done again next year. Tim/Seth made a motion to accept the report. Motion carried.

HSBG Proposal: Marcie/Nancy

This is the second public hearing for the Human Services Block Grant. Nancy commended Marcie for doing most of the work on the document. There isn't a lot new from last year, just trying to improve on the programs that already exist. Marcie said there is a common theme throughout: system transformation and transitional housing. Populations that have major issues are transition youth that are 18 to 26; and adults with MH illness that have problems with housing. These two issues appear in the MH, ID, C&Y and HSS portions of the Block Grant. Marcie said the Department is also looking at starting a Diversion Program, which is designed to keep folks with mental illness out of jail. CJAB and its Stepping-up Subcommittee have spearheaded that. Comment – it's hard to work with some of these people. It's a disability you can't see. The amount of monies is about the same as in the past; some has moved from one area to another.

Old Business:

- Carl Dawson – Nancy

Carl Dawson is returning on July 12 and 13. July 12th will be a Community Day, 9 am to 4 pm, with his speaking on the Scientific Basis for Treatment and Recovery. On the 13th, there will be three focus groups: educators and students; law enforcement and government officials, and treatment providers and people in the recovery community. Thanks to Sue who is assisting with getting money from Shell for this presentation.

- By-Laws Changes – Nancy

The changes have been completed, so the Advisory Board will only meet quarterly. The Drug & Alcohol Council meets monthly with the Opioid Council. This has been a very good match. Question – what is the status of Project Bald Eagle? Nancy stated that the

director had personal issues which tarnished the Project. There was a lot of duplication with the project and providers. Nancy said that there is a need to better coordinate efforts.

- Person Driven Clinical Solutions (PDCS) – Nancy/Marcie

Marcie referenced this earlier. TCDHS is contracting with a company whose focus is on involvement, planning and implementation of services with the clientele, to make an effort to address whatever they are experiencing. Erin Butters has been hired for this position. She will serve as a consultant for individual cases and across the board. She will assist with changing our culture. She will also manage a caseload of exceptionally difficult cases. Since this idea started, the state changed service definitions in the ID world. In the ID world, they require behavioral specialist to be available to residential providers. There wasn't enough need in Tioga County for a provider. Martha Lloyd has sub-contracted with this company as well. They have set up a fee-for-service system. A referral has already been made and will start Monday. Erin's training will start on Monday.

New Business:

- C&Y Transition – Nancy/Marcie

In 2014 the vast majority of service staff transferred to SAM, Inc. At that time, the commissioners wished to transfer the C&Y staff also, but the state said that wasn't allowed per regulations. Since then, the state has changed their understanding of regulations. So the ongoing and placement case management staff will be transitioning to SAM, Inc., hopefully by July 1st. Staff has been notified in the decision making process. The Department is working with the Court on the process also. Commissioner Bunn commended Nancy, staff, and SAM, Inc. He said it was their intention, initially, to transition as many staff as possible. This is just another step in that process. He said that Nancy has vetted this process. Commissioner Hamilton commended Marcie, and the SAM, Inc. staff, for working with the State so we could get to where we are now. Nancy stated that we would be as transparent as possible. A lot of counties are going in this direction. Question – what was the logic of the state to not move C&Y in the first place? Statutorily, when you infringe on the civil rights of your citizens, and raising children is one of those basic civil rights, a government employee has to sign off on certain things. That includes a government petition to remove a child from a home, and the actual removal of a child from a home. The state is now willing to say that only the initial touch needs to be County employees.

- MH Month Update – Marcie

May is MH Awareness month – theme is A Healthy You. On the 17th, at St James at the Drop-In Center, the event is “Light the Walk with Hope”. There will be luminary bags set around the walks. It is to encourage you to say goodbye to a dream, a situation, a person that is no longer there. It is for closure. On the 18th, the Mental Health Program and Consumer Supports Program are providing a picnic for individuals and providers we serve. At the Drop-In Center, on the 19th, there is a MH Awareness Walk from St. James through Mansfield and back. There will be food and presentations afterwards. At the end of the month is Recovery in the Sticks. CCBH is sponsoring an event in Elk County. A bus will pick up participants in the Tops parking lot or at the bowling alley.

- C&Y Licensing – Nancy

The OCYF will be here the end of June to audit C&Y. It is a yearly inspection. It is always a stressful time for staff. It will be more interesting at this time with some getting ready to transition to SAM. Question – as you are transitioning to SAM, how will that affect the C&Y monitoring? Nancy said that a policy is being drafted for monitoring.

There is a lot of monitoring behind the scenes, but nothing written down. Sara is being trained as a C&Y professional. There will be monitoring steps in place for guaranteed quality assurance and guaranteed client touches. SAM's contract is performance based. There will be numbers reported to the commissioners, so they can sign off that they are monitoring as well. Also, SAM won't have the C&Y records; those will still belong to the County. The state will have access to the data, regardless of who enters the data. Placement and service decisions will still be made by County employees.

- Transitional Housing – Nancy/Marcie

A roadblock for helping our clients become productive consumers is the lack of transitional housing. Meetings have been held with providers to discuss the transitional housing issue. A goal of this program is to have housing available so folks won't have to go to jail or remain in placement. The Department's Housing Coordinator is working toward this goal also. The biggest barrier is that it is often difficult for consumers to function on their own when they get in the community. They often get bored; they don't take their meds; they start roaming the community, etc.

- IDD FY Rollovers – Marcie/Sara

Sara said they are in the process of making sure that the IDD services continue into the new fiscal year, which starts 7/1/18. Services are pre-authorized now, so that, hopefully, there won't be any interruption in what consumers need. Marcie said they just received a spreadsheet from the state that has the list of providers on it for consumers. The state has a contract out for the vendors/fiscal, and Marcie said they were asked to wait in case those changed. Question – do you have a lot of those – vendors/fiscal? On the state vendor side, we do not. On the agency of choice, we do have – the newer folks are choosing that.

- RT Renovations – Nancy/Marcie

The Department received a grant to renovate the Residential Treatment House to make it ADA accessible. Work was done on the bathroom, the doorway, the parking lot, new roof, the walkway, etc. – practically a new home. There will be an Open House. It will make the experience better for the kids. It will also make the Residential Program more marketable. Question – how many are housed there? Nancy said there are currently eight, but 12 is the capacity.

Department Updates – Nancy/Marcie

See the charts: Update on the client accounts. We've been trending fairly steady since last meeting. Family engagement – concurrent planning meetings - gray line is going up. Almost immediately when a family is involved in services, everyone gets to the table as soon as possible so a plan can be put into place. This includes family members and providers.

C&Y caseworker turnover is stands at 34%. Hopefully, SAM's turnover rate will be much lower than the County's. This has proved consistent since July 1, 2017.

The CPS investigations are always all over the charts. It will interesting in a couple years to see what the trend will be. Seems to be trending higher now. The spring months seem to be higher. It may be because teachers won't be seeing students for several months, so they are on the alert more.

Tim/Seth made a motion to close the meeting at 12:30 p.m. Motion carried.

August 8th meeting will be the Public Hearing for the Needs Based Plan.

Submitted by,

Jack Eckman
Secretary
Tioga County Advisory Board

Nancy Clemens
Tioga County Dept. of Human Services
Administrator

Attachment 2
24-Hour Emergency Response Plan

Administrative Entity
Tioga County

Policy: Emergency Services

Date: 6-1-2016

Revised:

Background:

- Article III, Section 301 (d) (4) of the Mental Health and Intellectual Disability Act of 1966, states it shall be the duty of local authorities to insure that Emergency Services twenty-four hours per day shall be provided by, or available within at least one of the types of services specified in this paragraph. The services specified in paragraph (5) are: Short-term inpatient services other than those provided by the State, Outpatient services, Partial hospitalization services, Consultation and education services to professional personnel and community agencies, Aftercare services for persons released from State and County facilities, Interim care of Intellectually Disabled individuals who have been removed from their homes and who having been accepted, are awaiting admission to a State operated facility, Unified procedures for intake for all County services and a central place providing referral services and information.

Policy:

The Administrative Entity will ensure that that at least one of the types of services identified above are available twenty-four hours per day.

Procedure:

- Upon enrollment in to the ID Program and assignment of an SCO, the individual is provided with the SCO's Urgent Need phone number that is available after normal business hours and on weekends.
- Each Fiscal Year, the AE provides a cell phone number to all providers, the Base Service Unit, the Single County Authority and Children and Youth. This number can be used after normal business hours or on weekends.
- If an emergency arises, the SCO is contacted by the individual, their family, the provider or the AE. The SCO will complete an assessment to identify the emergent need.
- The AE, SCO, individual, family and the provider will work together to set up an emergency plan for the individual to ensure their health, welfare and safety. Tioga AE has set aside base funding for emergency situations and will authorize access after normal business hours or weekends if necessary.
- The emergency plan will remain in effect until the next business day, at which time the case will be reviewed by the individuals team and a determination will be made as to whether or not the current emergency plan needs to remain in effect or if a new plan needs to be put into place.

References:

- MH/ID Act of 1966

Appendix C

FY 18/19 Block Grant Budget

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

County:	1.	2.	3.	4.	5.	6.
Tioga	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	87	11352 FED	\$ 143,747		\$ 9,250	
Administrator's Office		INCLUDES CASSP	\$ 92,244		\$ 6,444	\$ 31,312
Adult Developmental Training						
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment	4		\$ 121,551		\$ 8,489	
Community Residential Services	1		\$ 1,496		\$ 104	
Community Services	2	SAP, DCORT, NAMI	\$ 31,780		\$ 2,220	
Consumer-Driven Services						
Emergency Services	25		\$ 60,756		\$ 4,245	
Facility Based Vocational Rehabilitation	10	7500 FED	\$ 120,604		\$ 7,907	
Family Based Mental Health Services						
Family Support Services	9		\$ 12,151		\$ 849	
Housing Support Services	13		\$ 13,348		\$ 933	\$ 9,219
Mental Health Crisis Intervention	46		\$ 26,172		\$ 1,828	
Other						
Outpatient	3		\$ 84,123		\$ 5,877	
Partial Hospitalization						
Peer Support Services	7		\$ 14,488		\$ 1,012	
Psychiatric Inpatient Hospitalization						
Psychiatric Rehabilitation	18		\$ 78,047		\$ 5,453	
Social Rehabilitation Services	21	48440 FED	\$ 121,870		\$ 5,130	
Targeted Case Management	39		\$ 58,886		\$ 4,114	
Transitional and Community Integration	71		\$ 102,817		\$ 7,183	
TOTAL MENTAL HEALTH SERVICES	356	\$ 1,335,649	\$ 1,084,080	\$ -	\$ 71,038	\$ 40,531
INTELLECTUAL DISABILITIES SERVICES						
Administrator's Office		IM4Q 212473	\$ 481,411		\$ 18,789	
Case Management	46		\$ 30,845		\$ 2,155	
Community-Based Services	40	15038 FED	\$ 228,114		\$ 14,886	
Community Residential Services	1		\$ 8,412		\$ 588	
Other	10		\$ 9,343		\$ 653	
TOTAL INTELLECTUAL DISABILITIES SERVICES	97	\$ 1,048,558	\$ 758,125	\$ -	\$ 37,071	\$ -

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

County:	1.	2.	3.	4.	5.	6.
Tioga	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	95		\$ 160,492		\$ 11,212	\$ 14,296
Case Management						
Rental Assistance						
Emergency Shelter						
Other Housing Supports						
Administration			\$ 17,759		\$ 1,241	
TOTAL HOMELESS ASSISTANCE SERVICES	95	\$ 103,031	\$ 178,251		\$ 12,453	\$ 14,296
SUBSTANCE USE DISORDER SERVICES						
Case/Care Management	63		\$ 125,250		\$ 8,750	
Inpatient Hospital						
Inpatient Non-Hospital	17		\$ 28,041		\$ 1,959	
Medication Assisted Therapy						
Other Intervention						
Outpatient/Intensive Outpatient	16		\$ 7,945		\$ 555	
Partial Hospitalization						
Prevention						
Recovery Support Services						
Administration			\$ 11,216		\$ 784	
TOTAL SUBSTANCE USE DISORDER SERVICES	96	\$ 122,188	\$ 172,452	\$ -	\$ 12,048	\$ -
HUMAN SERVICES DEVELOPMENT FUND						
Adult Services	170		\$ 4,673		\$ 327	
Aging Services	15		\$ 16,825		\$ 1,175	
Children and Youth Services	50		\$ 18,694		\$ 1,306	
Generic Services	772		\$ 132,820		\$ 9,279	
Specialized Services	366		\$ 259,857		\$ 18,154	
Interagency Coordination			\$ 14,020		\$ 980	
Administration			\$ 19,629		\$ 1,371	
TOTAL HUMAN SERVICES DEVELOPMENT FUND	1,373	\$ 50,000	\$ 466,518		\$ 32,592	\$ -
GRAND TOTAL	2,017	\$ 2,659,426	\$ 2,659,426	\$ -	\$ 165,202	\$ 54,827