



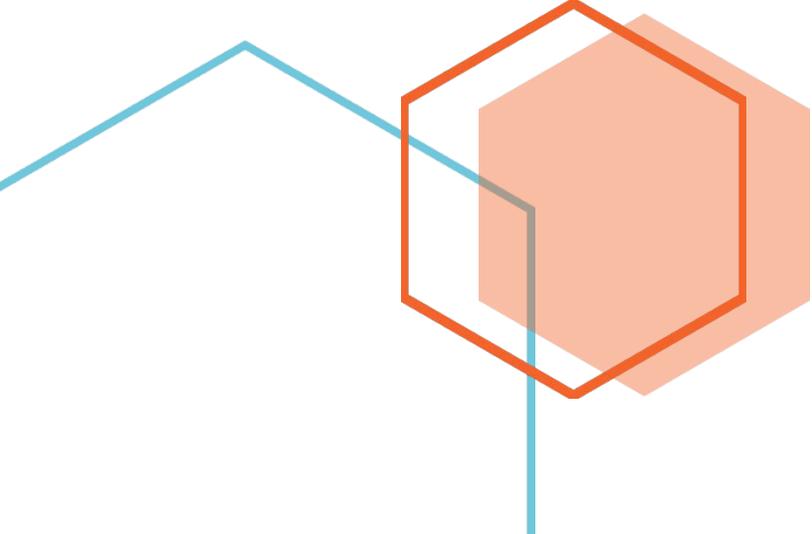
Clearfield County



2018-2019 Human Services Plan



Clearfield County - Pennsylvania
212 E. Locust Street, Clearfield PA 16830





Clearfield County

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Introduction



Clearfield County is non-block grant County.

The Clearfield County Human Services Plan administered by Clearfield County. The County Planning & Community Development Office carries out administration of The Human Services Development Fund and Housing Assistance Program.

While local collaborative arrangement (LCA) with Jefferson County for mental health, intellectual disability, and drug & alcohol services. The Clearfield Jefferson Drug & Alcohol Commission provides drug and alcohol services. Community Connections of Clearfield and Jefferson Counties provide mental health and intellectual disability services.

Both Clearfield and Jefferson Counties are non-block grant counties. Please note that this Clearfield County Human Services Plan includes the LCA information and budget for Mental Health, Intellectual Disability, and Drug & Alcohol completed by each responsible Agency.

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PART I: COUNTY PLANNING PROCESS

Members of the Clearfield County Human Services Planning Team include categorical directors, Jason Hamilton, Director of Clearfield County Children & Youth Services (CYS), Christy Davis, Director of Juvenile Probation, Lisa Kovalick, CDPS Planning & Community Development Office, Susan Ford, Executive Director of Clearfield Jefferson Drug & Alcohol Commission (CJD&AC), Steve Jasper, Administrator of Community Connections of Clearfield and Jefferson Counties(CCCJC), and Kathy Gillespie, Executive Director of Clearfield County Area Agency on Aging (CCAAA). Critical Stakeholder groups include human services staff, directors, and consumers that are members of the CCCJC Community Support Program, CJ Drug Free Communities, CJD&AC & CCCJC Physical Transportation Consortium, The Heroin Task Force, Aging RSVP Board, and CC Human Services Collaborative Board. Last, but not least the Clearfield County Commissioners, John Sobel, Tony Scotto, and Mark McCracken, this group of commissioners attend planning meetings, and participate on many of the advisory groups as listed above.

Due to budgetary restraints, members of the advisory boards noted above do not have the funding to attend every monthly meeting, such as the Human Services Planning Team Meetings. However each member of the planning team is a liaison to and for the advisory groups. For example the CJ Drug Free Communities meetings are attended by Jay Hamilton, Susan Ford and Steve Jasper; Kathy Gillespie attends Aging RSVP Board; Susan Ford, Commissioner Sobel, and Jay Hamilton attend the Heroin Task Force; Kovalick attends the Collaborative Board Meetings. Members of the planning team discuss Clearfield County Human Services planning team meetings and give update of DHS actions and updates at the advisory meetings. Likewise information from the advisory meetings are discussed at the Planning team meeting. This method has proven effect and efficient and has been the basis of creating the most recent consortium of physical transportation.

Customarily, each county office has collected data based on local, state or federal recommendations and/or requirements. Data collected includes: number and types of services provided, costs of services, referrals, types and number of services rendered. Individuals who have received services are able to provide feedback during public hearings and by completing customer service surveys. The surveys offer individuals the opportunity to make comments at the time of services, and because they are continually accepted from consumers, it assists with identifying needs and evaluating programs. This along with using the County Human Services needs assessment also helps us to identify gaps and needs in human service and sharing human services agency news and program information.

The human services planning team meets monthly working to identify, prioritize and evaluate human service needs of Clearfield County residents. We discuss current trends, gaps in services and needs of consumers in order to create a holistic human services needs assessment. This type of communication and coordination has assisted the County SCA with identifying funding for D&A consumers in need of personal items and housing using funding from the County's Affordable Housing Trust Fund. The County has found the assessment useful in priorities programs and services and develop achievable goals and objectives.

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In addition, the team evaluates the outcomes, effectiveness and efficiencies of human services programs and services. Together this team of county categorical and human service agencies stress to be proactive regarding the needs and services of their respective consumers, in order for the county to use funds that will provide services in the least restrictive setting. An example of such is provided with this year's funding, we have worked to create much needed funding for transportation for consumers.

Within each category we found transportation, or accessibility to services, to be of concern to and for the better good of our human services consumers across the board. Lack of public transportation in our rural county has been and continues to be our greatest need. Human Services Organizations work to find funding and solutions to assist residents. We have included transportation assistance, and gas stipends in recent federal grants that assist with human service needs. Since our 2015-2016 fiscal year we have created a small transportation program for D&A, MH, and CYS consumers in need, in this plan under the Human Services Development Fund you will find we included transportation services for consumers of behavioral health and drug and alcohol, children and youth. Transportation is a vital component to both the prevention and recovery of behavioral health and substance abuse consumers.

Substantial programmatic and/or funding changes have been made with regard to Human Services Development Fund. Because costs associated with Home Delivered Meals has doubled. We have eliminated costs for Interagency Coordination, County Information & Referral, and Generic Transportation.

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PART II: PUBLIC HEARING NOTICE



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PART III: CROSS COLLABORATION OF SERVICES

Cross Collaboration of services for Employment:

CCCJC consumer's eligible and participating in Housing First, Home Again, and NWRHA supported housing programs receive community based services that support individual goals and needs. The most frequent services utilized are mental health case management and certified peer specialist services, by which both programs offer guidance for stability and independence within their community. Support staff work diligently to assist the participants in securing income through employment and utilizing all possible resources available in Clearfield County. CCCJC currently holds a contract with Goodwill Industries for employment. CCCJC will continue to explore this contract and other opportunities to increase income and employment for each individual consumer on case by case basis.

Cross Collaboration of services for Housing:

The County Human Services Coordinator and Planning Team have identified the County Act 152 Affordable Housing Trust Fund (AHTF) as means of leveraging funding and services for consumers of CCCJC, CJD&AC and CCAA creating three cross collaborations for housing as follows:

First, CCCJC operates a Housing First Program, initially funding in full with U.S. Department of Housing and Urban Development (HUD), Continuum of Care (CoC) Funds known as the Housing First Program. Over the past four years CCCJC has received funding cuts from the CoC by over 40%. Leaving chronic homeless consumers in Clearfield and Jefferson Counties without housing. Currently Housing First provides rental assistance to families and or individuals residing within Clearfield or Jefferson Counties. The program currently has 8 out 12 households that reside within Clearfield County. These 8 households were without the financial means to stabilize their housing without rental assistance, meaning that they have no income or are significantly below the poverty guidelines. 7 of those 8 household are without transportation, and 6 out of the 8 have located housing with the help of the CCCJC housing specialist, but do not have necessary household furniture or items. Consumer's receiving rental assistance from CoC, HUD, and the NWRHA need to have match resources such as security and/or utility deposits.

CCCJC developed and administers a program using Clearfield County AHTF dollars to assist consumers with many of the needs identified above. They are now able to assist consumer's supportive housing to aid them in recovery-oriented, community based services that support their individual goals and needs. While CCCJC administers the program the cross collaboration of support and services includes: Clearfield County AHTF, Cen Clear Behavioral Health and Housing Assistance Programs, Clearfield County CAO, and Services Access and Management, Inc. Case Management.

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Second, CJD&AC has an increase in the need for housing and varying leveling of services and need which have increased with opioid epidemic. The need for housing has always been an issue for the substance abuse population. Unfortunately, the stigma that surrounds addiction continue to create a barrier in our rural community. Individuals that are in need of housing have difficulty securing appropriate housing for many reasons, including previous felony records; previous unpaid utility bills or rental fees and security deposits; many individuals have burnt bridges and find that no help is available; inability to get into shelters etc. Inmates being released from the County Jail continue to be a challenging population in terms of housing and emergency needs. In order to enter an in-patient residential drug and alcohol facility, clients must bring at least five changes of clothes and toiletries for basic needs.

CJD&AC has requested and received AHTF funding to develop and implement a housing and basic needs program to provide assistance for individuals being released from jail and going into a treatment facility. Likewise for those in recovery seeking housing assistance is provided.

Last, Clearfield County and CCAAA recognizes the need for safe affordable housing is a priority for seniors. As such they have been seeking assistance from the PA Department of Aging (PDA) and Diana T. Myers and Associates, and CCAAA is well on its way to pilot testing the innovative Elder Cottage Housing Opportunity (ECHO) cottage. ECHO cottages enable seniors and their family members to live in physical proximity while also retaining autonomy and privacy of both households. Family members can easily check on their senior, who will live just yards away, on their own property. The benefits of ECHO housing, therefore extends to reducing stress on family caregivers and preserving family cohesiveness, while improving the health of the senior residents.

We find this project clearly meets the goals and objectives of Clearfield County's Housing Needs Assessment and AHTF application priorities. As such the County has committed AHTF funding for the first ECHO unity to be installed in Clearfield County. In prospective this cross collaboration encompasses, at least four partners financially and even more when addressing the emotional and physical well-being of seniors and their families.

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PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

a) Program Highlights:

The Behavioral Health Department (the Department) of Community Connections of Clearfield/Jefferson Counties (CCC-J) strives to achieve the mission of CCC-J, which is to provide the people of its communities with the resources needed to live meaningful lives. To achieve this, the Department tries to ensure exceptional supports are available in our Counties to adults, older adults, and transition-age youth with serious mental illness and co-occurring disorders utilizing recovery, resiliency, and self-determination principles by following these practices:

- Ensure all Department employees are trained in recovery, resiliency, and self-determination models
- Ensure that all Department employees treat people with dignity and respect free of discrimination and stigma
- Ensure that families and individuals are at the table and given a strong voice when developing services in Clearfield and Jefferson Counties
- Ensure that support plans focus on quality of life issues that incorporate natural community supports that ensure true inclusion
- Ensure that we as a support system for individuals and families help to foster empowerment and hope in all collaborations.
- Ensure that supports identified by individuals and families as necessary to achieve recovery are available in our Counties.
- Enhance community understanding of mental illness to reduce stigma and encourage help seeking behaviors.
- Ensure that treatment teams recognize and support the choices of individuals and families.

The Department has developed a robust mental health service system and most traditional services are available through multiple providers. In addition to private insurance and private pay the current mental health needs of our residents are being funded through Medicare, Medicaid (including Health Choices and reinvestment), county base, Community Hospital Integration Project Program (CHIPP) dollars, and a federal Housing and Urban Development (HUD) grant. CCC-J monitors the current system for quality and fidelity to evidence based practices and develops quality improvement plans internally and with contracted providers.

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Some improvements to our system in the past year include progress towards the transformation of our providers to becoming Trauma Informed. The Community Guidance Center (CGC) and Cen Clear Services (CenClear) continued progress to become Certified Sanctuary Organizations and have participated in the Behavioral Health Alliance of PA (BHARP) Health Choices reinvestment Trauma Institute. The Department and the Clearfield Jefferson Drug and Alcohol Commission through the Student Assistance Program (SAP), a BHARP Systems of Care Grant (SOC), and the Clearfield County Collaboration and Prevention Board (CCCPB) provided introductory trainings to over 300 non clinical stakeholders (teachers, Children and Youth caseworkers, probation, police, other child service providers, etc.) on the prevalence and effects of trauma in the lives of our residents. CenClear has also implemented two pilot Certified Community Behavioral Health Clinics (CCBHC) through a Substance Abuse and Mental Health Services Administration (SAMHSA) grant to the PA Department of Human Services (DHS).

The Department regularly meets with the Intellectual and Developmental Disabilities Program to assure adults with autism are considered for services through the expansion of the Office of Developmental Programs (ODP) waivers for adults with autism.

The Department leads the "Right Turn" subcommittee of both Counties' Criminal Justice Advisory Boards (CJAB) to implement programs to disrupt individuals with behavioral health issues from unnecessary penetration into the criminal justice system. In 2017 the Right Turn delivered their seventh Crisis Intervention Team (CIT) training for police, probation, and corrections officers to teach them about behavioral health and build skills to de-escalate individuals in crisis. Ninety nine officers have now completed this training. The Department continues to contract a Right Turn Coordinator that monitors the re-entry of individuals to the community from both County jails that have a co-occurring mental illness and substance abuse disorder.

The Behavioral Health budget was developed based on needs assessments conducted through the following forums of various stakeholders including: PA County Administrator Association (PACA) meetings, BHARP, Community Care Behavioral Health (CCBH) - our Health Choices Managed Care Organization - stakeholder meetings including the Regional Service System Transformation (RSST) meetings, Warren State Hospital Continuity of Care meetings, provider meetings to monitor current and proposed services, Community Support Program (CSP) meetings to get input from service recipients and their families, quarterly CCC-J Advisory and Governing Board meetings, and quarterly Clearfield/Jefferson Consortium meetings (with the D&A Commission, CCBH, providers, Penn Highlands Hospital, and the local PA State Health Nurse). State, regional, and local issues and needs are discussed at these meetings. The CCC-J Administration meets monthly with its fiscal department to review current spending compared to the budget and makes adjustments to contracts and the portfolio as needed.

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b) Strengths and Needs:

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

- **Strengths:**

CCC-J continues to work with both County Area Agencies on Aging (AAA) to improve mental health services available to older adults. The Department has Memorandums of Understanding (MOU) with each County AAA which are regularly revised to reflect the changes in services. Since January 2017 the CCC-J Administrator has served on the Board of Directors for the Clearfield County AAA.

In 2006 CCC-J and the Jefferson County AAA recognized inconsistencies in access to and delivery of emergency services for older adults in the County. Mental health mobile crisis and aging protective services were not versed in the others' services leading to a lack of cooperation between the programs and poor service delivery. Leaders from CCC-J, the crisis service provider, and Jefferson AAA developed and implemented a Joint Older Adult Crisis Team (JOACT). This involves two full days of training for the mobile crisis and protective service workers on the clinical issues of older adults and operational procedures of the JOACT. Both the mobile crisis provider and the AAA protective services have committed to working on joint cases to resolution. This has resulted in better and faster emergency services for this population and fewer complaints about services. In 2008 the JOACT program expanded to Clearfield County. This innovative project has been recognized by the PA Behavioral Health and Aging Coalition.

- **Needs:**

The MOU's with Jefferson and Clearfield County AAAs need to be reviewed and resigned in January 2019.

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

- **Strengths:**

An almost full array of outpatient and special services are available to the residents of Clearfield and Jefferson Counties through multiple providers including traditional outpatient, intensive outpatient (IOP), partial hospitalization, psychiatric rehabilitation, certified peer specialist, representative payee, and blended case management. Most outpatient providers incorporate evidence based or promising practicing practices in the services they offer including Trauma Focused Cognitive Behavioral Therapy, Cognitive Process Therapy, Motivational Interviewing, and Dialectical Behavioral Therapy.

The CGC and CenClear are adopting the Sanctuary Model to address trauma. The Sanctuary Model is a whole culture approach that has a structured methodology for creating or changing an organizations culture. Both agencies

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participated in the BHARP Trauma Institute Learning Collaborative a Health Choices reinvestment project that kicked off in September 2016 and finished in December 2017. Through the Trauma Institute both Clinics built Quality Improvement Teams (QIT). QITs meet regularly to discuss training and education, screening and assessment tools, physical changes to their clinic environments, and changes to their policy and procedures. The Trauma Institute has provided trainings on Seeking Safety, Trauma Focused Cognitive Behavioral Therapy, and Cognitive Processing Therapy to both programs. Both programs also participated in monthly learning collaborative meetings.

CenClear offers CCBHC's in Clearfield and Punxsutawney through a SAMSHA grant to the PA DHS. CCBHC's are designed to help people with serious and complex mental health and substance abuse issues. Through the CCBHCs, patients get access to the mental health and substance abuse services they need while their navigator also works with the individual's physicians, family, and other community resources. CCBHC's offer nine core services through one site including:

1. Crisis Mental Health
2. Screening, Assessment and Diagnosis including Risk Assessment
3. Patient-Centered Treatment Planning
4. Outpatient Mental Health and Substance Abuse Services
5. Outpatient Clinic Primary Care Screening and Monitoring of Key Health Indicators and Health Risks
6. Targeted Case Management
7. Psychiatric Rehabilitation Services
8. Peer Support, Counselor Services and Family Support
9. Intensive, Community-Based Mental Health Care for Members of Armed Forces and Veterans.

One provider, Beacon Light, offers a mobile medication management program funded through Health Choices and CCC-J. This evidence based program is especially effective at transferring medication management skills to individuals returning to the community after state hospitalization or frequent community hospitalizations and significantly reduces the rate of re-hospitalization.

Another innovative service available to adults is Venango Training and Development Corporation's (VTDC) Fairweather Lodge Program funded by CCC-J and the residents that live there. They have three four-person homes available in DuBois for mentally ill individuals to live in while they pursue their employment goals. Using the 2014, CHIPP CCC-J has funded a Fairweather Training Lodge through VTDC to prepare individuals to transition from the community or placement into traditional Lodges. The Training Lodge is staffed around the clock and provides individualized training to help the individuals meet their housing and employment goals.

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- Needs:

Complete the implementation of the Sanctuary Model by CGC and Cen Clear
Carefully monitor the services and fidelity of Brookville Behavioral Health as the founder is no longer available to lead the agency.

Transition-age Youth (ages 18-26)-

- Strengths:

Historically Clearfield and Jefferson Counties have intensively utilized Residential Treatment Facilities (RTF) having an average annual placement (prior to 2014) rate of about 65 youth. In 2015 the placement rate decreased to about 30 and in February 2018 only 19 (one more than 2017) children were in RTF placement. This number is volatile and CCC-J will continue to monitor it and work closely with referral sources to divert from placement and with RTF's to plan discharges as soon as treatment is complete.

Since 1997 CCC-J along with three other County/Joinder MH/IDD Programs are members of a CHIPP Consortium. This Consortium was awarded a Project for Assistance in Transition from Homelessness (PATH) Grant. The PATH coordinator has been successful in helping individuals achieve safe living situations and to help them get connected to the supports within other systems that can help them move on with their lives – especially education and vocation.

The Department participates as an active member of the Clearfield County Transition and Coordinating Council which meets regularly to address the needs of children transitioning from high school. The Council has developed a "Transition Resource Guide" for students and families to use to identify and access services as the students graduate.

- Needs:

CCC-J continues to expand housing and employment opportunities especially for transition-age youth returning to the community. In 2014-15 the MH Program contracted with Goodwill, Inc. to provide employment assessment and training. Additional transition-age youth will be served as funding permits.

- **Children (under 18)-**

- Strengths:

The CCC-J Child and Adolescent Service System Program (CASSP) coordinator and the CCBH high risk care managers work closely with families, inpatient and

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outpatient facilities, children and youth, drug and alcohol, schools, and probation to secure the least restrictive services to meet the children of our counties' needs.

Services available to children in Clearfield and Jefferson Counties include traditional outpatient, IOP, partial hospitalization, Behavioral Health Rehabilitation (BHRS), Family Based Mental Health (FBMH), Community Residential Rehabilitation (CRR) Host Home, urgent respite, and blended case management. One provider, CenClear, offers evidence based Parent Child Interactive Therapy (PCIT).

In 2012 Health Choices started to offer Community and School Based Behavioral Health Services (CSBBH) in the DuBois and Clearfield School Districts. The service was added in The West Branch School District in 2014-15. The Philipsburg Osceola School District started a team in the fall of 2017. CCC-J continues to work with CCBH and school districts to explore further expansion of CSBBH teams.

CCC-J participates in both counties' Collaborative boards which have both received Pennsylvania Commission on Crime and Delinquency funding to continue their Communities that Care (CTC) programs. Each county board analyzes the results of the Pennsylvania Youth Surveys (PAYS) and conducts community resource assessments to establish goals – primarily identifying evidenced based programs to address risk factors. Programs supported through the collaborative boards include Big Brothers/Big Sisters, Triple "P" Parenting, Too Good for Drugs, Project Toward no Drug Use, Project Alert, Guiding Good Choices, Parents as Teachers, Safe Haven, and the Strengthening Families Program. The Boards co-host an annual "Teen Trends" seminar for parents and stakeholders to educate the community on current issues facing our teens and an annual "Youth Leadership Summit" to encourage teens to address their issues through programs at their schools.

- Needs:
 - In June of 2016 the remaining in-county Children's Partial Hospitalization Program closed due to low census. Though that level of care is still geographically available through neighboring counties the schools and Intermediate Unite affected requested that CCC-J and CCBH reevaluate the need for a replacement
- **Individuals transitioning out of state hospitals**
 - Strengths:

CCC-J is part of an eight county CHIPP Consortium. Warren State Hospital (WSH) is the hospital in our catchment area. The five county programs in the consortium have reduced our shared bed cap to 53 persons after recent CHIPP projects. The consortium census at Warren has averaged about 43 the past year

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and the consortium has never reached or exceeded its bed cap. The CHIPP funding was used to develop services and supports to divert persons with a serious mental illness from going to the state hospital and decrease admissions to local hospital psychiatric units. These services are not meant to be long-term, but are a bridge to other agencies which specialize in the supports we currently provide.

- Needs:

Many of the individuals discharged from Warren State Hospital require support to maintain outpatient treatment and are recommended to receive additional monitoring through the outpatient commitment process afforded by the Mental Health Procedures Act. As our system has changed over the years, the process of applying the act needs to be updated and revised. CCC-J will work with our contracted providers to effect the needed revisions. We have also experienced an increase in our state hospital census and are conducting a root cause analysis to identify the cause and exploring additional diversion possibilities with CCBH program and CCBH issued an RFP on March 20, 2018 to recruit a new provider.

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

- Strengths:

Two providers, the CGC and Cen-Clear Services provide both licensed mental health outpatient and drug and alcohol counselling services. Both programs strive to train all their staff according to the OMHSAS-06-03 Bulletin in Co-Occurring Competency. Both Providers participate in the BHARP Trauma Institute described above.

The Clearfield Jefferson Drug and Alcohol Commission has also been selected as a PA Center of Excellence for opioid disorders. Centers of Excellence help ensure that people with opioid-related substance use disorder stay in treatment to receive follow-up care and are supported within their communities. The centers coordinate care for people with Medicaid, and treatment is team-based and “whole person” focused, with the explicit goal of integrating behavioral health and primary care.

Our Right Turn Coordinator described below for Justice-involved individuals also works exclusively with individuals with co-occurring mental health and substance abuse disorders. She regularly participates in the Jefferson County Drug Court and helps the team coordinate services for the participants.

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- Needs:

CCC-J will continue to partner with the Clearfield Jefferson Drug and Alcohol to meet the treatment needs of individuals with co-occurring mental illness and substance abuse issues.

- **Justice-involved Individuals**

- Strengths:

In 2011 and 2012 both counties Criminal Justice Advisory Boards participated in Cross System Mapping and Action Planning exercises presented by the Pennsylvania Mental Health and Justice Center of Excellence. As a result, Clearfield County chose to focus on helping individuals return to the community after incarceration. Clearfield County applied for and was awarded a Department of Justice Second Chance Act Grant totaling \$496,031, to develop a reentry program for individuals with co-occurring substance abuse and mental health disorders. The grant was shared with Jefferson County to supplement drug and alcohol treatment during and post incarceration in the county jails, to provide housing supports post release, and to coordinate care pre and post release. Though the Second Chance Grant has expired, CCC-J has made the Right Turn Coordinator a permanent position. The coordinator works with the courts including the new Jefferson County Drug Court, county jails, and probation to identify incarcerated individuals at moderate or high risk of recidivism with both mental health and substance abuse disorders. The coordinator then helps the participants to access services during incarceration and establishes linkages with community services and resources upon release. The coordinator follows the individuals for at least two years post release to assure access to services and resources and provide linkages between the multiple justice and treatment providers to reduce compliance issues and splitting.

Jefferson County's goal was to establish Crisis Intervention Team (CIT) training for police, corrections, and probation officers. In 2012 and 2013 twenty-four officers were trained in CIT. The CIT program expanded into Clearfield County in 2014 through an OMHSAS Mental Health Matters Grant, and two classes were offered in the spring of 2014 incorporating Mental Health First Aid and Question, Persuade, Refer (QPR) suicide prevention certification. This CIT training has been offered on an annual basis and presented their 7th class in July and August of 2017 and has graduated 99 officers so far.

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CCC-J also funds mental health counseling, county intakes, certified peer specialist, and blended case management services to individuals incarcerated in the county jails.

- Needs:

Though the Second Chance Grant has expired, CCC-J and our Counties continue to seek additional funding sources to serve this population. Jefferson County has applied for a PCCD “County Offender Reentry Planning” grant for 2018. Even though most individuals become eligible for Medical Assistance and the Medical Assistance Transportation Program, transportation to treatment remains a high concern for this population.

- **Veterans**

- Strengths:

In 2012 CCC-J established funding for a Veterans Outreach Coordinator through Service Access and Management. The primary role of the coordinator is to work directly as a peer with veterans with a mental illness to recover from their illness by identifying their personal preferences, needs, and goals to achieve the most independent and fulfilling life possible. The coordinator has also developed an array of outreach programs to publicize the program and reduce stigma. Events have included full day clinical trainings, a support program for veterans returning to the DuBois Penn State campus, fishing derby, golf outing, and fall picnic/hayride.

- Needs:

The Veterans Outreach Coordinator will continue to endeavor to engage this elusive population.

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

- Strengths:

CCC-J monitors our contracted providers on an annual basis and confirms they train staff each year in cultural competence including LGBTQI concerns.

- Needs:

Providers contracted with CCC-J need local access to introductory training on serving LGBTQI individuals.

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

- Strengths:

Clearfield County has a homogeneous population with 96.2% of its residents being white and 96% speaking English according to the 2010 US Census. Regardless, CCC-J strives to be culturally sensitive and requires our contracted providers to be as well. As mentioned above, all contracted providers are surveyed annually to assure they offer their staff training in cultural competence.

- Needs:

Trainings as available

- **Dual Mental Health/Intellectual and Developmental Disabilities**

- Strengths:

In 2005, CCC-J developed a Dual Diagnosis program for persons with a serious mental illness and an intellectual disability. The program has worked with BHARP and CCBH to develop the Dual Diagnosis Treatment Team (DDTT - a clinical home model similar to an Assertive Community Treatment (ACT) team) provided in our counties by Merakey and the Community Stabilization Residential Unit (CSRU – an adult RTF for Dually Diagnosed individuals) provided by Beacon Light. CCC-J has designated a Program Specialist to regularly work with our providers as a “systems navigator” to assure individuals with both diagnoses (or any complex or multi-system needs) are able to access services from any resources to meet their needs.

- Needs:

Though CCC-J attempts to mitigate individual crisis through active service planning, there are limited crisis resolution services available for this population. CCC-J is an active partner in the BHARP Dual Diagnosis Workgroup which is working to develop regional services to meet this need.

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

Yes No

Does the county currently have any suicide prevention initiatives?

Yes No

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The Clearfield Jefferson Suicide Prevention Team, Inc. is a non-profit organization dedicated to achieve the Mission to reduce the occurrence of suicide within our two county areas. The Team wants to achieve their Mission by promoting awareness and prevention by offering programs to the community at large. They want to be able to provide prevention, intervention, and postvention trainings to any and all groups from the faith based community to the business community. The Team wants to make suicide a topic that can be freely talked about and not be in fear of. They want everyone to learn how to identify the person who may be suicidal and then know what to say to get them the help they so desperately need.

The Suicide Prevention Team has members certified by the QPR Institute to present Question/Persuade/Refer (QPR) training and Mental Health First Aid (MHFA). The Team raises funds through an annual Walk for Prevention and Awareness and offers grants to be used to promote Prevention and Awareness in Clearfield Jefferson Counties.

c) Supportive Housing:

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

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

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

2. Bridge Rental Subsidy Program for Behavioral Health			<input type="checkbox"/> Check if available in the county and complete the section						
Short term tenant based rental subsidies, intended to be a "bridge" to more permanent housing subsidy such as Housing Choice Voucher									
	*Funding sources by Type (Including federal, state and local sources)	Total \$ amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served 16-17	Project Numbers to be Served in FY 18-19	Number of Bridge Subsidies In FY 17-16	Average Month Subsidy Amount in FY 16-17	Number of Individuals Transitioned to another subsidy in FY 16-17	Year project first started
NW 9 Reinvestment	This reinvestment project was managed by the Clarion County Housing Authority CCCHA, on behalf of CCCJ and BHARP. As of April 2018 these funds are exhausted and are not expected to be available in the future.								

3. Master Leasing (ML) Program for Behavioral Health			<input type="checkbox"/> Check if available in the county and complete the section						
Leasing units from private owners and then subleasing and subsidizing these units to consumers									
	*Funding sources by Type (Including federal, state and local sources)	Total \$ amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served 16-17	Project Numbers to be Served in FY 18-19	Number of Bridge Subsidies In FY 17-16	Average Month Subsidy Amount in FY 16-17	Number of Individuals Transitioned to another subsidy in FY 16-17	Year project first started
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4. Housing Clearing House for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section					
An Agency that coordinates and manages permanent supportive housing opportunities									
	*Funding sources by Type (Including federal, state and local sources)	Total \$ amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served FY 16-17	Project Numbers to be Served in FY 18-19			Number of Staff FTE in FY 16-17	Year project first started
N/A									

5. Housing Support Services for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section					
HSS are used to assist consumers in transitions to supportive housing and/or services needed to assist individuals in sustaining their housing after move-in									
	*Funding sources by Type (Including federal, state and local sources)	Total \$ amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served 16-17	Project Numbers to be Served in FY 18-19			Number of Staff FTE in FY 16-17	Year project first started
CCC-J Housing First Program	HUD	\$79,683	\$81,924	15	15			1	1998

6. Housing Contingency Funds for Behavioral Health

■ Check if available in the county and complete the section

Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings etc.

	*Funding sources by Type (Including federal, state and local sources)	Total \$ amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served 16-17	Project Numbers to be Served in FY 18-19			Average Contingency Amount per person	Year project first started
BHARP Contingency	Reinvestment	\$9,324.74	\$0.00	28	0			\$333.03	2011
CCC-J Contingency	CCC-J CHIPP	\$38,000	\$38,000	25	25			\$1,520	1997
Clearfield County AHTF	Clearfield County	\$3,700	\$0	16	0			\$234.38	2015

7. Other: Identify the Program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section				
<p>Project Based Operating Assistance (PBOA) is a partnership program with PHFA in which the County provides operating or rental assistance to specific units then leased to eligible persons); Fair-weather Lodge (FWL) is an Evidenced Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibilities for daily for daily living and wellness); CRR Conversion (as described in the CRR Conversion Protocol), other.</p>								
Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	*Funding sources by Type (Including federal, state and local sources)	Total \$ amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served 16-17	Project Numbers to be Served in FY 18-19			Year project first started
Traditional FWL	CHIPP	\$143,501	\$143,501	12	12			2009
Training FWL	CHIPP	\$205,492	\$204,492	4	4			2014

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d) Recovery-Oriented Systems Transformation:

1. Provide Cultural Competence training for our providers on serving the LGBTQI population.

Narrative: In January 2011 OMHSAS issued Bulletin OMHSAS-11-02 "Guidelines to Ensure Affirmative Environments and Clinically Appropriate Services for Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex Consumers and their Family Members" and CCC-J began to monitor our contracted providers for participation in LGBTQI trainings. We have noted that although a few staff from each agency has participated the overall number of trained individuals is low. At the suggestion of one of the providers, CCC-J is making arrangements to provide a one-day training "Creating Welcoming and Affirming Services for Persons Who Are Lesbian, Gay, Bi-sexual, Transgender, Questioning or Intersex" through the Keystone Pride Recovery Initiative (KPRI) of the PA Mental Health Consumers Association. CCC-J has confirmed KPRI is available to deliver the training locally and is currently setting the date and other logistics.

Timeline: The training will be delivered to up to 40 participants August 14, 2018.

Fiscal and Other Resources: Any fees for trainer costs, meeting space, and materials will be met through CCC-J base funds.

Tracking Mechanism: Completion of training and documentation of attendees and the agencies that employ them

2. Dialectical Behavioral Therapy

Narrative: CCC-J and BHARP is working in partnership with CCBH to offer participants training and support the implementation of a program that will build access and provide Dialectical Behavior Therapy (DBT). This is part of an ongoing effort to increase the availability of high quality, evidence-based treatments for adults and adolescents for trauma informed care. A significant organizational commitment is required to successfully implement and sustain this Evidence-Based Practice (EBP). Both CenClear and the Community Guidance Center in Clearfield and Jefferson Counties are participating in the initiative by training a supervisor and six clinicians each.

Timeline: After an introductory webinars on February 27 and May 6, 2018 the training will be delivered through two on-site Core Skills trainings May 7 to 11, 2018 and September 13 and 14, 2018 and monthly consultation calls between June 2018 and May 2019.

Fiscal and Other Resources: Health Choices Reinvestment

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Tracking Mechanism: The tracking of change is an integral part of DBT, as well as essential to understanding what is working well within the training and implementation. CCBH will partner with the selected agencies to develop an outcomes monitoring plan. Support will be provided in the development of the operational procedures for collecting and regularly reporting/reviewing data CCBH. A single point person within each agency will be responsible for DBT monitoring and reporting. CCBH will develop specific outcome measures that support the proposed enhanced rate and/or the Pay-for-Participation initiative that is being considered. At a minimum, programs participating in the initiative could be required to meet some of the following monitoring and reporting requirements such as:

- Documented processes for accepting referrals/ assessing appropriateness of EBP / scheduling with EBP therapists
- Roster of therapists / supervisors and tracking of caseload
- Documentation of delivery of EBP components (e.g. DBT skills groups, individual therapy and team consultation, phone coaching, session structure)
- Documented supervision to the model and / or peer supervision
- Documented use of EBP specific fidelity tools
- Integration of model into treatment plan and session documentation
- Documented use of clinical measures appropriate to EBP
- Member satisfaction surveys specific to the DBT program

3. Trauma Informed Care Center (TICC)

Narrative: This is part of an on-going Health Choices Reinvestment project to develop a Trauma Informed system of care. Starting in July 2016, as described earlier, the Community Guidance Center (CGC) participated in the BHARP 17 month Trauma Learning Collaborative. In 2017 CGC clinicians participated in a 2 day Trauma Informed Cognitive Behavioral Therapy training followed by six months of consultation calls as they implemented the therapy into their practice.

Timeline: In July 2018 the GCG will be eligible to apply as a TICC through CCBH and if approved will become certified in August

Fiscal and Other Resources: Health Choices Reinvestment

Tracking Mechanism: BHARP and CCBH will report back to CCC-J the status of CGC as a TICC

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4. Offender Reentry

Narrative: The Jefferson County CJAB is being awarded a PA Commission on Crime and Delinquency (PCCD) offender reentry planning grant to revise their strategic plan. CCC-J helped coordinate the development of the current strategic plan in 2011 which included the development of the Right Turn CIT which will be conducting its eighth class in 2018 and the creation of the Right Turn Coordinator. With the success of the Right Turn CIT and Coordinator and changing needs since 2011 the CJAB hopes to reevaluate our services and needs and identify new goals with an emphasis on reentry. The CJAB will contract with Melanie Snyder to complete a survey of existing services and develop goals to fill needs.

Timeline: Six months after award (2018/19)

Fiscal and Other Resources: PCCD grant

Tracking Mechanism: Establishment of new CJAB strategic plan emphasizing reentry.

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e) Existing County Mental Health Services: Please indicate all currently available services and the funding source or sources utilized.

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

*HC= Health Choices

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f) Evidence Based Practices Survey:

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Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Current number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measure s fidelity? (agency, county, MCO, or state)	How often is fidelity measured ?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Additional Information and Comments
Assertive Community Treatment	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Supportive Housing	YES	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Supported Employment	YES	3	N/A	N/A	N/A	N/A	N/A	Include # Employed
Integrated Treatment for Co-occurring Disorders (MH/SA)	YES	100	DLA	CGC	Quarterly	N/A	No	N/A
Illness Management / Recovery	YES	10	DLA/Personal Medicine Toolkit	CGC	Quarterly	YES	YES	N/A
Medication Management (MedTEAM)	YES	30	N/A	N/A	N/A	N/A	N/A	N/A
Therapeutic Foster Care	YES	UNK	N/A	N/A	N/A	N/A	N/A	N/A
Multisystemic Therapy	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Functional Family Therapy	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Family Psycho-Education	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

* please include both county and Medicaid/Health Choices funded services

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

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Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer/Family Satisfaction Team	YES	N/A	HC and County
Compeer	NO	N/A	N/A
Fairweather Lodge	YES	13	N/A
MA Funded Certified Peer Specialist- Total**	YES	206	N/A
CPS Services for Transition Age Youth	YES	1	N/A
CPS Services for Older Adults	YES	*	* in total
Other Funded Certified Peer Specialist- Total**	YES	65	County funds in jail
CPS Services for Transition Age Youth	YES	0	N/A
CPS Services for Older Adults	YES	*	N/A
Dialectical Behavioral Therapy	YES	375+	N/A
Mobile Meds	YES	325	N/A
Wellness Recovery Action Plan (WRAP)	YES	N/A	N/A
High Fidelity Wrap Around/Joint Planning Team	NO	N/A	N/A
Shared Decision Making	NO	N/A	N/A
Psychiatric Rehabilitation Services (including clubhouse)	YES	150	N/A
Self-Directed Care	NO	N/A	N/A
Supported Education	NO	N/A	N/A
Treatment of Depression in Older Adults	YES	425	N/A
Consumer Operated Services	NO	N/A	N/A
Parent Child Interaction Therapy	YES	UNK	N/A
Sanctuary	YES	UNK	All CenClear and CGC
Trauma Focused Cognitive Behavioral Therapy	YES	423	N/A
Eye Movement Desensitization And Reprocessing	YES	UNK	N/A
First Episode Psychosis Coordinated Specialty Care	NO	N/A	N/A
Other: Seeking Safety	YES	UNK	N/A

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Other: Motivational Interviewing	YES	UNK	N/A
Other: Cognitive Processing Therapy	YES	UNK	N/A
Other: Brain Wise Curriculum	YES	20	CSBBH summer program
Other: CAST Group Curriculum	YES	20	CSBBH summer program
Other: Medication Assisted Treatment	YES	31	N/A
Other: Cognitive Based Therapy Interventions	YES	455	CCBHC

*Please include both County and Medicaid/Health Choices funded services.

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

h) Certified Peer Specialist Employment Survey:

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

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

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

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

Total Number of CPSs Employed	83
Number Full Time (30 hours or more)	43
Number Part Time (Under 30 hours)	40

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INTELLECTUAL DISABILITY SERVICES

Community Connections of Clearfield/Jefferson Counties offers an array of supports and services with a variety of providers to meet the various needs of individuals with an intellectual disability and/or autism diagnosis in order to offer choice. County staff who reviews ISP's have training on Principles of Everyday Lives, Positive Practices, Self Determination and the Life Course Tools. Every effort is made to support individuals in locating natural/informal resources in their communities. If this level of support is unavailable or insufficient, the support coordinators will explore home based and community support options in the least restrictive setting available. The county is part of a Regional Collaborative to enhance knowledge on Communities of Practice and the Life Course Tools. AE staff attended several trainings on this topic and the county has sponsored local training for providers and SCO's. This direction will continue to develop as the local system learns ways to support persons through their life span. The county continues to explore ways to infuse this approach into our daily practices with contact with individuals, families, and providers. The county program has discussed with ODP inviting the PA Family Network to our area this year to meet with stakeholders. AE staff has participated in any autism training that has been provided and utilizes Bureau of Autism/ASERTS for additional support and technical assistance.

All individuals with an intellectual disability and/or autism are evaluated for eligibility for either Consolidated or Person Family Directed Waiver funds prior to the use of Base funds. Base funds can be utilized as needed until waiver funds are available or if the individual is ineligible for waiver due to their financial assets or diagnosis. Persons with an autism only diagnosis are ineligible for base funding. The county will explore eligibility for behavioral health supports if appropriate. There has been an increase in spending of base funds during FY 17/18 due to the significant rate increase effective during 2018. The county expects this to continue in the next fiscal year due to the change in service definitions. The Program's fiscal department monitors monthly utilization of base funds to aid in program planning for the fiscal year. In addition, the county program staff monitors individual's utilization of service through reports in HCSIS and holds quarterly meetings with providers and the two SCO entities.

As there are limited financial resources available the county utilizes the Office of Developmental Programs (ODP) Priority of Urgency of Need (PUNS) process. This process identifies the need in three categories: Emergency, Critical and Planning. As of May 1, 2018, the County has 14 individuals in Emergency, 20 in Critical and 29 in Planning Category. In addition, at intake the County educates families on required use of EPSDT services for those under age 21 and other waivers through Office of Long Term Living that may apply. For individuals with Autism only diagnoses the county works closely with

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the Behavioral Health Departments Base Service Unit to determine all possible resources /options that may be available.

A continuum of services and supports are available to individuals and families based on assessed need and following the ODP Service Definitions. In Clearfield /Jefferson the most utilized services in order are; In Home and Community Support, Community Participation Supports, Residential Habilitation, Companion , Transportation, Family Support Services, Socialization/Recreation Programs, , Life Sharing, and Agency with Choice. The County adheres to the base service definitions approved by ODP.

Please see chart below for data related to base funds that have and will be expended:

	<i>Estimated Individuals served in FY 17- 18</i>	<i>Percent of total Individuals Served</i>	<i>Projected Individuals to be served in FY 18-19</i>	<i>Percent of total Individuals Served</i>
Supported Employment	0	0	0	0
Pre-Vocational	6	1.15%	6	1.15%
Community Participation	58	11.11%	58	11.11%
Base Funded Supports Coordination	91	17.43%	91	17.43%
Residential (6400)/unlicensed	0	0	0	0
Life sharing (6500)/unlicensed	0	0	0	0
PDS/AWC	33	6.32%	33	6.32%
PDS/VF	0	0	0	0
Family Driven Family Support Services	33	6.32%	33	6.32 %

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Supported Employment

The county meets periodically with the three vocational Providers that offer support in Clearfield/Jefferson in order to continue to strategize on employment opportunities. Each provider approaches their employment focus/strategy differently based on their experiences and resources. Each of these three providers are partnering with the DuBois OVR office to collaborate on the new initiatives.

The county program, vocational providers, SCO and other community partners meet periodically with DuBois OVR office to stay abreast of all the changes that are occurring, and support each other in interpreting all the information coming out so stakeholders are receiving needed supports. OVR has been challenged this year with lack of staff to carry out duties as stated in bulletins and announcements. The county has seen an increase in the number of referrals from the school base OVR staffs who are working with students this year.

The county attends the transition council meetings and school fairs to share information with individuals and their families. County staffs are viewing the IDD/Vocational Rehabilitation webinars provided by RCPA as well as the other monthly webinars on employment related topics. The county shares with all providers any announcements or opportunities for training relate to employment.

The county's current Quality Management Plan includes an objective related to increasing the number of individuals that are competitively employed. At the present time, there are 54 individuals who are competitively employed in Clearfield/Jefferson Counties and 7 receiving Supported Employment.

One Vocational provider has participated in the Employment First State Leadership Mentor Program in March 2016. Staffs of the other vocational providers located in the county are not trained/certified in discovery or customized employment at this time. While they are informed of these opportunities some have cited costs involved or length of time it takes for training and staff coverage concerns.

The county has identified though the PUNS that approximately 11 students will graduate June 2018 and 7 students in 2019. The Program has noted an increase in the number of students choosing to leave school prior to age 21 which could change this calculation.

The county would welcome ODP staff presence at local trainings/meetings on Employment First with consumers, families, Support Coordination Entities, and providers

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to share information on examples of how other counties/providers are approaching employment first and interpretation of the new service definitions.

Supports Coordination

Community Connections Clearfield/Jefferson has contracts with two Support Coordination Entities in order to offer choice to individuals. One SCO is local the other is from Allegheny County.

In order to explore natural supports a local "Information and Resource Guide" for the communities of Clearfield/Jefferson counties was developed. The SC discusses this guide with individuals and families on the initial, bi-annual, quarterly and annual meetings. The county intake and eligibility person utilizes the Information & Referral Tool on the COMPASS system. This information is shared with the family on the initial visit.

The county will be monitoring the "Important To" section of the ISP for information on utilization of community activities. The SCO is providing training to the SC's to expand their use of this section. Information gathered from the Communities of Practice tools will be included as well.

Support Coordination Entities are receiving training in the Communities of Practice and practical ways to support persons through the Lifespan. One SCO has begun utilizing the Life Course Tools at intake and annual meetings and for transition students. Other SCO is in the beginning stages of utilizing the tools and plans to put in practice by August 2018.

For individuals on a waiting list the county meets weekly with the SCO to review the situation and authorize base funds if needed. The SC continues to maintain contact with the individual/family to determine if there are any critical changes.

The SC is vital in providing information and offering choices to the individual. The county collaborates with the local OVR office periodically and the SCO entity attends these meetings. As the new Community Participation Support services develop over the next year and the use of the Life Course Tools, this will start rich discussions at team meetings to further explore local communities and natural supports.

During initial intake, which is completed by the county, discussion of natural supports occurs while listening to the expressed needs of the individual/family. Information about AWC is provided at this time for individuals/families to consider. The SCO continues this conversation on their contacts and in development of the initial ISP. The county meets quarterly with the AWC provider for our area to discuss any area of

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concern and review utilization. The SCO's are open to continued training on the AWC process if ODP is able to provide.

Lifesharing Options

The county has seen great success with Lifesharing. Currently 29 individuals from Clearfield/Jefferson reside in Lifesharing settings. There are 4 providers who offer this service in Clearfield/Jefferson Counties. There are a few persons from other counties whom also reside in Clearfield/Jefferson due to this option. Clearfield/Jefferson has had an active Lifesharing Program for a number of years. At this time our Quality Management goal is to maintain the current homes. There has been no further growth in the program for a few years. One of the issues we are experiencing is the aging and health concerns of the current Lifesharer's and the person living with them and no new waiver capacity through Consolidated Waiver.

In addition, for those persons with behavioral health challenges it is difficult to find Lifesharing options. Possibly ODP or providers could offer specialized training and a higher rate for that support similar to professionally trained/reimbursed Foster Care families.

During the ISP process this living option is offered annually and local providers make the county aware of any openings. The county is committed to continuing to support growth as well as to promote efforts to maintain the size of the Lifesharing Program. The county point person attends the Western Region Lifesharing meetings and the Lifesharing Coalition meeting to stay abreast of current information.

Supported Living as an approved waiver service is new for the county program, as of the recent waiver renewal. The county embraces this concept and will be in the process this year of more fully understanding how to utilize this new definition as defined in the ODP Bulletin December 2017.

At this time none of our local providers are offering this waiver service. We believe this is due to not being aware of this service with all the changes that have occurred.

The county plan will be to request technical assistance from ODP to assure the program fully understands the scope of supported living. Having examples from other counties who are implementing this is useful. Use of this support is also contingent on the county's waiver capacity.

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Once this has occurred the county will meet with the local provider group to educate and share information on this topic in order to determine if they are qualified and willing to offer supported living.

Cross Systems Communication and Training

Staff from the county attends Transition Councils, and Agency Nights held at the various schools throughout the area. The county is meeting regularly with OVR and other stakeholders in regards to the opportunities with Employment First. More students have been identified through OVR, having staff in the classrooms, and working with teachers. The county holds an annual Provider Fair and advertises this in local papers. On October 2017 the county MH and IDD programs planned a Community Resource event in which community businesses', social and recreational entities provided information to individuals about what is available in the community. A few examples of those present were the Chamber of Commerce, Local Tourism Bureau, Rails to Trails, Local baseball Miracle Field, YMCA and Humane Society

CSP program staff indicated after the event it gave them ideas of what other options of activities are in the community. In addition, the businesses and other entities present became aware of this segment of the community who could become their customers.

The Administrator attends a breakfast meeting with local school Superintendents bi-annually with a number of Human Service Agencies in order to discuss current trends, issues and local needs. County staff attends CAASP meetings to coordinate needs of children under the age of 18. The county conducts monthly tracking of the children in RTF placements. The SCO and county participate in the 30-day calls for youth in RTF placement. The Program at this time has 2 individuals who will be discharged fall 2018.

The county is part of the Aging /IDD Network with Cameron/Elk, Warren, McKean, and Potter counties. The group meets periodically and discusses case studies and share information of what is occurring in each system. This group plans a yearly training event in the area on an Aging/IDD topic. The county is in contact with Clearfield and Jefferson counties aging offices regarding OBRA and APS. The Programs Administrator serves on the Board of Directors of the Clearfield County Area Agency on Aging.

Internally, the county IDD department collaborates with the Mental Health (MH) Director, Children's Mental Health Specialist, Housing Coordinator, Forensic Specialist, and Crisis Department in order to coordinate supports.

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This year in the Early Intervention Infant Toddler Program training has been provided by OCDEL to engage providers to promote the life course/supporting families paradigm. The IDD Program will be collaborating with the EI program in the next year to conduct joint trainings on this topic.

Clearfield/Jefferson County has an internal dual team which meets as needed in order to collaborate on persons with a dual diagnosis. In doing so we are able to attain the best of both systems to meet the needs of the individual. In addition, there is a local

Dual Diagnosis Treatment Team (DDTT). This has been instrumental in supporting persons to remain in their homes and avoid state center/state hospital placement. Local providers have been responsive to the DDTT approach to support.

MH/IDD staff participates on a monthly call with Community Care Behavioral Health Organization (CCBHO), the managed care company in our area, for discussion of children and adults who are at high risk. The participants collaborate on ways to support the person to utilize resources of each system as needed so they may remain in the community. The ID Program works closely with CCBHO and the MH Program to effectively manage the resources needed for individuals in residential/inpatient settings to return to their communities.

The county utilizes the Health Care Quality Unit (HCQU) to assist with technical assistance review for high need persons for both medical and behavioral health issues. The HCQU has received specialized training in Adult Mental Health First Aid and Children's' Mental Health First Aid. Efforts are coordinated with the local mental health systems and community providers to offer this training.

The county has also realized success for persons whom are dually diagnosed through utilizing the peer support services. The county has utilized the Crisis Stabilization Reintegration Unit (CSRU) for persons that need more support than what can be provided safely in their community. Once stabilized and ready for transition, the Program has seen success with the DDTT becoming involved to support reintegration into the community whether back to their family or a community home.

Emergency Supports

Clearfield/Jefferson utilizes the following processes to ensure people are supported in an emergency situation. The SCO makes contacts with family members/relatives/friends of the person to determine if they may be available to support the urgent situation either short/long term. ODP's Unanticipated Emergency Request Process is utilized immediately if the person's health and safety is at risk. If no

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funding through ODP waiver is available, the team explores if the person is eligible for alternative waivers. Those alternatives include; Office of Long Term Living (OLTL), or services such as Personal Care Boarding Home, Domiciliary Care, Respite in Life Sharing, or Community Home and Autism Waiver. The Program collaborates with Mental Health for persons who are dually diagnosed to determine if any supports offered through this department would meet the needs of the person.

The county crisis system has contact numbers for county IDD staff if emergencies occur after hours. The voice message on phones at the County office and both SCO's have an emergency crisis number to call if needed. Each SCO has after hour/weekend contacts. The Support Coordinator or Supervisor makes contact with the individual immediately to determine what is needed for health and safety of the person. Contact is made with Children and Youth, Area Agency on Aging, or Adult Protective Services if needed.

The county does have base funds in reserve for emergencies .These funds are utilized for support of Home and Community Habilitation in the person's home or placement on a temporary basis for emergencies. The county has a contract with a local Personal Care Home for respite if the individual meets that level of care.

The county 24-hour-emergency response plan provides an OMHSAS licensed telephone and mobile crisis system. The mobile crisis worker who assesses the person face-to-face to evaluate the situation reports to a county delegate who reviews the situation and makes a recommendation on disposition.

Mobile crisis staff is not trained specifically on IDD and or Autism. The education required for this staff is a Bachelor's Degree with major course work in sociology, social work, psychology, gerontology , anthropology, political science, history, criminal justice theology, nursing, counseling, education or a related field; registered nurse; high school diploma and 12 semester credit hours in sociology, social welfare, psychology, gerontology or other social sciences. Some mobile crisis staff may have experience working with BHRS programs and may have experience in ID/and or Autism. It is not a requirement for the position. Mobile Crisis workers have biannual trainings in addition to monthly staff meetings

Administrative Funding

Community Connections of Clearfield/Jefferson Counties adheres to the requirements of the ODP Operating Agreement. The county staff reviews all ISP's that are not auto approved by ODP and authorizes appropriate supports. A monthly percentage of those ISP's that are auto approved are selected for a quality review. A

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monthly review of the PUNS data is discussed at team meetings with the county and support coordination supervisory staff. A monthly fiscal meeting reviews expenditure of all base funds. County staff conducts thorough Provider Monitoring and Provider Qualification. The county has a current Quality Management Plan using the new information from ODP for 2017-2019.

The county embraces the new PA Family Network concept. As we learn about the Networks roles/responsibilities a local strategic plan can be implemented how to best utilize this new resource. The Program had discussion with ODP to set up a meeting with the PA Family Network this year. The county would envision collaborating with the local ARC and other family support groups in the area.

Peer support programs are utilized in our area for persons whom are dually diagnosed. The county has seen success with this option when a good match is made. Technical Assistance from ODP would be helpful to share ideas in regards to where other counties are finding success to enhance networking, education and information sharing.

Clearfield/Jefferson County is the lead County for the Health Care Quality Unit. The Health Care Quality Unit is Milestone HCQU Northwest, located in Warren, PA. There are 9 counties which comprise this HCQU: Cameron/Elk, Forest/Warren, Potter, Erie, McKean, and Clearfield/Jefferson. The HCQU received this past year FY17/18 a modest increase in funding that was specific to hiring a nurse for the states medication administration training program. It is important to note that there has been no increase to the HCQU funding for the past 15 years since its inception. With no increase in funding, the Counties responsible for oversight of the HCQU hold strategic meetings to recommend the focus of the work of the HCQU. The oversight team has determined that the work of the HCQU staff focus its efforts on technical assistance requests, individual reviews, and increase the number of trainings online in order to stay within the budget allocation and capacity of staff available. In order to focus attention on other areas of concern additional staff would be needed. The HCQU supports all providers in our area with requested training and individualized support for a person as needed. The HCQU will have a staff enroll in the Quality Management Certification Program through ODP.

The county reviews the results from the technical assistance reviews in order to determine if there are any systemic issues. The HCQU provides data monthly to the county with the title and number of trainings completed by each provider so utilization can be reviewed. This year with all the changes occurring in the system the HCQU will be meeting with each provider to review opportunities available through the HCQU

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and determine where a provider may need support. The HCQU will continue to offer a variety of health care topics in community centers. These are open to individuals, families, providers, LifeSharing families and Personal Care Home operators.

Independent Monitoring for Quality (IM4Q) is a system of measuring quality that relies on information gathered from individuals receiving services and their families. Interviews are conducted by people in the community who are independent of the services being delivered. The County is engaged in a contract with the ARC of Indiana to provide this service. Reports from IM4Q are reviewed by the AE Quality Assurance staff. ARC Indiana is scheduled to conduct 57 surveys. The county program fiscal year 17/18 receives \$25,668 to conduct these surveys. An area of concern the County is attempting to address is the reason for refusals of the survey. With the increase in the number of persons going into the community with CPS the county has made one of our Quality Management goals for 2017-2019 that individuals who are going into the community have some type of identification with them. The IM4Q monitors are asking this question of all who are interviewed. The county will continue to conduct training/education during fiscal year 18/19 with individuals, families, support coordinators, providers, and Life Sharing providers to understand the importance of IM4Q.

ODP could assist by presenting a local training jointly with the IM4Q team. The county would certainly be interested in technical assistance to assess the data collected and considerations noted by the IM4Q monitors. Also, having ODP share how the new survey questions are developed and how monitors will be trained to ask the questions with regard to the future expected increase in persons with autism being surveyed would be most beneficial for planning.

The county meets quarterly with each of our providers and reviews current/future issues and concerns relative to the individuals supported. The SCO is also present at these meetings. If an area of concern arises around the items mentioned in this forum, providers have the opportunity to brainstorm options. Locally the county utilizes the HCQU, DDTT, CSRU, CCBHO and the county internal dual team as mentioned in the section on Cross Systems communication.

ODP can assist by providing more localized training/technical assistance on topics related to Autism, Dual Diagnosis and Fetal Alcohol. The county program is seeing an increase in referrals for persons with Autism Spectrum Disorder (ASD). The county is struggling to find providers that are well trained in this area to provide long term supports in a person's home. IDD and Mental Health staff meets monthly to discuss how the county can address the needs of persons with ASD when the new eligibility

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criteria are released. The county is looking at local data from the various school districts, CCBHO, and surveying providers who offer support and meeting with the local autism support group.

The county contracts with The Advocacy Alliance to perform Incident Management and Risk Management functions. The Advocacy Alliance provides a bi-annual written report to the county. This report is reviewed by AE staff and results are shared at individual and group provider meetings, Advisory and Governing Board meetings. Areas of concern related to specific providers are discussed directly with their management staff to determine their plan of action. The county yearly provides a 5 day Crisis Intervention Training (CIT) for local law enforcement, jail personnel and other community entities. The attendees learn skills that can be taken back to their agencies and apply them to situations involving persons in the community or in custody who may have a mental illness, dual diagnosis or autism.

The county reviews/discusses provider's quality management plans at quarterly meetings. This fiscal year 17/18 the Counties of Cameron/Elk, Potter and Clearfield/Jefferson sponsored training for providers on writing Quality Management Plans. ODP staff certified in Quality Management provided this training. The above 3 counties have been meeting quarterly for several years to discuss QM/RM areas of concern as we share providers in our area. This group of county's will provide this training opportunity again in FY 18/19.

ODP could assist the county by providing annually localized training for individuals, families, providers and support coordinators on Incident Management, Quality Management, Outcomes, and Autism and Dual Diagnosis.

Clearfield/Jefferson is fortunate to have a Housing Coordinator on staff. This support is utilized for persons with IDD and/or Autism. In the past fiscal year we utilized this support for locating an apartment. The Program was able to utilize a transitional apartment to address this persons needs for 30 days until permanent housing could be located. This prevented using a homeless shelter. In addition, when there are individuals who wish to live independently the county and SCO access the Housing Coordinator in order to explore all options and the variety of funding sources public or private. The Housing Coordinator also keeps a current list of local landlord options which is useful to the SCO.

Each provider has an Emergency Preparedness Plan per the Chapter 51 regulations. This is reviewed during Provider Monitoring.

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Participant Directed Services (PDS)

The county shares written information on AWC initially on intake. Once referral made to SCO entity of persons choice AWC is reviewed again by SC.

The county sees some of the challenges to increasing the use of AWC/VF are SC turnover, explaining this option, geographic distance of AWC provider to offer training and support to the person/family. There are many details to complete to start this support while a family may struggle with locating persons to hire and required documentation.

Suggest developing explanation of AWC process on a flash drive so SC can take into the family home in order to have a consistent sharing of information. As not all SC's have experience with AWC. ODP can assist as well by holding Regional meetings with AE's, SCO's and providers of AWC to engage with each other in how to increase the use of this model.

Community for All

The county makes every effort to provide a continuum of supports for persons to meet various needs. The County focus is on the least restrictive options keeping in mind the health and safety of the person. The AE will continue to actively engage in planning a person's return to the community through available initiatives. The county will also continue our collaborative efforts with other systems; Mental Health, Aging, CAASP, CYS, Housing, Forensics, DDTT, and residential/inpatient settings in order to support a person's desire to return to their community. The county is not aware of any persons residing in a state center who have expressed an interest in returning to the community at this time.

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HOMELESS ASSISTANCE SERVICES

Due to the high need for Rental Assistance Program (RAP) services and the limited Homeless Assistance Program (HAP) funding, only the RAP component is offered in Clearfield County through HAP. RAP payments are made to prevent or end homelessness. Clients must be homeless or near homeless, have adequate income to pay future rent, and have an agreement with the landlord to rent to them, or the agreement to not foreclose on the home. For each client, a budget worksheet is completed to determine ability to pay future housing and other expenses. Spending within the constraints of available income is discussed. Money management materials and workbooks are made available to clients. When appropriate, referrals and linkages to other services are provided. In order to promote self-sufficiency, which includes stable housing, case management is available.

A recent needs assessment conducted of service providers notes the lack of HAP funding often leaves families coming from a shelter one month's assistance. Because it takes months to recover financially, physically and mentally from the trauma and shock of being left homeless. Clearfield County recognizes that it receives too little of the Departments HAP funding will seek additional HAP funding from the PA Department of Human Services Homeless Assistance Program. Additionally we will continue to leverage funds from the Emergency Solutions Grant from the PA Department of Community and Economic Development.

The continuum of services for consumers and families facing eviction or already homeless are include in an overview of services offered to those with a brief summary of the specific criteria that determines eligibility;

Bridge Housing (No HAP funding)

Bridge Subsidy/Master Leasing (NW9 Rental Assistance Program) -Through this program, funds are utilized to provide rental subsidies to lease units from private landlords, then subleasing, and providing rental assistance to eligible individuals who have no other housing options available. Eligible applicants are MA-eligible adults 18 years of age and older with mental illness and/or drug and alcohol issues that have prevented them from accessing and maintaining safe and affordable housing. Factors

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considered are criminal history, poor credit and rental history, and community instability. Unfortunately, lack of funding will close this project for the 2018-2019 fiscal year.

Case Management

The Community Services Block Grant will provide funding the housing counseling and case management at Central PA Community Action Inc. management will be implemented into the HAP program for the 2016-2017 fiscal year. Adding the Case Management Component will provide for follow up of to consumers, this will help consumers continue to maintain their budgets and implement housing action plans. Success will be evaluated based on consumers maintain budgets and following through with individual and family goals. After evaluating last year's case management hours and costs associated coming from HAP funds, Clearfield County has selected a new housing vendor for the FY 2018-2019 year, allowing for more funding to assist with RAP housing needs.

Case Management and Rental Assistance (Federally funded CLIP, Housing First, Home Again, NWRHA) Community Connections of Clearfield-Jefferson Counties administers and provides case management of our grant funded Community Living for Independent Persons (CLIP) and Housing First programs. Both are designed to provide safe and affordable housing for chronically homeless individuals and/or families with a serious mental health diagnosis; documentation required. Applicants are no longer being placed on a waiting list. Both programs are in the process of being combined under the surviving grant, Housing First. In each of these programs, the tenant is referred to as the Subtenant and pays 30% of their income towards rent and the grant pays the remaining. Community Connections is the tenant. The housing department provides on-going case management to monitor each household in each program. Community Connections of Clearfield-Jefferson also refers to and monitors the NWRHA and Home Again Programs. NWRHA is administered through Lawrence County and Home Again is administered through Cameron-Elk Counties, which both programs have allotted available slots for individuals within our two counties. Applicants for each of these must be chronically homeless with a disabling condition. Documentation of homelessness and a disability is required to be provided.

Rental Assistance

Homeless Assistance Program- otherwise known as the rental assistance program, is designed to assist Clearfield County consumers in need of housing assistance in the form of rental, security deposit, and utility assistance. Because of the very limited funding allocation this program is leveraged with ESG funding for case

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management. Success will be evaluated based on consumers maintain their housing. This FY 2018-2019 all but small amount of administration will be utilized directly for RAP.

Administration – again after careful review of the past few years, we are utilizing below the allowable amount of administering at the County. This funding will be used for direct oversight and monitoring of the HAP program.

Emergency Solutions Grant -this grant assist both consumers with rapid rehousing and homelessness prevention programs. Offering consumers assistance with housing counseling, and payment assistance for rental, security deposits, utilities, moving, and arrearages. This is a temporary program designed to assist consumer to get back on their feet to maintain or gain permeant housing.

Emergency Shelter –No HAP funding

Haven House Homeless Shelter (Public and private funding) - is a homeless shelter located in the City of DuBois. This facility houses individuals as well as families.

Good Samaritan Shelter (privately funded) - is a homeless shelter for men only located in Clearfield Borough.

Other Housing Supports (No HAP funding)

(TBRA, BHARP Contingency)-Tenant Based Rental Assistance (TBRA) is administered through Community Connections of Clearfield-Jefferson Counties. This support offers residents in our two counties served, who are experiencing short-term housing crisis, financial assistance. Typical TBRA requests vary from documented back rent/eviction notices, shut-off notices, and security deposits. Eligibility requirements are that there is an income, mental health provider currently working with the individual, and a history of hospitalizations.

DuBois Place (federally funded) – a four unit housing facility that provides transitional housing for victims of domestic violence.

Tomorrows Hope (Federal and private funding) is transitional housing shelter for homeless veterans located in Beccaria Township which is at the southern end of Clearfield County.

PHARE (state) – Clearfield County has applied for and used Act 13 PHARE funds to assist families facing homelessness. This program provides rental assistance, security deposits, utility payments, as well as a small home repair program. *Our most recent funding from PHFA PHARE is a joint collaboration between the Public and Private*

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Sectors. A developer is using public funding to rehabilitate a blighted single dwelling property into two 1 bedroom apartments. With one of the apartments being converted into a full ADA accessible unit. These two units will be offered for rent using HUD fair market value. Tenants will be screened as to serve only those with low income using the HUD Section 8 guidelines.

CYS Special Grants – The County CYD director created a program from special grants that is designed to prevent placement of families in need of housing assistance as well as helping with unification when facing housing needs.

The programs and project listed above as part of the Clearfield County Continuum of Care touches each category listed in the table below. However due to the limit funds received from HAP the County uses them for rental assistance as noted below.

In Clearfield County all of the housing programs utilize the Commonwealths Homeless Management Information System (HMIS) to record data on homelessness with the exception of the privately funded homeless shelters and housing for victims of Domestic Violence.

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SUBSTANCE USE DISORDER

The Clearfield-Jefferson Drug and Alcohol Commission is responsible for assessing need, planning, implementation and monitoring of all alcohol and other drug programs and services for the rural counties of Clearfield and Jefferson. The Commission contracts directly with the Department of Drug and Alcohol Programs and is designated as the Single County Authority (SCA) to provide Prevention, Intervention, Treatment and Recovery Services. The SCA contracts with three (3) local out-patient treatment facilities and twenty-nine (29) out-of-county residential treatment facilities for the provision of all drug and alcohol services. The SCA is contracted by the Department of Drug and Alcohol Programs to monitor all in-county providers for adherence to Drug and Alcohol treatment guidelines and regulations and recommend Corrective Action Plans in light of any findings on behalf of the Department.

SUBSTANCE USE DISORDER SERVICES

1. Waiting List Information:

	# of Individuals	Wait Time (days)**
Detoxification Services	0	1day to 7 days
Non-Hospital Rehab Services	0	1 day to 7 days
Medication Assisted Treatment	0	24 to 48 hours typically (naltrexone) 24 hours (methadone) 24 to 48 hours to see physician (buprenorphine)
Halfway House Services	0	2-3 months
Partial Hospitalization	0	No in-county partial programs available
Out-Patient	0	1 day to 7 days

The CJDAC has no waiting lists for case management, out-patient services or intensive out-patient services. However when attempting to get folks into levels of care, case management staff encounter wait times. This continues to vary from treatment provider and from day to day. Case management staff have learned to call facilities every day in order to determine bed availability. Currently, the wait time for detox beds can be anywhere from 1 day to 7 days, Non-hospital rehab services are similar (3B and 3C); MAT services has expanded greatly in the past year and this service is much more readily available for individuals to access; Halfway House can be a longer wait time, sometimes up to 3-4 months due to so few HH in the state; and there are no waiting lists for Outpatient services. Case Management do weekly capacity checks with SCA contracted OP providers in order to assess need and to keep an eye for the possible need for expansion to additional OP providers within the SCA counties.

Wait times for individuals are sometimes significantly compounded by the criminal justice system. Once the LOC recommendation has been made and accepted, the SCA begins working on acquiring a bed if the LOC is residential. Many times there are delays

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within the criminal justice system (such as determining if there are detainees from other counties) that will place someone on a waiting list, not for lack of bed.

2. Overdose Survivors Data:

The CJDAC utilizes the SCA model for Warm Hand-off for Overdose survivors. The SCA has agreements with all four in-county Emergency Departments for referrals for OD survivors. The SCA provides 24/7 On-Call for all of our local ED's. However, the service has been seriously under-utilized by ED's up to this point, as you can see below. However, the Warm Hand-Off Summits sponsored by the Department of Health has opened further lines of communication and the SCA has been invited to Nurse Manager meetings to explain the service we offer.

The first table below is based upon information provided to the Department of Drug and Alcohol Programs August 2016-December 2017 and are gathered as the result of calls from the local ED's to the SCA's On-Call Services. The SCA recognizes that these numbers are not a true picture of overdoses in our two counties.

# of Overdose Survivors	# Referred to Treatment	# Refused Treatment	# of Deaths from Overdose
1	1	0	0

Clearly, there is a need to step up the number of calls referred to On-Call Services by ED's

The second table below is based upon data gathered by the SCA, at the time of screen/assessment or case coordination.

Year	# of Overdose Survivors Reported by clients at the time of screen/assessment/case coordination services	# of Deaths from Overdose Combined County Data (Based on DEA and Coroner Data)
14-15	65	2014 - 21
15-16	87	2015 - 22
16-17	125	2016 - 18
July 2017 - March 2018	87	2017 - 11

The SCA will be working toward better coordination of services in 18-19 with local ED's.

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1. Levels of Care (LOC)

The SCA's Case Management Department and contracted D&A treatment providers offer entry points to all levels of care. Historically, those interested in Out-Patient services enter the system at the provider level, and those interested in residential services enter at the SCA level. Clients are able to access services at any drug and alcohol entry point, however residential services for county funded individuals must be sought through the SCA. In addition, many residential facilities look for SCA funding as a backup source as people with Medicaid/Health Choices sometimes go in and out of eligibility while in treatment.

LOC	# of Providers	# of Providers Located in County (SCA Funded)	Special Population Services
Inpatient Hospital Detox	The SCA uses 5 different out-of-county hospitals	0	4 offer Co-Occurring Adult; 1 offers services for pregnant women
Inpatient Hospital Rehab	The SCA uses 5 different out-of-county hospitals	0	4 offer Co-Occurring Adult; 1 offers services for pregnant women
Inpatient Non-Hospital Detox	10	0	1 offers adolescent track
Inpatient Non-Hospital Rehab	19	0	1 Male; 1 Female; 3 PW/WWC; 9 Dual; 2 Adolescent; 4 MAT
Partial Hospitalization	0	0	No in-county providers at the present time
Intensive Out-Patient	2	2	1 offers CCBHC/MAT in 2 locations; 6 locations across the two counties
Out-Patient	3	3	1 offers CCBHC in two locations; 2 offer MAT in three locations; 7 locations across the two counties; 1 offers services in both county jails; 2 providers offer school based services.
Halfway House	9	0	5 Male; 4 Female; 1 Female MAT; 1 Male MAT

Despite the fact that the SCA does not have in-county residential facilities, the Clearfield-Jefferson service system for Drug and Alcohol is rich in many Out-Patient services. All SCA contracted providers, in addition to serving those without insurance and the working poor, also serve the Medicaid populations through Health Choices and accept prevalent private insurance plans.

In 2016, the SCA was awarded funding through the Department of Human Services to implement a Center of Excellence for Medication Assisted Treatment (MAT). These funds have allowed the Commission to expand its' MAT program for individuals and also to implement Vivitrol to inmates in the Jefferson County Jail, immediately prior to release. The Center of Excellence Medication Assisted Treatment operated by the

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SCA is a collaborative team effort between the SCA, local physicians, Penn Highlands Health care, pharmacies and treatment providers. This model serves the rural counties of Clearfield and Jefferson well. The SCA contracts for MAT services with 5 physicians (four primary care and one board certified in Addiction Medicine) across 7 site locations in the two counties. The SCA also contracts with the mobile Vivitrol Van. In addition the SCA is contracting for Case management services with the Elk County SCA for individuals receiving MAT through a contracted primary care physician in Emporium, PA.

The SCA also contracts with two OP treatment providers for the provision of Certified Recovery Specialist services. The SCA also provides CRS services within its Center of Excellence.

SCA in-county providers include a methadone facility located in Clearfield County and Certified Community Behavioral Health Clinics providing D&A, MH and MAT services located in two sites, one per county.

In recent years, the SCA has struggled with providers maintaining therapists credentialed with private health plans. Therefore the SCA has sought out and uses providers that are not SCA funded, but accept private insurance clients or self-pay individuals.

The SCA Case Management Department also works collaboratively with the Jefferson County Courts and Probation Department through a PCCD Restrictive Intermediate Punishment Grant. In addition, Jefferson County implemented a Regional Drug Court beginning in January of 2017 which has served to strengthen partnerships with local courts and other criminal justice entities. Other collaborative partners include probation, children and youth services, mental health and the county jails. There are four acute care hospital facilities in Clearfield and Jefferson Counties (DuBois, Clearfield, Brookville and Punxsutawney), and the Case Management Unit works closely with each hospital's Emergency Department particularly with regard to individuals who have over-dosed. In October of 2016 the SCA began an On-Call Service that operates 24/7 for local Emergency Departments and the Mental Health Crisis Line. The Commission has fine-tuned its "warm hand-off" services for this population over the course of this fiscal year.

All services provided directly by the SCA adhere to all federal and state confidentiality laws. The SCA contracts with providers to deliver all Treatment services for Clearfield and Jefferson County residents, thereby placing it in a position to determine the most appropriate level of care and facility placement without bias. The Case Management Unit also determines eligibility for services and, as funding permits, provides funding for clients who meet qualifications. The SCA continues to provide an Early Intervention Level of Care designed for those adolescents and adults that do not meet a formal level of care regarding their use. Early intervention is the provision of

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educational information including Stages of Change and appropriate decision making skills.

Other services that the Commission provides, free of charge, include Hepatitis C Screenings and case management services for those individuals who screen positive and/or have an active viral load. The Clearfield-Jefferson Drug and Alcohol Commission is one of four pilot sites in the state of Pennsylvania that operate a Hepatitis C program funded by the Department of Drug and Alcohol Programs. The SCA continues to work with local physicians within the Center of Excellence on Screening, Brief Intervention and Referral to Treatment which is a nationally recognized evidence based identification and referral program utilized by the medical community. The SCA is also partnering with the Department of Human Services and the University of Pittsburgh on a Rural Access to MAT in PA which endeavors to train Primary Care Physicians to prescribe MAT in Rural Communities. The SCA has continued to host a quarterly Consortium chaired by Dr. Tuesdae Stainbrook, DO, MPH, a local Infectious Disease physician. The Consortium addresses Hepatitis C screening and treatment services, access to drug and alcohol treatment, transportation issues in rural communities and over-dose data including the distribution of Narcan.

3. Treatment Services Needed in County:

The SCA has built a very robust out-patient system treatment system within the counties and has utilized local resources in an effort to maintain service levels within each of the major communities across the two counties.

As evidenced by the chart above, the SCA lacks all levels of residential services (both hospital and non-hospital based) and partial hospitalization services. It has been difficult to attract residential services to Clearfield and Jefferson Counties. The closest facilities are primarily in neighboring counties, however, a lack of in-county residential services is a barrier to treatment for many individuals.

Likewise, partial hospitalization services are also needed. Partial services are currently defined as five day a week programs, which have presented problems historically due to lack of transportation and lack of a sustainable client base.

The SCA is currently partnering with the local hospital system, Penn Highlands Healthcare, on many initiatives including the provision of MAT services by primary care physicians, embedded case managers within the Emergency Department and constructing a 20 bed, 4A and 4B (hospital based detox and rehab) with 3A and 3B (non-hospital based detox and rehab) flex beds. It is anticipated that the residential services will be available in early 2020. It is the expectation of the SCA that partial hospitalization services will be offered in conjunction with the residential services.

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In addition to the above treatment needs the SCA is exploring the possibility of bringing a Recovery House to the counties. Lack of housing for individuals is a need that continues to grow in our area. Shelters are full or will not accept D&A clients, particularly those on MAT. Couch surfing is very prevalent in our area, and a Recovery House will meet some of the need that the counties are experiencing.

4. Access to and Use of Narcan in County:

The Commission partners with our local hospital system, Penn Highlands Healthcare, on the training of first responders in our two counties. Penn Highlands successfully applied for and received the PCCD grant for Narcan distribution. The Service Line Director for the Penn Highlands DuBois ED trained SCA staff to provide Narcan training to the expanded population of first responders, as defined by PCCD. Certificates of training are then presented to one of the four Penn Highlands Pharmacy locations in the two counties to receive Narcan doses. In order to receive refills, the appropriate paperwork must be completed and turned in to the pharmacy technicians.

Hospital nursing personnel provide direct training to the traditional first responders (police, fire and ambulance), and SCA staff train all community groups, agencies, schools, prisons, county employees, clients and family members.

Since June 1, 2016 there have been 22 OD reversals (3 for the first quarter of 2018) by first responders documented by Penn Highland Health Care. Since the inception of the PCCD Narcan Distribution grant, approximately 50-75 doses have been distributed within the community with the help of the SCA, according to Penn Highland grant administrators.

The SCA continues to educate clients and distribute Narcan to Opioid Users and individuals who provide support.

6. ASAM Training:

	# of Professionals to be Trained	# of Professionals already Trained
SCA	0	13
Provider Network	4-5 (approx.)	30 (approx.)

Community Care Behavioral Health has provided funds for approximately 5 ASAM trainings across the 23 county North Central Contract. Two of the trainings have taken place and the third is currently under way (May 21 and May 22) in the DuBois area. It is anticipated that all in-county provider and SCA staff will be trained by the July 1, 2018 implementation date.

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Human Services Development Fund

Administration:

The County Community Development specialist carries out administration and oversight of HSDF programs and Human Services Plan. HSDF administration covers wages, fringe, office supplies, advertising, postage, travel, association dues, telephone, training, professional services, copier rent and supplies. \$8,120.

Interagency Coordination:

Not being utilized this FFY2018 -2019

Adult Services:

Home Delivered Meals

Description of Services: This program provides home delivered meals for approximately 13 Home bound individuals. The county local Community Action agency completes intakes and assessments on adults to assure their needs are being fulfilled, and eligibility criteria is being met. Once verified eligible Community Action notifies Clearfield County Area Agency on Aging (CCAAA) meals are needed for the consumer. CCAAA has a kitchen where they prepare and deliver balanced meals for seniors and HSDF Home Delivered Meal consumers age 18-59. Community Action and CCAAA work closely together to make sure consumers in need are assisted and monitor age, as the month before consumers turn the age of 60, CCAAA begins their assessment to move the consumer from HSDF home delivered meals to Aging's meals on wheels.

This FY 18-19 Aging has increased the cost of meals approximately 100%. While to make the meal has increased by 15 cents. They are charging \$4.00 a meal for delivery. This program will be evaluated over FY to determine the effectiveness of the program.

Information & Referral Services

Information and referral services assists consumers and their families in removing barriers o self-sufficiency. Clearfield County sub-contracts with Central PA Community

2018-2019 Human Services Plan



Action, Inc. to provide intakes on individual and family's situation when they arrive at the Agency for home delivered meals referral services are provided to programs both internally at CPCA and to other programs and services outside of the agency. Additionally, Clearfield County staff provide Information and referral services for consumers seeking housing and basic needs.

HSDF Planned Expenditures (Clearfield County) 18-19 Plan Year

Category	Estimated Individuals	Planned HSDF Expenditures
Mental Health	70	\$21,180
Drug and Alcohol	15	\$25,000

Mental Health Services - \$21,180

Community Connections of Clearfield and Jefferson Counties for Clearfield BH Consumers in need. Services include but are limited to: discussions and acceptable plans with consumers to include a written service plan, BCM may provide liaison services with providers serving the consumer, personal advocacy, and follow-up case management, provision for necessary medical, social, psychological, psychiatric, and vocational assessments.

Drug & Alcohol Services \$25,000

The Clearfield-Jefferson Drug and Alcohol Commission will utilize HSDF funds for the following activities: Case management Services, Out-Patient Services, MAT and CRS and other Recovery Services.

This is an approximate only, (and based on numbers served in 17-18) as the amount of service that an individual receives may vary depending upon the individual's length of stay in treatment, the amount of CM services needed and the need for MAT and other Recovery Services.

2018-2019 Human Services Plan



Clearfield County Human Services Plan Contacts

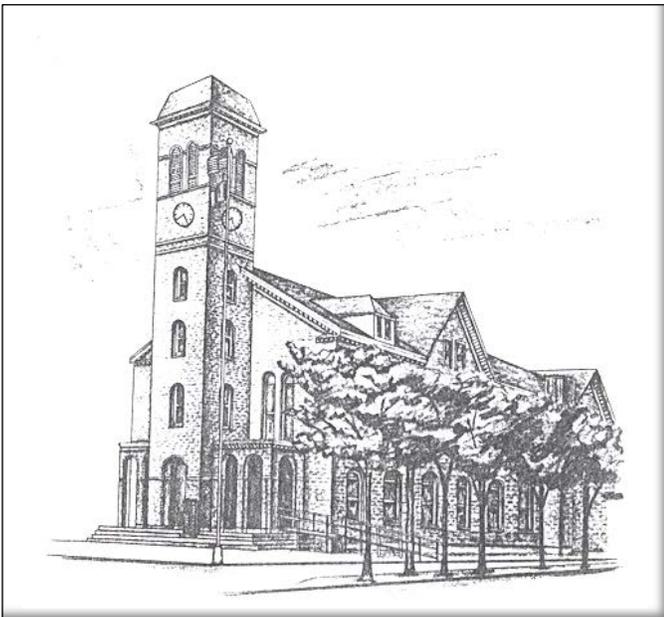
Clearfield County Government

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Clearfield & Jefferson Counties LCA Contacts:

Clearfield Jefferson Drug & Alcohol Commission
Susan Ford, CADC
Executive Director
135 Midway Drive, Suite A
DuBois, PA 15801
Tel: 814.371.9002
suford@cjdac.org

Community Connections of Clearfield Jefferson Counties
Steve Jasper, Administrator
375 Beaver Drive Suite 100
DuBois, PA 15801
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sjasper@ccc-j.com



Clearfield County Board of Commissioners

John Sobel, Chairman

Antonio Scotto

Mark McCracken

Appendix A
Fiscal Year 2018-2019

COUNTY HUMAN SERVICES PLAN
ASSURANCE OF COMPLIANCE

COUNTY OF: Clearfield

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

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signatures</i>	<i>Please Print</i>	
	John Sobel, Chair	Date: 6/5/2018
	Antonio Scotto	Date: 6/5/2018
	Mark McCracken	Date: 6/5/2018

**APPENDIX C-2 : NON-BLOCK GRANT COUNTIES
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED**

County:+A31A31:F58	1.	2.	3.	4.	5.
Clearfield	ESTIMATED INDIVIDUALS SERVED	DHS ALLOCATION (STATE & FEDERAL)	PLANNED EXPENDITURES (STATE & FEDERAL)	COUNTY MATCH	OTHER PLANNED EXPENDITURES

MENTAL HEALTH SERVICES

ACT and CTT					
Administrative Management	31		\$ 617,540	\$ 11,463	\$ 34,420
Administrator's Office			\$ 428,791	\$ 43,693	
Adult Developmental Training					
Children's Evidence-Based Practices					
Children's Psychosocial Rehabilitation					
Community Employment	6		\$ 9,773	\$ 1,086	
Community Residential Services					
Community Services	1,059		\$ 1,216,558	\$ 10,369	\$ 3,393
Consumer-Driven Services	13		\$ 34,218		
Emergency Services	142		\$ 375,841	\$ 41,760	
Facility Based Vocational Rehabilitation					
Family Based Mental Health Services	26		\$ 85,084		
Family Support Services	29		\$ 36,181	\$ 3,638	
Housing Support Services	25		\$ 125,630	\$ 13,959	\$ 83,184
Mental Health Crisis Intervention	555		\$ 154,617		
Other					
Outpatient	111		\$ 186,518	\$ 20,167	
Partial Hospitalization					
Peer Support Services	12		\$ 18,976		
Psychiatric Inpatient Hospitalization	16		\$ 25,927		
Psychiatric Rehabilitation					
Social Rehabilitation Services	260		\$ 6,953	\$ 773	
Targeted Case Management	367		\$ 218,613		
Transitional and Community Integration	120		\$ 181,458		
TOTAL MENTAL HEALTH SERVICES	2,772		\$ 3,722,678	\$ 146,908	\$ 120,997

INTELLECTUAL DISABILITIES SERVICES

Administrator's Office			\$ 1,285,599	\$ 28,842	
Case Management	115		\$ 193,137	\$ 3,333	
Community-Based Services					
Community Residential Services	106		\$ 303,631	\$ 17,235	
Other					
TOTAL INTELLECTUAL DISABILITIES SERVICES	221		\$ 1,782,367	\$ 49,410	\$ -

**APPENDIX C-2 : NON-BLOCK GRANT COUNTIES
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED**

County:+A31A31:F58	1.	2.	3.	4.	5.
Clearfield	ESTIMATED INDIVIDUALS SERVED	DHS ALLOCATION (STATE & FEDERAL)	PLANNED EXPENDITURES (STATE & FEDERAL)	COUNTY MATCH	OTHER PLANNED EXPENDITURES

HOMELESS ASSISTANCE SERVICES

Bridge Housing					
Case Management			\$ -		
Rental Assistance	95		\$ 56,761		
Emergency Shelter					
Other Housing Supports					
Administration			\$ 1,159		
TOTAL HOMELESS ASSISTANCE SERVICES	95		\$ 57,920		\$ -

SUBSTANCE USE DISORDER SERVICES

Act 152 Inpatient Non-Hospital	25		\$ 133,078		
Act 152 Administration			\$ 35,375		
BHSI Administration			\$ 16,178		
BHSI Case/Care Management	50		\$ 40,449		
BHSI Inpatient Hospital					
BHSI Inpatient Non-Hospital	10		\$ 16,178		
BHSI Medication Assisted Therapy	30		\$ 40,447		
BHSI Other Intervention					
BHSI Outpatient/IOP	30		\$ 32,357		
BHSI Partial Hospitalization					
BHSI Recovery Support Services	20		\$ 16,178		
TOTAL SUBSTANCE USE DISORDER SERVICES	165		\$ 330,240	\$ -	\$ -

HUMAN SERVICES DEVELOPMENT FUND

Adult Services	35		\$ 26,903		
Aging Services					
Children and Youth Services					
Generic Services					
Specialized Services					
Interagency Coordination					
Administration			\$ 8,120		
TOTAL HUMAN SERVICES DEVELOPMENT FUND	35		\$ 35,023		\$ -

If HSDF funds are being transferred to other categoricals, please list the **categorical, cost center, amount, and client count** for all funding moved into other categoricals below:

\$25,000 transfer to Substance Use Disorders - BHSI MAT and \$21,180 transfer to Mental Health Services for Case Management					
GRAND TOTAL	3,288	\$ -	\$ 5,928,228	\$ 196,318	\$ 120,997



community connections
of Clearfield/Jefferson Counties

Community Connections of Clearfield/Jefferson Counties

Addendum

Emergency Supports. The plan indicates that the mobile crisis staff are not trained, or do not need a background, specifically in ID and/or autism. Please include how the county will provide the mobile crisis team with ID and/or autism training to ensure the appropriate response to individuals' in crisis. Also, describe how the county will ensure that the mobile crisis team includes staff with a background in ID and/or autism. Please include outline of training and anticipated dates of completion.

The County MH/ID program has been in discussion with the provider of mobile crisis services in regards to the questions above. The county and the provider have identified online trainings that the mobile crisis staff would be required to complete; autism through the ASERT modules, and ID through the MYODP modules. The mobile crisis staff will be supported through on-going consultation and training opportunities with ABA certified staff at the provider, and the IDD program specialist at the county program. For existing staff; these trainings could be completed in approximately 60 to 90 days. For future hires; the provider could require initial training at the date of hire, and completing the training modules within 4 to 6 months.

