

Appendix A
Fiscal Year 2018-2019

COUNTY HUMAN SERVICES PLAN
ASSURANCE OF COMPLIANCE

COUNTY OF: Wayne

- 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>	
	BRIAN W. SMITH	Date: 6-14-18
	Wendell R. Kay	Date: 6-14-18
	Joseph W. Adams	Date: 6-14-18

WAYNE COUNTY HUMAN SERVICES PLAN - SFY 2018-2019

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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.**

The HSA has created a Quality Council. Its membership reflects representation from consumers and/or their family members, local officials, all county and community social services agencies, the county's only hospital, housing entities, schools, private businesses, justice/law enforcement entities, the medical community and others. The meetings are advertised, and the public is encouraged to attend. It is a leadership team for the PWHSBG Grant as well as for other initiatives. The PWHSBG Leadership Team resides in the Quality Council. The Council membership/representation and a list of standing subcommittees may be found in Part II – Public Hearing of this document which lists name and association, (and also lists the signatures of those in attendance at one of our two public hearings).

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

Council members work together to address social services issues in the community. The Human Services Quality Council meets quarterly. It enjoys large and enthusiastic attendance. This Council also serves as the Block Grant Leadership Team and therefore provides an opportunity to contribute ideas, reflections, alternate views, etc. on a regular basis – not just once a year, at “Block Grant time.” This work is carried on between ‘regular’ meetings through the Council's subcommittees and their work. The Council has numerous subcommittees that meet continuously throughout the year, and much of their work is done by these smaller groups who focus exclusively on an issue. The subcommittees' deliberations are presented and discussed at full Council where discussion is held and consensus is sought on ideas and subsequent actions. In this way they inform the decisions that move the Council's efforts forward.

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

In addition to members of all advisory boards being a part of Quality Council, discussion and planning relative to the needs of the community and the block grant by principals who report to these advisory bodies as adjuncts to administration and service delivery. These advisory bodies include those serving: Area Agency on Aging, Children and Youth, Behavioral Health/Intellectual Disabilities (ID)/ Early Intervention (EI), Drug & Alcohol Commission, System of Care (SoC), Local Housing Option Team (LHOT), Wayne County Transportation System, and the Wayne County Pantry System.

- 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.)**

The County's philosophy and operating culture reflects fidelity to state and federal requirements and consistency with regulations thereof. Service to consumers is delivered in the most appropriate and least restrictive venue while meeting each consumer's unique and individuals needs to the extent that funding is available. Our view is that most individuals/families are best served and have the greatest opportunity for independence and success, in their homes and communities, where familiar environment, family, friends and other community supports are available. However, the county also recognizes that, for some

consumers, health and safety factors, and/or their specialized needs, and an out-of-home temporary placement in an institutional or community setting may be an alternative for the consumer's safety and/or that of the community. Activities reflecting the county's commitment to these beliefs are as follows: (a) the County purchased a facility to house those with serious mental illness (SMI) either returning to the community from a State hospital placement, or being diverted from same. This project also includes 24/7 staff who provide mentorship, redirection, supported living services, and other transitional living services.

5. **Please list any substantial programmatic and/or funding changes being made as a result of last year's outcomes.**
 - **Transitional Living Housing for those with Serious Mental Illness:** During the past fiscal year, the County was unable to secure reasonable bids for renovation of a county owned building to serve consumers with SMI. County government purchased another building for use by the HSA to house SMI. Wayne County was able to apply HSBG carryover funds to renovate the newly purchased building, but carry over funds (if any) as well as additional funds from SFY 18-19 are expected to be applied in completing the project which overall, is significantly less expensive than the original project. In addition, and as available funds allow, monetary investment in the expansion of physical space will also be required to accommodate additional staff.
 - **Mental Health Crisis Services:** In spite of a rate increase provided by the BH MCO to the sole provider in this rural county for this mandated service, Base costs have significantly increased. This is further detailed in the Mental Health portion of this document.
 - **County Vehicle Rental Program:** County government has elected to enter into a program to replace county owned vehicles (which includes those originally purchased through HSBG grant funding) with five year rental vehicles. This was done to (a) assure that vehicles were safe and running efficiently; and (b) reduce the maintenance cost of the owned vehicles as they aged. However, the leasing arrangements have raised annual operating costs among the HSA's units in that monthly rental costs have accelerated as county owned cars are replaced. Within several years, rental costs will exceed \$80,000 annually.
 - **County Drug Treatment Court:** During SFY 17-18, the Wayne County Court has created a Drug Court. The Wayne County SCA has been an essential partner with the court and its system in the development and implementation of the Drug Court initiative. The initiative has been successful, exceeding its goals in the first year. The impact on various D&A service staff has been significant in time and effort, resulting in increased case load and reporting requirements, while trying to maintain services to community consumers. For this reason, one additional FTE staff is required for the SCA to redirect eligible substance abuse users to productive lives.
 - **Long Term Structured Residence (LTSR):** In the past eleven (11) years, Wayne County has devoted considerable and often unique efforts to integrate consumers residing at Clarks Summit State Hospital (CSSH) into the community. However, given the symptomology and behaviors of those Wayne County individuals remaining as CSSH, community based living resources currently available are not able to keep staff, consumers or the community safe. This requires additional resource investment, together with neighboring counties, in the creation of an LTSR to safely integrate remaining consumers from CSSH into the region. This is further detailed in the Mental Health portion of this document.
 - **Fraud, Waste and Abuse (FWA):** More detailed and stringent requirements generated from federal and state regulators and funders have put added strain on current available staff time. This has resulted in increasing expenses in both monetary and staff resources in terms of quality assurance programmatic and fiscal personnel, with no access to additional financial resources available from state sources. Considering this is a rural county of about 50,000

persons, and without any major corporate resources located within the county, it is difficult to raise this additional funding through private or local public resources. The result is that direct service dollars are constantly being diverted to accommodate FWA resulting in the County directing its limited resources to fewer and fewer clients whose issues are most critical, at crisis stages, most difficult and costly to address in an effort to support their remaining in the community. Residents whose needs are considered less than critical, but still of high priority at any given moment, have to wait for service or accept lesser amounts/ alternative service until their needs rise to 'critical/crisis'. **Coordinated Screening/Intake for county services offices and Integrated Case Management oversight:** Wayne County, through its Human Services Agency (HSA) provides an increasingly broad range of services social service agencies at various buildings in the County seat. At the same time, the number of clients concurrently involved with multiple agencies is also increasing. These circumstances present the following challenges: (a) clients give basic and other information multiple times to multiple agencies; (b) There are multiple service plans for the client, which are not always coordinated; (c) clients give conflicting information to various agencies; (d) various agencies' staff are focused on their agency's rules and perspectives. Consistent with the philosophy of CASSP, Systems of Care, and FGDM, it is the County's intent to continue with its project to: (a) continue the development of a common screening tool to eliminate the gathering of redundant information and to prevent error; and (b) create one integrated service plan developed by consumers with the assistance of all agency staff such that all partners in the effort would commit to a given role(s). This process **would apply to adults** as well as children. Practical application would be overseen and implemented by a staff coordinator reporting to the HSA Administrator. (See details in Interagency Coordination Section.)

- **Trauma Informed Care:** The HSA has, primarily through its participation with CCBH in the BHARP System of Care Grant, concentrated on building sensitivity of staff in approaching and actively listening to consumers. Though the training is expensive and akin to a college based course, HSA has continued to expose its workers to training in this evidence-based program for the past two years, with the goal of achieving 100% exposure to this training. Since the cost of the training (primarily borne by the SoC grant) the HSA has directed resources to a "Train the Trainer" nine-session course over several months, such that training can continue in SFY 18-19 and in the future. (See more detail in Interagency Coordination Section.)

Difficulty in recruiting and retaining Staff: The HSA faces an increasing challenge in this regard, given: (a) the increasing programmatic, fiscal and systematic accountability requirements; (b) the fact that the historic lows in the rate of unemployment is putting pressure on what available labor force is 'out there' (c) the lack of sufficient funding to attract and maintain highly educated, and even non-professional staff, given shrinking labor availability. In addition, the plethora of changes and new or additional requirements demand constant training of personnel at all levels. It takes an initial training investment of one to three years, depending on the job function, to adequately bring someone 'fully up to speed.' In some cases there is already staff turn-over before this occurs, while other already overwhelmed staff constantly has to 'cover'.

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.

The News Eagle

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• **Fax Numbers**
(570) 226-4548
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(570) 296-4548

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PAID APR 12 2018

MICHELLE FLEECE

Being duly sworn, according to law, deposes and says that SHE is PUBLISHER of THE NEWS EAGLE, a newspaper of general circulation, established in 1956, and published twice weekly in the Borough of Hawley, Wayne County, Pennsylvania; and that the advertising notice hereto annexed was published in said newspaper on the following dates:

2/28, 3/3

And the affiant further declares that he is not interested in the subject matter of the notice, and that all of the allegations as to the time, place and character of publications are true and correct.

NOTICE
Wayne County, through its County Human Services Agency, is seeking input and comments for the Wayne County Human Services Block Grant Plan (SFY 2018-2019), funded by the PA Department of Welfare. The public is invited to attend public hearings that are being held Thursday, March 8th at 11:30 am in the Park Street cafeteria meeting room, at 648 Park Street, Honesdale, and on Friday, May 25th at 4:00 pm at the Wayne County Area Agency on Aging, 323 Tenth Street, Honesdale.

Michelle Fleece

Sworn to and subscribed before me this 3 day of MARCH 2018

Janice Klinkiewicz

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Janice Klinkiewicz, Notary Public
Honesdale Boro, Wayne County
My Commission Expires June 28, 2021

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

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MICHELLE FLEECE

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5/12, 5/19

And the affiant further declares that he is not interested in the subject matter of the notice, and that all of the allegations as to the time, place and character of publications are true and correct.

Janice Klunkewy
Sworn to and subscribed before me
this 19 day
of May 2018
Janice Klunkewy

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Janice Klunkewy, Notary Public
Honesdale Boro, Wayne County
My Comm. Exp. June 23, 2021
MEMBER PENNSYLVANIA ASSOCIATION OF NOTARIES

COPY

**WAYNE COUNTY
PENNSYLVANIA**

MICHELLE FLEECE

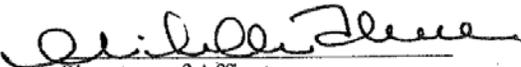
Being duly sworn, according to law,
deposes and says that she is

PUBLISHER

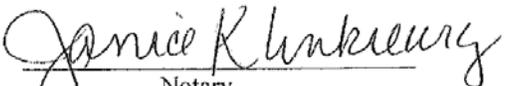
of **THE WAYNE INDEPENDENT**
a newspaper of general circulation,
established in 1878, and published
daily in the Borough of Honesdale,
Wayne County, Pennsylvania; and
that the notice hereto annexed was
published in said newspaper on the
following dates:

5/4, 5/22

and that the affiant further declares
that she is not interested in the
subject matter of the notice and that
all of the allegations as to the time,
place and character of publication
are true and correct.


Signature of Affiant

Sworn and subscribed before me this
22 Day of MAY 2018


Notary

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dale.

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Janice Klinkiewicz, Notary Public
Honesdale Boro, Wayne County
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MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

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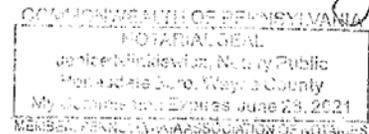
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this 19 day
of May 2018
Janice Klunkewy



Wayne County Human Services Quality Council March 8, 2018 Meeting Agenda

1. Welcome
2. Block Grant Public Meeting
Andrea C. Whyte, Wayne County Human Services Director
3. Commissioner's Report
Commissioner Wendell R. Kay
4. PA Able – A Savings Plan for People with Disabilities
Diana Fishlock,
Field Representative in the PA Treasury Department's Bureau of Savings Program
5. Community of Practice
Faith Phillips and Alison Kandrovoy
6. Quality Management
Independent Monitoring for Quality
Life Course
Traci E. Hall and Administrative Entity Staff
AE Behavioral and Developmental Programs and Early Intervention
7. Agency Updates

Questions/Discussion/Suggestions

Next Quality Council meeting scheduled for Thursday, June 14, 2018
11:15 am – 1:00 pm

Wayne County Human Services Quality Council Meeting
Action Plan for March 8, 2018 Meeting

Attendees: Sign-in sheet attached

Block Grant Public Meeting – presented by Andrea C. Whyte, Wayne County Human Services Director

Wayne County joined our own agencies in one county; not so much division to better serve our clients when in crisis. Block Grant is due June or early July. Mrs. Whyte asked what members feel can be done to better serve our clients.

Is it difficult to do our jobs? What resources are needed?

COMMENTS:

Pat Jennings - *Lack of mental health services for young children.* Psychiatric physicians are needed along with medications. NHS always has a waiting list. Not enough resources for children with mental health needs.

Natalie Burns (CYS) - *Outpatient, BHRS services* are difficult to find. Our local hospital is trying to obtain psychiatric doctors. Emergency Room – 2 days after being admitted, a client in crisis was still waiting to be seen as well as a physical need. Lack of available beds.

PeerStar - *Qualified Child Care* – for those who work weekend jobs and have younger children. This issue has been raised before, along with affordable child care.

Larisa Yusko, SHARE Housing Counselor – *EARN Program* – very good.

Jeff Zerechak (Drug & Alcohol) – securing parental permission for children is a problem. Need a place for clients to recover. Placement for people with physical problems is a challenge.

Transportation – staff would have to be paid throughout the night for one or two people who need transportation on weekends or after hours.

Housing – homelessness is still a worry/problem in Wayne County.

Transitional Age Youth - Totally unprepared for adult life. The Wayne County Employment Coalition is dedicated to helping institute the need and help warranted within our school districts.

No support for children after 3 years of age. Children will fall off the edge.

Professionals from other counties do not get paid for travel time from one county to another.

Foster Homes – in desperate need of therapeutic homes.

<p>Over \$200,000.00 has been brought in to assist with housing projects since applying for the Block Grant.</p> <p><i>Project Search</i> – coming to Wayne County in the very near future.</p> <p>Any other comments can be presented to Andrea Whyte by contacting her office at 570-253-4262. All comments will go into the body of the Block Grant. All were thanked for their comments and participation.</p>
<p>PA ABLE (Achieving A Better Life Experience) – A Savings Plan for People with Disabilities, presented by Diana Fishlock, Fie Representative in the PA Treasury Department’s Bureau of Savings Program.</p> <p>A chance to save, tax-free with a balance of not more than \$500,000 (do not receive SSI). With SSI can have \$100,000. If beyond this amount, dollars will be suspended but not terminated.</p> <p>30 states have set-up this Program. In January 2018 surpassed \$5 million in assets.</p> <p>Only one ABLE account nation-wide.</p> <p>Many other benefits were referenced. For further questions, inquiries contact INFO@PAABLE.gov or 1-855-529-ABLE (2253).</p>
<p>Commissioner Wendell R. Kay –</p> <p>Updated attendees on Wayne County, the County’s budget and the state.</p> <p>Unfunded Mandate - The county has incurred \$200,000.00 to sort through allegations regarding child abuse.</p> <p>Snow Storms for the 2018 season– never declared an emergency. A lot of cooperation from PPL and the National Guard. Wayne Memorial Hospital also collaborated with the county. Schools opened up as warming centers.</p> <p>Please contact Commissioner Wendell R. Kay if you have anything you’d like to discuss any of these issues or any other concerns or topics not discussed today.</p>
<p><i>Community of Practice</i></p> <p>Speakers, Faith Phillips, parent and Alison Kandrovny, parent</p> <p>Both explained how simple it is to follow the LifeCourse tool. This tool has become an important part of planning for their son’s future and easy to follow and implement in their lives.</p>
<p>Quality Management Report – presented by Traci Hall, Administrative Entity Program Specialist</p> <p>2nd Quarter Results - updated all on the status of the issues/incidents being tracked. Please contact Traci at 570-253-9200 if you would like additional information or have any suggestions.</p>
<p>Agency Updates – Providers attending announced their names and Agency and stated any update or upcoming events for their Agency</p>
<p>Margaret Ennis, Administrator, Wayne County Office of Behavioral and Developmental Programs and Early Intervention thanked all for attending and adjourned this meeting.</p>
<p>The next Quality Council meeting is scheduled for Thursday, June 14, 2018.</p>

Quality Council members

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Gail Learn
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Helen Kelly
Hilary Cousins
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James Chapman
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Jane Teeple
Janice Forosisky
Janine Edwards
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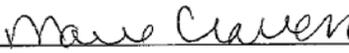
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Renee Chemin
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Richard Hnatko
Robin LoDolce
Ryan Loman
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Sandy Fofi
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Sandy Pelleschi
Sandy Rickard
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Sharon Whitebread
Shawn Lynn
Shelley Mihalik
Sherry Erhardt
Sheryl Popkin
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Stephen R. Nocilla
Sue Schlasta
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Wayne County Human Services Quality Council Meeting

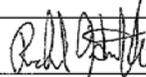
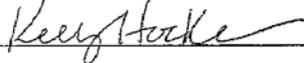
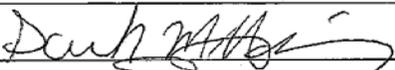
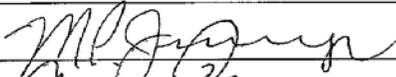
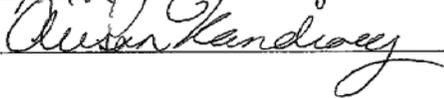
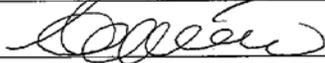
**March 8, 2018
 Sign-In Sheets**

<u>Name</u>	<u>Agency</u>	<u>Signature</u>
<u>Abdo, Kristen</u>	<u>Wayne County Office of BDP&EI</u>	
<u>Adams, Commissioner Joseph W.</u>	<u>Wayne County Commissioner</u>	
<u>Albright, Carl</u>	<u>Administrator, Wayne County Transportation</u>	Quality Council March 8, 2018 meeting Sign-In Sheets
<u>Altemier, Mandy</u>	<u>Wayne County Office of BDP&EI</u>	
<u>Alu, Nora</u>	<u>N. Campus Regional Coordinator</u>	
<u>Arnold, Jeanne</u>	<u>Wayne County Tick Illness Task Force</u>	
<u>Augello, Tina</u>	<u>Stephen's Pharmacy</u>	
<u>Bacinelli, Dr. Charles R.</u>	<u>Home Health Care Prof. & Hospice, Inc.</u>	
<u>Bannon, Randi</u>	<u>Victims' Intervention Program</u>	
<u>Barrera, Marsha</u>	<u>Wayne County Tick Task Force</u>	
<u>Bates, Kay</u>	<u>NHS</u>	
<u>Baynard, Lisa</u>	<u>The Advocacy Alliance</u>	
<u>Bembenic, Dennis</u>	<u>The Meadows Psychiatric Hospital</u>	
<u>Berrios, Laura</u>	<u>Caregivers America</u>	
<u>Black-Lafferty, Lisa</u>	<u>Devereux Foundation</u>	Lisa Black Lafferty

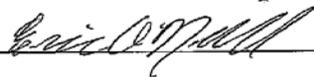
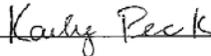
<u>Name</u>	<u>Agency</u>	<u>Signature</u>
Boettcher, Christina	Deputy of Advocacy & Community Services	
Burger, Cheryl	United Cerebral Palsy of NEPA	
Burke, Rozalyn	Wayne County Children & Youth Services	
Burton, Janet	United Cerebral Palsy	
Calachino, Stefanie	Wayne County Office of BDP&EI	
Campbell, Dr. Michael	Wayne Memorial Hospital	
Carney, Tracy	CCBH	
Cartwright, Cindy	Devereux Foundation	
Catania, Jennifer	Care for People Plus	
Chapman, James R.	Wayne County Adult Probation	
Chernin, Renee	Western Wayne School District	
Chieffallo, Lori	KidsPeace	
Chlebowski, Mary Jane	Human Resources Center, Inc.	
Cipelewski, Michael	The Salvation Army	
Cocodrill, Jamie	Victim's Intervention Program	
Cosgrove, Margie	HRC	
Constantini, Scott	PATH	
Cramer, Jocelyn	SEEDS	
Craven, Marie	ODP/Northeast Region	
Cummings, Ellen	Northeastern Educational Intermediate Unit	

<u>Name</u>	<u>Agency</u>	<u>Signature</u>
Cusoff, Andy	Step-By-Step	
Daniels, Allison	Human Resources Center, Inc.	<i>Alli Daniels</i>
Dauber, Jeff	Alzheimer's Association	
Dirlam, Lindsey	Wayne County Office of BDP&EI	
Dombrosky, Madge	NHS	
Dominguez, Rebecca	Community Care	
Donnini, Mel	Community Vocational Services	
Donnini, Tony	Wayne Highlands School District	
Donovan, Julie	Path To Change	
Dougherty, Charlene	OMHSAS, Scranton Office	
Doyle, Juliann	Wayne County Office of Human Services	
Drob, Sarah A.	United Cerebral Palsy of NEPA	
Duggan, Jen	Human Resources Center, Inc.	
Dusquette, Cheryl	Community Vocational Services	
Edwards, Dawn	Self Determination Housing Project	<i>Dawn Edwards</i>
Edwards, Janine	Wayne County District Attorney	
Edwards, Lauren	Friendship House	
Emmet, Kim	Community Vocational Services	
Ennis, Margaret	Administrator, Wayne County Office of BDP&EI	<i>attended</i>
Erb, Father Edward	Ministerium	

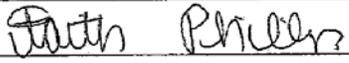
<u>Name</u>	<u>Agency</u>	<u>Signature</u>
<u>Ehrhardt, Gina</u>	<u>Representative Michael Peifer's Office</u>	
<u>Erhardt, Sherry</u>	<u>Wayne County Office of BDP&EI</u>	
<u>Fairburn, Sharon</u>	<u>The Advocacy Alliance</u>	
<u>Falzone, Sharon</u>	<u>The Advocacy Alliance</u>	
<u>Ferraro, Richard</u>	<u>Wayne County AAA</u>	
<u>Fitzsimmons, Mary</u>	<u>Human Resources Center</u>	
<u>Fletcher, Christine</u>	<u>Peerstar</u>	
<u>Follmer, Kim</u>	<u>Wayne County Office of BDP&EI</u>	
<u>Fonalledas, Theresa</u>	<u>Justice Works Youth Care</u>	
<u>Frable, Tanya L.</u>	<u>PA Elks Home Services</u>	<i>Tanya L. Frable, LSW</i>
<u>Frisch, Susie</u>	<u>Heroin Task Force</u>	
<u>Fritz, Mary</u>	<u>Wayne County Public Library</u>	
<u>Gaynord, Lisa</u>	<u>The Advocacy Alliance</u>	<i>Lisa Gaynord</i>
<u>Gehrig, Laurel</u>	<u>Wayne County Office of BDP&EI</u>	<i>Laurel Gehrig</i>
<u>Gesiskie, Marge</u>	<u>Pennsylvania Resiliency Project</u>	
<u>Gething, John</u>	<u>Devereux Pocono</u>	
<u>Gill, Shannon</u>	<u>Wayne County CAD/911</u>	
<u>Gregory, Beth</u>	<u>Wayne County Consortium</u>	
<u>Guinard, Shannon</u>	<u>Wayne County Children & Youth Services</u>	

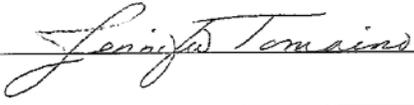
<u>Name</u>	<u>Agency</u>	<u>Signature</u>
Haggerty, Bridget	Catholic Social Services	
Hall, Traci	Wayne County Office of BDP&EI	
Hamidian, Antoinette	Aaron Center	
Harrity, Karen	Keystone Community Resources	
Harrity, Roy	Wayne County State Health Center	
Herrigel, Michelle	Devereux	
Hnatko, Richard	Wayne County ^{Human Svcs.} Area Agency on Aging	
Hocker, Kelly	Wayne County Office of BDP&EI	
Hogan-Spencer, Heather	Community Vocational Services	
Hopkins, Sarah	Wayne County Office of BDP&EI	
Houghtaling, Veronica	PeerStar	
Hunter, Cheryl	Wayne County CAD/911	
Hurchick, Andy	St. Joseph's Center	
Ingsleby, MaryElizabeth	Community Vocational Services	
Jennings, Pat	Wayne County Consortium	
Kandrovy, Alison L.	Community Vocational Services	
Katz, Deborah	Wallenpaupack School District	
Kay, Commissioner Wendell	Wayne County Commissioner	
Kellam, Ammie	Parent	

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Kelly, Helen	Wayne County Housing Coordinator	
Kelly, Msgr. Joseph A.	Diocesan Secretary for Catholic Social Services	
Kennedy, Staci	OCDEL	
Kerna, Amanda	Wayne Highlands School District	
Kendig, Diane	Step-By-Step	
Kneier, Carol	Wayne Memorial Hospital, Community Health	
Knupp, Dick	Care for People Plus	
Krake, Ray	NSPI	
Kretsch, Mary Claire	The ARC of NEPA	
Kuchinsky, Elizabeth	Commonwealth Medical College	
Kuhn, Johnna	Parent	
Kussoff, Andy	Step By Step	
Laboy, Adria	AETNA	
Lohman, Ryan	SHARE Housing Counselor	
Lane, Linda	WMCHC	
Laskosky, Ernie	NHS/SOC Coordinator	
Lawson, Betty	Wayne County Public Library/Children's Librarian	
Leahy, Amanda	Wayne County Office of BDP&EI	
Learn, Gail	NHS	
Little, Tim	Department of Public Welfare	

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Morgan, Denise	Wallenpaupack School District	
Mrakovich, Katrina	The Advocacy Alliance	
Mroz, Jan	Advocacy Alliance	
Murray, Amy	NHS	
Murray-Gilbert, Julie	Wayne County Job Training	
Myers, Cathy	Wayne County Drug & Alcohol	
Myers, Linus	Wayne County Court Administrator	
Myron, Carole	North Pocono School District	
Napora, Dawn	Wayne County Area Agency on Aging	
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Oswald, Jane	AmeriHealth	
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Paladino, Mary	Wayne County Drug & Alcohol	
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Peck, Karly	Wayne County Office of BDP&EI	
Pernot, Kerry	The Advocacy Alliance	

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Lovallo, Neil	Allied Healthcare Services	
Matthews, Cynthia	Wayne County Office of BDP&EI	
McCormack, Sara	The Advocacy Alliance	
McCormell, Alice	The Advocacy Alliance	
McDonald, Bob	Wayne County Juvenile Probation	
McHugh, Tom	The Advocacy Alliance	
Mead, Betsy	Commonwealth Medical College	
Mentis, Pat	Step-By-Step	
Mihalik, Shelley	The Salvation Army	
Mihelic, Barbara	Suicide Survivor Facilitator	
Mikolosko, Michele	Parent to Parent	
Miller, Darlene	Wayne County Office of BDP&EI	<i>Darlene Miller</i>
Minor Wolf, Michele	Victim's Intervention Program	<i>Michele Minor Wolf</i>
Mislinski, Jessica	KidsPeace	
Mislinski, Teresa	OMHSAS, Scranton Office	
Mizwinski, Stacey	Wayne County Job Training	
Monte, Jim	EITA	

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Petrosky, Neil	Wayne Memorial Hospital	
Phillips, Faith	Parent	
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Postal, Val	EITA	
Pretty-Hopkins, Allyson	Pediatric Practices of NEPA	
Quinn, Patrick	The ARC of NEPA	
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Rickert, Karen	Special Needs Instructor	
Rink, Ann	St. Joseph's Center	
Romey, Jeff	CCBHO	
Russell-Burnett, Lillian	AmeriHealth	
Schultz, Jamie	District Attorney's Office	
Schwarz, Tracy	Director, Wayne County Public Library	
Seeley, Mary	Devereux Pocono	
Shea, Kathleen	ASERT Collaborative	
Sherman, Megan	Human Resources Center	

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Simons, Wendy	Wayne County Office of BDP&EI	
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Smith- Doyle, Kirsten	Catholic Social Services	
Sokoloski, Mike	Bayada Health Care	
Swendsen, Debbie	Trehab	
Tansits, Diane	WWSD	
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Tellish, Dr. Joseph	Human Resources Center	
Tesler, Lisa	PA Family Network	
Thorpe, Jennifer	The Advocacy Alliance	
Tietjen, Cinda	Wayne Memorial Hospital	
Tomachick, Sandy	Telespond Sr. Svcs.	
Tomaino, Jennifer	Human Resources Center	
Trauger, Darcy	Victims' Intervention Program	
Turano, Dr. Catherine	Family Therapeutic Services, Inc.	
Tuttle, Jean	Wayne Memorial Hospital, Community Health	
Tyler, Becky	HRC	

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Ursich, Mary	Wayne County Area Agency on Aging	<i>Mary Ursich</i>
Uzupes, Mikki	Wayne County Digital Media Specialist	
Valinski, Michelle	Wayne County Area Agency on Aging	<i>Michelle Valinski</i>
VanTine, JoAnn	Parent	
Viola, Livio	Path To Change	
Von Ahnen, Chris	Human Resource Center, Inc.	
Vonson, Linda	Administrator, Wayne County Children & Youth Services	
Vose, Linda	Wayne Memorial Hospital	
Wallace, Kathy	NSPI	
Wash, Leann	Wayne County Office of BDP&EI	
Washington, Leigh	Wayne County Area Agency on Aging	
Wayman, Jim	Wayne County CAD/911 System	
Wertman, Melissa	Wayne County Drug & Alcohol	
Whitebread, Sharon	Caring Communities	<i>Sharon Whitebread</i>
Whyte, Andrea	Human Services Director, Administrator, Wayne County Office of Human Services	<i>Andrea Whyte</i>
Williams, Susan	Wayne County Office of BDP&EI	
Williamson, Christy	Wayne County Office of BDP&EI	
Wilson, Elizabeth	Wayne County Public Library	
Wormuth, Hope	Bayada	
Wright, Lynn	OMHSAS	

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Yarrish-Simon, Kimberly	Wayne County Office of BDP&EI	<i>Kimberly Yarrish-Simon</i>
Young, Gwen	Wellness Community Support Services	
Young, Michele	Wayne County Family Center	
Yusko, Larisa	SHARE Housing Counselor	<i>Larisa Yusko</i>
Zander, Megan	The Advocacy Alliance	
Zerechak, Jeffrey	Administrator, Wayne County Drug & Alcohol	<i>Jeffrey Zerechak</i>
Phillips, Jefferson	Parent	<i>Jefferson Phillips</i>
Beth Gregory	21-3-5	<i>Beth Gregory</i>

Wayne County Human Services Block Grant Public Meeting May 25, 2018

Facilitated by Andrea C. Whyte, Wayne County Human Services Director

Attendees: Carl Albright; Michelle Valinski; Richard Hnatko; Margaret Ennis and Ellie Ennis.

Transportation:

- HSBG is vital to serving underserved populations, on occasion will be used to transport individuals to employment. This funding stream is used with other funding is not available and an agency has a pressing need. Utilizing this funding stream alleviates the potential for increased costs to the county. For example: transportation takes a homeless individual to a shelter so they do not freeze to death on the street.
- Funding not available for same day trips. When a hospital calls and a senior is being discharged and needs a ride home, transportation unable to provide this serve as it does not qualify for a same day trip per PennDot. By providing transportation for this group of individuals, it would avoid non emergent mode or ambulance transports. The option for this is to have the Area Agency on Aging pay for this trip.
- Because we have no public transportation, no fixed route and one cab company, Aging has been paying 100% for transportation services for individuals age 60-64 as well as the 15% co pay for individuals 65 and over. We currently have individuals that need the Options Waiver and there is a waiting list for these services. The dilemma becomes provide funding to the Options program to keep individuals in their home vs. providing transportation services. Many Aging offices do not provide transportation services for individuals' ages 60-64. If we stop services, this would result in less rides and decreased volume to cover costs of the service.
- Carl suggested changing the rides, limiting trips and grandfathering individuals in. It was also suggested that the co pay for rides increase from \$1.00 to \$1.50.

Housing:

- Lack of affordable and safe housing options. Due to the issues surrounding Wayne County's Code Enforcement Officer, the Borough is now using a contractor to inspect apartments and many are failing inspections. Wayne County Housing may see an increase in individuals seeking assistance because their apartments are not meeting the minimum inspection standards for habitability required by HUD to use ESG funding.

Behavioral Health:

- Lack of safe community based discharge resources from Clarks Summit State Hospital. Wayne County participated in a regional CHIPP project and created an Enhanced Personal Care Home (EPCH) as an additional discharge resource to the Transitional Living Apartments (TLA). Both of these levels of care have not been successful in maintaining individuals in the community safely. Both the EPCH and the TLA are unable to institute any type of practice that interferes with an individual's
- ability to acquire positive reinforcement; results in the loss of object or activities that an individual values; or requires an individual to engage in a behavior that the individual would not engage in given freedom of choice as it is considered a Restrictive Procedure.

Block Grant - Public Hearing

5/25/18

1. Carl Allbright
2. Michelle Valenski
3. George Kobyle
4. Paul Pitt
5. Margaret Ennis
6. Ellie Ennis

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:

• **Collaboration:**

- ✓ The development of the Park Street Café is directly staffed by consumers, supervised by job coaches, and/or paid HSA staff to produce lunches and other 'lite' fare. It is housed in a county building, and under the operational direction of the HSA's Dietary/Nutrition Unit. The Café is where county staff, as well as those from 'outside' may buy lunch, and is also a 'drop-in' spot where local aging senior citizens to get a subsidized hot lunch. Collaborating to fund and support this project are the following departments: Aging, Dietary, MH/ID, C&Y, as well as some local funding. This project has created opportunities for consumers from all these units for (a) employment readiness; (b) skills training; (c) building team interaction skills; (d) building competence and confidence; (e) increasing a sense of responsibility and accountability; and (f) fostering independence and self-reliance.
- ✓ The HSA works closely with the Wayne County Job Center, and the Employment Coalition; the HSA's ID Director sits on the Board of the Coalition. The Coalition has been an integral part of assessing the job readiness and capability, as well as aptitude for specific types of work. The Job Center has also funded specific training, as well as on-the-job training for young adults readying them to enter the competitive, private work force. This has resulted in very positive outcomes for several youth this year who are now working and maintaining themselves independently. Please refer to the Intellectual Disability section for more detailed information.
- ✓ Wayne County continues to partner with the Pocono Counties Workforce Development Board. The provider and administrator of WIOA services in Wayne County has changed. The Wayne / Pike Workforce Alliance will now be our partner in working to implement the **Employment First** initiative. Due to legislative reform to The Workforce Innovation and Opportunity Act (WIOA) beginning 4 years ago, increased opportunities and services to individuals with disabilities has allowed for youth with disabilities to receive extensive pre-employment transition services in order to obtain and retain competitive integrated employment.
- ✓ When a youth with behavioral health issues is interested in employment, there are several agencies to which they can be linked, i.e., the State Office of Vocational Rehabilitation as well as the Wayne County Employment and Job Training Office. Both of these agencies will assess work readiness and work interests. However significant skill teaching needs to be conducted concurrently. Many of the youth we work with have been system dependent for much of their lives, some even growing up in out of home placements and may not have had the practice of writing a resume, have never been on a job interview and may not understand the social norms of an employment setting. While the Psychiatric Rehabilitation Program and the CYS Independent Living Program work with adults 18 years of age and older that require employment skills teaching, there are still youth that do not meet the OVR criteria or may not be ready to participate in job training services.
- ✓ Wayne County Psychiatric Rehabilitation will continue to offer employment skills teaching as part of their curriculum. This service will allow consumers that are working with HRC or OVR hands-on opportunities to develop and practice employment, management and leadership skills, which will then carry over into the workplace. In addition, Wayne County continues to contract with the Human Resources Center (HRC) for Supported Employment services. Currently there are 46 people open in psych rehab. Of the 46, ten are employed (one (1) full time, nine (9) part time) and one person is volunteering. There are currently 6 consumers with an employment goal. There were 7 employment goals achieved during 2017. 4 of the goals were for obtaining part time employment, 1 was for obtaining full time employment, and 2 were for maintaining their employment.

- Wayne County's Independent Living Program administered through Children & Youth Services serves youth aged 14-21 who are dependent, delinquent or receiving ongoing protective services. The program offers an array of casework services focused on the development of life skills that will assist youth in making a successful transition to young adulthood. Employment services are an integral component of service delivery including job readiness coaching, resume writing, application completion, mock interview skills, instruction related to employment such as appropriate attire, acceptable work behavior, and how to manage conflicts at work, career inventories and linking youth with community resources. The IL Program has successfully collaborated with the Wayne County Employment Coalition, Wayne County Employment & Training Center, Office of Vocational Rehabilitation and Wayne Pike Adult Literacy Program to assist youth prepare for, obtain, and maintain employment. During FY 2018-2019 the IL Program anticipates continuing these partnerships as well as pursuing a new collaborative partnership with Wayne Pike Workforce Alliance. It is anticipated that this partnership will include focused efforts around the 14 elements of the Workforce Innovation & Opportunity Act (WIOA) Youth Program as well as participation in a grant funded program that is focused specifically at meeting the employment/career needs of delinquent youth who may or may not be in school.
- **Generation of new opportunities:**
 - ✓ The Café has generated the interest of community partners (i.e. the Bar Association) who hold events, dinners at the café to support the efforts of the consumers and the program. This offers great exposure of the community to the work and skills expertise of the consumers. In addition, it develops the confidence of consumers.
 - ✓ The WCEC worked together to bring 'Project Search' to our community. Project Search has grown from one original program site at the Cincinnati Children's Hospital to 500 programs across 45 states and 9 countries. The Project Search model involves an extensive period of training and career exploration, innovative adaptations, long term job coaching, and continuous feedback from teachers, job coaches, and employers. As a result, at the completion of the training program, students with intellectual disabilities are employed in nontraditional, complex and rewarding jobs. Project Search is a one year, school to work program for students in their final year of high school. Project Search's primary objective is to secure competitive employment for people with disabilities. Each student will train in three internship rotations at Wayne Memorial Hospital to prepare them for competitive, integrated employment. This program teaches the individuals transferable employment skills that can increase the chances of successful, satisfying employment after high school. Wayne Memorial Hospital, Wayne Highlands, Western Wayne and Wallenpaupack School Districts, Pennsylvania Office of Vocational Rehabilitation, Living Unlimited and the Wayne County Office of Behavioral and Developmental Programs and Early Intervention to bring this amazing program to Wayne County. We anticipate this program resulting in continuing to grow our numbers of those competitively employed.

Housing:

For a small rural county with limited resources, Wayne County has worked very hard to address the barriers that consumers face with respect to affordable housing, homelessness and/or near homelessness, as well as to address the housing needs of specialized populations including individuals with children, those with serious mental illness (SMI), transitional age youth, aging, individuals and forensic populations recently released to the community. While the needs of some of these specialized populations are discussed in greater depths elsewhere in this plan document, an overview appears here.

For the past five years, Wayne County has been engaged in efforts to address homelessness. Many of the consumers are between the ages of 18-25, come from within the county or from nearby. Once engaged they need services from one or more categorical, and other county services. Addressing this issue is essential not only from a "**Home First**" perspective, but also to mitigate the devastating effect on families, socially, as well as the public financial costs (i.e. child placement, etc.) Public

housing vouchers are limited, and those who have had a felony in the past five years are not eligible for a Housing Voucher from the housing authority. It is of note that these consumers are often young (18-25) with little in the way of skills and preparation to transition to successful adulthood. Utilizing PWHSBG, in part, the Wayne County HSA created a Housing Unit supervised by a Housing Coordinator. This consolidation of many housing functions reflects strong collaboration, as is practical and possible, for all HSA consumers, which is used by all categorical units as both a clearing house and a resource. The Housing unit uses the HMIS system to track clients and data, maintains inventory stock, provides PREP training, anticipates providing SOAR services to homeless consumers from all units, and performs casework and other functions for those consumers not associated with a particular categorical. One financial challenge is that much of the housing funding available state/federal sources may be used only for those who are literally homeless as per strict HUD definition. Therefore, others who may be 'couch surfing' are not included in this definition of homelessness.

Leverage and new opportunities:

Through its housing unit, the following activities are coordinated: Wayne County has aggressively pursued resources since its inception into the first HSBG in 2013. Over the past several years, we have successfully leveraged funding via a combination of cash and in-kind match, to draw down nearly one half million dollars of funding grants through HUD/ CoC, via DCED, PFHA, C&Y, HSBG carry-over funds and PHARE. These monies were directed towards (a) a one time funding for a brick and mortar project housing the seriously mentally ill either returning to the community from CSSH, and/or other hospital facilities, or to divert these SMI from mental health hospitalization; (b) in a separate section, two apartment units for temporary housing of transitional age youth; and (c) funding for rentals for two homeless individuals and families to stabilize their housing situation, allow time for the application of home finding and assisting services to build independence, and closely monitor and assist this target population for up to 24 months. It is of note that the average length of stay is about 9 months.

The challenges in maintaining receipt the funds are: (a) for most of this funding, grant renewal is competitive; (b) there is a requirement of 100% match (cash and/or in-kind); (c) administration reimbursement is severely capped and is far less than actual cost, as eligibility, program and fiscal tracking and report requirements are robust; and (d) a significant portion of the funding must be direct to consumer rent payments. While we are grateful to receive these funds, the casework investment in time and effort is very significant. Casework efforts yield result (while the program may subsidize rents up to 24 months, the average length of stay in Wayne County is up to 3 months), but additional casework staff has been required - from one person staff to a currently needed four person staff. While these local costs contribute to match, any in-kind match is no longer possible and hard cash must be found to serve this very vulnerable target population.

By the nature of the integration in Wayne County's Human Services Agency, in SFY 17-18, the county has been able to just balance grant receipts with cash match, in providing these housing services which also serve to significantly keep expenses down in CY, JPO, MH and other agencies. However, the volume of demand for services among this vulnerable population is now exceeding our staff capability.

Co-ordination/integration:

Through its housing unit, the following activities are coordinated:

- ✓ Common Assessment /prioritization tool: The Housing Unit Co-coordinator has assisted the CoC in rolling out the 211 housing system in the NEPA, which uses the VI-SPDAT tool as an assessment and prioritization tool. This tool measures 'vulnerability.' The system is a

coordinated entry strategy for all homeless and/or near homeless consumers – a ‘common’ entry for consumers, no matter what agency has referred, or for self-referrals. In addition to the common intake tool, the system will provide a regional call-in/walk-in center, as well as employ the use of HMIS data collection system.

- ✓ Through a sub-committee of its Quality Council, the HSA created a Local Housing Options Team (LHOT), which includes both county and non-county sponsored housing partners. This committee informs policy and prioritizes need. It is through the work of this committee that the county HSA sought PHARE funding and successfully received back to back grants;
- ✓ The housing unit closely coordinates with all categoricals and non-county agencies in serving those with housing needs. The Unit determines what funding may be most efficiently used for an consumer in need, works with the landlord, maintains a storage unit for furniture (recycled), manages and coordinates the use of ESG, HAP and local funding so to assure effective use of these limited resources.
- ✓ During the SFY 18-19 the County will receive a CoC grant that will be available for homeless persons for short term stay shelter care which may be utilized by all categoricals;
- ✓ The housing unit also coordinates closely with the local agency who serves those who are/were subjected to domestic violence.
- ✓ The HSA, through its ADRC was heavily involved with the creation of the SHARE project. This initiative was planned over a three year period by the local ADRC, the PA Dept. of Aging, and the federal government. Funded for \$800,000 dollar grant over four years. It has been successfully implemented in Wayne, Pike, and Monroe Counties. The project essentially coordinates the pairing of a person with excess housing space with another, person. However, at least one of the co-habitators must be 60 years of age or older. The arrangement involves exchange of money and/or services, as determined by each party.
- ✓ The Wayne County BH agency is contracted with a vendor, (Step by Step) which provides supportive services, i.e., teaching budgeting and banking skills; meal preparation; meal planning; grocery shopping and making/following up on physician’s appointments. There is also a social component wherein group activities are planned and executed which is especially helpful for those who live alone. In general, these services are directed at anything that a consumer needs to remain independent in his/her apartment and live independently in the community. These activities, as described, supplement other housing initiatives being developed and implemented, and described in greater detail in the MH/ID, and HAP sections of Appendix B. These include, but are not limited to, the MH Fair Avenue project, the MH Transitional Housing Project, the ID Life Sharing initiative, and Transitional Age Youth housing initiative. Should the PWHSBG be reduced as some have proposed, this reduction will result in a further degradation of housing services, as Wayne County has used its option for flexible funding inherent in the Block Grant to support and or leverage other funding in its housing efforts, reflective of the community’s identification of housing issues as a pressing local need.

END – PART III: CROSS-COLLABORATION OF SERVICES

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.

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.

Wayne County Office of Behavioral and Developmental Programs and Early Intervention has made significant positive advances in the following:

- (1) Expanding the continuum of Mental Health services in our community;
- (2) Community awareness of Mental Health issues and Recovery; and
- (3) Coordinating the planning and development of county-wide initiatives affecting its population.

There have been a number of initiatives and successes during the FY 2017-18, most notable are:

- ✓ Effective 7/1/17, Wayne County became the provider of the Transitional Living Apartments and oversees the daily operations and staffing of this service.
- ✓ Continued collaboration with the Northeast Suicide Prevention Initiative. The Northeast Suicide Prevention Initiative (NSPI) supports suicide prevention activities in Northeast Pennsylvania as well as supports family and friends who are bereaved by a suicide loss or suicide attempt. In FY 2017-18, two (2) Applied Suicide Intervention Skills Trainings (ASIST) were held and attended by a total of 27 participants. The ASIST training teaches participants to recognize when someone may have thoughts of suicide and works with them to create a plan that will support their immediate safety. Participants ranged from providers, family members, school counselors as well as University Police. In addition, a free event for families/partners of Fireman, Law Enforcement, Emergency Medical First Responders and Corrections Officers entitled "Identifying PTSD in Your First Responder and Understanding Secondary PTSD" was held and attended by 36 individuals and families. NSPI has partnered with the WIN/LINK program which has allowed for an increase in publicity and community awareness surrounding community events and programs that are offered.
- ✓ Implementation of the Wayne County Drug Treatment Court, of which the Behavioral Health Administrator is an active participant. There are currently 13 individuals participating in Drug Court and the program is at capacity, with 6 on a waiting list. A meeting was held to discuss the structure and capacity for the program specifically for FY 2018-19. Given the make up of the program, Wayne County Probation and Drug and Alcohol staff are impacted most in terms of time spent collecting data as well as providing services. To date, the Drug and Alcohol's Certified Recovery Specialist is meeting weekly, bi-weekly or monthly with 9 of the 13 drug court participants, or approximately 15 hours per week. Several Drug and Alcohol staff members compile information and put into a report for the Judge and treatment team. In addition, staff also provides Specialized Case Coordination for participants that are in the Medication Assisted Treatment program. This takes approximately 15-20 hours per week of staff time. The dedication and collaboration of the entire treatment team thus far has been successful in that all participants have been maintaining sobriety and are working a healthy program of recovery. Three (3) participants have been re-incarcerated for brief periods of times for sanctions; one was due to relapse; one was due to the individual leaving the halfway house placement prior to successful discharge and the third individual was repeatedly therapeutically discharged by two facilities due to ongoing behavioral issues and violations of established behavioral contracts. There are five (5) progressive phases to

the drug treatment program, with the average length of stay being 18 months; and there is currently one individual at the highest level.

- ✓ Wayne County System of Care and collaboration with BHARP System of Care: As a partner of BHARP System of Care Initiative shared among 23 counties, the Wayne County Leadership team has offered Trauma 101 and 102 training for all Wayne County Human Service staff. To date there have been 71 staff trained in Trauma 101 and 44 staff trained in Trauma 102. In addition, three (3) staff from HSA offices are participating in BHARPs "Train the Trainer" sessions and upon completion of the program will be certified by Lakeside to provide the Trauma Series Training (up to Trauma 106) to the community at large. There have been a total of three (3) Enhanced Trauma Awareness sessions and 56 staff from Human Service Agencies have received the training to date.
- ✓ Wayne County's Human Services Quality Council and the Sub-Committee have taken a very active role in addressing housing issues in Wayne County. The L-HOT has led the way in applying for and receiving federal funding for the homeless population, establishing a housing coordinator position in the Human Services Agency, developing consensus among all local housing providers and thereby coordinating efforts of those providers. The L-HOT continues to explore ways of partnering with the community, identifying opportunities, includes grants, advocating within the County for the establishment of housing funding under Act 137, and additional ways to partner with regional and state entities and/or developers involved in public housing development.
- ✓ Wayne County has written for, and been awarded, two PHARE grants that total \$165,000. This funding will be utilized in FY 2018-19 to renovate an existing apartment building to relocate the existing SMI housing Program, which has three independent apartments and a staff apartment; house 2 apartments for Transition Age Youth, typically age 18-24 as well as a Resource Room. The Resource Room space has been designed to offer residents and others in the community access to housing related supports for managing, socialization, education, Independent Living Skill development so that they may develop the tools for their own stabilization.
- ✓ Wayne County currently occupies 9 of 11 allocated beds at Clark Summit State Hospital (CSSH). From 7/1/17-Present, there have been 1 admission and 1 discharge;
- ✓ The County BH administrators regularly participate in the Service Area Planning process as well as the CSP process. These processes allow for coordinated efforts and shared data in order to best serve the consumers;
- ✓ The CSSH staff is professional and dedicated to the consumers. There is open and frequent communication between the CSSH staff and the county. The discharge planning includes all sectors of the community and the CSP outlines consumer needs, choice and service availability. The use of the county case management is an integral piece to the transition from state hospital to community.

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

Please identify the strengths and needs of the county/joinder 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:**

Wayne County Programs operate under the aegis of the Wayne County Human Services; all Human Services staff personnel are essentially one staff. Therefore, communication and awareness of programming among Behavioral Health (BH) and Aging staff is excellent. All staff is cross oriented and/or trained and both programs maintain On-Call (24/7) staff whose function is to mitigate crises and work together to ensure the health and safety of older consumers. The opportunity exists (and is utilized) to weave a combination of Behavioral and Aging services to best serve the aging individual.

As Adults age and their needs change, their BH team often meets to review current services and explore alternative and/or coordinated services through the Aging Office so as to better meet their new needs. Our sister agency in the HSA, the Aging Office, also has Registered Nurses on staff, whose consultative expertise is available and used as is needed by the BH adult staff. Additionally, a supervisory level departmental review of high risk shared cases continues monthly.

Wayne County, through the LHOT and LINK programs has been chosen to become a pilot county for the next two years to implement the SHARE (Shared Housing and Resource Exchange Program) program. This program will offer seniors the ability to stay in their home and be matched with someone who is in need of housing. Two counsellors will be hired to work in this program and will work between Wayne, Pike and Monroe Counties.

▪ **Needs:**

Housing continues to be a pressing issue for individuals of all ages throughout the Wayne County community. As the nuclear family continues to devolve and farms continue to collapse in the current economy, the tradition of multigenerational families sustaining themselves is sharply decreasing. In its place, we are observing an increasing number of older adults living alone and isolated from extended family supports.

Housing options are limited to this population as many persons age 60 and over need housing options "in town" so they have access to social services, stores, medical facilities, and socialization. Their housing needs also require housing units with few stairs and other handicapped or otherwise easily accessible accommodations. It is expected that with the implementation of the SHARE program, seniors will have the opportunity to remain in the community and have their housing needs met.

Adults (ages 18 and above)

▪ **Strengths:**

Wayne County has made significant strides in building a Recovery focused group of services for Adults within the community. These include the following:

1) **New Horizons Drop-In Center with Active CSP Program:** The local CSP continues to have an active role within our community.

Members of the CSP have been very active in the local and regional CSP meetings. CSP received a seed grant for 2017/2018 and created and handed out to providers, etc., a glossy booklet entitled "Incredible". This book featured artwork, poetry, recovery stories, and photographs with a focus on recovery and fighting stigma. This year's seed grant will cover the Mental Health Awareness Hike at Prompton State Park on May 19th. The group purchased t-shirts with the grant money. They also applied for and received an outreach grant to be able to provide a free lunch to the hikers.

We had a local CSP member serve as regional co-chair for CSP until recently when he suffered a physical injury.

CSP is preparing for a display at the Wayne Library for September and Recovery Month.

The Drop-In Center is in collaboration with Community Vocational Services (CVS) to utilize the drop-in facilities. CVS will bring consumers to cook, clean, and spend time. They will also offer a photography club and have invited psych rehab and drop-in center members to participate if they would like. There will hopefully be more opportunities like this in the future. We also hope that any CVS consumers interested in psych rehab will consider a referral.

2) **Psych Rehab:** As of May 1, 2018, the psych rehab program located in the Lakeville area of Wayne County and operated by Merakey, closed due to the personal care home in the southern part of the county closing. As the Personal Care Home was the source for referrals they received for that program and since that is now closed, they too are closing their program. This will leave one (1) Psych Rehab program in the County. This program serves 40-65 people monthly. Of these, about 20 annually are served for some period of time under Base funding with the remainder funded by CCBHO. This program has the capacity to provide Mobile Psych Rehab.

46 individuals are currently enrolled in the Wayne County Site Based Psych Rehab program, with 24 receiving mobile psych rehab services. The utilization of the mobile psych rehab program continues to increase. The majority of the consumers who attend the Wayne County Psych Rehab program are also authorized to participate in mobile services should this be their need.

Services include: learning how to grocery shop and locate items in a store; how to follow a grocery list; how to comparison shop; learning how to interact with others in the community (waitresses, others in the store, etc.) and going to the pharmacy to learn how to request a print out of medications.

Psych Rehab has been engaging in cooking group on Wednesday afternoon/evenings, to teach cooking and healthy eating skills. We have started art therapy type groups for Mondays. PR has had Glenn of Trees come in to do not a workshop but a playshop called "Releasing Your Inner Bozo". His focus is on the healing power of laughter and of finding the divine aspects of ourselves and others. Glenn has come 2 times and the members would like more play-shops!

- 3) Blended Case Management: (BCM): This program serves approximately 150 Adult consumers annually. Of these, about 10% are funded under the Block Grant due to being ineligible for Medical Assistance. This 10% includes individuals with a history of State Hospital admissions, co-occurring disorders, justice involvement and homelessness. Without Block Grant funded services, they would likely utilize services at other system entry points at greater expense. The use of Block Grant funds for this service is deemed a cost effective and responsible use of monies.
- 4) Clark Summit State Hospital Program Integration: Wayne County continues to work closely with Clarks Summit State Hospital and plays an active role in coordinating care from admission to discharge. There are currently 9 individuals residing at Clarks Summit State Hospital. Of these individuals, two are being considered for discharge to the county's transitional living apartments; one is being considered for a personal care home placement; one had been diagnosed with an intellectual disability in addition to behavioral health and a CLA or the Enhanced Personal Care Home will be evaluating for appropriateness of admission; one is being discharged home to her family and the remaining 4 are not deemed ready for discharge as their level of need is such that we are not able to accommodate them within the community as the level of housing (i.e.: LTSR, CRR) does not exist within Wayne County.
- 5) Local Housing Options Team (L-HOT): The L-HOT also helps to coordinate other local housing activities such as the Point in Time Count (PIT). The PIT, a federal initiative, is conducted nationwide. It was conducted in January, 2018. The L-HOT helped to organize volunteers from the community, as provider agencies and consumer groups turned out with State and Local Police support. Donations of blankets, coats, toiletries, food and coffee were received for distribution. The January 2018 PIT Count resulted in finding 5 unsheltered individuals; 1 was immediately connected to Veterans resources and housed. No one accepted shelter and no one was interested in involvement with services at that time. The HSA continues to provide outreach to two of them since we are aware of their location. 2 were never found again and are believed to be transient. 7 individuals were sheltered. 6 were already enrolled into our ESGP. 3 were from CSS Nativity (1 household enrolled) and 4 were from VIP (two households, but only 1 3-person HH enrolled).

▪ Needs:

Housing, cash assistance, transportation, employment and timeliness of access to SSD/I benefits, and accessing psychiatric time seem to be the overarching issues facing our Adult consumers at this time.

Each of these issues is inter-related to the other:

- 1) Up to a 2 year waiting list for Housing Choice Vouchers within our County;
- 2) The employment availability for consumers is quite limited in the current economy;
- 3) Lack of transportation further limits the options available. There is no public/mass transit system in the County. A small County run system funded for seniors and those with MA or Persons with Disabilities exists, but the 15% copay for those with disabilities is beyond the affordability of many consumers;
- 4) For those seeking SSD/I benefits, the process is 18 to 24 months, during which, if they opt to take on even a part time job, they jeopardize being deemed ineligible. During this period, they have no funds for housing, transportation or even basic necessities such as laundry detergent and toilet paper, due to the elimination of cash assistance;
- 5) This group has been at increasing risk for substance abuse, homelessness, domestic violence, repeat hospitalizations and a host of other issues. The ability of Wayne County to continue to focus on Housing and Employment related initiatives through the L-HOT, Quality Council and Employment Coalition activities and the Capacity Building Initiative described above will be imperative in assisting to stabilize this population;
- 6) More supportive service infrastructure would greatly enhance the opportunity for successful recovery for those struggling in the community and especially for those who may anticipate re-entry into the community from in-patient venues;
- 7) There are currently no CRR, LTSR or similar structured and staffed residential living programs. The needs of several of the consumers currently being served within the State Hospital are such that they will require highly structured programming and supervision in order to return to the community. The addition of such opportunities to provide an extended stabilization period without requiring a State Hospital admission would benefit consumers with a significant mental illness within our community. These services would enhance the continuum available to support Recovery for all consumers. With the addition of the Enhanced Personal Care Home, a void remains in housing services that can meet the needs of clients with Serious Mental Illness. Given the symptomology and behaviors of the individuals remaining at Clarks Summit State Hospital, community base living resources that are currently available are not able to keep the individual, staff or community safe.

- 8) An ACT/PACT Team is a proven intervention to support high risk consumers with intensive services where they live. However, as a rural community, Wayne County lacks the number of individuals who meet medical necessity to sustain an ACT/PACT Team. And, it has been difficult to fund and find staff (i.e. psychiatrists and nurses) that are critical to an ACT team. It is the plan that a modified ACT Team will be part of the implementation process for 2018/2019 for Wayne County.
- 9) Wayne County, through PeerStar, has been providing Peer Support and Self Directed Care services to residents of Wayne County since 4/1/15. Services are self-directed and person centered with a recovery focus. PSS facilitate the development of recovery skills. The Peer Support program in Wayne County is slowly growing and the number of participants in Peer- currently 19, as well as Self Directed Care- currently 10, is increasing, there remains a struggle with growing this program to its fullest potential. This struggle is not seen as a provider issue; however is more of a concept issue in that the expectation is to supervise peers in professional milieu and the issues that rise with peer to peer interactions often impede the work results.

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:

The Behavioral Health Program continues to work closely with Blended Case Management, ID AE Program, SCO provider, and CYS/JPO and local schools to identify those children who are at-risk or struggling to meet the challenges of becoming successful, productive adults.

The System of Care initiative in Wayne County continues into the 2018-2019 fiscal year under the aegis of a BHARP multi-county initiative. (See additional SoC information under "Children (under 18" below.) The original ICSP has been transitioned and redesigned such that the functions of CASSP are coordinated by a Behavioral Health staff position, and those of System of Care are coordinated by a position directly reporting to the Human Services Director. However, the philosophies and activities of both initiatives are closely aligned and coordinated.

For those adolescents transitioning to Adult services, the CASSP Coordinator has been designated by the County as the individual responsible for maintaining current information on Transition Age Youth initiatives and programs, both locally and across the state, as well as to share any promising practices with Administration so that we can look at the feasibility of duplicating any best practices locally. School providers and human services agencies are strongly encouraged to utilize the CASSP/SOC meeting process early on in developing a support team for transitioning youth and assisting in identifying resources within the family and community that will support his or her success.

With the receipt of PHARE funding, housing opportunities, by way of two apartments as well as a Resource Room will be provided to TAY who are receiving services from any Wayne County Human Service Agency. The focus of this level of living is to teach skills that resident's lack, which are critical to their future independence, rehabilitation through recovery support services and sustained intervention so TAY may achieve independence and integration into their home community.

These initiatives will strengthen Wayne County's philosophy of child and family centered community treatment services, provide youth and family a seat at the policy development level and utilize the Family Group Decision Making process as a means of treatment plan development.

▪ Needs:

1. The reluctance of Transition Age Youth and Young Adults to be associated with provider agencies:

This continues to be a barrier to youth's willingness to engage in services. As a result, this agency often becomes re-engaged with this population after they have burned bridges with family, found themselves homeless, become involved with the justice system or otherwise determined that Behavioral Health is one of their last options.

The need to make the programming and choices more palatable to this population is as important, if not more important, than any other factor in their willingness to continue needed services through adolescence into adulthood. As youth take on a more active role within the System of Care Leadership Team, we will look for their input and seek their expertise on ways in which we can engage this population in services.

2. Lack of safe, affordable housing, transportation and employment opportunities: In our local community these voids are the primary barriers to success. Continued efforts to focus on Housing and Employment initiatives will be imperative in stabilizing this population, as well. Across all HSA agencies, there has been a significant increase in the number of transition age youth each are serving with some cases shared between agencies. It has been noted that, among this population, many are "aging out" of children's services, have grown up in out of home placements, and are entering the community with limited or no skills to live independently or possess vocational skills to be independent.

HSA agencies may locate an apartment or employment opportunity (usually at minimum wage) for these individuals; however, these young people exhibit and experience extreme fear of living alone or going to a job. In addition, many of these young men and woman have not developed adequate socialization, and work place behavior skills, have to be educated on appropriate dress for even the most low level entry positions, and are not schooled on maintaining a budget, working with a landlord and the like. Unfortunately, family support is usually minimal.

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:

1. CASSP: Wayne Co. continues to have a strong CASSP component for children's services. In conjunction with CCBHO, families and providers have been educated regarding least restrictive, community based services as alternatives to out of home placements. The CASSP meetings explore and discuss all supports and options available when a family or treatment team is moving in the direction of out of home placement. CASSP meetings continue to be held on children receiving Behavioral Health services each time there is a change in level of care or request for renewal of funding (for those services requiring this), from July 1, 2017 to present there have been a total of 95 CASSP meetings held on Wayne County residents. Additionally, County staff and CCBH efforts continue to outreach to each of the hospitals and through our Crisis Services provider to notify all admissions departments that the County expects CASSP meetings to be held on all child/adolescent admissions prior to discharge in order to ensure that services are in place quickly and that readmissions are minimized.
2. The Wayne County System of Care Initiative (SoC): The SoC, evolved from the original ICSP initiative, has been developing since 2014. Wayne County has created what has become a very active SoC Leadership team which has representation from youth leaders, family leaders and child-serving system leaders in our community. The youth, family and system leaders of Wayne County will continue work as equal and trusted partners in creating sustainable change which will empower youth, families and all youth serving systems to be responsible and accountable for outcomes that lead to the fulfillment of their hopes and dreams.
3. Blended Case Management (BCM) Services: BCM services serve approximately 90 children/adolescents annually. This includes a small number of those who are ineligible, at least initially, for Medical Assistance and are served under the Block Grant. Because these services facilitate the coordination and communication between treatment, education, medical and social service providers with the child and family, it is essential that this service be funded for at-risk children with multiple providers.
4. Student Assistance Program (SAP): The Wayne County Student Assistance Program has been very active in our four school districts. Services have expanded to the elementary level. The SAP liaison is involved in team meetings, prevention programs, and facilitates student groups. The SAP liaison has been part of approximately 85 meetings since December 2017. The SAP liaison participated in the Together for Health program, which focused on Suicide Awareness and Prevention and was presented to all 9th grade students in the county; approximately 625 students participated in this program. The SAP liaison along with each of the school districts have identified and will be focusing on the following "common themes": cyberbullying; bullying; student drug and alcohol concerns; parental drug and alcohol concerns; mental health concerns, i.e., anxiety, depression, ADHD; family concerns/living situation concerns; hygiene issues and sexual issues, specifically with the LBGTQ population. In addition, the local school districts have requested training and information from the SAP and Behavioral Health Office specific to community services and resources in response to the Parkland school shooting.
5. Community and School Based Behavioral Health Program: The CSBBH Program continues to operate within the Wayne Highlands School District and is offered in the two elementary centers, the middle school and high school. This program became operational within the Forest City School District in the 2016/2017 school year. From 7/1/17 to 5/8/18, there have been a total of Forty-two (42) children served in this program. Sixteen (16) children were served in the Lakeside school; Ten (10) in the Stourbridge School; Eleven (11) in Wayne Highlands Middle School and Five (5) in Forest City School District. There are currently Six (6) referral pending at Stourbridge school. There were a total of Twelve (12) successful discharges over the past year. These cases were all referred to lower levels of care if they were interested in continuing services. There have been no discharges in the Forest City School District as this program has only been in operation since October 2017.
6. MST and Family Group Decision Making: In Fiscal Year 2017-2018, nineteen (19) families were referred for services by CYS. JPO made one (1) MST referral during Fiscal Year 2017-2018. Of the nineteen (19) families referred by CYS, only one (1) never started services due to change in circumstances, while three (3) are currently on a waiting list. Of the twelve (12) families that completed MST during Fiscal Year 2016-2017, nine (9) were successfully discharged and were given sustainability plans to aid in continued family functions. Three (3) families were unsuccessfully discharged from the MST program during Fiscal Year 2016-2017; two (2) families became noncompliant and services were withdrawn, while 1 (one) family chose to receive outpatient therapy instead. As of May 2018, there continues to be six (6) families receiving MST services. In Fiscal Year 2017-2018, three (3) families continued to be serviced by FGDM who were referred during the prior fiscal year. Six (6) new families were referred by CYS. JPO made no FGDM referrals during Fiscal Year 2017-2018. Of the nine (9) families serviced in 2017-2018, six (6) referrals resulted in successful conferences, one (1) referral was deemed successful but did not lead to a conference, and one (1) referral was deemed unsuccessful due to the identified child moving out of state. At the time of this writing (May 2018), one (1) family is in the process of planning a FGDM conference which should be held within the next month.

Also in Fiscal Year 2017-2018, two (2) youth continued to be serviced by Youth Transition Conferences (YTC) who were referred during the prior fiscal year. One (1) new youth was referred by CYS. All 3 (three) youth serviced in 2017-2018 resulted in successful conferences.

▪ **Needs:**

- 1) **Intensive community-based Children's Services:** Wayne County continues to have a high number of children and adolescents in out-of-home placements in comparison to other Health Choices Counties. In looking at Wayne County's statistical data, such as age at time of placement, diagnoses, services utilized prior to placement, etc. a pattern has unfolded revealing a need for intensive, community-based services, focused on ASD and Dually Diagnosed children.
These services need to be available to children and families prior to age eight in order to address behaviors before they have led to school placement and family safety issues. The Behavioral Health Administrator has been working on this issue through the BHARP workgroup.
- 2) **More robust continuum of care services:** Wayne County has limited availability of child/adolescent services within the continuum of care:
 - a. Expanding and broadening the scope of our current continuum of care is vital as we cannot utilize outpatient services alone, as the level of care to meet the needs of the children we are serving. Often, waiting lists for BHRS services mean that a child will be prescribed this service but may not receive it on a timely basis or will wait for months to see a BHRS prescriber. This is not acceptable if effective remediation is to occur, and/or may put the child or his siblings at further risk;
 - b. There is currently a wait list for children who have been prescribed BHRS services. However, these scripts cannot be filled due to lack of qualified staff with the BSL license that allows for children on the Autism spectrum to be seen. Also, given the geographical layout of Wayne County, children that live in Northern and Southern Wayne County often do not have their BHRS scripts filled due, to lack of qualified staff that live nearby or are willing to travel;
 - c. In addition to the BHRS waiting list, Wayne County is also experiencing a significant wait to access Family Based in Home Services, this waitlist continues despite the addition of an additional Family Based Team. Wayne County has two providers that are contracted to provide FBIH services and both providers have a wait list. The children/families that are being served by the FB teams have very complex needs and this level of care has been effective in keeping children in Wayne County in their community despite many challenges. FB teams continue to extend services because they are unable to secure step down services, specifically BHRS due to the wait list they have as explained above;
 - d. Access to psychiatric care in a rural community continues to be a critical concern. There is currently a hold on referrals for psychiatric care with the only child/adolescent psychiatric provider. Should a child/adolescent/family choose to be seen by a psychiatrist they are traveling to Lackawanna County, which given the transportation issue that was outlined above, makes it very difficult to access this level of care in the community. This becomes more problematic for children who have complex needs such as ASD and/or Dual Diagnosis.
- 3) **Out-of-Home Placement Facilities:** For those children that do require placement outside of their homes, host homes are rarely in our own community and typically are one to two hours away, meaning a significant disruption to the child and family's normal routine to maintain contact and continuity. In addition, Therapeutic Foster Care is the preferred level of care per CCBH but it is often unavailable and training levels for the families are not commensurate with the complex needs of the children being referred to their care.
In terms of Residential Treatment Facilities, the closest RTF to which our children and their families have access is over 2 hours away and this RTF only accepts males. The second closest is approximately 3 ½ hours away, with many of our children being placed on the opposite side of the state. This has significantly impacted our families' ability to participate in family meetings and treatment team meetings in person. As mentioned above, many of our families lack reliable transportation, and RTFs do not provide transportation, which has impacted the families' ability to provide consistent home visits.
Wayne County Administrative Case Management works in concert with Wayne County Children and Youth Services as well as Juvenile Probation in serving children and adolescents that are in out of home placements. Mental health case management assists with linking and monitoring all mental health services from pre placement up to and including discharge planning. The total number of children in out of home placements from July 1, 2017-Present was 23. Of those twenty-three, eighteen (18) were shared with CYS or JPO; four (4) were shared with ID/BH; four (4) were shared with CYS/ID/BH; and five (5) were strictly MH placements.
Due to the distance with TFC and RTF placements, parents are hesitant to place their children and are looking to community resources in an effort to keep their children in the community, in their school, and close to home. For these parents, the service which has "filled the void" has been Family Based In-Home Service. The concern from Family Based providers is that the children they are serving have very complex mental health needs (who would otherwise be served at an RTF level of care) and a waitlist remains for this service.

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:**

Wayne County has the CHIPP project that has 3 apartments with 24/7 supervision on site to assist those needing significant community supports. This is a transitional housing option that has been critical for transition from CSSH to the community as well as a diversion to entering the hospital. Since its inception the Transitional Living Apartments have served thirty-one (31) unduplicated consumers and from 7/1/17-present there have been ten (10) individuals from CSSH placed at the TLA, one (1) as a diversion.

Wayne County is participating in a CHIPPS project in coordination with 8 other BHARP counties since 2013. This CHIPPS project resulted in an Enhanced Personal Care Home located in Northumberland County. One Wayne County consumer was discharged on 12/6/2016 to this residence.

While the bulk of the funding for these initiatives is provided under CHIPPS, the County will bear the administrative costs associated with development and implementation of the plan, coordination among providers, community outreach, etc. which will fall to Block Grant or other available funding sources.

▪ **Needs:**

Wayne County has worked closely with CSSH, its Blended Case Management, Community Providers and Transitional Living Provider to ensure that lengths of stay are minimized to the greatest extent possible. The transition from the hospital to the community is an extensive process for the consumer, especially for those consumers who have been hospitalized for a long period of time. This process takes the time and skills of the case management unit; however, this time is not billable in any capacity. In order for Wayne County to assist in the transition from CSSH on a level that is truly supportive and meaningful, there needs to be some type of financial compensation for that service.

Wayne County has come to rely on the transitional housing option as a diversionary option as well as a discharge resource for individuals at CSSH. Initially funding for this program was from a CHIPP initiative; however, since FY 2012/2013 funding resources have come from the Block Grant. For the last several years, this program has operated in a deficit and Wayne County has not been able to meet the providers' full expenses to operate this program. As of 7/1/17, Wayne County has taken over the operation of the TLA and continues to operate in a deficit.

The individuals that remain at CSSH present with SMI and difficult behaviors that require 24-hour care and supervision, above and beyond what the TLA staff can manage. As noted above in strengths, the implementation of the Enhanced Personal Care Home was projected to fulfill the needs of the County in discharging the remaining individuals in CSSH, however this discharge resource still does not allow for those individuals diagnosed with SMI and difficult behaviors to be safely maintained in the community. Therefore, until a safe discharge option such as a LTSR is available to Wayne County, we have consumers at CSSH who present as:

Sex offenders, and/or arsonists;

- i. Have complex medical issues;
- ii. Have multiple Serious Mental Illness diagnoses;
- iii. Are resistant to community placement because they do not necessarily want to leave the hospital;
- iv. Have few, if any, natural supports.

This means the program now requires increased costs and development of service infrastructure for the following;

- v. Higher level staffing;
- vi. Specialized training to build staff competencies;
- vii. Development of specialized programming

Co-occurring mental health/substance use disorder

▪ **Strengths:**

Implementation of the Wayne County Drug Court as of 7/1/2017. Mental health services are collaborating with and supporting to the extent as requested and appropriate with the judicial arm of the county in its pursuit of the implementation of drug court services in Wayne County.

▪ **Needs:**

Treatment: Individuals who present in the ER as a result of a drug overdose and/or high alcohol blood counts and may have a substance abuse disorder as a primary diagnosis are often misdirected to behavioral health crisis services at the ER because there is a perception that they may be trying to do themselves bodily harm or express a desire to die because they feel so poorly. It is understandable that ER staff would refer for a behavioral health evaluation based on the way in which the individual expresses his/her discomfort in terms of "I can't live like this or I want to die." This is exacerbated by the fact that the availability of BH hospital beds are more readily available than are detox and or non-hospital D&A treatment facilities. It is not that uncommon that once the patient is detoxed and medically cleared, the feelings of 'wanting to die' dissipate. With regard to this phenomenon, the

HSA Director together with the D&A and MH Agency Directors have had ongoing meetings with hospital principals in order to raise awareness of this issue.

Another troubling aspect, perhaps for a different reason, is misdirecting the need for D&A services with the request of MH services which is occurring in schools. There is some thought locally that when a school aged consumer is referred by a SAP team for D&A services and parental consent as per school policy is sought, parents seem to emphasize the need for MH services rather than D&A treatment services. This may be a reflection of the policy in many school districts of “Zero Tolerance”, in which a child involved with D&A issues may be suspended and unable to attend school. For parents, that presents the issue of child monitoring in care as well as they are perceived stigma of what “may be an illegal activity” involving the D&A issue to be reexamined in a (safer) BH venue where the stigma can be less than D&A by virtue of the fact that having a mental illness is not illegal, while possession of drug paraphernalia is.

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:**

- 1) There is ongoing treatment team participation for two (2) individuals currently served under Act 21.
- 2) County Prison inmates are provided risk assessment and psycho-social support services. A mental health administrative case manager provides assessments and consultations for the Wayne County Correctional Facility 12 hours a week. There is an ongoing dialogue with Prison personnel, inmates and the parole department to plan and develop service based, self-sufficient plans for inmates. The County Correctional Facility has identified a population of young men and women between 18 and 25 who have mental illness and/or are have co-occurring disorders. The administrative case manager saw 238 unduplicated individuals from 7/1/17- present in the Wayne County Correctional Facility.
- 3) The County BH Office participates in Enhanced Re-entry Planning for targeted SCI inmates. All services are provided by Behavioral Health Administrative Dept. under Transitional and Community Integration Services.
- 4) The county BH Director participates in/ sits on the Criminal Justice Advisory Board.

▪ **Needs:**

- 1) Housing: Lack of affordable housing is the main issue for inmates who are being paroled from both the County and State Prison systems. The lack of housing prevents a number of inmates from being paroled at their first date of eligibility. Although parole planning begins months in advance, the scarce resources, coupled with the fact that many have exhausted all natural supports, make finding safe, affordable housing next to impossible. Housing options left to this population place them with people and in places that are not conducive to recovery and are not in compliance with parole conditions set forth by the Court;
- 2) Expanded Behavioral Health Services in the County Prison: The Wayne County Behavioral Health agency provides assessments and consultation for the prison. The County Prison contracts with a Psychiatrist for services twice a month for a total of twelve hours a month. This service is primarily for medication management. There is a GREAT need for ongoing mental health counseling services WITHIN the walls of the county correctional facility, because a majority of the inmates struggle with stress, anxiety, depression and a host of other serious mental illnesses.

In December 2017, Wayne County was notified that they were no longer able to access SCI Waymart (FTC) for male 302's. Moving forward Wayne County's Service Area Designation is Norristown State Hospital. In February, the County Prison had a male inmate and when Norristown was contacted for 304 admissions, this inmate was placed on a waiting list in which he was the 121st person for admission. Consequently, his behaviors continued to deteriorate and a request for expedited admission was submitted. To date, the inmate remains at the County Prison. Not having access to a higher level of care for the forensic population has put a strain on County system as the Prison Staff have had to have this inmate on constant watch and supervision.

Veterans

▪ **Strengths:**

Wayne County interacts with Veterans in a variety of arenas.

Wayne County has staff participating in the Veterans Leadership Engagement Committee, which is a 4 county coalition consisting of government agencies, community partners, and service providers whose primary goal is to end homelessness among Veterans. Federal, state, and local partners are committed to ending homelessness among veterans in every community as quickly as possible by creating and sustaining a well-coordinated and efficient community system that ensures homelessness is rare, brief, and non-recurring. The Veterans Leadership Engagement Team is committed to ensuring all at-risk Veterans receive the supports and services they need to escape the cycle of homelessness by sharing data, tracking consumers, and providing updates across the spectrum of providers to verify all veterans are receiving appropriate services. In addition, Catholic Social Services has been active with housing-related funding for Veterans that are homeless. They have available beds in neighboring Pike County.

Wayne Memorial Hospital now offers outpatient services to veterans in Wayne County. This has alleviated the need for residents to travel an hour to the VA in Wilkes Barre for appointments. Wayne County Transportation is available for eligible residents at variable co-pays that do not need transportation to Wilkes-Barre for specialized care.

Wayne County houses a Veteran's liaison that assists individuals in navigating through the various systems and services, as well as advocating on their behalf as needed.

▪ **Needs:**

Veteran's willingness to access behavioral health services: OHMSAS has focused on Veteran's issues and services to meet their needs. In this community, there still seems to be a stigma attached to accessing those services. The identified need is a mechanism to diminish that stigma and empower veterans to access mental health services with the same determination that they access other veteran's services.

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

▪ **Strengths:**

- 1) Agency staff is routinely oriented with pertinent information at time of hire in accordance with OMHSAS regulations.
- 2) Agency staff and providers have participated in trainings on this topic.
- 3) Language is included in provider contracts as mandated.
- 4) Psych Rehab Program staff have participated with consumers in OMHSAS committees regarding this topic.

▪ **Needs:**

Continuing Education: The County needs a system wide education program regarding the specific needs of this population and the most appropriate means of treatment and socialization.

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

▪ **Strengths:**

- 1) The Wayne County community has very limited cultural diversity at this time. Recent US Census data indicates 3.4% of blacks, 3.5% of Hispanic, and .5% Asian. However, this includes the populations in two large correctional facilities: one Federal, and one State.
- 2) Living in and participating in community life reflect lower percentages of the minorities who would request or participate in community social services.
- 3) A subcommittee of the System of Care Leadership team has been developed as to address this specific area. The subcommittee will review the SOC standards to ensure child serving systems and organizations more culturally and linguistically accessible.
- 4) Wayne County has identified and contracted with Spanish, Bosnian and Croatian speaking interpreters in response to the need identified by the school districts.
- 5) Wayne County has a Language Line in place that can be accessed by any department when there is a need for interpreter services.

▪ **Needs:**

Wayne County continues to serve families who utilize sign language interpreter services. Interpretek is providing this service however this provider is further away and are somewhat cost prohibitive due to the travel time billed to the Agency with the available providers traveling 2-3 hours each way.

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

- Strengths:
- Needs:

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)

The Wayne County System of Care Leadership Team continues to research the most appropriate trainings to assist County Agencies and Community Partners in obtaining the necessary skills to reach the most vulnerable consumers where they are with the intent of overcoming any and all barriers to the marginalized consumer seeking treatment. The Leadership Team will be providing additional LGBTQI Training in Fiscal Year 2019 to support and enhance the training provided in Fiscal Year 2018. In addition, the Leadership Team has provided another round of Trauma Informed Care and Trauma 101 trainings in Fiscal Year 2018. Enhanced Trauma Care and Trauma Informed Care courses are scheduled for fiscal year 2019. The Leadership Team has selected (3) personnel to attend the Train the Trainer course provided by Lakeside Education Group as part of its sustainment plan. The ability to provide Trauma 101 courses to Community Partners, First Responders and the community at large will enhance the Leadership Team's ability to create a community awareness that aligns with SOC principles and standards.

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)

The Wayne and Pike County Suicide Prevention Committee has joined the Northeast Suicide Prevention Initiative (NSPI) in supporting suicide prevention activities in Northeast Pennsylvania as well as supporting family and friends who are bereaved by a suicide loss or suicide attempt. This Committee consists of volunteers from all sections of the community, including individuals from crisis services, hospital personnel, County CASSP Coordinators, individuals from the Aging and Behavioral Health Offices as well as friends and family members who have lost loved ones to suicide. This committee is dedicated to raising awareness about suicide and suicide prevention and increasing protective factors that decrease suicides. NSPI provides free 'gatekeeper' training and resources to all community members as well as suicide specific training for clinicians who provide therapy to those experiencing suicidal thoughts. NSPI collaborates with community and state organizations and advocates for prevention and support needs as they are identified. In addition to the trainings, NSPI holds an annual walk that allows families to share their grief and honor their loved one, raise awareness that most suicides are the result of severe depression and fight the stigma that stops people from asking for help.

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 (CHIPP), 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 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.									

Fair Avenue	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19	Number of Bridge Subsidies in FY 16-17	Average Monthly Subsidy Amount in FY 16-17	Number of Individuals Transitioned to another Subsidy in FY 16-17	Year Project first started
	CCBH Reinvestment	\$8760.00	\$8760.00	12	6-8				2011/2012
	CCBH	\$5525.21	\$5691.00						
	Consumer Pay	\$4967.84	\$5911.00				136.00		
Notes:									

3. Master Leasing (ML) Program for Behavioral Health				<input 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
Notes:									

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

5. Housing Support Services for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
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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.

TLA	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Number of Staff FTEs in FY 16-17	Year Project first started
	Block Grant	280,874		5	3				2007-08
	Local Match	56,000							
	Consumer Pay	2,651.00							
	PHARE		165,000						

Notes:

6. Housing Contingency Funds for Behavioral Health 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
	BHARP Contingency	766		3				255.00	2012

Notes:

7. Other: Identify the Program for Behavioral Health 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)	<i>Total</i> \$ 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. Housing

Narrative including action steps:

a. Transition Age Youth:

There has been a significant increase in the number of individuals age 16-21 that have presented as either homeless or in need of housing assistance. In many instances, these individuals are system dependent as there is multiple system involvement. In addition to being system dependent, these youth present with limited or no skill set to live independently. In assessing supports that could assist these youth in living independently, their supports have historically been system providers. As these youth present to one of the human service agencies, there have been many factors that make it difficult to secure housing, including age. If the youth is under 18 years of age and not emancipated, they are not able to sign a lease. If a youth is over the age of 18 and an independent apartment is secured, these youth are often fearful of being alone or begin to experience symptoms of depression because they are lonely. Human service agencies have linked these youth to community based services to assist with skill development, however these youth continue to struggle. Wayne County has secured a building utilizing block grant funding and received PHARE funding to create a Housing Resource Room within our transitional living apartments wherein residents and others from the community can access housing related supports for managing, socialization, education, independent living skill development so that they develop the tools for their own long term housing stabilization.

b. Adults with Mental Health Diagnosis:

SXS-Supportive Housing- The Wayne County BH agency is contracted with a vendor, (Step by Step), to provide supportive services, teaching budgeting, banking, meal preparation, meal planning, grocery shopping, making and following up on physician's appointments. There is also a social component wherein group activities are planned and executed which is especially helpful for those who live alone. In general, these services are directed at anything that a consumer needs to remain independent in this/her apartment and live independently in the community.

TLA- Effective 7/1/17, Wayne County has become the provider of this service and will oversee the daily operations and staffing of the TLA. The program now requires increased costs and development of service infrastructure for the following;

- (i) Higher level staffing;
- (ii) Specialized training to build staff competencies;
- (iii) Development of specialized programming

Timeline:
FY 2018/19

Fiscal and Other Resources:
Block grant funding; PHARE funding; CHIPP funding; ESG

Tracking Mechanism:
Monthly meetings with Step by Step and the county continue to ensure expected outcomes are achieved. In addition, the administrative personnel from the county is meeting regularly to ensure the guidelines for the PHARE grant are met as well as to monitor the progress of the construction of the new TLA structure.

2. Modified ACT

Narrative including action steps:
Our community cannot afford all components of the ACT team. We have prioritized aspects most conducive to serving our adult SMI population.

Timeline:
FY 2018/19

Fiscal and Other Resources:
Permission from OMHSAS to develop a modified ACT Team and Reinvestment funding to implement the Team. Wayne County will continue to track consumer need to ensure capacity exists to implement this program. (Due to the rural nature of our county, sharing this team with a neighboring county would diminish the effectiveness/intensity inherent in this service). The regional OMHSAS field office is aware of the counties interest in pursuing a modified ACT team and they have indicated there is funding available for technical assistance in implementation.

Tracking Mechanism:
Wayne County Behavioral Health will collaborate with OMHSAS and CCBH to track consumer need to ensure capacity to sustain this program.

3. Crisis

Narrative including action steps:
As per the Mental Health Procedures Act of 1966, the only service the County needs to provide is Crisis Services. The County is currently participating in an exercise with CCBH, BHARP, Providers and OMHSAS to determine the real cost of crisis services. Historically, expenses for crisis services go far beyond what our budget allows and the provider operates at a loss. In FY 2017/18, there was a significant rate increase to compensate for the low utilization. Since that rate increase, there has been a significant increase in utilization of crisis services, so much so that the contracted amount for crisis was expended by March of this fiscal year. During this exercise it was discovered that 70% of individuals seen for crisis services were not covered by Medicaid or have a CCBH contract that Wayne County does not participate in and we are unable to enter into a NON-PAR for reimbursement. In addition, individuals and children that are in crisis and go to the hospital are not individuals that are known to the County BH/ID office. The County will continue to work on enhancing

community based services to give individuals the opportunity to receive services before a crisis is reached. The burden to the County is great given the number of individuals we are serving.

Timeline:
FY 2018/19

Fiscal and Other Resources:
Block Grant Funding; CCBH

Tracking Mechanism:
Wayne County will continue to work with the Crisis Provider to determine the true cost of Crisis services; Quarterly meetings will continue.

4. Regional LTSR

Narrative including action steps:

As referenced above, the needs of the consumers that are transitioning out of Clarks Summit State Hospital are such that it is becoming more and more difficult to maintain these individuals safely in the community. Wayne County has discharged one individual from CSSH into the Enhanced Personal Care Home, which was a product of the FY 2013/14 CHIPP project. Since the time of this individual's discharge, despite being wrapped with services, the team had a difficult time maintaining not only the individual, but also the community safe.

Wayne County does not have a discharge resource available to the consumers at CSSH that will keep them and the community safe. Wayne County does not have the resources available to maintain and/or sustain a Long Term Structured Residence (LTSR), as our CHIPP allocation is dedicated to funding the Enhanced Personal Care Home, therefore, regionalizing this level of care would be required.

Timeline:
Discussions with Service Area Plan (SAP) partners from the Clarks Summit State Hospital catchment area and OMHSAS will continue to determine the feasibility of regionalizing a LTSR project.

Fiscal and Other Resources:
Block Grant Funding

Tracking Mechanism:
Meetings with SAP partners, OMHSAS, CSSH.

5. Hoarding Task Force

Narrative including action steps:

Hoarding has been a long standing clinical issue in Wayne County and affects individuals through all of the Human Service agencies. It has been noted that services to address this issue do not exist in Wayne County. The closest outpatient therapist that specializes in Hoarding is in Allentown. Many of the individuals that we serve do not have access to transportation services; therefore, this level of care is not accessible unless the individual meets the criteria for Wayne County Transportation Services. In the event transportation is available, individuals prefer to receive services in their home community, and are unwilling to travel this distance. This task force will focus on increasing

education and awareness as well as coordinate community resources so they can better respond to individuals with a hoarding disorder.

Timeline:
FY 2018/19

Fiscal and Other Resources:
Block Grant Funding

Tracking Mechanism:
Monthly meetings with community partners as well as Human Service Departments

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

*HC= HealthChoices

f) Evidence Based Practices Survey:

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Current number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Additional Information and Comments
Assertive Community Treatment	N							
Supportive Housing	Y	49-SXS 3-TLA	N/A					
Supported Employment	Y	2	N/A					Include # Employed
Integrated Treatment for Co-occurring Disorders (MH/SA)	N							
Illness Management/ Recovery	Y	46	Boston University	Agency	Quarterly	N	N	
Medication Management (MedTEAM)	N							
Therapeutic Foster Care	Y		CANS	Agency	Quarterly	N	N	
Multisystemic Therapy	Y	6	Therapist, Supervisor and Consultant Adherence Measure	Agency	Quarterly	N	N	
Functional Family Therapy	N							
Family Psycho-Education	N							

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

To access SAMHSA's EBP toolkits:

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

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

Consumer/Family Satisfaction Team	Y		31 CST/14 FST
Compeer	N		
Fairweather Lodge	N		
MA Funded Certified Peer Specialist- Total**	Y	19	
CPS Services for Transition Age Youth	N		
CPS Services for Older Adults	N		
Other Funded Certified Peer Specialist- Total**	Y	0 currently	County funding available
CPS Services for Transition Age Youth	N		
CPS Services for Older Adults	N		
Dialectical Behavioral Therapy	N		
Mobile Meds	N		
Wellness Recovery Action Plan (WRAP)	N		
High Fidelity Wrap Around/Joint Planning Team	N		
Shared Decision Making	N		
Psychiatric Rehabilitation Services (including clubhouse)	Y	46	
Self-Directed Care	Y	10	
Supported Education	N		
Treatment of Depression in Older Adults	Y	Data not available	
Consumer Operated Services	Y		Warmline-488 calls; Drop in Center- 54
Parent Child Interaction Therapy	N		
Sanctuary	Y		
Trauma Focused Cognitive Behavioral Therapy	Y		
Eye Movement Desensitization And Reprocessing (EMDR)	N		
First Episode Psychosis Coordinated Specialty Care	N		
Other (Specify)			

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

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

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

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

h) Certified Peer Specialist Employment Survey:

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

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

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

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

Total Number of CPSs Employed	9
Number Full Time (30 hours or more)	1
Number Part Time (Under 30 hours)	8

END – MENTAL HEALTH SERVICES

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	2	.03	3	.05
Pre-Vocational	0	0	0	0
Community participation	16	28	16	28
Base Funded Supports Coordination	36	62	37	64
Residential (6400)/unlicensed	0	0	0	0
Life sharing (6500)/unlicensed	0	0	0	0
PDS/AWC	0	0	0	0
PDS/VF	0	0	0	0
Family Driven Family Support Services	38	66	390	67

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.

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- Please add specifics regarding the Employment Pilot if your county is a participant.

Wayne County continues to support Pennsylvania’s Employment First policy and the ODP Employment Initiative, and has successfully met Quality Management goals and increased the number of consumers competitively employed over the last several years.

Fiscal year to date data indicate that an average of twenty-nine (29) Wayne County Administrative Entity enrolled consumers are competitively employed. Since Wayne County began tracking the numbers of individuals with developmental disabilities who are competitively employed, we have increased the number from a baseline of seven (7) individuals in 2009. This is a 314% increase.

Much of this success is due to the continued work of the Wayne County Employment Coalition. The Wayne County Employment Coalition (WCEC) is a community coalition, comprised of local school districts and educators, employment support provider agencies, State Office of Vocational Rehabilitation, State Office of Developmental Programs, community businesses, Wayne County Office of Behavioral and Developmental Programs and Early Intervention, The Wayne County Supports Coordination Organization, Pocono Counties Workforce Developmental Board and the Wayne / Pike Workforce Alliance, Wayne County Children and Youth Services, community based organizations and other interested parties.

WCEC members work together to create and promote successful employment opportunities, choice of employment opportunities and supports needed for individuals with barriers to employment and disabilities in pursuit of an Everyday Life. The Coalition was formed in 2008 and has grown in number and purpose. The WCEC serves as a central point of contact, facilitates information sharing, educates the community and stakeholders about changing laws, regulations and best practices as it relates to employment for those with barriers to employment and disabilities. Members of the WCEC partner to host Transition Fairs for youth that focus on employment, independent and health living. In addition, we have worked collaboratively to share information about how our supports and services can work together with consumers, students and youth with regard to assistance and support that can be provided by all programs to our consumers. In this way, we hope to enable consumers to gain skills, experience and obtain competitive employment. The Coalition meets every other month.

The WCEC worked together to bring ‘Project Search’ to our community. Project Search has grown from one original program site at the Cincinnati Children’s Hospital to 500 programs across 45 states and 9 counties. The Project Search model involves an extensive period of training and career exploration, innovative adaptations, long term job coaching, and continuous feedback from teachers, job coaches, and employers. As a result, at the completion of the training program, students with intellectual disabilities are employed in nontraditional, complex and rewarding jobs.

Project Search is a one year, school to work program for students in their final year of high school. Project Search's primary objective is to secure competitive employment for people with disabilities. Each student will train in three internship rotations at Wayne Memorial Hospital to prepare them for competitive, integrated employment. This program teaches the individuals transferable employment skills that can increase the chances of successful, satisfying employment after high school. Wayne Memorial Hospital, Wayne Highlands, Western Wayne and Wallenpaupack School Districts, Pennsylvania Office of Vocational Rehabilitation, Living Unlimited and the Wayne County Office of Behavioral and Developmental Programs and Early Intervention bring this amazing program to Wayne County. We anticipate this program resulting in continuing to grow our numbers of those competitively employed.

Wayne County continues to partner with the Pocono Counties Workforce Development Board. The provider and administrator of WIOA services in Wayne County has changed. The Wayne / Pike Workforce Alliance will now be our partner in working to implement the Employment First initiative. Due to legislative reform to The Workforce Innovation and Opportunity Act (WIOA) beginning 4 years ago, increased opportunities and services to individuals with disabilities has allowed for youth with disabilities to receive extensive pre-employment transition services in order to obtain and retain competitive integrated employment.

The Wayne / Pike Workforce Alliance will be providing a comprehensive career readiness preparation program for youth participants to include areas of leadership, financial literacy and a career readiness certification. WIOA outlines a vision for supporting youth and young adults through an integrated service delivery system. This vision includes high quality services for in school and out of school youth beginning with career exploration and guidance, continued support for educational attainment, opportunities for skills training, and culminating with a good job along a career pathway or enrollment in post-secondary education. The 14 elements and opportunities of the WIOA Youth Program that we will work to connect our transition age youth to include:

- [Tutoring, Study Skills Training, Instruction, and Dropout Prevention](#) activities that lead to completion of a high school diploma or recognized equivalent
- [Alternative Secondary School and Dropout Recovery Services](#) assist youth who have struggled in traditional secondary education or who have dropped out of school
- [Paid and Unpaid Work Experience](#) is a structured learning experience in a workplace and provides opportunities for career exploration and skill development
- [Occupational Skills Training](#) is an organized program of study that provides specific skills and leads to proficiency in an occupational field
- [Education Offered Concurrently with Workforce Preparation](#) is an integrated education and training model combining workforce preparation, basic academic skills, and occupational skills
- [Leadership Development Opportunities](#) encourage responsibility, confidence, employability, self-determination, and other positive social behaviors
- [Supportive Services](#) enable an individual to participate in WIOA activities
- [Adult Mentoring](#) is a formal relationship between a youth and an adult mentor with structured activities where the mentor offers guidance, support, and encouragement

- **Follow-up Services** are provided following program exit to help ensure youth succeed in employment or education
- **Comprehensive Guidance and Counseling** provides individualized counseling to participants, including drug/alcohol and mental health counseling
- **Financial Literacy Education** provides youth with the knowledge and skills they need to achieve long-term financial stability
- **Entrepreneurial Skills Training** provides the basics of starting and operating a small business and develops entrepreneurial skills
- **Services that Provide Labor Market Information** offer employment and labor market information about in-demand industry sectors or occupations
- **Postsecondary Preparation and Transition Activities** help youth prepare for and transition to postsecondary education and training

The WIOA act includes a definition of “*Competitive integrated employment, for an individual with a significant disability, that is based on an individualized determination of the strengths, needs, and interests of the individual with a significant disability, designed to meet the specific abilities of the individual with a significant disability and the business needs of the employer, and carried out through flexible strategies...*” (*Workforce Innovation and Opportunity Act, H.R. 803, 113 Congress, 2009, p. 210*). Wayne County and our local stakeholders have worked for some time and continue to work in the spirit of this definition, by focusing on and advocating with respect to an individual’s strengths, abilities and preferences which allows employers and employees to be successful. Wayne County Developmental Programs is committed to Community Integrated Employment for all, and therefore uses block grant funds to ensure the availability of both in home and community support services and community participation support service authorizations for individuals with disabilities so that they may begin their Discovery and Exploration of their community and their interests in a variety of volunteer opportunities and community events. Leadership development opportunities and successes in initiatives such as Special Olympics build confidence that allow individuals to further their development and future vision for employment.

Wayne County has also provided a kitchen classroom setting in order to facilitate a variety of skill building and employment opportunities. The Park Street Kitchen & Café is a community collaborative project that serves as a daily lunch café and also does light catering, providing volunteer and competitive employment work skill development opportunities. Participants learn how to greet customers, collect and exchange money, cook and perform general duties of a small dining room and café operation. Individuals with disabilities and youth with barriers to employment need to have more opportunities to practice and improve their workplace skills, to consider their career interests and to get real world work experience through internships, short term employment, apprenticeships and fellowships.

Supports Coordination:

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

Staff of the Wayne County Supports Coordination Organization are active members of the Wayne County Human Services Quality Council and the Wayne County Administrative Entity sponsored Employment Coalition. Collectively through these groups as well as through several other Life Course trainings, we have developed practices to assist the Supports Coordinators to engage individuals and families in exploring the communities of practice and supporting families model using the life course tools to link individuals to resources available to anyone in the community conducive to the Everyday Lives philosophy. Both the Office of Developmental Programs staff and individuals and family mentors from the PA Family Network have come to Wayne County on several occasions during this last fiscal year to support the capacity of supports coordinators in the use of the Life Course tools.

The availability of natural supports is indicated in all areas of need documented in the Individualized Support Plan. Both the Employment Coalition and the Quality Council provide forums where community resources and program updates are shared. This continually new and updated information is, in turn, shared with consumers and their families. As an important strategy and practice to strategy to effectively plan for individuals, and their unique needs, the Wayne County Supports Coordination Organization and Administrative Entity hold regularly scheduled staff meetings. At that venue, we discuss complex cases, consumer needs, and any other consumer related current information that may assist us to better serve each of our consumers.

A Transition Packet has been developed that contains comprehensive information regarding transition to employment and adult life. This packet was shared with the Supports Coordination Organization and is provided annually during the consumers' Annual ISP meeting. The Wayne County Supports Coordination Organization has also identified two (2) Supports Coordinators that will serve as 'Transition Coordinators'.

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?**

Wayne County supports the ODP Life sharing initiative as a strong option for those with developmental disabilities reflective of a least restrictive setting in which a consumer may thrive with a caring family. The County has successfully met its Quality Management goals and increased Life Sharing arrangements over time.

The Wayne County Administrative Entity for Developmental Programs has a life sharing Strategic Plan that works to continually establish a culture of life sharing. This is demonstrated by:

- (a.) always considering life sharing a first strategy when someone is seeking residential options;
- (b.) at least annually, consumers receive information about life sharing and are asked if they are interested in pursuing life sharing during their Individualized Support Plan meeting;
- (c) key staff participate in the Regional Life Sharing Committee to share ideas and best practices;
- (d) staff consistently works toward expanding the availability of life sharing options with our provider network; and

(e) Life Sharing education and recruitment was the focus of a Wayne County Human Services Quality Council meeting. At the meeting, a broad group of stakeholders within the community were made aware of what life sharing is, the successes we have had and where folks can find more information if they are interested. Both a provider and recipients of this service spoke to recognize the positive outcomes they both receive.

In Wayne County we have ready, willing and able Life Sharing Providers. However, we do not have waiting lists or consumers who would like and/or choose Life Sharing and therefore, the Agency has been unable to utilize this resource at the present time. The Wayne County Administrative Entity Staff and a Life Sharing Provider Agency, both members of the Regional Life Sharing Committee, have a Life Sharing Event scheduled for Thursday, May 17th in an attempt to break down barriers to life sharing. The barriers we have identified with Life sharing are that, often times families are not comfortable with sending their loved one to another person's home if they seek residential services and want Community Living Arrangement services. We are continuing to work to educate consumers' families, and to present Life sharing possibilities in a non-threatening manner to families so they may view it as a positive option.

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.**

Individuals with intellectual and developmental disabilities and other needs often struggle with accessing quality community based services that are coordinated and effective to adequately address their multiple and specialized needs. Wayne County Developmental Programs works in collaboration with our Wayne County Human Services partners and our provider networks in the following ways:

- (a) Working to strengthen competency through the system by:
- (1) Raising awareness, advocating for, and assisting to create specifically designed curricula for school district personnel, provider agencies, families and community stakeholders in many forums such as the Wayne County Human Services Quality Council, Wayne County Behavioral and Developmental Programs and Early Intervention Advisory Council Meetings, Wayne County Employment Coalition, Wayne County Human Services Systems of Care, Local Housing Options Team, Rural Homeless Advisory Board, Wayne County Children's Coalition, etc.;
 - (2) Developing sound options for individuals in need of specialized services through increased, consistent and frequent communication and developing person-centered planning with them;
 - (3) partnering with ODP and OMHSAS, State, Regional and Local Positive Practices committees, the local Wayne County Human Services Agencies, the Health Care Quality Unit, HCQU, the Wayne County Human Services Quality Council and our provider networks;

- (4) Utilizing Case Review meetings of BH and the County AE, along with County BH/AE/SCO/BSU/CYS/AGING case reviews to continually identify , redefine and refine service delivery consistent with the specialized and individualized needs of those with complex situations or multiple needs and dual diagnosis;
- (5) Working across many systems to achieve the best service package available to produce the best outcomes possible as defined by the consumer and his/her family;
- (6) Working, through the partnership within our county and the use of our Wayne County Quality Council's Human Rights sub-committee meetings, toward building early intervention and system connections and corrections;
- (7) When appropriate, utilizing the specialized services created through BHARP, Behavioral Health Alliance of Rural Pennsylvania and CCBH, such as the CSRU, Community Reintegration and Stabilization Unit and the DDTT, Dual Diagnosis Treatment Team to fashion services designed specifically for those with intellectual disabilities and a co-occurring psychiatric diagnoses.

Wayne County has a strong, long standing collaboration with our local school districts. All of our school districts are active members in the Wayne County Employment Coalition and all school districts also serve and work with us on a Transition Subcommittee of the Wayne County Human Services Quality Council. Through these partnerships we have worked together to hold annual Transition Fairs whereby all school districts and members of the Wayne County Employment Coalition and the Transition subcommittee come together to provide information for youth and their families. The County has also worked with local school districts to create and provide career exploration activities, community based work assessments, internships and job shadowing opportunities for students. This has been a resource for our local school districts to support their work in accordance with their changing requirements.

Annually Wayne County obtains releases of information for the consumers we serve and then in turn provide each of the school districts with lists of consumers we jointly serve. This allows the school districts to know which students are not registered with the County entity for referral and planning purposes. The school districts do try to encourage families to register with us. Additionally when parents allow, the supports coordinators are encouraged to participate in IEP meetings. Finally, the Wayne County Administrative Entity joined the Office of Developmental Programs staff to present the Community of Practice and Life Course for the Wayne Highlands School District Special Education Department teachers and staff. The Life Course Tools and Community of Practice philosophy was also the focus of a recent Employment Coalition Meeting.

We will continue to build on these foundations in all of our partnering with the local school districts. As previously outlined above in the Supported Employment Section, the partnership and collaboration of and with the local school districts has resulted in bringing the nationally known Project Search program to Wayne County at Wayne Memorial Hospital.

Wayne County Children and Youth, Area Agency on Aging, Behavioral and Developmental Programs and Early Intervention and Drug and Alcohol Commission are all administered together through the umbrella agency of Wayne County Human Services. This collaborative model allows for Administrators to meet regularly in pursuit of their individual program goals as well as to move the County Human Services Agencies forward together in a coordinated fashion, using best practices and achieving positive results. Additionally monthly meetings are held whereby supervisors from the Area

Agency on Aging, Behavioral Health, Developmental Programs and Early Intervention and Children and Youth Services review complex cases.

The Wayne County Human Services Quality Council provides another forum where all community stakeholders come and make announcements and provide information on community resources. Monthly meetings are also held where supervisory staff from all programs can meet with supervisory staff from the Behavioral Developmental Programs and Early Intervention case management unit and Administrative Entity staff to work through complex cases.

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.**

Wayne County Developmental Programs resolves individual emergencies with a team approach. This team includes the consumer, the consumer's family (when appropriate), the Supports Coordination Organization, the AE, the Human Services Director and at times, the Northeast Regional office. All members of the team meet to hear the emergency and then strategize for a resolution. All members of the team work in concert to meet the consumer's need in the least restrictive environment and to minimize the negative impact on the consumer. Many times, the resolution process includes the provider network, (locally and beyond) and many other local agencies and resources.

The County reserves approximately one-quarter of one percent for emergencies from Block Grant ID Base funding. This is a very modest amount due to the fact that Block Grant funding was cut by approximately 10% three years ago, without restoration since that time. Carry-over funding, if any, are often directed to specific initiatives; however, these funds, if approved by the Department, may be re-directed, based on priority need.

If a consumer is in need of emergency services within the workday hours, the above team is convened and the work is engaged until a resolution is attained. A more detailed response to this question is included in the following policies: Wayne County Crisis Work Statement and the SCO Emergency Crisis Policy.

The following is the Work statement for Wayne County Crisis Services under the Act of 1966"

Work Statement

“Mental Health Crisis Intervention Services are immediate, crisis orientated services designed to ameliorate or resolve participating stress, which are provided to adults or children and their families who exhibit an acute problem of disturbed thought, behavior, mood or social relationships. The services provide rapid response to crisis situations that threaten the well being of the individual or others. Mental Health Crisis Intervention Services include intervention, assessment, counseling, screening and disposition of services in the following categories:

1. Telephone crisis services,
2. Walk- in crisis services,
3. Individual mobile crisis services,
4. Team mobile crisis services, and
5. Medical mobile crisis services.

These crisis services are available 24 hours a day, seven days a week.

This service is licensed as Mental Health Crisis Intervention Services by the Office of Mental Health and Substance Abuse Services of the Department of Public Welfare.

Service Providers will maintain compliance with all DPW/OMHSAS/CCBHO bulletins, regulations and provider alerts.

Recovery/Resiliency Oriented System

The Service Provider will cooperate with the County Behavioral Programs Office to develop a recovery/resiliency oriented services system. The Service Provider will work with the County to institute quality assurance policy and procedures, which reflect recovery/resiliency principles. The Service Provider will develop a quality assurance system that includes internal evaluation of their programs. Quality Assurance Report will be kept on file with the Service Provider.

The following policy is that of the SCO emergency crisis access. It incorporates the above work statement as the umbrella policy for after hours access to crisis services.

Procedure for assuring Consumer/Family access in a timely manner.

Wayne County Supports Coordination Organization (SCO) is committed to excellent customer service. With this commitment, the Supports Coordinators will provide timely communications related to requests, issues and concerns brought to the attention of the SC.

1. If an emergency inquiry occurs via phone call or e-mail, the SC will respond to the inquiry within 24 hours of receipt.
2. For non-emergency inquiries, the SC will respond to the consumer/family within 3 calendar days.
3. If an SC is out of the office for personal reasons for more than one day, SC Supervisor will check SC's voicemail and reply to any emergency inquiries within the above stated timeline.
4. If a consumer/family calls with an emergency and the designated SC is not available, the person will be given the option of speaking to an SC Supervisor or the SCO Director.
5. SC's will communicate any absences from the office for business purposes for more than one day (i.e. trainings/out of county monitorings) to their SC Supervisor. The SC Supervisor will make a plan with SC for SC to check their voicemail remotely; or if not possible, SC Supervisor will check voicemails. If SC is unable to respond to an emergency, they will communicate this to their supervisor and SC Supervisor will assure timely response to the inquiry.
6. Emergencies that occur after normal business hours will be connected to Merakey; who in turn contacts a behavioral health emergency worker from Wayne County Behavioral Health Department. If the emergency is related to a consumer in the SCO; the Behavioral Health emergency worker will contact the ID Director, who will assess the situation and determine who will be following up with the Consumer/Family. This will occur following the 24 hour response to an emergency inquiry”.

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

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

Since Wayne County kicked off their Community of Practice during last fiscal year, Wayne has maintained an active momentum bringing awareness, education and training opportunities through a variety of venues to include the very active, well established Wayne County Human Services Quality Council and the Wayne County Employment Coalition. Our Community of Practice began through these groups to ensure that we continue to include and bring together a very broad group of stakeholders. Wayne County continued to host ODP's Community of Practice Point People and the PA Family Network on several occasions during this current fiscal year.

In addition to the Supports Coordination Organization, we have included our Early Intervention birth – three service coordinators and our intake and administrative case management staff in trainings in order to further broaden the Community of Practice. During this next fiscal year Wayne County would like to focus on engaging the individuals and families served through the Wayne County Behavioral and Developmental Programs and Early Intervention programs. A monthly newsletter with community events, trainings and news goes out to ensure individuals and families served are well informed and can stay connected. This year we will be gathering information from the individuals and families served about what they need and want in order to further their connectivity and expand their networks.

Wayne County Developmental Programs utilize The Advocacy Alliance, the Northeastern Health Care Quality Unit. Their Health Care Quality Unit is responsible to monitor the overall health status of consumers who have developmental disabilities registered with Wayne County. The Advocacy Alliance assesses a consumer's health and systems of care; providing clinical health care expertise to consumers and their families, residential and day program providers, provide health related training,

and work to integrate community health resources with state and regional quality improvement structures and processes. The primary goal of the Health Care Quality Unit is to assure that the consumers served are as healthy as they can be and can therefore fully participate in community life.

The HCQU provides Health Risk Profiles for consumers utilizing an instrument designed to screen for physical and behavioral health risk factors as well as provision of healthcare services. The intended use of the HRP is to identify an area of risk that may require further evaluation by the individual's primary care provider and support team. Information gathered is in aggregate form, it provides a profile of the current state of the health of persons with developmental disabilities being served. Using this data then allows the developmental disabilities system to identify systemic health patterns and trends which in turn results in the education and possibly development of resources and education.

The HCQU also serves as a "go to" for Wayne County, individuals, consumers, families and the provider support network as they provide educational programs and clinical expertise. Sometimes not all of our consumers served have access to health care providers who are knowledgeable about the unique health care issues that persons with developmental disabilities may encounter. This may be because not all health care providers are practiced in communicating effectively with provider agencies, supports coordinators and planning teams. The HCQU helps to fill these needs. Additionally, the HCQU serves as a resource to our providers, families and others who support people with disabilities in the community in order to help solve their health care problems with doctors, hospitals and other health care providers. The HCQU also provides specialized training for both physical and behavioral health needs.

As part of its continuous quality improvement efforts, Wayne County Developmental Programs utilizes Independent Monitoring Program data to focus on the quality of life and the quality of services and supports to consumers supported by the Office of Developmental Programs service system. This independent monitoring works to seek information from consumers and their families in areas related to satisfaction, dignity, respect and rights, choice and control, relationships, and inclusion. Our Agency works to address all reported 'considerations' to improve the person's life. This work may include working with provider agencies, as well as connecting consumers and their families to other community supports and resources to improve the interviewed consumers quality or satisfaction with life. Review of, and response to the IM4Q generated consumer 'considerations' may also assist continuous quality improvement for the disability community at large or provider quality improvement. The National Core Indicator data is analyzed in comparison to state data as well as to previous years for our Administrative Entity responses.

Wayne County's goal is to increase percentages over previous years and beyond statewide averages. Wayne County does exceed, or is within a few percentage points of, statewide averages in all categories except that of one area in the Choice and Control category, 'having a key to get into house'; and we do lag behind the statewide averages in 3 of the 4 areas in the Community category: 'go to worship weekly, go to mall weekly and go to a restaurant weekly. It is believed that, due to the rural nature of our County, our consumers may participate in different types of community activities as evidenced by the 92% of consumers who reported that they do 'go out for fun'. 'Getting out for fun' in Wayne County appears to be doing things of a different nature. What our consumers may think of as a 'mall' is about a 40 minutes distance from our County seat. All consumers' ISPs document their religious preferences and desires.

IM4Q generated data is considered within our Quality Management Plan as we do focus and track quality specific to Employment and Life sharing. Consumer and family reported satisfaction with their living situation and with work/day activities is included in the IM4Q categories of Choice and Control, Satisfaction and Relationships. Wayne County continues to make strides in the number of consumers who are competitively employed. Wayne County also continues to try to increase the number of individuals with residential service needs that are served in Life Sharing arrangements. In the last few years, we have not had any consumers who desire life sharing but cannot find an arrangement. All consumers are asked annually if they would like to explore Life Sharing as an option.

Wayne County invites and encourages the building of competency among its providers and staff by: utilizing the resources of: (a) the HCQU; (b) the Wayne County Human Services Quality Council by sharing in training throughout all human services categorical agencies and other initiatives; (c) monthly supervisory meetings/case reviews. CASSP meetings, Systems of Care meetings and events, and the System of Care sponsored Trauma Informed Care trainings;(d) the Wayne County Employment Coalition; and (e) the Aging/Disability Resource Center (ADRC) initiatives, activities and meetings and its Wayne Information Network (WIN) presentations and email distribution lists.

Wayne County Developmental Programs system endeavors to ensure a high quality of life for individuals by collecting and analyzing data, working with providers and families to ensure health and safety, providing resources for corrective action plans, disseminating information regarding training opportunities and sharing innovative approaches to service delivery. More specifically, Wayne County Developmental Programs, through the Quality Council and its subcommittees, has developed and implemented a county wide Spin 911 Program and a Missing Persons information guide. The Wayne County AE contracts with Advocacy Alliance for Incident Management. The AE then analyzes the data and assesses trends from that data. The AE shares that analysis with the Quality Council and its subcommittees, particularly the Human Rights Subcommittee and the Communications Subcommittee. The data is discussed and insight gathered during the meetings. The AE provides information resources, and training to providers, families and consumers based on that data.

Wayne County AE develops the Annual Quality Management Plan. This plan incorporates ODP mandated measures along with measures germane to information gathered through the risk management data and stakeholder input. These measures are tracked and analyzed throughout the year and quality improvement actions are developed and implemented based on the data.

Wayne County Developmental Programs utilizes the housing coordinator as a resource for housing options, local community resources to support safe housing, and grant resources to assist in the financial aspects of homelessness prevention. The Wayne County Local Housing Options Team (LHOT), of which the housing coordinator presides, meets monthly. There is representation from the AE and the SCO present at those meetings. Information that is shared at the LHOT meetings is then brought back to the AE and the SCO for group training and resource building. The housing coordinator will, upon request, participate in consumer team meetings where housing is a need of the consumer. The housing coordinator explains access to the housing grants and opportunities and guides the team in the expedient completion of housing specific paperwork.

The Wayne County Administrative Entity for Developmental Programs through their Provider Monitoring responsibilities pursuant to the Administrative Entity Operating Agreement conducts Provider Monitoring activities that include requirements related to ensuring that providers have Emergency Disaster Response Plans. In review of the providers Emergency Response Plan, Administrative Entity staff ensures that the plan includes addressing the safety and protection of

individuals as well as communications and/or operational procedures. Additionally through the work of the Wayne County Human Services Quality Council, providers have been supported in preparing for emergency situations through the development of 'SPIN 911', Supporting People in Need through our 911 systems. Providers have been able to voluntarily register their programs/individuals with our County's Emergency Response System whereby any special needs can be made known in the event that emergency responders are called to the home or program site. Thus, the emergency responders are prepared with information ahead of time that could be helpful in responding to an emergency. Information such as ambulation status, oxygen dependency or health diagnosis information is kept on file to enhance an emergency responders capacity to assist.

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?**

Wayne County strongly supports the principle and philosophy of Participant Directed Services. This is demonstrated by our practices. Upon intake and registration all consumers and their families are informed and educated about Participant Directed Services and the two models of Vendor Fiscal and Agency with Choice. After enrollment and assignment to a Supports Coordination Organization, the Supports Coordinator again discusses Participant Directed Services when creating the consumers Individualized Support Plan. Thereafter, at least annually and upon every critical revision to the ISP, the family and consumer are reminded again as indicated and documented with the ISP signature sheet that Participant Directed Services are an option to them.

Barriers and challenges for providing Participant Directed Services include finding direct support staff. The provider of the Agency with Choice model does try to assist families if they are in need of additional workers, as they are also a provider of traditional services. Living in a rural area means that often our families and consumers reside in remote locations. Finding staff willing to travel to work is sometimes difficult. Finding, keeping and maintaining direct support staff has also proven difficult when families are 'independent' and "on their own" under the Vendor/Fiscal model. Often times, as life circumstances change for existing staff workers, replacing those workers has not been easy.

The Vendor/Fiscal model may also present difficult challenges for families in ensuring the qualifications, requirements and responsibilities consistent with this model of participant directed services. Additionally, communication with Public Partnerships is often difficult. It can be noted that during last fiscal year Administrative Entity staff were given access to the PPL portal that allows us to see information on employers, consumers, staff rate sheets, staff qualification and staff timesheets. This has been helpful in some instances. However, management, and oversight of the participants utilizing the State Vendor of Vendor/Fiscal Participant Directed Services, PPL, is still often difficult. It is our understanding that a new vendor of vendor/fiscal pds has been chosen.

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.**

Wayne County has not received formal data from ODP regarding the number of individuals receiving services in congregate settings. The Wayne County Administrative Entity does have eleven (11)

registered consumers receiving services in state or private ICF/IDs: one (1) consumer receiving psychiatric services at Clark Summit State Hospital; and three (3) adolescent consumers receiving behavioral health services in Residential Treatment Facilities. None of the Wayne County consumers have been included in the Benjamin or Jimmy settlement cases. However, all of these consumers are supported with base funded Supports Coordination Services. The eleven (11) consumers who receive services in ICF/ID settings are asked at least annually if they are interested in moving back to the community. Any interested consumers or families would be supported to do so if they so desired. All consumers receiving psychiatric or behavioral health services are supported by a Supports Coordinator and the Administrative Entity staff who participate in team meetings and provide information and resources used to provide comprehensive discharge planning.

END - INTELLECTUAL DISABILITY SERVICES

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.

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.**

No bridge housing was utilized this SFY

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

Although not utilized very often, Bridge Housing is an important component of the housing services offered. It allows the county to assist households who might not otherwise be able to be assisted through limited rapid rehousing funds and gives the household some much needed time in order to stabilize their situation

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

Ideally, WC will operate at least one (1) ES unit year round. WC will be receiving CoC funding for the first time this coming fiscal year under the new TH/RR program type. The CoC Program cannot fund shelters, however, practically speaking; the TH component will mimic scattered site emergency shelters. WC will have two such apartments, year round, as part of our CoC contract. It is possible that those who receive this component will benefit from case management from HAP.

- **If bridge housing services are not offered, please provide an explanation.**

Please see response above. Bridge housing is an available service, although not currently utilized due to being able to assist clients with other leveraged resources. In this way, HAP dollars are funneled to the most needed aspects of service delivery, namely case management and hotel/motel vouchers.

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.**

To date, since July 1, 2017, Emergency Solutions Grant Program (ESGP) via the Commonwealth's Department of Economic and Community Development (DCED), the ESGP/HAP staff have case managed 43 homeless or near homeless households (114 individuals). Of those, 32 households (85 individuals) began enrollment during the 17-18SFY. HAP funds, not used in other categories, were set aside for case management and were also able to be used as match for the ESGP grant. It is expected that match can be drawn from case management funding through HAP in the 2018-2019 year again. Without HAP's contribution to this end, Wayne County would be unable to maintain the

100% match needed to maintain the ESGP. The two programs, ESGP and HAP, are truly needed to work in tandem with each other so that the best possible service delivery and options can be provided to those in Wayne County experiencing homelessness or near homelessness.

Case management is tailored to meet the individual needs for each household presenting in a housing crisis. It can vary in intensity, scope and duration, however case management begins with intake and ends once housing stability has been achieved when realistically possible. Case management includes:

- (a) A Housing Assessment (addresses the client's history of homelessness, community living history, barriers to sustainability, strengths for improved sustainability, budget, and housing needs/wants.
- (b) A Housing Plan: outlines the client's goals, services and supports, a housing crisis plan and a discharge plan.
- (c) Prepared Renter Education Program (PREP): This curriculum designed by the Self-Determination Housing Project and the Pennsylvania Housing and Finance Agency (PHFA) exposes clients to renting fundamentals, preparing the rental process, understanding their personal history, locating housing, understanding a lease, starting off right in their new home, working with a landlord, dealing with financial problems and dealing with future evictions.

Housing case management is often offered in conjunction with other specialized case management services cited elsewhere in this plan, namely behavioral health children and youth, and aging case management. Furthermore, since any child 0-3 or pregnant mother experiencing homelessness is eligible for tracking (once baby is born) through Early Intervention, those referrals are made frequently, leading to collaborations between Housing Case Management and Early Intervention Case Management. Housing First is emphasized with case management, as well as trauma-informed Care and harm-reduction models of service delivery. As always, case management is client centered and takes a progressive engagement approach, ensuring self-determination and that homelessness is rare, brief, and non-recurring.

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

It is Wayne County's strong belief that effective and on-going case management and support are the keys to assisting consumers to achieve housing stability. This is true of consumers involved in all categorical systems. The HSA has experience that supports this fact. Based on its experience with (1) the Homeless Prevention and Rapid Re-Housing grant (via DCED) of five years ago: and (2) more currently, the agency's receipt of an Emergency Solutions Grant for the last 3 years (also via DCED), the HSA's aggressive and intense case management services resulted in success of housing stability for nearly all participants in both Programs. Case management should work with the client to see to it that homelessness is rare, brief, and non-recurring. To that end, case management strives to reach a functional zero, ending all cases of homelessness within 30 days of enrollment. Wayne County is approaching that benchmark, lessening the average length of homelessness by 5 days within the last year. There has been a 100% rate associated with non-returns to homelessness and 88% discharge to permanent living situations, speaking to the efficacy of our case management services.

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

Case management will continue throughout the next fiscal year. Enhancements to service delivery will continue to develop as best practices are learned and incorporated into the programming. It should be noted that clients access HAP services will be screened by and accessed via the Commonwealth's Continuum of Care Eastern Region (CoC)'s Coordinated Entry System as appropriate.

- **If case management services are not offered, please provide an explanation.**

N/A

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.**

During the 2017-2018 year, The WC HSA did not utilize Rental Assistance (RA) via HAP, due to utilizing ESG dollars to this end. However, this service option will continue to be funded through PWSSBG funds in the 2018-2019 year to be utilized as needed/appropriate. When expended, HAP Rental Assistance can often be used as leverage and match other activities under the ESGP.

Housing First is emphasized, meaning that WC HSA has opted to have a low-barrier approach for those accessing services

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

Rental assistance needs to continue to be determined on a case-by-case basis in an effort to achieve the greatest efficacy in regard to achieving housing stability. There is not a one-size-fits-all approach that works well across the various acuity levels. Generally, however, rental assistance seems to be most effective when coupled with case management services.

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

RA will be offered via the CoC's Coordinated Entry as available/appropriate

- **If rental assistance services are not offered, please provide an explanation.**

N/A

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**

During the 2017-2018 year, the HSA relied on HAP funding, to assist in meeting the need for emergency overnight shelter. Hotel/Motel Vouchers were utilized when a household and providers had exhausted all other options. These stays were capped at 1-week and served to shelter a household, in conjunction with case management, while they prepared for a more permanent solution. Emergency placement via hotel/motel vouchers was provided to four (4) households this year, and was often done in coordination with the WC Area Agency on Aging's Adult Protective Services Unit.

Depending on their bed availability, HAP funds were often able to bridge the gap between stays so that a household would not need to experience homelessness any longer than necessary. One (1) household which previously utilized emergency shelter was carried over into this last fiscal year for three (3) months and was served solely with case management (case management described more below). This extended case management was used to ensure housing stability was achieved after permanent housing was attained. The household now has a Housing Choice Section 8 Voucher and remains stabilized.

Wayne County's Housing Unit continues to implement Diversion Procedures, following the Diversion script as presented by OrgCode, in an effort to guide families seeking emergency shelter toward self-resolution before they ever need to enter the homeless system to begin with.

When someone is eligible for shelter, they were also administered the VI-SPDAT to indicate acuity and then simultaneously enrolled into our rapid rehousing program through ESGP.

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

Wayne County establishes the emergency units based on past need and funding availability. The number and location of these units are then re-evaluated as current needs reveal themselves. Occupancy rates are a major component considered when determining if a shelter unit should remain open.

DCED and its Housing Management Information System (HMIS) are in the process of incorporating Wayne's shelter beds into their housing inventory which will better guide the evaluating and reporting on program efficacy.

It is WC's goal that homelessness gets resolved as quickly as possible. Therefore, shelter stays are offered in conjunction with case management so the homeless episode is resolved as quickly as possible.

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

It is anticipated that referrals for shelter beds will be accepted via the Eastern PA CoC's Coordinated Entry System. Ideally, WC will operate at least one (1) ES unit year round.

Another possibility being considered by the County is a partnership with Victims' Intervention Program (VIP), the county's domestic violence provider. There is a potential for HAP dollars to go toward the operation of their shelter unit during the next SFY so that a valuable resource can be maintained within the community without great financial burden to either agency involved. These dollars, if located, have the added benefit of being able to be used for match for our ESGP.

As cited above, shelter beds (as well as hotel/motel vouchers) will be incorporated into the HMIS.

Shelter beds, when available will be included in the Eastern PA CoC's Coordinated Entry System to ensure those needing access are given access and to optimize the resource, ensuring the shelter is at capacity as much as possible.

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

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**

It is of note that, in the HSA's effort to direct resources – people and financial – to address the housing issues cited as a high priority in our public meetings, our experience within the HSA county agencies, and through provider input, HSA staff is currently a part of the following:

- (a) The Wayne County Housing Coordinator serves on the Governing Board of the PA Eastern Continuum of Care (CoC) for housing;
- (b) The Wayne County Housing Coordinator is co-chair for the Pocono Rural Housing Advisory Board;
- (c) The HSA serves on the DCED state-wide Homeless Coordination Committee;
- (d) The HSA Housing Coordinator serves on the PA Eastern CoC sub-committee for the Coordinated Entry System throughout the CoC.
- (e) The HSA Housing Coordinator serves on the CoC's subcommittee, Veteran Leadership Engagement Committee (VLEC).
- (f) The HSA Housing Coordinator is also the Fair Housing Officer for the County.
- (g) The HSA Housing Coordinator serves on the advisory team which oversees SHARE, a regional pilot pairing home seekers with home sharers.
- (h) The HSA Housing Coordinator and HSA Director are co-chairs for the Wayne County Local Housing Option's Team (LHOT).
- (i) WC HSA now employs a part-time SOAR professional as well as a part-time housing locator.
- (j) The Wayne County HSA's Housing Unit works closely with other HSA departments, specifically CYC, AAA, and Behavioral Health. The latter is explored in more detail in the behavioral health section herein;
- (k) The Housing Unit, CYC Unit and Behavioral Health unit have begun a joint venture, operating a bridge housing program for Transition Age Youth. This project is just under construction and should be operational next fiscal year.
- (l) The HSA Housing Coordinator is the Point-in-Time (PIT) Count Coordinator for the County

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

The county evaluates the efficacy of Other Housing Services on an on-going basis. The creation and modification of programming and system involvements adapt as new needs present themselves and old concerns are addressed.

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

The Housing Coordinator continues to be extremely involved on committees and with trainings as associated with the CoC, DCED, Housing Alliance of PA, PHFA, National Alliance to End Youth Homelessness, and CSH. As such, she becomes familiar with housing services and programming. Wayne County's array of housing services and supports will continue to evolve on an on-going basis as new opportunities present themselves and new information becomes available.

Wayne County will continue to adhere to the goals and objectives of the strategic plans relate to housing as set forth by PA HHS and the CoC, and will alter programming as needed to reinforce the work of the Continuum.

Wayne County is striving to have a certified SOAR specialist on staff to assist with the SOAR application process, linking those who are homeless with social security benefits as appropriate.

- **If other housing supports services are not offered, please provide an explanation of why services are not offered.**

The Wayne County LHOT is currently discerning what gaps in service are most prevalent so that a proposed plan describing the service in need may be submitted in the future. Of note, there is a need for enhanced housing options for Transition Age Youth (TAY). To this end, Wayne County applied for and received funding from PHARE (administered via PHFA) to create transition units for TAY and SMI. This past SFY, Wayne County was also in receipt of a technical assistance grant via CSH and the Rural Youth Peer Network to guide in capacity building efforts toward a TAY non-time-limited permanent supportive housing endeavor.

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?**
- **Describe the current status of the county's Homeless Management Information System (HMIS) implementation. Does the Homeless Assistance provider enter data into HMIS?**
HAP programming was incorporated into HMIS this past FY. The actual hotel/motel vouchers and emergency shelter inventory will be added to the Housing portion of HMIS as soon as DCED configures those settings.

Wayne County HSA currently is enrolled in and utilizes the Homeless Management Information System (HMIS) Client Track system. The Wayne County Housing Coordinator acts as the HMIS administrator for the county and attends all trainings help by the DCED on HMIS programming. A newly-hired fiscal officer works in conjunction with the Housing Coordinator to submit ESG invoices via HMIS. Client data for all HAP and ESG funded-household are maintained within the HMIS environment and are verified regularly for quality assurance purposes. Best practice benchmarks set forth by the DCED are strived for and can be monitored through the utilization of HMIS reporting.

Wayne County has encouraged the use of HMIS among other providers in the area. To date, Catholic Social Services has also added their inventory to the HMIS database.

The Wayne County Housing Coordinator sits on a task force specifically designed to design and launch a Coordinated Entry System (CES) across the entire Eastern PA CoC. This CES will rely heavily on HMIS participation; therefore, Wayne County will continue to encourage its collaborative partners to participate in HMIS so that they may act as either referral or procedural partners within the CES. The CES throughout the Eastern PA BoS CoC will be operational by January 2018. HAP referrals will be received via CES once operational.

Currently, time spent within HMIS can be billed to the DCED through ESG when associated with ESG clients.

As indicated, Wayne County not only utilized HMIS but advocated for its use among others, which will continue into the 2018-2019 year and beyond

END – HOMELESS ASSISTANCE SERVICES

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.

Overview of Substance Use Disorder Service Delivery System

The Wayne County Drug and Alcohol Commission is the Single County Authority (SCA) for the County of Wayne. It is an office under Wayne County Human Services and a part of Wayne County government. The SCA is responsible for ensuring the delivery of drug and alcohol prevention, intervention, screening, assessment, placement, case coordination, treatment, recovery support services, and medication assisted treatment services for all Wayne County residents. The SCA serves as a point of entry into the D&A treatment system for any Wayne County resident who feels they may need help with a substance use issue, but its primary duty is to help the uninsured, underinsured and Medicaid eligible populations access D&A treatment services. The Commission also serves as the driving under the influence (DUI) coordination entity for Wayne County providing Court Reporting Network evaluations (CRN's), Alcohol Highway Safety Class, and DUI Intervention Group for DUI offenders.

In Wayne County, the Drug and Alcohol Commission office is viewed as a one-stop-shop for all drug and alcohol services. Our free and confidential help is available for all Wayne County residents. During normal business hours, clients can either walk-in or call in and have a screening done and assessment scheduled. For priority populations or anyone we deem during screening to be at high risk for overdose, the SCA will offer same day assessment appointments. Outside of normal business hours people calling our office will be directed via voice mail to call 1-888 number for Pyramid Healthcare in the event emergency detox is needed. In October of 2016 the Wayne SCA also implemented its warm handoff initiative and now has staff on call 24/7 to serve overdose survivors who present in the Emergency Department of our local hospital.

Wayne County Drug and Alcohol Commission adheres to the medical model in its approach to helping people with substance use disorders. The Commission provides services regardless of race, creed, color, age, or ability to pay. It is the mission of the Wayne County Drug and Alcohol Commission to help prevent the onset of substance use disorders whenever possible, intervene with appropriate services when risk factors are present, and when substance use disorders are present, mitigate their negative impact on the individual, his/her family and the community. This mission is accomplished through the commission's provision of a variety of cost effective, evidence based prevention and intervention services, professional drug and alcohol screening and assessment services, case management, recovery support services, and a full continuum of treatment services including medication assisted treatment.

The SCA contracts with PA Treatment and Healing (PATH) and Little Creek Outpatient Services to provide outpatient and intensive outpatient treatment services, with Drug and Alcohol Treatment Service for partial hospitalization, and holds numerous contracts for the provision of, medically monitored inpatient detox, rehab, and half-way house.

Please provide the following information:

1. **Waiting List Information:**

	# of Individuals	Wait Time (days)**
Detoxification Services	54	1
Non-Hospital Rehab Services	28	11
Medication Assisted Treatment	12	7
Halfway House Services	0	0
Partial Hospitalization	0	0
Outpatient	295	10

**Use average weekly wait time

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

# of Overdose Survivors	# Referred to Treatment	# Refused Treatment	# of Deaths from Overdoses
74	9	24	2

In October 2016 the Wayne County Drug and Alcohol Commission implemented its warm handoff initiative to ensure expedient and appropriate care for overdose survivors who present at Wayne Memorial Hospital's Emergency Department 24 hours a day / 7 days a week. The Wayne County SCA is using a hybrid model incorporating a combination of the SCA agency model and the recovery community model to create an on-call system that can be accessed by Wayne Memorial Hospital's Emergency Department outside of the SCA's normal business hours.

The Wayne County SCA currently has a five person on-call rotation consisting of both Case Management staff and a Certified Recovery Specialist. Since all clients being served through this system have very recently survived an overdose, they are all being treated as an emergency. The goal is to get the overdose survivor into a detox placement directly from the hospital so that acute withdrawal symptoms can be safely managed, thereby decreasing the likelihood of a subsequent overdose and increasing the likelihood of ongoing treatment and recovery.

When the hospital deems that it's medically appropriate, an overdose survivor who presents in the Emergency Department of Wayne Memorial Hospital will be offered a referral to a SCA on-call D&A professional to discuss treatment options. The on-call worker will call the hospital, complete a screening with the client, and immediately begin a bed search for an inpatient detox bed. The on-call worker may make the decision to go to the hospital to complete the screening and bed search when circumstances warrant. A recovery volunteer may also be engaged, if the client allows, to provide additional support and possible transportation to treatment. Once the placement is made, the case will then be transferred to a SCA case manager who will ensure a drug and alcohol assessment is complete and benefits coordinated prior to the client being transferred to rehab. The case will then be managed as per standard SCA Case Management protocol.

Referrals during the Wayne SCA's business hours will work the same except the hospital will contact the SCA office directly and we will dispatch our mobile case manager to meet with the OD survivor and make the placement.

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

LOC	# of Providers	# of Providers Located In-County	Special Population Services**
Inpatient Hospital Detox	1	0	
Inpatient Hospital Rehab	1	0	Co-Occurring
Inpatient Non-Hospital Detox	9	0	
Inpatient Non-Hospital Rehab	15	0	Co-Occurring
Partial Hospitalization	1	0	
Intensive Outpatient	2	2	
Outpatient	2	2	
Halfway House	9	0	

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

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

The sharp increase in Opiate Use Disorders and related overdose has created a high demand on all levels of care and a sense of urgency to admit. While the Wayne SCA has thus far been able to meet the demand with its services (screening, assessment, recovery support services and MAT) this epidemic has created capacity issues on the non-hospital detox and rehab services side which in turn creates barriers with the warm handoff initiative.

If we hope to effectively deal with this issue it is imperative that we are able to place clients as quickly as possible especially as it pertains to overdose survivors. This would mean having the capacity to admit within hours from when an overdose survivor presents in the hospital emergency department. Currently this capacity does not exist within the non-hospital inpatient system. The SCA feels it would be beneficial to have licensed non-hospital detoxification services available in county. In a rural county especially, this would dramatically decrease the wait time for this service and improve the outcomes of the warm handoff. The more quickly we are able to respond to this population the more likely it is that they will engage in treatment and recovery.

The reason for placing the client in detox as quickly as possible is to prevent them from experiencing the extreme discomfort of acute withdrawal symptoms that accompany chronic Heroin or opiate use. In the absence of non-hospital detox beds being immediately available, the hospital is the safest place for an overdose survivor to be. If the hospital were to make withdrawal management available to this population until a detox bed was available, that would lessen considerably the likelihood of continued use and subsequent overdose. To ensure this concept is successful, the participation of an on-call physician with a MAT specialty who would consult with the emergency department physicians and offer support for the care of these patients would be essential. The availability of this type of service could not only be utilized to bridge the gap from hospital emergency department to non-hospital detox, but also to build a bridge to our community MAT program. Depending on amount, frequency, and duration of use it may also be possible for a trained physician to initiate a Suboxone

induction in the emergency department which will stabilize the client who then can transfer into our community based MAT program.

Since its inception in 2012, the SCA's MAT program has nearly quadrupled in capacity due to increased client demand. The physician affiliated with the program has doubled his time commitment and our MAT case coordinator now works with this population full time. We have also expanded the medication we offer to through this program to include Vivitrol. Despite this, we are currently considering further expansion to include an additional physician or nurse to tend to injections and other medical aspects of the program and will likely need additional MAT case coordination time as the current FTE remains close to capacity. Our physician is also interested in growing the program to include the latest FDA approved long acting injectable form of Suboxone into the program as well.

The Wayne SCA established its D&A Recovery Support program in 2013 in recognition of the need to help sustain an individual's recovery in their community. We currently employ one full time Certified Recovery Specialist (CRS) who works with people in early recovery and does some community outreach and education. This program is currently running at capacity as demand has grown considerably over the last few years. One of the more recent drivers of this demand is Wayne County's Drug Treatment Court which began in July 2017. The Drug Court clients comprise 30% of the capacity of that program at this time. The existing program will have to expand to keep pace with the demands of the Drug Treatment Court Program.

Partial hospitalization is currently not available to the publically funded client in Wayne County. Wayne County outpatient provider, Little Creek Outpatient Services has a partial license, but was financially unable to accept the Medicaid reimbursement rate for this service thus preventing the SCA from contracting with them for this service as well. Currently Wayne County residents have to travel out of county 30 miles or more to receive this service.

We often speak of the importance of the inpatient system to have the capacity to admit our clients in a timely manner, but equally important is the capacity of our outpatient providers. Treating persons with SUD in their community in the least restrictive environment is always the ideal and therein lies the importance of outpatient. Outpatient also plays a major role in the aftercare of clients discharged from rehab which incidentally is a population at high risk for relapse and overdose. The Wayne SCA gives its OP provider system 24 hours to schedule an appointment for the client in need of aftercare. Due to the importance of this service, client choice, and issues with our largest provider PA Treatment and Healing (PATH) maintaining a full staff complement we have begun to contract with Little Creek Outpatient Services in addition to PATH. Maintaining an appropriate outpatient capacity in Wayne County poses more of a challenge than would be experienced in a more urban county. All state funding systems and oversight bodies need to recognize the financial and staff recruitment / retention struggles of the outpatient fee for service provider in a rural county. Efforts to attract and retain qualified staff such as tuition reimbursement programs for accepting employment in certain areas and supporting providers through enhanced rates would go a long way to help fortify this system.

Recovery housing for females is another service that would benefit D&A service recipients in Wayne County. While the SCA has made progress with respect to recovery housing for males, there is no female equivalent within the county or surrounding area that we have confidence in. A quality recovery home is a vital recovery resource, and while according to data the majority of our clients are males there is a definite need within the female population for this resource. For our current provider "Shane's House" or any other provider to open up another home or increase capacity requires startup

funds. The availability of these funds and willingness of providers to take the financial risk associated with opening a new facility is a barrier. The SCA does not have a dollar figure tied to this because it can vary greatly depending on the plan. The SCA plans to begin dialogue with the owners of Shane's House to see if they have any interest in opening a female equivalent. The SCA will start the dialogue with this provider because it feels their model of 24/7 staff and their location are ideal.

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.

Wayne County has been very aggressive in getting on board with Narcan as a means to reduce overdose deaths. The procurement and distribution of Narcan in Wayne County has been a multi-agency collaborative. The Wayne County SCA along with the Wayne County District Attorney's Office, Wayne County School Districts, and Wayne County Heroin Prevention Task Force (WCHPTF) have all played a role in insuring the availability of Narcan in Wayne County.

In Wayne County our local emergency medical services, police forces, county detectives, county correctional facility, and adult probation officers all currently carry Narcan. Our county juvenile probation officers soon intend to carry Narcan, and all three of our school districts have it on hand. Our OP providers, PA Treatment and Healing and Little Creek OP Services, also have Narcan kits available in their offices in the event of an overdose. The Wayne SCA also has a few kits available should an overdose emergency arise within its office. For the last 3 years, the Wayne County SCA has partnered with the Wayne County Heroin Prevention Task Force and provided them with funding to ensure Narcan gets into the hands of family, friends, and other concerned community members who are often the first on the scene of an overdose. The sooner this lifesaving medication is administered the better the chance of survival. Kits containing SCA contact information, gloves, a face mask, and the medicine are put together and disseminated at a series of advertised public meetings. A hands-on training on how to use the kits and administer the Narcan is also provided. Data is gathered on all recipients of Narcan kits and recipients are instructed to return the used kit for a free replacement if they have administered the medication in an overdose situation. The WCHPTF collects all data on dissemination events and reports to the SCA. The SCA and the Wayne County Heroin Prevention Task Force also partnered this year (SFY 17-18) on the PCCD grant application filed by the WCHPTF to be designated as the Centralized Coordinating Entity (CCE) for Wayne County. We were successful in our efforts to bring these funds to Wayne County for the purchase of Narcan for first responders.

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	2	4
Provider Network	140	

The transition from PCPC to ASAM represents significantly more than a change in the placement tool utilized; it represents an entire systems change which will affect the way in which we treat our clients.

In Wayne County, we have 20 essential staff between the SCA and provider system who need to be trained, and the Wayne SCA has been coordinating the ASAM training efforts within its jurisdiction. To accomplish this the SCA has been partnering with CCBH and they have been instrumental in bringing ASAM trainings to their various managed care regions. The plan to have all these essential staff trained has been an evolutionary process as training venues become more favorable and we are able to mitigate associated expenses. Currently all 4 of the SCA case management staff have completed the ASAM training. Priority was assigned to this cohort because the Wayne County SCA serves as the primary point of entry into the D&A system for Wayne County residents and provides ongoing care management for the clients it funds. The plan for the remaining 2 SCA staff (Director and Assistant Director) and all 14 provider staff are to attend the training scheduled in Honesdale on June 25 and 26. All have registered for this training so all our Wayne County's ASAM training needs should be met by the July 1st deadline.

END – SUBSTANCE ABUSE SERVICES

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

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

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

Adult Services: Please provide the following:

Program Name:

Description of Services:

Service Category: Please choose an item.

Aging Services: Please provide the following:

Program Name:

Description of Services:

Service Category: Transportation (Passenger) - Activities which enable individuals to travel to and from community facilities to receive social and medical service, or otherwise promote independent living.

Children and Youth Services: Please provide the following:

N/A

Program Name:

Description of Services:

Service Category: Please choose an item.

Generic Services: Please provide the following:

(a) Program Name: Service Planning/Case Management (Anticipated PWHSBG Expenditures: \$30,800.)

Description of Services: Case managers will provide formal assessment of a consumer's needs, identify strengths and deficits in the consumer's support systems, assist the consumer to establish a service plan, arrange for prioritized community services, and generally support the consumer's self-reliance independence in the community.

HSBG funding will be used for these support services for persons: (a) who are not otherwise eligible and/or specifically identified with any other categorical agency; (b) adults, usually with disabilities, who receive home delivered meals, and who also need other services to maintain their independence in the community; (c) aging (those 60 and over); (d) individuals/families of any age who are determined to need individualized assistance to address a health and safety issue, or crisis situation and who may otherwise not be eligible for any other categorical or other community service; (e) support and provide time-limited services to those 'transitional youth', 16-25 years old, who are moving into adult life and the work force from high school. This population will benefit from the advocacy of case management to redirect behavior into positive work readiness; and (f) those who are experiencing trauma, who may otherwise not be eligible for other services.

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

(b) Program Name: Transportation (Anticipated PWHSBG Expenditures: \$40,006)

Description of Services: One way trips provided to those who are not eligible for transportation subsidies, but who are determined to have high priority social service need related as determined by the County HSA, for the service, and no other resources for a specific, necessary transport.

Transportation services are open to the general public. However, fees for most rides are subsidized by the Commonwealth through Lottery/PaDot, Aging, and DHS. The amount of subsidy is a function of various eligibility restrictions. The purpose of this request of Block Grant funding is to subsidize those who are not eligible under other subsidies, and/or whose need falls outside traditional transportation operation times and days. Examples of how these funds have been used in the past include: transporting low-income disabled or otherwise disadvantaged youth between the ages of 14 and 18 to employment and/or job training; transporting homeless persons to shelter, and/or to secure more permanent housing; transporting those in need of life-sustaining and/or critical non-emergent medical care.

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

(c.) Program Name: Human Services I and R – WINFO Line (Anticipated PWHSBG Expenditures: \$1,100.)

Description of Services: Response to the general Wayne County public seeking information on social services and referral for requested information/service needs. The WINFO Line is a coordinated, integrated Information and Referral service, which is available on-line and by a toll-free telephone through our website. This centralized information and referral service is utilized by consumers and staff across all county human service and is also accessed by and open to the public. Listings include all known available human services providers, fire stations, police stations and other commonly searched for community information. The Human Services agency is able to track numbers of requests, sort them by requested categories of information, as well as the number of "hits" for any given provider. The caller's zip code is also surveyed. This system provides to residents and information to the Human Service Agency to help in identifying possible gaps in service.

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 Adult Aging CYS SUD MH
 ID

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

Program Name:

Description of Services:

**Program Name: Wayne County Human Services Employment Intern Initiatives for Youth
(Anticipated PWHSBG Expenditures: \$23,085)**

Description of Services:

This initiative focuses on preparing youth for employment as they transition from high school to adult independence, concentrating on providing enhanced social and communication skills, appropriate dress, and practical skills matching the needs of local employers in Wayne county. The target population is youth (18-25) who may have exhibited behaviors that have labeled them as employment risks by potential employers, those with ID, CYS or mental health involvement; those who have not been able to successfully achieve readiness for employment in the community while still in school, etc. Participants will have the opportunity to be taught “soft” skills, such as work-place socialization skills, acquiring greater professional communication strategies, presenting themselves in the most positive light through professional appearance and demeanor, the duties and rewards of working as a team and enjoying the rewards of shared success and a sense of both contribution and accomplishment. The Program includes the opportunity for these youth to “intern” in the Human Services Department of Agriculture Certified kitchen where: (a) assistance in preparation and food service is accomplished in conjunction with Human Services Aging Program for meal service to senior citizens; and (b) light fare (salads, sandwiches , etc.) is prepared and served. Youth may be considered for “internship” through a referral source and may volunteer to serve and learn. The PWSSBG funding requested in this category will furnish oversight and instruction from a registered dietician and licensed nutrition. The dietician will provide education in food-handling safety, light processing of food, food preparation, food services and health nutrition.

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.

Coordinated Electronic Screening/Intake for county services offices and Integrated Case

Management oversight: As noted in Part I, the number of clients concurrently involved with multiple agencies is also increasing. To: (a) meet the resulting challenges of effectively and efficiently delivering services; (b) enhancing the client’s understanding and communication between all assisting staff and the client, as well as communication among all participating staff and; and (d) consistent with best practices the County intends to apply other funding/System of Care towards the electronic common intake/screening project. This will enable a client basic data, presenting issue, etc. to be tracked and available from any point of entry, agency or building. Given necessary release of information documents. In addition, the County will apply **\$3,961. of HSBG funding** along with other funding to appoint a Program Specialist FTE. This position will be responsible for facilitating

consensus from all parties, producing a developed service plan, common to all, detailing roles assigned and accepted. If agreement is not reached, by consensus, the facilitator would then have the ability to assign roles of staff. Further, that facilitator staff would have the role of (a) monitoring how all pieces of the plan and its assignees are working, addressing issues with agency staff and/or supporting the agency staff and/or the client as the plan is implementedoversee; and (b) creating one integrated service plan developed by consumers with the assistance of all agency staff such that all partners in the effort would commit to a given role(s). This process **would apply to adults** as well as children.

Administration: (Anticipated PWHSBG Expenditures: \$0

END - HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

Other HSDF Expenditures – Non-Block Grant Counties Only

N/A

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

County:	1.	2.	3.	4.	5.	6.
Wayne	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	1		\$ 2,700			
Administrative Management	\$ 326		\$ 151,760			
Administrator's Office			\$ 204,596			
Adult Developmental Training	-		\$ -			
Children's Evidence-Based Practices	-		\$ -			
Children's Psychosocial Rehabilitation	-		\$ -			
Community Employment	5		\$ 34,500			
Community Residential Services	3		\$ 129,320			
Community Services	164		\$ 81,376			
Consumer-Driven Services	488		\$ 22,500			
Emergency Services	191		\$ 67,686			
Facility Based Vocational Rehabilitation	5		\$ 53,121			
Family Based Mental Health Services	2		\$ 16,000			
Family Support Services	8		\$ 17,463			
Housing Support Services	49		\$ 536,952			\$ 274,335
Mental Health Crisis Intervention	106		\$ 86,000			
Other	-		\$ -			
Outpatient	6		\$ 3,500			
Partial Hospitalization	-		\$ -			
Peer Support Services	19		\$ 3,000			
Psychiatric Inpatient Hospitalization	-		\$ -			
Psychiatric Rehabilitation	66		\$ 72,588			\$ 246,544
Social Rehabilitation Services	122		\$ 19,446			
Targeted Case Management	198		\$ 50,817			\$ 400,603
Transitional and Community Integration	\$ 247		\$ 25,331			
TOTAL MENTAL HEALTH SERVICES	2,006	\$ 1,593,149	\$ 1,578,656	\$ -	\$ -	\$ 921,482
INTELLECTUAL DISABILITIES SERVICES						
Administrator's Office		\$ 318,713	\$ 323,768		\$ 9,995	
Case Management	37	\$ 82,571	\$ 77,571			
Community-Based Services	242	\$ 268,280	\$ 268,280			
Community Residential Services	1	\$ 20,000				\$ 20,000
Other			\$ -			
TOTAL INTELLECTUAL DISABILITIES SERVICES	280	\$ 707,509	\$ 669,619	\$ -	\$ 9,995	\$ 20,000

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

County:	1.	2.	3.	4.	5.	6.
Wayne	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES

HOMELESS ASSISTANCE SERVICES

Bridge Housing						
Case Management	120		\$ 21,500			\$ 64,401
Rental Assistance	116					\$ 199,735
Emergency Shelter	10		\$ 6,350			\$ 25,695
Other Housing Supports						\$ -
Administration			\$ 3,094		\$ 25,695	\$ 68,172
TOTAL HOMELESS ASSISTANCE SERVICES	246	\$ 28,969	\$ 30,944		\$ 25,695	\$ 358,003

SUBSTANCE USE DISORDER SERVICES

Case/Care Management	77		\$ 26,273			\$ 53,361
Inpatient Hospital			\$ -			\$ -
Inpatient Non-Hospital	12		\$ 38,281			\$ -
Medication Assisted Therapy	2		\$ 2,000			\$ -
Other Intervention			\$ -			\$ -
Outpatient/Intensive Outpatient			\$ -			\$ -
Partial Hospitalization			\$ -			\$ -
Prevention	17		\$ 27,750			\$ 3,504
Recovery Support Services	58		\$ 30,733			
Administration			\$ 12,964			
TOTAL SUBSTANCE USE DISORDER SERVICES	166	\$ 136,539	\$ 138,001	\$ -	\$ -	\$ 56,865

HUMAN SERVICES DEVELOPMENT FUND

Adult Services						
Aging Services	24		\$ 30,800			
Children and Youth Services						
Generic Services	485		\$ 64,185			
Specialized Services						
Interagency Coordination			\$ 3,961		\$ 44,064	
Administration						
TOTAL HUMAN SERVICES DEVELOPMENT FUND	509	\$ 50,000	\$ 98,946		\$ 44,064	\$ -

GRAND TOTAL	3,207	\$ 2,516,166	\$ 2,516,166	\$ -	\$ 79,754	\$ 1,356,350
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Please review allocation and expenditure entries. Grand total allocation and expenditures must be equal.