

POTTER COUNTY HUMAN SERVICES



***“2018/2019
“Block Grant County Plan”***

For the

***Delivery of State Funded
County Human Services***

May 31, 2018

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COUNTY PLANNING PROCESS

Pursuant to DPW Commonwealth County Human Services Guidelines, the Potter County Commissioners have appointed Planning Teams to assist in the development of the County plan.

Potter County Human Services Planning Team

Susan S. Kefover, Board of Potter County Commissioners;
James G. Kockler, Human Services Administrator; and
Colleen Wilber, Drug and Alcohol Services Administrator (SCA).

Stakeholder groups participating in the development of the plan:

- **Consumer Operated Drop Inn Center;**
- **ICSP – Integrated Children’s Service Plan committee;**
- **PRIDE – (Psychiatric Rehabilitation);**
- **Northern Tier Community Health Collaborative;**
- **MH & ID Quarterly Provider Meetings;**
- **Ministerium Meetings – (Local Churchs);**
- **School District Superintendent Meetings; and**
- **Systems of Care.**

Stakeholders were given opportunities to provide input through regular meetings with Potter County Human Services Administrative level staff. The aforementioned groups work collaboratively to ensure that services are being designed, implemented and provided in a manner that takes a holistic approach to serving individuals, children and families in need.

Potter County Human Services also sends out surveys to consumers that ask questions related to services provided, service delivery and unmet needs.

Advisory Boards

- **The Potter County Human Services Advisory Board;**
- **The Area Agency on Aging Advisory Board;**
- **MH/ID Advisory Board;**
- **The Potter County Single County Authority Advisory Board;**
- **CJAB – Criminal Justice Advisory Board; and**
- **Emergency Food and Shelter Advisory Board**

Utilization of Funds in the Least Restrictive Setting Based on Need

Below are how the various programs demonstrate a commitment to ensuring that residents receive the services based on needs and are provided in the least restrictive setting.

Within the Potter County Human Services Intellectual Disabilities Department Potter County Human Services operates under the core philosophy and framework known as Everyday Lives. The fundamental concept of Everyday Lives is that, with the support of family and friends, individuals with disabilities decide how to live their lives and what supports they need. Both the Consolidated and Person/Family Directed Supports Waivers allow persons with intellectual disabilities to live more independently within their homes and communities, enjoying more enriched and fulfilling lives in the least restrictive environment possible.

In The Potter County Human Services Drug and Alcohol Program (SCA) continually evaluates the needs of Potter County residents through surveys, data evaluation and through our Advisory Board. The SCA provides screening and assessment to any Potter County residents and is required to follow PCPC/ASAM criteria in the placement of clients. The SCA provides evidenced based prevention activities in the 5 school districts within Potter County; which works towards educating youth about the dangers of alcohol, tobacco and other drugs and keeping them in school and at home. The SCA is involved with the County's DUI Treatment Court and Drug Treatment Court. The specialty courts provide a lesser restrictive setting for individuals who would have been incarcerated while also providing critical treatment services that will help them in recovery.

After an intake or assessment Potter County Mental Health Department always starts with the least restrictive setting based on need. We also try our best to keep consumers in the community to avoid the next higher level of restriction.

Some examples would be: A voluntary 201 is always offered to consumers before a 302 petition is completed. If consumer refuses a voluntary 201, they are asked to sign a form stating that one was offered. If someone is out of medication and heading towards inpatient hospitalization we will assist the consumer in getting refills or in getting appointment sooner so that medication can be provided. Our staff works closely with the Department of Human Services to ensure timely Medicaid approval so consumer may receive their benefits as soon as possible. This helps them stay in the community to use local resources and avoid hospitalization or placement. Our program also pays for emergency psychiatric medication to avoid hospitalization or placement and for consumers without Medicaid or private insurance to go outpatient, psych rehab or partial hospitalization, which ever level is least restrictive is considered a priority. For children and adolescents we also always start at the least restrictive setting and work way up one level at a time before placement is considered.

There were no programmatic and/or funding changes being made as a result of last year's outcomes

PUBLIC HEARING NOTICE

Potter County Human Services held two public hearings regarding our plan for the implementation of the Block Grant. The hearings were held as follows:

- Thursday, April 26, 2018 from 12:00pm to 2:00pm at Kaytee's Restaurant, Coudersport, PA.
- Thursday, April 26, 2018 from 5:00pm to 7:00pm at the Potter County Human Services building, Roulette, PA;

Please see below for proof of legal notice in compliance with the Sunshine Act, 65 Pa. C. S. 701-716.

Please see below for sign-in sheets of each public hearing as requested as part of Appendix B of the County Human Services Plan Guidelines.

PROOF OF PUBLICATION FOR PUBLIC HEARINGS

*Potter Leader Enterprise
April 19, 2018*

**PUBLIC HEARING
NOTICE**

Pursuant to the Sunshine Act, 65 Pa C.S. 701-716, Potter County Human Services invites all interested parties to attend a public hearing to request input into the development, implementation and approval of the County Human Services County Block Grant Plan 2018-2019.

The hearing will be held Thursday, April 26, 2018 at 10:00 a.m. in the Conference Room at Potter County Human Services, 62 North Street, Roulette, PA 16746.

Persons interested in providing input are encouraged to attend, send written comments or telephone. All inquiries, including requests for special accommodations in order to attend the hearing are to be directed to James G. Kockler, Potter County Human Services, Administrator, at 62 North Street, P.O. Box 241, Roulette, PA 16746. Telephone: 814-544-7315 or 800-800-2560, or e-mail to jkockler@pottercountyhumservices.org

POTTER COUNTY COMMISSIONERS

Douglas C. Morley, Chairman
Paul W. Heimele
Susan S. Kefover

Kathleen H. Majot
Chief Clerk

Potter Leader-Enterprise Proof of Publication in the Potter Leader-Enterprise

(Under Act. No. 587. Approved May 16, 1929)

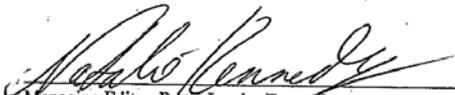
State of Pennsylvania }
County of Potter } ss:

Natalie Kennedy, Managing Editor of the Potter Leader-Enterprise of the County and State aforesaid, being duly sworn, deposes and says that the Potter Leader-Enterprise, a legal periodical published in the Borough of Coudersport, County and State aforesaid, was established in September 1987 since which date the Potter Leader-Enterprise has been regularly issued in said County, and that the printed notice or publication attached hereto is exactly the same as was printed and published in the regular editions and issues of the said Potter Leader-Enterprise on the following dates, vis:

April 12th, 2018

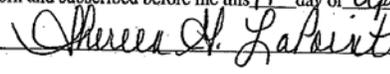
Affiant further deposes that she is the Managing Editor of the Potter Leader-Enterprise, a legal periodical of general circulation, to verify the foregoing statement under oath, and that neither the affiant nor the Potter Leader-Enterprise is interested in the subject matter of the aforesaid notice or advertisement and that all allegations in the foregoing statements as to time, place and character of publication are true.

PUBLIC HEARING NOTICE
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The hearing will be held Thursday, April 26, 2018 at 10:00 a.m. in the Conference Room at Potter County Human Services, 641 North Street, Rodette, PA 16749. Parties interested in providing input are encouraged to attend, send written comments or telephone messages, including requests for special accommodations in order to attend the hearing, are to be directed to James G. Kock, Potter County Human Services Administration at 641 North Street, P.O. Box 2741, Rodette, PA 16749. Telephone: 814-544-7315 or 800-400-2580. For more information, visit the website: www.pottercountypa.gov.



Managing Editor, Potter Leader-Enterprise

Sworn and subscribed before me this 14th day of April, 2018



Notary Public

My commission expires July 31st, 2021

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

SIGNATURE PAGES FOR PUBLIC HEARINGS

BLOCK GRANT COUNTY PLAN
PUBLIC HEARING
FOR THE DELIVERY OF
COUNTY HUMAN SERVICES

April 26, 2018 10am

<u>Signature</u>	<u>Agency/Affiliation</u>
<u>McKayla Cochran</u>	<u>PCHS</u>
<u>Jane L Brand</u>	<u>Immitbke</u>
<u>Taryn Jones</u>	<u>Special Kids Network</u>
<u>Marcy Weiss</u>	<u>PCHS CYS</u>
<u>Christy [unclear]</u>	<u>PCHS MH</u>
<u>Lisa [unclear]</u>	<u>Children's Hospital of Pittsburgh</u>
<u>Kate Belsee</u>	<u>Children's Hospital of Pittsburgh</u>
<u>Mary DeLucia</u>	<u>North Central WIC</u>
<u>Kari Kurtz</u>	<u>UPMC Cole</u>
<u>Jeffanny Widmaier</u>	<u>ICM - Meletta School</u>
<u>Jennifer [unclear]</u>	<u>CE Behavioral & Developmental Programs</u>
<u>Mary Ann Ryan</u>	<u>UPMC Cole Pediatrics</u>

Signature

Gail Valora
Andrea Hughes
Isaac Messer

Denis Bendure
Monica Williams
SIM LINE

Darcy Shutt

Jeff Passmore

Colleen Wither

Agency

Director Potter CAO

Parents as Teachers

Potter CYS/T-GDM

THE MEADOWS PSYCH. CTR.

OV/PCHS

Northam TISC COMMUNITY ACTION
CORPORATION

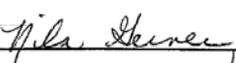
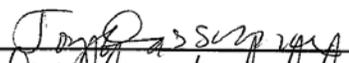
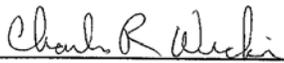
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Potter SCA

BLOCK GRANT COUNTY PLAN
PUBLIC HEARING
FOR THE DELIVERY OF
COUNTY HUMAN SERVICES

April 26, 2018

<u>Signature</u>	<u>Agency/Affiliation</u>
	PCHS / ID
	PCHS
	
	Patr. & Victims Services
	PCHS
	PCHS D&A
	
	PCHS & Community
<u>Julian Smith</u>	Student Representative
<u>Susan Keffer</u>	Commissioner

Cross Collaboration of Services

Employment Services:

Potter County Human Services continues to work with the Potter County Education Council and the 5 Potter County School Districts to provide a Vocational Mentoring Program to students in each of the districts.

Vocational mentoring is a program that is very responsive to Fostering Connections (for aging out youth), with PA Academic, Career and Technical Training (PACTT) and the guidelines of Independent Living, to name a few. It provides for a framework to educate and prepare youth realistically for their futures and indirectly affect improved and healthier family living and school retention, not to mention minimal compensation. Over 800 youth participate in this program during FY 2017-2018.

Job exposure and experience will be supervised and measured by job supervisor/coach through surveys regarding youth's performance, job satisfaction and job aptitude. User friendly vocational testing will be made available through employment partners such as Career Link, Educational facilities i.e. intermediate unit and secondary vocational programs and the I.L. Program. Finally, community leaders will be recruited for job shadowing and job coaching and visits made to post-educational programs regarding career choices with feedback from youth being collected by case management.

Potter County Human Services works with local business and providers to offer Supported Employment services. These services are overseen by the AE to assure they provide a full range of services which enable people with disabilities to access and succeed in competitive employment. The program goal is to provide full access to employment through the provision of individual support services for people who have historically been excluded from employment. Services have developed from a philosophy that presumes employability for all given the right supports are provided to the individual. Person-centered planning, meaningful job matches, full inclusion in the Potter County workforce, and creative strategies that broaden employment opportunities are all cornerstone practices of our Supported Employment.

Supports Coordinators meet with the Individuals and the Supported Employment Provider every six months to assess progress being made toward competitive employment.

The employment provider has established contracts with several of the employers in Potter County that assist in employing our people in a meaningful way.

Finally, The Potter County Human Services Intellectual Disability program works in partnership with the Potter County Education Council to provide individuals with

Intellectual Disabilities the opportunity to tour the Hiram G. Andrews facility in order to provide these consumers and their families with information about the program and the opportunities this facility may provide to them.

Housing Services:

The Potter County Human Services LHOT serves as a catalyst for the education of and communication with community leaders, Potter County Human Services staff, volunteers, citizens and clients. Committee members provide substantive recommendations on improving the organizational effectiveness based on community input and personal experience and make recommendations on improving the effectiveness of the Department.

The Potter County Human Services Homeless Assistance program is funded to assist individuals/families that are homeless or in danger of becoming homeless. Following the initial intake, the HAP case-manger works with the client or family in obtaining adequate housing, provision of rental assistance (if possible in conjunction with Section 8 housing), linkage of participants with appropriate programs such as The Northern Tier Community Action's PHARE program, The Potter County Mental Health Housing program and The Potter County Housing Authority. A service plan is then developed which documents goals that the client anticipates successfully achieving during their participation in the program, and completion of an exit interview when the client completes the program.

The program is monitored by the PCHS Mental Health Administrator and all cases are reviewed weekly with the Base Service Unit Director. Quarterly meetings are held with the Housing Authority to ensure continuity of care and compliance with cooperative agreement between the agencies.

Potter County Human Services continues to work with the local domestic violence program, "A Way Out" to assist individuals who have been displaced from their homes due to abuse or neglect. By the utilization of State Mental Health and Health Choices reinvestment funds, men & women are provided financial assistance with first month rent and/or security deposit assistance to help them escape difficult situations.

Another collaborative effort is the relationship with Northern Tier Children's Home. This facility has several apartments and dormitory style living quarters available for individuals and families that are experiencing homelessness, eviction or are transient. The Potter County Human Services Mental Health and Coordinated Service program offers brief case management services in an effort to ensure the safety and welfare of the consumers until a more permanent solution can be employed. Potter County Human Services uses Commonwealth and reinvestment funds to provide this short term housing option.

With the utilization of Health Choices reinvestment funds (Contingency Funds) Potter County Human Services works with local landlords with providing individuals with

supportive services to help avoid eviction. These funds are used to provide assistance with security deposits, monthly rent, and utilities. Consumers must meet the Medical Assistance guidelines for eligibility and must also work with the Potter County Human Services Housing Coordinator in an effort to educate those helped to continue to remain in their current living situation.

Finally, The CYS department, working in conjunction with Potter County Human Services, provides housing support to identified families through traditional CYS mandates and the Independent Living Program. The first involves categorical funds to be used to assist selective families that are at risk of out-of-home placement of children to receive financial help in maintaining utilities, rental assistance, garbage removal and property clean-up.

Through the Independent Living program, a home has been leased in order to provide “transitional housing” for young adults until they can complete their high school education or find employment and permanent housing or to escape homelessness. This program served 5 youth during FY 2017-2018.

***COUNTY UTILIZATION OF
STATE FUNDS
POTTER COUNTY HUMAN SERVICES
MENTAL HEALTH PROGRAM***

MENTAL HEALTH SERVICES

Mental Health Program Highlights

Below is the 2017/2018 programs that the Potter County Human Services Mental Health Program began working or continued to develop in order to meet specific needs identified in our public hearings.

Forensic Services

In coordination with the Potter County Jail, the Potter County Women's Center, the Potter County Probation Department and the Potter County Judicial system, the Mental Health program has developed a re-entry program that assists inmates with the transition from a correctional facility back into the community. We have hired a forensic case manager who works with both the male and female inmates to help them with housing, employment, medical assistance, life skills and after care treatment, so that when the inmate is ready for discharge the transition back into the community is smooth and give them a better opportunity for success.

Medication Management

Potter County Human Services has developed a contract with Beacon Light Behavioral Health Systems to provide consumers of the mental health program with Medication Management services. This program is an effort to educate our consumers about their medications, the need to ensure proper use and help them manage their own mental health treatment. The service is to help individuals maintain in the community and divert them from more restrictive placement and help them become more self-reliant.

Housing Services

The Potter County Human Services Mental Health program has been able to sustain the housing program utilizing block grant and reinvestment funds as a mean for providing homeless assistance case management services. We also work with our Coordinated Services program to provide shelter care and emergency housing.

Contingency funds are utilized to assist individuals stay in their current residence and help consumers with utilities, first month rent and deposits to avoid homelessness.

These programs have also been able to utilize funds to provide temporary emergency shelter for families who are in need of housing. We have developed a working

relationship with Northern Tier Children's Home and we have been able to contract with them to utilize one of their housing units to meet this need.

Parents As Teachers Program

This program is to increase parent knowledge of early childhood development and improve parenting practices; provide early detection of developmental delays and health issues; prevent child abuse and neglect; increase children's school readiness and school success.

The program serves expectant mothers and families with infants and provides them with culturally competent, family centered services. Also provides families with developmentally appropriate activities to do with their children both during and after visits. Parent Educators work with the strengths of each family to manage the challenges that each of the families face.

Potter County Women's Center

Potter County Human Services provides case management services to the women residing in the Center. Case Management works to ensure that mental health, life skills, employment and housing needs are worked on while the residents are placed in the center. Dickinson Center's Inc, also provides individual and group mental health treatment services and the women are eligible to participate in Psychiatric Rehabilitation if deemed appropriate.

Northern Tier Children's Home has taken over the administrative and operation of the center from the Potter County Commissioners.

Adolescent Case Management

Potter County Human Services has hired a case manager who works with children from ages 4 to 18 in an effort to help them remain in their homes, community and school district. They provide crisis intervention, referral services and work with existing providers in implementing treatment plans and service coordination.

Systems of Care

As part of the 23 County Managed Care Consortium, Potter County Human Services is a level 1 participant in this venture.

System of care is a spectrum of effective community-based services and supports for children, youth and young adults with or at risk for mental health and related challenges

and their families that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs in order to help them function better at home, in school, in the community, and throughout life.

Systems of care principles are:

1. Family driven and youth guided, with the strengths and needs of the child and family determining the types and mix of services and supports provided.
2. Community based, with the locus of services as well as system management resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level.
3. Culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports and to eliminate disparities in care.

Stepping Up Initiative

Stepping Up is a national initiative to reduce the number of people with mental illnesses in jails.

Each year, there are an estimated 2 million people with serious mental illnesses admitted to jails across the nation. Almost three-quarters of these adults also have drug and alcohol use problems. Once incarcerated, individuals with mental illnesses tend to stay longer in jail and upon release are at a higher risk of returning to incarceration than those without these illnesses.

Jails spend two to three times more money on adults with mental illnesses that require intervention than on those without those needs, yet often do not see improvements to public safety or these individuals' health. Although counties have made tremendous efforts to address this problem, they are often thwarted by significant obstacles, including operating with minimal resources and needing better coordination between criminal justice, mental health, substance use treatment, and other agencies. Without change, large numbers of people with mental illnesses will continue to cycle through the criminal justice system, often resulting in tragic outcomes for these individuals and their families, missed opportunities for connections to treatment, inefficient use of funding, and a failure to improve public safety.

Strengths and Needs

The following are the target service areas that will be priorities for the Potter County Human Service Mental Health program.

Older Adults (ages 60 and above)

The Potter County Mental Health and Intellectual Disabilities program has developed a cooperative agreement with the Area Agency on Aging to provide a collaborative relationship to ensure the cooperation and coordination in the referral and treatment of older adults with a mental health or intellectual disability diagnosis.

Strengths for Meeting the Needs of the Adult Population:

- After hours Protective Services Crisis Intervention services;
- Physical and Behavioral health services through Dickinson Centers, Inc.;
- A coordinated and cooperative relationship between the programs that deliver reliable and unduplicated services; and
- Easy access to services under the Human Services umbrella

Unmet Needs for the Older Adult Population:

- Access to reliable/public transportation;
- Lack of Co-Occurring treatment services;
- Long waiting list for psychiatric evaluations;
- Expensive medications; and
- In-home services, particularly home support (assistance with task such as light housework, laundry, yard work, snow removal, etc.) nursing care within the home, medical equipment/adaptive devices, and personal care assistance

Adults (ages 18 and above)

Adults 18 and older are first processed through the Base Service Unit (BSU) to determine the appropriate frequency and level of care. Once the level of care is determined the individual is referred to the appropriate treatment provider or case manager for follow up care. Those individuals that require multiple service providers and intensive treatment may be referred to the interagency team where a service plan is developed with the input of the individual as well as the rest of the treatment team. Administrative Case Management monitors the necessity of care for at least one year following intake with additional monitoring if necessary.

Strengths for Meeting the Needs of the Adult Population:

- Easy access to services due to the “One Shop Stop” structure of Potter County Human Services;
- Stakeholder, Provider and County collaboration efforts;
- Public Awareness and Education through activities such as Suicide Prevention, Yellow Ribbon, and the Crisis Hotline;
- The Potter County and Potter County Human Services websites; and
- The Directory of Human Services publication placed in various areas throughout the county.

Unmet Needs for the Adult Population:

- Employment options;
- More affordable housing options;
- Increase in Co-Occurring and Dual Diagnosis services for individuals with Mental Health, Intellectual Disabilities and Drug and Alcohol issues; (Lack of quality service providers)
- Lack of medical and dental providers that accept Medical Assistance;
- Long waiting list for psychiatric evaluations; and
- Transportation

Transition-Age Youth (ages 18 through 26)

Transitional age consumers receive the same intake, referral and monitoring of services as the adult population. The Mental Health Department works closely with the Independent Living Program to provide additional supports and services for those that meet the criteria for admission to that program, serving ages 16-21. The Projects for Assistance in Transition from Homelessness (PATH) also provides supports to this population by assessing and referring individuals to meet housing needs.

Strengths for Meeting the Needs of the Transition-Age Youth:

- Independent Living program;
- Temporary Emergency Shelter;
- Easy access to services due to the “One Shop Stop” structure of Potter County Human Services; and
- Supportive Employment Services

Unmet Needs for the Transition-Age Youth:

- Employment options;

- More affordable housing options;
- Increase in Co-Occurring and Dual Diagnosis services for individuals with Mental Health, Intellectual Disabilities and Drug and Alcohol issues; (Lack of quality services providers)
- Lack of medical and dental providers that accept Medical Assistance;
- Long waiting list for psychiatric evaluations; and
- Transportation.

Children Under the Age of 18:

Children and their families receive the same intake, referral and monitoring of services as the adult population. The Mental Health Department works closely with the Children & Youth Program, Potter County School Districts and the local Juvenile Probation Program to provide additional supports and services for those that meet the criteria for admission to that program.

Strengths for Meeting the Needs of Children Under the age of 18:

- Student Assistance Program;
- All schools operate as satellite mental health and drug and alcohol outpatient office;
- Suicide Prevention activities;
- School Based Case Management program;
- Boys and Girls Club;
- Trailblazers Employment Summer program; and
- Vocational Mentoring program;

Unmet Needs for Children Under the age of 18:

- Lack of medical and dental providers that accept Medical Assistance;
- Long waiting list for psychiatric evaluations; and
- Transportation.

Special/Underserved Populations

Individuals Transitioning Out of State Hospitals

For Individuals Discharged from State Hospitals, the Potter County blended case manager consult with the treatment team at the state hospital prior to an individual's discharge. Through the Community Support Plan (CSP) development process, the case manager refers individuals to the appropriate community based services including residential, outpatient mental health, employment, representative payee, case management, etc. The goal of the service coordination

is to support their transition back into the community and support their ongoing recovery. (1 consumer has been targeted to receive this service)

Strengths for Meeting the Needs of the Individuals transitioning out of the State Hospital:

- Enhanced Psychiatric Rehabilitation (One on One coverage);
- Peer Support Services;
- Transportation;
- Medication Management; and
- Supportive Employment Services

Unmet Needs of the Individuals transitioning out of the State Hospital:

- Employment options;
- Lack of Co-Occurring treatment services;
- Lack of specialized treatment for individuals with inappropriate sexual behaviors; and
- Limited availability of home nursing services.

Co-Occurring

The county's sole provider, Dickinson Centers, Inc., has one certified co-occurring staff on hand to provide co-occurring services. It is Dickinson's desire to become a co-occurring provider and has the support of the county's managed care organization in this pursuit.

Strengths for Meeting the Needs of the Individuals with Co-Occurring Issues:

- Enhanced Psychiatric Rehabilitation (One on One coverage);
- Onsite, Intensive M.H. and D&A treatment for Women;
- Transportation;
- Housing; and
- Medication Management Program

Unmet Needs of the Individuals with Co-Occurring Issues:

- Employment options;
- Long waiting list for psychiatric evaluations;
- Qualified providers of service and;
- Lack of specialized psychiatric services

Justice-Involved Individuals

This is an area that the Mental Health program has begun focusing on by taking a pro-active approach to service this population. Our program has seen an increase in referrals for service and has prioritized this population and has begun providing an array of services.

Strengths for Meeting the Needs of the Individuals that are involved in the Justice System:

- Pre Trial Program;
- DUI Court;
- Drug Court;
- Stepping Up Initiative;
- Developed a county wide Community Service program in conjunction with Probation and the Judicial system;
- Residential Rehabilitation Center; and
- Forensic Case Management;

Unmet Needs of the Individuals that are involved in the Justice System:

- Employment options;
- Lack of Co-Occurring treatment services;
- Expensive Medications;
- Long waiting list for psychiatric evaluations;
- Affordable Housing options; and
- Transportation.

Veterans

This is an additional population that the Mental Health program has seen an increase in referrals for service and has prioritized this population and has begun looking at the options in an effort to providing services for these individuals.

Strengths for Meeting the Needs of Veterans:

- Possible development of a Veteran's Court;
- Strong coordination exists between the VA clinics and the Mental Health Department;
- VA Suicide Prevention services are available;
- Community Outreach; and

- Case management also connects eligible veterans to Social Security benefits, transportation, and other necessary supports.

Unmet Needs of Veteran population:

- Employment options;
- Lack of Co-Occurring treatment services;
- Expensive Medications;
- Long waiting list for psychiatric evaluations;
- Affordable Housing options; and
- Transportation.

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

This is an area that the Potter County Mental Health Department has not received any referrals for service or requests to meet this populations needs, however; our department has made services available if the need does present itself.

Strengths for Meeting the Needs of the LGBTQI consumers:

- Therapy options are available through Dickinson Centers, Inc. and the Guidance Center; and
- Educational activities to reduce the stigma attached to this population in order to have consumers who need services come forward.

Unmet Needs of LGBTQI consumers:

- Employment options;
- Expensive Medications;
- Long waiting list for psychiatric evaluations;
- Affordable Housing options; and
- Transportation

Racial/Ethnic/Linguistic minorities

With the population of Potter County presenting at 98.06% white, there is not a present need for extensive services for this population. However; in an attempt to be culturally competent, Potter County has reached out to several minority populations in an attempt to provide needed services.

Strengths for Meeting the Needs of the Racial/Ethnic/Linguistic minority consumers:

- Potter County Human Services has translators available for individuals who speak Spanish, and Chinese;
- Early Intervention services are being provided to the Amish Community; and
- Outreach services to the minority population providing information and education on the services available to them.

Unmet Needs of Needs of the Racial/Ethnic/Linguistic minority consumers:

- Employment options;
- Affordable Housing options; and
- Transportation

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

X No

Does the County currently have any suicide prevention initiatives?

X Yes

Each of the Potter County school districts through the Case Management system of Potter County Human Services and Dickinson Centers Inc. provides students with the following programs:

1. Yellow Ribbon Program;
2. Suicide Hot Line number;
3. All Potter County Schools are licensed as outpatient satellite offices;
 - a. Provide individual therapy;
 - b. Crisis intervention; and
 - c. Referrals services.
4. Fundraising activities to bring about awareness of suicide and the treatment available;
5. Youth Risk Behavioral Surveillance Systems Survey; and
6. Elementary Student Assistance Program.

Supportive Housing

Supportive Housing Activity: Includes Community Hospital Integration Projects Program (CHIPP), Reinvestment, County base funded or other projects that were planned, whether funded or not.

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 target permanent supporting 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 Source by Type	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projects Number to be Served in FY18-19	Number of Targeted BH Units	Term of Targeted BH Units (ex: 30 years)	Year Project First Started

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 Check Vouchers									
	*Funding Source by Type	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

3. Master Leasing (ML) Program 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.								
Project Name	*Funding Source by Type	Total \$ Amount for FY 16-17	Projected \$ Amount for 18-19	Actual or Estimated Number Served in 16-17	Projects Number to be Served in 18-19	Number of Targeted BH Units	Term of Targeted BH Units (ex: 30 years)	Year Project First Started

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								
Project Name	*Funding Source by Type	Total \$ Amount for FY 16-17	Projected \$ Amount for 18-19	Actual or Estimated Number Served in 16-17	Projects Number to be Served in 18-19		Number of Staff FTE's in FY 18-19	Year Project First Started

5. Housing Support Services for Behavioral Health				● Check if Available in the County and complete the section.				
HSS are used to assist consumers in transitions to supportive housing and/or services needed to assist individuals in sustaining their housing								
Project Name	*Funding Source by Type	Total \$ Amount for FY 16-17	Projected \$ Amount for 18-19	Actual or Estimated Number Served in FY 16-17	Projects Number to be Served in FY 18-19		Number of Staff FTE's in FY 18-19	Year Project First Started
HHS Housing Program	Block Grant	\$ 0	\$26,800	0	6		0	2016

6. Housing Contingency Funds for Behavioral Health				● Check if Available in the County and complete the section.				
Flexible funds for one-time emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings etc.								
Project Name	*Funding Source by Type	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projects Number to be Served in FY18-19			Year Project First Started
PC Housing Support	Reinvestment	\$ 6,600	\$ 7,500	7	10			2012

7. Other: Identify the program for Behavioral Health				<input type="checkbox"/> Check if Available in the County and complete the section.				
Project Based Operating Assistance (PBOA Is a partnership program with Pennsylvania Housing Finance Agency in which the County provides operating or rental assistance to specific units then leased to eligible persons); Fairweather Lodge (FWL is an Evidence Based Practice where individuals with serious mental illness choose to live together in the same home, work together,								
Project Name	*Funding Source by Type	Total \$ Amount for FY 16-17	Projected \$ Amount for 18-18	Actual or Estimated Number Served in 16-17	Projects Number to be Served in 18-19	Number of Targeted BH Units	Term of Targeted BH Units (ex: 30 years)	Year Project First Started

Recovery Oriented System Transformation

Mental Health Recovery-Oriented Priorities, timelines, funding mechanisms, resources and tracking of outcomes:

1. Inpatient hospitalization:

Narrative: To reduce the frequency and length of stay for hospitalizations within the next year.

Time Line: The services will be provided beginning July 1, 2018 with the expected outcome to be completed by the end of the 18/19 fiscal year by working with OMHSAS and surrounding counties to address the issues that surround the MH Commitment process.

Fiscal and Other Resources: The aforementioned services will be funded through state allocations and the county match requirement.

Tracking: Administrative Case Management and the Base Service Unit will monitor and refer consumers to alternate community-based services when reduced level of care may be an option. The Base Service Unit maintains records of hospitalizations and reports to OMHSAS yearly by way of Performance Outcome Measurement System (POMS) Reporting.

2. Forensic Mental Health Consumers:

Narrative: To reduce the number of inmates diagnosed with Severe Mental Illness within the next year. Certified Peer Specialists, Mental Health and D&A Case Management services will be provided to assist inmates with discharge planning and transitioning into the community.

Time Line: The services will be provided beginning July 1, 2018 with the expected outcome to be completed by the end of the 18/19 fiscal year by working in cooperation with the Mental Health, Drug & Alcohol, Probation Departments and the court system;

Fiscal and Other Resources: Funding from Penn Dot will be utilized for DUI Court as an alternate means of punishment and PCCD grants and Reinvestment funds are being used to assist with the treatment component for Mental Health and Drug & Alcohol services. Also, state allocations, BHSI and Act 152 and the county match funds will provide the aforementioned services;

Tracking: Monthly meetings occur with Case Management, the jail and the Women's Center to track the inmates and residents in the facility and those returning to the community to continue to support them.

3. Homeless:

Narrative: To reduce the homeless population in the next year by providing housing for adults and children with the goal being to have individuals go from homelessness to permanent housing. The population served includes Inmates, MH, D&A, consumers and veterans.

Time Line: The Goal is for individuals to obtain permanent housing and income within a two year time frame and monitored by the Federal Housing Authority by means of annual reporting and renewal grant submissions.

Fiscal and Other Resources: This is funded through the Mental Health and Health Choices reinvestment funding. The state and Health Choices funds also provide food, clothing employment training and case management. Also, Emergency Food & Shelter, HSDF and county match funds will be utilized; and

Tracking: The Housing specialist will monitor the program and provide the Mental Health department with monthly updates on the number of consumers served within the program.

Existing County Mental Health Services

Below is a chart of all the currently available services and the funding source utilized in Potter County

Services By Category	Currently Offered	Funding Source (Check all that Apply)
Outpatient Mental Health	●	● County ● HC □ Reinvestment
Psychiatric Inpatient Hospitalization	●	● County ● HC □ Reinvestment
Partial Hospitalization	●	● County ● HC □ Reinvestment
Family-Based Mental Health Services	●	● County ● HC □ Reinvestment
ACT or CTT	□	□ County □ HC □ Reinvestment
Children’s Evidence Based Practices	●	● County ● HC □ Reinvestment
Crisis Services	●	● County ● HC □ Reinvestment
Emergency Services	●	● County ● HC □ Reinvestment
Target Case Management	●	● County □ HC □ Reinvestment
Administrative Case Management	●	● County □ HC □ Reinvestment
Transitional & Community Integration Services	□	□ County □ HC □ Reinvestment
Community Employment/Employment related Services	□	□ County □ HC □ Reinvestment
Community Residential Services	□	□ County □ HC □ Reinvestment
Psychiatric Rehabilitation	●	● County ● HC □ Reinvestment
Children’s Psychosocial Rehabilitation	●	● County □ HC □ Reinvestment
Adult Development Training	●	● County □ HC □ Reinvestment
Facility Based Vocational Rehabilitation	●	● County □ HC □ Reinvestment
Social Rehabilitation Services	●	● County ● HC □ Reinvestment
Administrator’s Office	●	● County □ HC □ Reinvestment
Housing Support Services	●	● County □ HC □ Reinvestment
Family Support Services	●	● County □ HC □ Reinvestment
Peer Specialist Services	●	● County □ HC □ Reinvestment
Consumer Driven Services	●	● County □ HC □ Reinvestment
Mobile Mental Health Treatment	□	□ County □ HC □ Reinvestment
BHRS for Children and Adolescents	●	□ County ● HC □ Reinvestment
Inpatient D&A (Detoxification and Rehabilitation)	●	● County ● HC □ Reinvestment
Outpatient D&A Services	●	● County ● HC □ Reinvestment
Methadone Maintenance	●	● County ● HC □ Reinvestment
Clozapine Support Services	□	□ County □ HC □ Reinvestment
Additional Services (Specify – add rows as needed)	□	□ County □ HC □ Reinvestment

Evidence Based Practices Survey:

Evidence Based Practices	Is the Service available in the County? (Y/N)	Number served in the county	What Fidelity measure is used?	Who measures Fidelity? (agency, county, MCO, or state)	How often is Fidelity measured?	Is SAMHSA EBP Tool kit used as an implementation guide?	Is staff specifically trained to implement EBP? (Y/N)	Comments
Assertive Community Treatment	No							
Supportive Housing	Yes	2	None	Agency	N/A	No	No	
Supported Employment	Yes	0						Will begin in FY 18-19
Integrated Treatment for Co-Occurring Disorders (MH/SA)	No							
Illness Management Recovery	No							
Medication Management (MedTEAM)	Yes	2	None	Provider	N/A	No	No	
Therapeutic Foster Care	No							
Multi Systemic Therapy	Yes	2	Yes	Provider		Yes	Yes	
Functional Family Therapy	No							
Family Psycho-Education	No							

Recovery Oriented Promising Practices Survey:

Recovery Oriented and Promising Practices	Services Provided (Yes/No)	Number Served (Approximately)	Comments
Consumer/Family Satisfaction Team	Yes	16	This is the IM4Q process
Compeer	No		
Fairweather Lodge	No		
MA Funded Certified Peer Specialist	Yes	17	Dickinson Centers, Inc. provides this services for the county
CPS Services for Transition Age Youth	No		
CPS Services for Older Adults	Yes	17	
Other Funded Certified Peer Specialist	No	2	
CPS Services for Transition Age Youth	No		
CPS Services for Older Adults	Yes	2	
Dialectical Behavioral Therapy	Yes	22	
Mobile Services/In Home Medication	Yes	2	
Wellness Recovery Action Plan (WRAP)	No		
Shared Decision Making	No		
Psychiatric Rehabilitation Services (including clubhouse)	Yes	25	
Self -Directed Care	No		
Supported Education	No		
Treatment for Depression in Older Adults	Yes	55	
Consumer Operated Services	No		Drop In Center

Parent Child Interactive Therapy	Yes	2	Beacon Light provides this service for our C&Y program
Sanctuary	No		
Trauma Focused Cognitive Behavioral Therapy	Yes	21	
Eye Movement Desensitization and Reprocessing	No		
First Episode Psychosis Coordinated Specialty Care	No		
Other (specify)	No		

Certified Peer Specialist Employment Survey

Below is a chart of the CPS's employed in any mental health services within Potter County including but not limited to:

- Case Management
- Inpatient Settings
- Psychiatric Rehabilitation
- Intensive Outpatient Program
- Drop-in Centers
- Medicaid-Funded Peer Support Programs
- Consumer Run Organizations
- Residential Settings
- ACT, PACT, or FACT Teams

Total Number of CPS's Employed	2
Number of Full Time (30 hours or more)	1
Number of Part Time (Under 30 hours)	1

*COUNTY UTILIZATION OF
STATE FUNDS*

POTTER COUNTY HUMAN SERVICES

INTELLECTUAL DISABILITIES PROGRAM

INTELLECTUAL DISABILITIES SERVICES

Potter County Human Services (PCHS) supports the Information Sharing and Advisory Committee (ISAC) recommendations which resulted in the newest Everyday Lives edition to develop an improved delivery system. PCHS continues to implement the CMS Final Rule mandates to move participants to a richer community based life.

In an effort to support the above initiatives, PCHS meets quarterly with Cameron/Elk and Clearfield/Jefferson counties in a voluntary collaborative effort through the Northern Tier Quality Management/Networking Council (Council) to implement many of the Office of Developmental Programs (ODP) changes as a result of the 2017 Waiver Renewals of the PFDS and Consolidated Waivers. The Council has organized trainings this past year for Supports Coordination Organizations (SCO) and Service Providers hosted by Nancy Richie on the National and State initiative Supporting Families throughout the Lifespan. The Council has plans to further expand training to county staff, families and participants of ID services through the PA Family Network and its Person Centered Thinking trainers. Also, in conjunction with Erie, Clarion, Elk/Cameron, Clearfield/Jefferson, McKean and Forest/Warren counties, PCHS is member of the Northern Tier Collaborative in joining the National Community of Practice: Supporting Families throughout the Lifespan movement.

PCHS is currently developing policy and procedures that promote Community of Practice for Supporting Families of Individuals with Intellectual & Developmental Disabilities. Specifically, the Administrative Entity (AE) will be mailing the following Charting the Life Course tools to families and individuals to better understand what families and individuals hope for and need to live an everyday life: 1) Developing a Vision-Family 2) Developing a Vision-Individual. These tools once completed and returned to the AE will be shared with the supports coordinators prior to the individual's Annual ISP, and will be used by the AE when reviewing and authorizing Annual ISPs.

The AE also has preliminary arrangements with ODP to provide training on Community of Practice and Charting the Life Course with Children and Youth Intensive Case Managers who work in the five school districts in Potter County. This training will also be extended to guidance counselors and other pertinent school personal.

Currently, supports coordinators are using Charting the Life Course tools at Annual ISP meetings as well as the AE at the initial intake and registration of individuals with intellectual disabilities.

The AE will be updating and including both Everyday Lives and Community of Practice on its PCHS website, as well as, reaching out to the local media. Recently, the AE sent the Everyday Lives, Values in Action brochure to all of the individuals/families registered with the AE.

PCHS through its Administrative Entity (AE) and in-house SCO monitor and provide services in conjunction with several providers including Dickinson Center, The Arc of Crawford County, Pediatric Services of America, New Light, Evergreen Elm, and Family Links. The AE exercises oversight of the above mentioned providers through the provider monitoring process established by ODP.

To further provide participants with choice, the AE contracts with The Arc of Crawford County to provide participant directed services and uses the Agency with Choice model which allows participants to direct their services, but not be burdened with many of the financial aspects of being a managing employer.

The AE contracts with The Arc of Indiana County as its Independent Monitoring for Quality (IM4Q) entity to provide independent oversight of the quality of services being provided by the SCO and service providers.

The AE also assists participants who are not eligible for waiver funding by providing services through base dollars. This practice to date has eliminated a waiting list. We also support PFDS waiver participants with base dollars who have exceeded their cap so that necessary services are not interrupted.

Below is a chart of the various programs and the clientele to be served in each.

	Estimated Individuals Served in FY 17-18	Percent of Total Individuals Served	Projected Individuals to be served in FY 18-19	Percent of total Individuals Served
Supported Employment	8	15.3%	8	15.3%
Pre-Vocational	0	0%	0	0%
Adult Training Facility	12	23%	12	23%
Base Funded Supports Coordination	10	20.8%	9	17%
Residential (6400)/ unlicensed	4	7%	4	7%
Life Sharing (6500)/ Unlicensed	12	23%	12	23%
PDS/AWC	13	27%	13	27%
PDS/VF	0	0.0%	0	0.0%
Family Driven Family Support Services	0	0.0%	0	0.0%

Supported Employment

PCHS recognizes the importance of Governor Wolfe's Employment First priorities, and as part of its current and future Quality Management Plans, will continue to work with the five local school districts and the Intermediate Unit 9 to identify students as earliest as tenth grade who are interested in employment upon graduation to register with the AE. The AE also participants on a yearly basis the local school district's job fair.

Supports Coordinators work with families and participants to plan supports needed to achieve their employment goals and coordinate their efforts with the Office of Vocational Rehabilitation (OVR) to assure that students are prepared to achieve their employment dreams on day one of post-graduation.

There are currently eight participants receiving supported employment services. Anticipating new graduates for 2018, this number is expected to be higher. The SCO coordinates services for these participants with Dickinson Center at their annual ISP meeting and through critical revision meetings when changes are needed to meet the participant's needs. All participants have been hired by local businesses and are competitively employed (all are part-time hours).

The AE and SCO have, and will continue to participate in all trainings and webinars on employment. We recently sent a representative from the Potter SCO to Pittsburgh to a forum between ODP and the State Employment Leadership Network (April 25, 2018). We are currently in the process of evaluation the information presented.

Supports Coordination

Both the AE and SCO are committed to supporting the principles of the Life Course Framework by promoting the core belief that people have the right to live, love, work, play and pursue their life aspirations in their community. The AE has encouraged the SCO to continue participating in regional presentations/meetings that center on Community of Practices and will assist the SCO in incorporating the Life Course Tools into its businesses practices and integrating these core beliefs into the participant's ISPs.

The Potter AS and in-house SCO attended a training in Forest/Warren County on Community of Practice in which Nancy Richie and Cathy Traini of ODP presented. The SCO will utilize the Life Course framework/tools at annual ISP meetings and the Potter AE will use this framework during the registration process.

The AE and SCO also encourage families to utilize or supplement natural supports rather than paid supports to promote Life Course Framework core beliefs. Base funds are directed toward community participation and in-home community services in an attempt to connect individual with their community and families. Base funds have also supplemented PFDS waiver funds for participants who seek employment but were limited by the PFDS cap although with the increases in waiver funding for supported employment for FY 17/18 this was not necessary.

The AE is informed weekly by the SCO of participant's needs. The ID Director and SCO Director meet weekly.

Life Sharing Options

Life Sharing allows participants with intellectual disabilities and autism to live with the support of a loving and caring family within the community. The AE has during the past several years increased its life sharing options by contracting with other providers of life sharing.

Of the sixteen participants needing residential services, only four are in community homes with twelve in life sharing residential services. In FY 17/18 the AE increased its life sharing by one. The AE will be reaching out to Life Sharing providers and families to introduce them to the principles of Supporting Family throughout the Life Span.

Cross Systems Communication Efforts

The AE is a part of the Potter County Human Services Management team that includes the following departments:

- Mental Health Services;
- The S.C.A. for Drug and Alcohol Services;
- Early Intervention Services;
- The Office of Children, Youth and Family program;
- Adult Case Management Services;
- Homeless Assistance Program;
- Human Services Development Fund program; and
- The Area Agency on Aging

The programs meet on a monthly basis to review their individual programs, provide updates on innovated supports deliveries and review cross system alternatives to paid services to support participants throughout their lifespan.

As mentioned earlier, the AE works with the local school districts to be proactive in supporting individuals with post-graduation employment goals by identifying these participants two year prior to graduation. The AE and SCO are serving autistic participants who were eligible for services through ODP in FY 17/18. The Potter AE and SCO participated in ODP trainings and webinars to assist in serving individuals with autism.

The AE and SCO are located in the same building and communicate frequently on participant needs and/or incidents which require immediate action by the SCO, AE or Provider to assure the health and safety of the participant.

The AE and the Northern Tier Quality Management/Networking Council will continue to meet quarterly to address cross system needs and anticipate providing more training to service providers.

The AE participates in quarterly meetings with numerous providers which include; Beacon Light, UPMC Cole, The Meadows, Potter County Probation, Potter County Children & Youth, and the Potter County Early Intervention program. The purpose is to coordinate and collaborate on issue related to individuals under the age of 21.

Emergency Supports

The AE uses existing base dollars and/or will move block grant dollars around to temporarily support participants in an emergency situation until waiver capacity can be increased through the emergency waiver capacity process established by ODP. In addition, since PCHS is an umbrella agency, it has, and will continue to seek assistance from other departments, if applicable. For example, the Intellectual Disability and Aging departments work closely with participants who are either 60 years old and above or meet the criteria for Adult Protective Services (APS).

The ID director is a standing member of the CASSP Team and emergency CASSP meeting are conducted when necessary for participants less than 18 years of age or are still in a special educational setting and have an IEP.

The AE utilizes Crisis Support through Dickinson Center for any emergencies during business hours and has after-hours delegates on call who will call the ID Director or MH/ID Administrator in the event of an emergency. All delegates have a thorough knowledge of intellectually disabled or autistic participants needs. Mobile Crisis is available if required. Staff is trained to deal with individuals presenting with ID or Autistic symptoms.

The AE continues to utilize PCHS' Coordinated Services department and the Mental Health Housing Coordinator to seek temporary housing if such housing will not pose a risk to the health and safety of a participant.

Administrative Funding

As mentioned in the opening narrative, the AE is part of the Northern Tier Quality Management/Networking Council which the AE utilizes the PA Family Network Person Centered Thinking trainers to expand on the statewide initiative, Communities of Practice-Charting the Life Course. These training opportunities are for county staff and family/participants of ID services.

The Council also reviews risk management issues such as medication errors, communication issues, as well as a number of proactive approaches to ensuring the health, welfare and safety of ID participants.

ODP has been an integral partner of the Council in planning for previous Council sponsored trainings and will continue to work with the Council for future training opportunities.

The AE also meets with ODP on a quarterly basis at the QM/RM regional meetings to better plan on what risk management activities the AE and SCO can implement to assure the highest degree of health and safety for ID participants.

The AE has utilized the trainers at the HCQU numerous times to provide training to county staff and families/participants. It has also utilized the HCQU to provide specific recommendations to families/participants on issues ranging from behavioral to medical. The AE will continue to use the HCQU when warranted.

PCHS Housing Coordinator has various options available for individuals both in emergency need of housing or planning of various housing options through Human Services Development funds, Block Grant funds and Health Choices Reinvestment funds.

IM4Q considerations provided by The Arc of Indiana County are addressed by the SCO in a timely manner and thoroughly reviewed by the AE and The Arc of Indiana. Recommendations by IM4Q are incorporated into the ISP, if needed. Providers are made aware of all IM4Q recommendations when applicable. The AE communicates frequently with The Arc of Indiana County on IM4Q matters and attends regional IM4Q meetings.

The AE communicates with the SCO and providers within 24 hours or sooner, if necessary, on all incidents generated through Enterprise Incident Management (EIM). The AE reviews EIM on a daily basis.

Participant Directed Services (PDS)

Potter County has a small population which often leads to staff shortages with our traditional service provider, Dickinson Center. The AE recognized the need for PDS several years ago and contracted with The Arc of Crawford County to provide Agency w. Choice services to participants and their families. This has prevented most service disruptions throughout the years.

Currently 31 percent of our participants utilized Agency w. Choice services. The AE and SCO meet yearly to plan for FY Renewal Plans and are provided monthly utilization reports from The Arc of Crawford.

Community for All

There are no participants in congregate settings.

**Potter County Human Services
Emergency/Crisis Services
Policy & Procedure
Manual**

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Act 77

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POTTER COUNTY HUMAN SERVICES
EMERGENCY/CRISIS SERVICES

**DISPOSITION OF
ACT 77**

Purpose:

To specify the manner in which Crisis Services personnel will comply with Act 77. Act 77 of 1996 amended the Mental Health Procedures Act of 1976 requiring county officials to notify the Pennsylvania State Police (PSP) of “a person who has been adjudicated incompetent or who has been involuntarily committed to a mental institution for inpatient care and treatment under Section 302, 303, or 304 of the provision of the Act of July 9, 1976 (P.C. 817, No. 413) known as the Mental Health Procedures Act.” PSP will maintain a data base available to arms dealers throughout the Commonwealth via the Pennsylvania Instant Check System (PICS). This will serve to prevent immediate access to firearms to any person identified in this database. Crisis/Emergency Services personnel will follow these procedures in order that the Director of the Mental Health Base Service Unit is able to assume the responsibility for completing the PSP NOTIFICATION OF MENTAL HEALTH COMMITMENT form. Moreover, it is necessary to define procedures for informing all parties associated with the process of implementing Section 302 of the Mental Health Procedures Act of the concomitant requirement of Act 77.

Procedures:

A. INVOLUNTARY COMMITMENTS

1. The worker who assumes the role of, and functions as, a mental health delegate, will inform the prospective petitioner(s) that should a patient be committed under Section 302 of the Mental Health Procedures Act, the patient’s name will be entered into the PICS. This will prevent the patient from having immediate access to firearms.
2. When the patient has clearly refused voluntary inpatient mental health treatment under Section 201 of the Mental Health Procedures Act and the delegate has issued a 302 warrant, the delegate will inform the patient that his/her name will be entered into the PICS and the consequences.
3. The delegate will complete a “Delegate Log.” The delegate log will be forwarded to the County Mental Health Director of Base Services Unit Director who will be responsible for notification to PICS.

POTTER COUNTY HUMAN SERVICES
EMERGENCY/CRISIS SERVICES

ADMISSION/EXCLUSION CRITERIA

Admission Diagnosis

The client must have a primary or secondary disturbance of mood, thought, or behavior with clinical evidence of increased levels of risk to self or others, significantly impaired judgment, indications of psychosis and/or the possibility of death or serious harm within 30 days if services are not rendered. The condition can be acute or chronic.

Severity of Need

The client must exhibit moderate to severe symptoms and there must be established and documented clinical evidence to suggest that less intensive services are not appropriate.

Length of Stay

Contingent upon Disposition:

- No referral
- Information/Referral
- Referral for Outpatient services (mental health or drug and alcohol)
- Involuntary psychiatric commitment (302) up to a maximum of 120 days inpatient treatment
- Voluntary psychiatric commitment (201) which has a variable length of inpatient treatment

Residency Requirement

None. Services will be rendered to any individual who meets the above criteria.

POTTER COUNTY HUMAN SERVICES
EMERGENCY/CRISIS SERVICES

CONCEALED WEAPONS AND PRESCRIBED MEDICATIONS

Purpose:

To establish guidelines to ensure the safety of both staff and clients where the misuse of weapons or prescribed medication is likely.

Procedures:

1. If an individual is suspected of carrying a concealed weapon upon the arrival of Potter County Human Services staff, that worker will immediately notify the State or Local Police. All necessary precautions will be taken until the arrival of police and the police will accept full responsibility, not only for determining the presence of a concealed weapon, but also assuming responsibility for it until the patient's status has been completely assessed. For the purpose of this subsection, a concealed weapon is defined as any object or instrument that could cause bodily injury or harm to self and/or others.
2. If an individual has expressed suicidal ideation and it is known that they are in possession of prescription medication, which they could potentially use to intentionally overdose, the following procedures will apply:
 - a. In the office, nursing personnel, if available, will secure all medications in a large envelope until an assessment of the client's status has been completed. If nursing personnel are not available, the client will be asked to place the medication in a large envelope until after the assessment.
 - b. In the hospital emergency room, all medications will be given to nursing personnel to be secured until a disposition has been determined. If a client is considered sufficiently stable and is referred for outpatient services, medications shall be returned to be taken as prescribed.
 - c. In the community, the emergency/crisis worker will secure all medications in an envelope in the presence of the client only when a family member is not available to assume responsibility for medication on behalf of the client or when the client is in a community setting and doesn't have the option of leaving their medication at home.
 - d. In the event the client is referred for voluntary (201) or involuntary (302) inpatient psychiatric treatment, the emergency/crisis worker will give the envelope to transportation personnel who will in turn hand it over to the receiving facility.

POTTER COUNTY HUMAN SERVICES
EMERGENCY/CRISIS SERVICES

CLIENT RECORDS, DOCUMENTATION, AND CONFIDENTIALITY

Purpose:

To establish a method of retaining and documenting information obtained from clients and collaterals in a consistent and organized fashion, which will be readily accessible to agency personnel and other authorized parties. Client information will not be released without a signed release of information by the client or the parent/legal guardian of a child under the age of 14.

Procedures:

1. In accordance with Department of Public Welfare Regulations, all client records will be retained for a minimum of seven (7) years.
2. A chart will be maintained on all crisis contacts, to include all available demographic information, a description of the problem and interventions, as well as disposition.
3. All clients who are eligible to be billed as Medical Assistance recipients shall have open crisis charts, which shall be closed after a minimum period of ninety days with no further contact with crisis services. Each open chart shall contain a complete telephone screening, referral forms, crisis assessment, progress/service activity notes, any available hospital information and any other information pertinent to that client.

POTTER COUNTY HUMAN SERVICES
EMERGENCY/CRISIS SERVICES

COORDINATION OF DISPOSITIONS

Purpose:

To specify the manner in which Emergency and Crisis services will coordinate referrals for outpatient and inpatient treatment programs. This policy further defines procedures for facilitating appropriate clinic dispositions in compliance with standards established by area hospitals.

Procedures:

A crisis worker will complete a crisis assessment to determine a clinically appropriate disposition. Crisis workers will always facilitate referrals to the least restrictive level of care, i.e. outpatient treatment vs. inpatient treatment, voluntary admission vs. involuntary admission. Should a client require admission under Section 201 or 302 of the Mental Health Procedures Act, the crisis worker will document the exact point in time when the crisis work has stopped and emergency services work has started. It is at this point in time when the crisis worker assumes the role of emergency services worker.

1. Outpatient Referrals

- a. If upon completion of a telephone assessment, walk-in assessment or mobile crisis assessment, there is no indication of criteria to support inpatient psychiatric treatment, then crisis services staff will make the clinically appropriate outpatient referral to the treatment agency or program of the client's choice. Clients and/or family members will be provided with telephone numbers of regional services at their request.

2. Voluntary Inpatient Psychiatric Treatment Referrals

- a. Walk-Ins:
 - i. Upon completion of a walk-in crisis assessment, in cases where clients are willing to be admitted to a psychiatric facility on a voluntary basis, workers will facilitate admission to one of the hospitals within the region. Consideration will be given to patient choice whenever possible. Other factors to be considered will include availability of a bed and transportation.

- ii. When a bed is secured, the crisis worker will comply with requests of the receiving hospital regarding time of admission, medical evaluation, etc.
- iii. The 201 forms will be completed at the hospital. Staff at the receiving hospital will review the patient's rights.

b. Mobile Crisis:

- i. Upon completion of a mobile crisis assessment, in cases where clients are willing to be admitted to a psychiatric facility on a voluntary basis, workers will facilitate admission to one of the hospitals within the region. Consideration will be given to patient choice whenever possible. Other factors to be considered will include availability of a bed and transportation.
- ii. When a bed is secured, the crisis worker will comply with requests of the receiving hospital regarding time of admission, medical evaluation, etc.
- iii. The 201 forms will be completed at the hospital. Staff at the receiving hospital will review the patient's rights.

3. Involuntary Inpatient Psychiatric Treatment referrals

a. Walk-Ins:

- i. Upon completion of a walk-in crisis assessment wherein the client has been advised to seek voluntary admission but refuses to pursue this course of treatment, crisis workers will determine whether or not criteria are met for the completion of Section 302 of the Mental Health Procedures Act. In the event sufficient criteria exist for the issuance of a 302 warrant, the worker will function as a Mental Health Delegate to complete this process.
- ii. After completion of the petition, the delegate will issue the warrant for emergency evaluation. Police will be utilized, as appropriate, to ensure the safety of the client, worker and others.
- iii. The delegate will secure a bed at one of the psychiatric inpatient facilities. Once a bed is secured, the delegate will follow the protocol for 302 admission to that particular facility since the procedure will vary from one hospital to another.

- iv. The delegate will also arrange transportation as appropriate to the client, situation and safety of all involved.
- v. The original completed 302 will accompany the client to the receiving facility. A copy of the 302 may be retained in the client's Crisis Services Chart.

b. Mobile Crisis:

- i. Upon completion of a walk-in crisis assessment wherein the client has been advised to seek voluntary admission but refuses to pursue this course of treatment, crisis workers will determine whether or not criteria are met for the completion of Section 302 of the Mental Health Procedures Act. In the event sufficient criteria exist for the issuance of a 302 warrant, the worker will function as a Mental Health Delegate to complete this process.
- ii. After completion of the petition, the delegate will issue the warrant for emergency evaluation. Police will be utilized, as appropriate, to ensure the safety of the client, worker and others.
- iii. The delegate will secure a bed at one of the psychiatric inpatient facilities. Once a bed is secured, the delegate will follow the protocol for 302 admission to that particular facility since the procedure will vary from one hospital to another.
- iv. The delegate will also arrange transportation as appropriate to the client, situation and safety of all involved.
- v. The original completed 302 will accompany the client to the receiving facility. A copy of the 302 may be retained in the client's Crisis Services Chart.

POTTER COUNTY HUMAN SERVICES
EMERGENCY/CRISIS SERVICES

CRITERIA FOR CALLING A PHYSICIAN

Background:

In some cases Crisis workers or Mental Health delegates will be consulting the attending physician at the hospital emergency room via face-to-face contact. In other cases, the workers will be consulting a psychiatrist at a prospective treatment facility.

Purpose:

To establish guidelines for obtaining consultation and clinical guidance and recommendations regarding crisis cases.

Process:

Workers will be in contact with the hospital's emergency room physician if:

1. The client is being seen at the request of emergency room staff
2. An emergency room visit is required for medical clearance for a 302 admission.

Workers will be in contact with a psychiatrist at a prospective treatment facility if:

1. Efforts are being made to facilitate admission for a client seeking voluntary admission.
2. An attempt is being made to secure a bed for a 302 commitment.
3. Circumstances of the case warrant physician input to ensure that a clinically appropriate disposition is attained, e.g. issues associated with the dually diagnosed mentally ill/chemically addicted client; direction regarding potential medical intervention; the appropriateness of possible modes of transportation (family, car, police, ambulance, etc) to a facility.

POTTER COUNTY HUMAN SERVICES
EMERGENCY/CRISIS SERVICES

CRITERIA FOR CALLING FOR POLICE ASSISTANCE

Purpose:

To establish criteria for calling police officers to assist with a crisis case.

Presenting Circumstances:

1. An overdose or suicide attempt is suspected to be in progress.
2. Violent behavior is presently occurring.
3. Prior history of violent acts.
4. Specific threats toward self and/or others with the means to carry out those threats.
5. To assist Mental Health Delegate with an issued 302 warrant.
6. Weapons known to be in the home and the nature of the case suggests the possibility of their use.
7. Client is intoxicated or under the influence of a mind altering substance and is threatening in any manner.
8. The client and/or family are verbally agitated and the Crisis Worker anticipates the possibility of escalation to a dangerous situation. Police presence is needed to assure the safety of all parties.

Procedure:

1. The Emergency/Crisis services worker will contact the police department with jurisdiction over the location where the crisis is occurring and request assistance. In some instances, police departments may need to be contacted through County Control or 911.
2. The emergency/crisis services worker will explain the nature of the crisis to the identified police department.
3. The crisis worker will coordinate plans to meet at the crisis scene or at the local police station as indicated.

POTTER COUNTY HUMAN SERVICES
EMERGENCY/CRISIS SERVICES

DOCUMENTATION FOR ASSESSMENT FORMS

Purpose:

To establish guidelines for documentation and standardize the information elicited from a client during an assessment to ensure consistency and content of that information.

Procedure:

The Emergency/Crisis Contact Summary is to be completed on all clients requesting phone, walk-in, or mobile crisis assessment. The information will be kept to the minimum amount necessary to deal with the situation.

In the event that it becomes necessary to pursue hospitalization, either voluntary or involuntary, notation will be made to differentiate crisis and emergency services.

- All questions pertaining to demographics will be completed.
- The referral source will indicate whether or not they perceive the current situation as a crisis.
- Every effort will be made to obtain a clear description of the current problem.
- Information regarding any past or current psychiatric history will be included, if possible.
- The absence of presence of any self-injurious behavior will be indicated.
- The absence of presence of any thoughts of hurting others will be indicated.
- If police assistance is needed, either in the opinion of the caller or the crisis worker, this will be indicated, along with the name of the police department contacted.
- The Mental Health section will be completed by indicating a Y for yes and an N for no, for all responses that are appropriate.
- If a Mental Health delegate is needed, this will be indicated along with the name of the delegate responding.
- Disposition will be indicated by listing all referrals made either within the agency or to other community programs.
- BSU # will be obtained from the Director of the Base Service Unit for all new referrals.
- Notation will be made regarding whether or not the client has been given information on how to contact Crisis services.
- Employee completing the referral form will sign the form.

POTTER COUNTY HUMAN SERVICES
EMERGENCY/CRISIS SERVICES

DUTY TO PROTECT/WARN

Purpose:

To provide guidelines for assessing duty to protect/warn and making appropriate interventions.

Procedure:

1. When a client makes a threat to inflict bodily harm or fatally injure another, Emergency/Crisis staff member will complete the Duty to Protect/Warn form.
2. Staff will proceed as follows:
 - a. Demographics: All prompts must be addressed in total. “Unknown”, if “Unable to elicit”, “Not Applicable”, or “refuses” will be specified if necessary rather than leaving the item blank.
 - b. Risk Assessment/Screening: The emergency/crisis worker who assessed the client shall complete this section ensuring all prompts are addressed. In the event of a positive response (indicating a problem), specifics of the problem are to be documented for clarification. No prompt may be left blank, rather, “Unknown”, if “Unable to elicit”, “Not Applicable”, or “refuses” should be indicated as appropriate. The staff member will then review this with their supervisor who will assist with the remaining steps.
 - c. Interventions Selected: The Mental Health Director and Emergency/Crisis worker will determine what type of intervention(s) to take and number them appropriately.
 - d. Consultation: Prior to acting upon any identified intervention(s), the Director may choose to consult the County Solicitor.
 - e. Implement Interventions: Emergency/Crisis services staff will number the intervention(s) implemented and record type of contact, name of person contacted, time of contact, information relayed, and their response.
 - f. Signature and Date: Both the Emergency/Crisis worker and the supervisor must sign the form in two places.

POTTER COUNTY HUMAN SERVICES
EMERGENCY/CRISIS SERVICES

DUTY TO PROTECT/WARN FORM

Client Name: _____ BSU# _____ Date: _____

Intended Victim(s) Name(s): _____

Intended Victim(S) Address: _____

Intended Victim(s) Phone Number: _____

I. Risk Assessment (N if No, Y if Yes and specify)

Identifiable Target: _____

Accessible Target: _____

Motive: _____

Plan: _____

Access to Weapon/Mean: _____

History of Violence: _____

Drug &/or Alcohol Use: _____

Command Hallucinations: _____

Paranoid Delusions: _____

Other: _____

Comments: _____

Emergency/Crisis Worker
Date

Date

Director/Supervisor

POTTER COUNTY HUMAN SERVICES
EMERGENCY/CRISIS SERVICES

DUTY TO PROTECT/WARN FORM

II. Notify AOC: Who _____ Time: _____

III. Intervention(s) Selected:

IV. Implemented Intervention(s) (if applicable):

Emergency/Crisis Worker
Date

Date

Director/Supervisor

***COUNTY UTILIZATION OF
STATE FUNDS***

POTTER COUNTY HUMAN SERVICES

HOMELESS ASSISTANCE PROGRAM

HOMELESS ASSISTANCE PROGRAM (HAP)

The Potter County Human Services Coordinated Services Department makes available a continuum of services to persons at risk of becoming homeless or who are currently homeless.

The continuum of services include, the following for individuals who provide written notification that they will be evicted or lose their housing if settlement is not made:

1. Individuals or families who can demonstrate a necessity for housing are provided immediate intake services. This process determines the needs of the individuals or families and what services can be offered;
2. At the intake, the individual or family must present an eviction notice, proof of income and any other additional resources available to them, such as family members, friends or other funds.
3. Residents who meet eligibility requirements and require such services as: Emergency shelter, homeless and rental assistance are provided brief case management or service planning activities in order to alleviate the immediate need for housing. Eligibility is determined by utilizing the Housing and Urban Development (HUD) definition of Homelessness or near homelessness;
4. Through the Brief Case management referral services are provided to individuals to programs such as Mental Health, Drug and Alcohol, Medical Assistance Transportation, and older adult services; and
5. Until such a time as case management can begin, families and/or individuals are housed at local hotels or the Northern Tier Shelter. The case managers work with the individuals and/or families to locate options for safe and affordable housing.

The following are the services that will be paid for through the use of State Funds provided by the Commonwealth:

Bridge Housing

PCHS assists the consumer with completing the application and then the application and a referral form is forwarded to the Clarion County Housing Authority. Once the application is completed, the applicant is put on a waiting list for a briefing. All of the briefings are been done at the McKean County Housing Authority in Smethport.

PCHS provides transport to all briefings and assists the consumer in locating a suitable apartment and landlord willing to participate in the program. Once the apartment is

located and the landlord completes the paperwork supplied by the program and returns it to Clarion. At that time the consumer is placed on another waiting list for a voucher.

The program is evaluated through quarterly meetings with the McKean County, Clarion County Housing Authorities and the PCHS Housing Coordinator. At these meetings, program evaluation occurs to include the need for additional services. No changes are anticipated at this time. **This program is funded through Homeless Assistance funds.**

Case Management Program

The Potter County Human Services Homeless Assistance program is funded to assist individuals or families that are homeless or in danger of becoming homeless. Following the initial intake, the HAP case manager works with the client or family in obtaining adequate housing, provision of rental assistance (if possible in conjunction with Section 8 housing), linkage of participants with appropriate programs such as PHARE, The Potter County Mental Health Housing program and The Housing Authority. A service plan is then developed which documents goals that the client anticipates successfully achieving during their participation in the program, and completion of an exit interview when the client completes the program.

The program is monitored by the PCHS Mental Health Department and all cases are reviewed weekly with the Case Manager. Quarterly meetings are held with the Housing Authority to ensure continuity of care and compliance with cooperative agreement between the agencies. No changes are anticipated at this moment. **Approximately 82 individuals are anticipated to be helped. This program is funded through Homeless Assistance funds.**

Rental Assistance Program

This Coordinated Services program is designed to help low and moderate income families to rent privately-owned housing. The rental subsidy known as a housing assistance payment is paid directly to the property owner or designated payee. This program is available to a limited number of families and is a one time, once a year payment, up to \$400 for the initial month rent or to stop an eviction.

The program is monitored by the PCHS Coordinated Services and the Human Services Administrator and all cases are reviewed monthly with the Case Manager. No changes in the process are expected. **This program is partially funded through Homeless Assistance funds. Approximately 66 individuals are to be assisted.**

Emergency Shelter

This Potter County Human Services program is designed to provide short-term assistance for needy individuals in the county if they are homeless or potentially homeless. The individual or family must provide verification of need, including family information, financial status, and other available resources. Case management services are offered to assist clients in obtaining adequate housing by working closely with the housing program and individual landlords in the area. Additional case management assistance is offered for ongoing needs. Referrals to other agencies are made available when appropriate.

This program is reviewed on an as needed basis. When placements are made, the Housing Coordinator, Case Manager, C.S. Director and Human Services Administrator meet to review the process to ensure a smooth transition and warm handoff to Northern Tier. No changes are required or recommended. **This program is partially funded through Homeless Assistance funds.**

Other Housing Supports

Adult Case Management

Case Management assists consumers with applying for the Medical Assistance Benefits, help in applying for Social Security Disability Benefits, refers consumers to the HUD Program, assists women in receiving WIC Benefits, provides educational and budgeting services, and works with homeless individuals to secure temporary shelter.

Transportation

Transportation is made available to adults in the case management program if a consumer needs a ride to a medical, mental health, drug and Alcohol or other appointments made in conjunction with their treatment plan. (

Homeless Management Information System

Potter County has not implemented a system as of this date.

***COUNTY UTILIZATION OF
STATE FUNDS***

POTTER COUNTY HUMAN SERVICES

***DRUG & ALCOHOL SERVICES
COUNTY SCA***

DRUG AND ALCOHOL SERVICES

Access to Services

To access case management and treatment services through the Potter County Drug and Alcohol program, anyone in need of services can call or walk into the SCA. The Case Manager will also travel to the Potter County Jail, Potter County Probation office, Cole Memorial Hospital, Tioga County Jail, McKean County Jail, Tioga Detention Center and other possible locations. Any person in need of services has to be a Potter County resident; however, if a client is a resident in another county and is without resources to access services in that county, the SCA Director will contact the other county's SCA Director and request verbal approval to complete an assessment on the client. CMs from each county will establish communication regarding the client's needs and the process to facilitate meeting those needs.

1. Waiting List Information:

	<i># of Individuals</i>	<i>Wait Time (days)**</i>
Detoxification Services:	None	None
Non-Hospital Rehab Services:	None	None
Medication Assisted Treatment:	None	None
Halfway House Services:	None	None
Partial Hospitalization:	None	None
Outpatient:	None	None

2. Overdose Survivors' Data:

# of Overdose Survivors	#Referred to Treatment	# Refused Treatment	#of Deaths from Overdose
4	3	3	2

Potter County SCA Plan for Overdose Survivors:

Potter SCA Warm Handoff

POLICY: DDAP defines an overdose as a situation in which an individual is in a state requiring emergency medical intervention as a result of the use of drugs or alcohol. It is the policy of the SCA to ensure expedient, appropriate and seamless care for an individual who has overdosed. The SCA has developed, implemented

and will maintain a plan for screening, assessment, treatment and tracking of individuals who have survived a recent overdose.

PROCEDURE: The SCA will be using the Direct Referral to Treatment by Hospital Staff.

The hospital Social Worker or other hospital staff will assist patients with referrals directly to SUD treatment. This will occur through an arrangement that the SCA has with UPMC Cole.

The SCA works with UPMC Cole to provide current provider and treatment services as well as communication as it relates to authorization for funding when necessary.

The SCA also works with the UPMC Cole Emergency Department Personnel to ensure expedient, appropriate and seamless care for all individuals who has overdosed. UPMC Cole Emergency Department personnel will offer 24/7 direct referral from their Emergency Department to substance abuse treatment to include weekend and holidays.

UPMC Cole will contact the SCA if authorization for funding is necessary.

The UPMC Cole Emergency Department personnel will track where Overdose Survivors are referred to as well as those refusing referral to services. UPMC Cole provides a monthly report to the SCA Administrator via email that tracks Warm Handoff referrals and/or refusals.

If the Emergency Department Personnel requires assistance for services to Overdose Survivors, they can contact Potter County Drug and Alcohol Program.

3. Level of Care (LOC):

LOC	# of Providers	# of Providers Located In-County	Special Population Services**
Inpatient Hospital Detox	0	0	
Inpatient Hospital Rehab	0	0	
Inpatient Non-Hospital Detox	5	0	Pregnant Women; IDU
Inpatient Non-Hospital Rehab	9	0	Pregnant Women; IDU
Partial Hospitalization	1	0	Pregnant Women; IDU
Intensive Outpatient	2	1	Pregnant Women; IDU
Outpatient	3	1	Pregnant Women; IDU
Halfway House	3	0	Pregnant Women; IDU

4. Treatment Services Needed in County:

The population in Potter County in 2016 was 16,885. The 2015&2016 National Survey on Drug Use and Health (NSDUH) provides estimates of the Prevalence of Substance Abuse Disorders (Dependence or Abuse) for Potter County. The estimates are broken down into ages:

- Population Ages 12-17: 1,293 Prevalence: 46
- Population Ages 18-25: 2,340 Prevalence: 389
- Population Ages 18+ : 13, 342 Prevalence: 1,041
- Population Ages 26+ : 11,975 Prevalence: 769

The Prevalence of Substance Abuse Disorders for Potter County for ages 12+ with a population of 14,635 is 1,089. Potter County is an 8th class county with a population under 17,000 but Potter County has great cross collaboration which creates many assets/resources.

The SCA has found the ACA Implementation to have had positive impacts in terms of treatment and being able to have clients receive the recommended level of care and the needed lengths of stays.

The Potter SCA continues to have a strong relationship with the Potter CAO which is undeniably a huge asset when assisting clients with their care. The Potter SCA's staff has worked together at the SCA for fifteen years which provides clients with valuable resources that may not be achieved by less experienced staff.

Potter SCA is part of the BHARP's 23 county consortium for Health Choices and Community Care Behavioral Health (CCBH) has been on the forefront of approaching treatment for their participants, provided educational resources to the SCA, worked with the SCA on reinvestment projects and been incredibly attentive when issues arise with SCA clients.

The SCA is lacking of MAT providers in county but we have worked with Bradford Regional Medical Center to create a Buprenorphine MAT program for Potter County clients. The BMAT program is a very structured program and the SCA staff work well with the staff of that program.

The SCA also worked with Positive Recovery Solutions (PRS) to have them bring their mobile unit to McKean County to provide Vivitrol to Potter SCA clients. T

he Potter SCA has a positive working relationship with mental health providers in our county and surrounding counties.

The SCA sits on the Integrated Children's Planning Committee and that provides a great resource in learning about services in the area and strengthening these relationships.

The SCA is part of the Human Services Block Grant which has been an invaluable asset/resource. The SCA has been able to utilize the block grant funding for Recovery Support Services, Prevention and Case Management.

The SCA holds contracts with ten Non-Hospital Rehabilitation Facilities across Pennsylvania. The SCA evaluates the contracts yearly to see if there is a need to increase the number of contracts as well as evaluating the quality of care for each facility. The SCA has had a limited number of times where bed availability was a serious issue and when that happened the SCA added a contract.

The SCA write the Intermediate Punishment Grant for Potter County and administers the grant on behalf of the Commissioners. The SCA is able to receive funding for treatment of clients who participate in the DUI Treatment Court and the Drug Treatment Court. Potter County has one recovery house in Potter County that the SCA is not involved financially. The SCA has a part-time Recovery Support Specialist (RSS) that is contracted for with Alcohol and Drug Abuse Services. The RSS works mainly in the jail, women's recovery center, and with the treatment courts. Stakeholder involvement is important to the SCA and is sought through many avenues throughout the year.

The Potter SCA Advisory Board provides great insight and ideas to the SCA. The SCA is an integral part of the Criminal Justice Advisory Board and is able to gain valuable feedback on current drug trends, concerns and arrest patterns.

The SCA is on the Northern Tier Community Health Collaborative through Cole Memorial Hospital and this board oversees the hospital's needs assessment in which substance abuse was identified as a need and the SCA Administrator oversees the Substance Abuse Committee created through the needs assessment. The SCA is active with the Potter County Human Services Advisory Board which involves feedback Children and Youth, Intellectual Disabilities, Office of Aging, Mental Health, Early Intervention and Coordinated Services.

The SCA is a Tier One System of Care County through the BHARP office and has implanted Trauma Trainings throughout the county.

The SCA wrote and administered a Pre-Trial Grant through CCAP which provided funding for inmates who have a low risk and a substance abuse diagnosis to leave jail while awaiting trial and be placed into treatment. The Pre-Trial grant provided funding for training the probation department on the Ohio Risk Assessment Tool and provided funding for inpatient drug and alcohol treatment. The SCA has written for a CJAB Technical Assistance Grant the past couple of years and it has been used for Motivational Interviewing Training, Polycom System for the jail, and Transportation Assistance for participants in the treatment courts. Potter County SCA has one level of care within the county and that is outpatient treatment provided by Alcohol and Drug Abuse Services.

The office does utilize Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Motivational Enhancement Therapy, Motivational Interviewing, Twelve-Step Facilitation and Seeking Safety. The SCA works closely with Bradford Regional Medical Center with the Buprenorphine MAT program as well as Positive Recovery Solution that provides Vivitrol and they bring their unit to McKean County.

The SCA is also able to refer adolescent to Multi-Systemic Therapy which is provided by Beacon Light Behavioral Health Systems out of McKean County. Being a small county creates strong working relationships among human services providers, criminal justice, judicial and the medical field. A major disadvantage is the lack of available treatment providers within the county. Currently, Potter County has only one level of care within the county which is outpatient and we have only one provider for this level of care in county.

Potter County is a block grant county which has benefited the SCA greatly over the past couple of years. The block grant has allowed the SCA to hire a part-time Recovery Support Specialist but there isn't enough funding to make the position full time.

5. Access to and Use of Narcan in County:

Potter County State Troopers are trained and carry Narcan as well as all Borough Police.

Potter County SCA staff is trained and have Narcan as well as Potter County Probation Staff.

UPMC Cole is the CCE for the Naloxone Grant through PCCD and has made it available to EMS, Fire Fighters, Police, Schools, Human Services Staff and any other first responders identified within the grant.

6. ASAM Training:

	# of Professionals To Be Trained	# of Professionals Already Trained
SCA	2	2
Provider Network	8	8

***COUNTY UTILIZATION OF
STATE FUNDS***

POTTER COUNTY HUMAN SERVICES

***HUMAN SERVICES AND SUPPORTS/HUMAN
SERVICES DEVELOPMENT FUND***

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

The following are the services that will be paid for through the use of State Funds provided by the Commonwealth:

Adult Services:

Program Name: Adult Case Management Services

Description of Services: This program provides supportive services to Potter County residents and to evaluate their needs, link to services, and assist the consumer in finding employment, housing and treatment 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.

Aging Services:

Program Name: Congregate Meals

Description of Services: Funding for this service goes to provide Older Adults with congregate meals on a daily basis for those who attend the four (4) Potter County Senior Centers

Service Category: Congregate Meals - Provided to eligible older persons in a group setting either in senior centers or adult day care centers. Appropriate meals which meet at least one-third of the recommended nutritional needs of older persons are available.

Program Name: “Meals on Wheels”

Description of Services: PCHS also provides funding for home delivered meals or the “Meals on Wheels’ program for those senior adults who qualify for the program.

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

Program Name: Protective and Case Management Services

Description of Services: Funding also assists in protective and case management services for individuals over the age of 60. This program provides supportive services to Potter County residents and to evaluate their needs, link to services, and assist the consumer in remaining in their home.

Service Category: Protective Services - Older Adult Protective Services provides for the investigation and intervention for older persons who are at risk of being abused, neglected, exploited or abandoned.

Children and Youth Services:

Program Name: Vocational Mentoring Program

Description of Services: Mentoring Services provides for a framework to educate and prepare youth realistically for their futures and indirectly improve and provide healthier family living, life skills and school retention.

Service Category: Life Skills Education - Practical education/training to the child and family, in or outside of the home, in skills needed to perform the activities of daily living, including child care and parenting education, home management and related functions.

Generic Services:

Program Name: Transportation Services

Description of Services: This program funds transportation services for Aging, C&Y, Mental Health, Intellectual Disabled and Drug and Alcohol consumers to help break the barriers clients have in receiving services. Transportation is offered to assist individuals attend medical appointments, dialysis, treatment services and life sustaining services.

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

Specialized Services:

Program Name: Back Pack Program

Description of Services: This is a program where Potter County Human Services has partnered with the Austin Area School District to serve 56 students on a weekly basis by filling back packs with nutritious food so the student served will have food over the weekend, during holiday breaks and over the summer when the school is closed. HSDF Funds will be used to offset our State Food grant if needed.

Attachment A
Assurance of Compliance

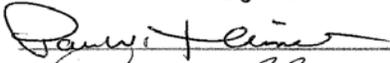
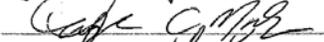
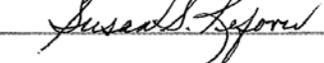
Appendix A
Fiscal Year 2018-2019

COUNTY HUMAN SERVICES PLAN
ASSURANCE OF COMPLIANCE

COUNTY OF: POTTER

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

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

Signatures	Please Print	
	Paul W. Heime	Date: 5-29-18
	Douglas C. Meeley	Date: 5-29-18
	SUSAN S. Kefover	Date: 5-29-18

Attachment B ***Definition of Terms***

Mental Health

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

Administrative Management

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

Administrator's Office

Activities and services provided by the Administrator's Office of the County MH Program.

Adult Development Training (ADT)

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

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

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

Children's Evidence Based Practices

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

Children’s Psychosocial Rehabilitation Services

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

Community Employment and Employment Related Services

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

Community Residential Services

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

Community Services

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

Consumer-Driven Services

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

Emergency Services

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

Facility Based Vocational Rehabilitation Services

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

Family-Based Mental Health Services

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

Family Support Services

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

Housing Support Services

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

Mental Health Crisis Intervention Services

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

Other Services

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

Outpatient

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

Partial Hospitalization

Non-residential treatment services licensed by the Office of Mental Health & Substance Abuse Services (OMHSAS) for persons with moderate to severe mental illness and children and adolescents with serious emotional disturbance (SED) who require less than twenty-four hour continuous care but require more intensive and comprehensive services than are offered in outpatient treatment.

Peer Support Services

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

Psychiatric Inpatient Hospitalization

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

Psychiatric Rehabilitation

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

Social Rehabilitation Services

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

Targeted Case Management

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

Transitional and Community Integration Services

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

Intellectual Disabilities

Administrator's Office

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

Case Management

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

Community Residential Services

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

Community Based Services

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

Other

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

Homeless Assistance

Bridge Housing

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

Case Management

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

Rental Assistance

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

Emergency Shelter

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

Other Housing Supports

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

Substance Use Disorder

Care/Case Management

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

Inpatient Non-Hospital

Inpatient Non-Hospital Treatment and Rehabilitation

A licensed residential facility that provides 24-hour professionally directed evaluation, care, and treatment for individuals with substance use disorder in acute distress, whose addiction symptomatology is demonstrated by moderate impairment of social, occupation, and/or school functioning. Rehabilitation is a key treatment goal.

Inpatient Non-Hospital Detoxification

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

Inpatient Non-Hospital Halfway House

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

Inpatient Hospital

Inpatient Hospital Detoxification

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

Inpatient Hospital Treatment and Rehabilitation

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

Outpatient/Intensive Outpatient

Outpatient

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

Intensive Outpatient

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

Partial Hospitalization

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

Prevention

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

Medication Assisted Therapy (MAT)

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

Recovery Support Services

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

Recovery Specialist

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

Recovery Centers

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

Recovery Housing

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

Human Services Development Fund

Administration

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

Interagency Coordination

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

Adult Services

Services for adults (a person who is at least 18 years of age and under the age of 60, or a person under 18 years of age who is head of an independent household) include: adult

day care, adult placement, chore, counseling, employment, home delivered meals, homemaker, housing, information and referral, life skills education, protective, service planning/case management, transportation, or other service approved by DHS.

Aging

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

Children and Youth

Services for individuals under the age of 18 years; under the age of 21 years who committed an act of delinquency before reaching the age of 18 years or under the age of 21 years who was adjudicated dependent before reaching the age of 18 years and while engaged in a course of instruction or treatment requests the court to retain jurisdiction until the course has been completed and their families include: adoption services counseling/intervention, day care, day treatment, emergency placement services, foster family services (except room & board), homemaker, information and referral, life skills education, protective and service planning.

Generic Services

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

Specialized Services

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

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

Directions:	Using this format, please provide the county plan for allocated human services expenditures and proposed numbers of individuals to be served in each of the eligible categories.
1. ESTIMATED INDIVIDUALS SERVED	Please provide an estimate in each cost center of the number of individuals to be served. An estimate must be entered for each cost center with associated expenditures.
2. HSBG ALLOCATION (STATE & FEDERAL)	Please enter the county's total state and federal DHS allocation for each program area (MH, ID, HAP, SUD, and HSDF).
3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	Please enter the county's planned expenditures for HSBG funds in the applicable cost centers. The Grand Totals for HSBG Planned Expenditures and HSBG Allocation must equal.
4. NON-BLOCK GRANT EXPENDITURES	Please enter the county's planned expenditures (MH, ID, and SUD only) that are not associated with HSBG funds in the applicable cost centers. <i>This does not include Act 152 funding or SUD funding received from the Department of Drug and Alcohol.</i>
5. COUNTY MATCH	Please enter the county's planned match amount in the applicable cost centers.
6. OTHER PLANNED EXPENDITURES	Please enter in the applicable cost centers, the county's planned expenditures not included in the DHS allocation (such as grants, reinvestment, etc.). Completion of this column is optional.
<p>■ Please use FY 17-18 primary allocation plus the supplemental state PATH funds received during the year. If the county received a supplemental CHIPP allocation during FY 17-18, include the annualized amount in the FY 18-19 budget.</p> <p>■ The department will request your county to submit a revised budget if, based on the budget enacted by the General Assembly, the allocations for FY 18-19 are significantly different than FY 17-18. In addition, the county should notify the department and submit a rebudget form via email when funds of 10% or more are moved between program categoricals, (i.e., moving funds from MH Inpatient into ID Community Services).</p>	

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

MENTAL HEALTH SERVICES

ACT and CTT						
Administrative Management	3		\$ 52,128			
Administrator's Office			\$ 86,487		\$ 52,000	\$ 1,060
Adult Developmental Training						
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment						
Community Residential Services						

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

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
Community Services	20		\$ 26,519			
Consumer-Driven Services	21		\$ 67,232			
Emergency Services	68		\$ 41,745			
Facility Based Vocational Rehabilitation						
Family Based Mental Health Services						
Family Support Services	14		\$ 57,155			
Housing Support Services	4		\$ 25,425			
Mental Health Crisis Intervention	66		\$ 64,040			
Other						
Outpatient	204		\$ 140,044			
Partial Hospitalization						
Peer Support Services	63		\$ 49,423			
Psychiatric Inpatient Hospitalization						
Psychiatric Rehabilitation	4		\$ 21,978			
Social Rehabilitation Services	2		\$ 2,370			
Targeted Case Management	9		\$ 49,975			\$ 23,958
Transitional and Community Integration	58		\$ 121,935			
TOTAL MENTAL HEALTH SERVICES	536	\$ 829,084	\$ 806,456	\$ -	\$ 52,000	\$ 25,018

INTELLECTUAL DISABILITIES SERVICES

Administrator's Office			\$ 113,412		\$ 51,000	\$ 920
Case Management	64		\$ 26,439			
Community-Based Services	76		\$ 212,423			
Community Residential Services						
Other						
TOTAL INTELLECTUAL DISABILITIES SERVICES	140	\$ 491,963	\$ 352,274	\$ -	\$ 51,000	\$ 920

HOMELESS ASSISTANCE SERVICES

Bridge Housing						
Case Management	82		\$ 14,789			
Rental Assistance	66		\$ 14,196			\$ 53
Emergency Shelter						
Other Housing Supports						
Administration			\$ 2,600			
TOTAL HOMELESS ASSISTANCE SERVICES	148	\$ 26,111	\$ 31,585		\$ -	\$ 53

SUBSTANCE USE DISORDER SERVICES

Case/Care Management	125		\$ 19,000			
Inpatient Hospital						

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

County:	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
Inpatient Non-Hospital	15		\$ 39,242			
Medication Assisted Therapy						
Other Intervention						
Outpatient/Intensive Outpatient	11		\$ 6,100			
Partial Hospitalization						
Prevention	107		\$ 5,000			
Recovery Support Services	425		\$ 10,000			
Administration			\$ 14,288			
TOTAL SUBSTANCE USE DISORDER SERVICES	683	\$ 65,787	\$ 93,630	\$ -	\$ -	\$ -

HUMAN SERVICES DEVELOPMENT FUND

Adult Services	235		\$ 117,000			
Aging Services	125		\$ 10,000			
Children and Youth Services	2,351		\$ 42,000			
Generic Services	535		\$ 5,000			
Specialized Services						
Interagency Coordination						
Administration			\$ 5,000			
TOTAL HUMAN SERVICES DEVELOPMENT FUND	3,246	\$ 50,000	\$ 179,000		\$ -	\$ -
GRAND TOTAL	4,753	\$ 1,462,945	\$ 1,462,945	\$ -	\$ 103,000	\$ 25,991