

THE COUNTY OF CLEARFIELD

HUMAN SERVICES PLAN

FY2020-2021

PART I: COUNTY PLANNING PROCESS

Members of the Clearfield County Human Services Planning Team include categorical directors, Leslie Smeal, 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) Bobbi Johnson, Parent. 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, and the COVID 19 pandemic, 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 Susan Ford and Steve Jasper; Kathy Gillespie attends Aging RSVP Board; Susan Ford, Commissioner Sobel, attend the Heroin Task Force; Susan Ford and Kovalick attend 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 bi-monthly collaboratively to identify prioritize and evaluate human service needs of Clearfield County residents. The team researches 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.

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 encompass the "Safe Connections Center" for victims of domestic violence. This will provide a safe place for supervised visits and exchanges for children of victims of DV.

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 with the addition of the "Safe Connections Center" to meet the transportation needs for victims and their families while providing safety planning for their protection.

Substantial programmatic and/or funding changes have been made with regard to Human Services Development Fund. The Home Delivered Meals need has reduced, with consumers aging out. We have identified the need to provide Generic Services to provide a safe place for children of victims of domestic violence to have supervised visitations and a safe place for visitation exchanges, without contact.

PART II: PUBLIC HEARING NOTICE

The Progress, Clearfield, Curwensville, Philipsburg, Moshannon Valley, Pa., Tuesday, July 7, 2020

Legals

**PUBLIC NOTICE
THE COUNTY OF CLEARFIELD
2020-2021 HUMAN SERVICES PLAN
PUBLIC HEARING**

The purpose of this hearing is to encourage public input of human services and programs in Clearfield County. Clearfield County consumers interested in commenting on services provided for homeless assistance, child welfare, and the human services development program, mental health, intellectual disability, and drug and alcohol services provided are invited to attend.

This public hearing will begin at 1:00 p.m. on Monday July 13, 2020 via Zoom. Interested individuals may attend using url:
<https://us02web.zoom.us/j/87696337609?pwd=RWxPROld1BjQkg1R2thNng0bWlzMz09>
or by phone at (814) 768-5170 using Meeting ID: 876 9633 7609 Password: 461541

If you are a person with a disability who wishes to attend this hearing and require an auxiliary aid, service, or other accommodation to participate in the meeting, please contact Lisa Kovalick of the Clearfield County Planning and Community Development Office at (814) 765-5149 to discuss how we may best accommodate your needs.

**BOARD OF CLEARFIELD
COUNTY COMMISSIONERS**

Antonio Scotto, Chair
John A. Sobel
Dave Glass

7:7-1d-b

This meeting was held via ZOOM the meeting was recorded and is available upon request.

Agenda

AGENDA

CLEARFIELD COUNTY 2020-2021 HUMAN SERVICE PLAN PUBLIC HEARING

Location: Clearfield County Administrative Office Building
212 East Locust Street, Clearfield, PA 16830

Date/Time: July 13, 2020

Call to Order

Welcome and Introductions

Purpose of Meeting

In accordance with Act 80, the County of Clearfield will submit a consolidated human services plan to the Department of Human Services by July 20, 2020

The purpose of this hearing is to offer input and comment from the public with regard to human services programs in Clearfield County. The human service plan will contain services provided for homeless assistance, child welfare, and the human service development programs. In addition, mental health, intellectual disability, and drug and alcohol services provided by jointers, Clearfield Jefferson Drug and Alcohol Commission and Community Connections of Clearfield-Jefferson Counties, will be included in this public hearing.

Open Comment Period

This is an open comment period to allow individuals and organizations to leave remark to the Human Service Plan.

Timeline:

The Plan will be completed and submitted for consideration to the Clearfield County Commissioners on July 14, 2020 at 10:00 a.m.

Adjournment

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 CCAAA 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.

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 unit 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.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH

a) Program Highlights:

The BH Department of Community Connections of Clearfield/Jefferson Counties (CCC/J) 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), OMHSAS ACLU Settlement, and a federal Housing and Urban Development (HUD) grant. CCC/J monitors the current system for quality and develops quality improvement plans internally and with contracted providers as needed.

FY 2019-20 brought many new and unexpected challenges and opportunities to CCC/J primarily in response to the COVID-19 Pandemic. As noted throughout this plan many services and goals were interrupted. Thankfully, the PA Department of Human Services, our Health Choices Managed Care Organization, Community Care Behavioral Health (CCBH), and CCC/J were responsive and assured funding for treatment was available throughout the statewide quarantine. Our provider system was adaptable to innovative service delivery options to allow all of our clinical providers and services to remain open and available during the statewide shutdown of non-essential services. Most services were delivered via electronic communication though emergency and crisis services continued to operate in person. Telehealth opportunities were expanded to include therapy, case management, and peer specialists. As the counties have reopened services are once again available in-person though current recommendations continue to favor electronic options as long as the state of emergency remains in effect. Research is ongoing regarding the efficacy of providing services remotely but there are anecdotal reports that certain individuals prefer telehealth and it can be just as effective as in-person. Telehealth has also been useful in reaching geographically isolated individuals that do not have access to transportation that were previously underserved. OMHSAS and CCBH are exploring the possibility of continuing to fund telehealth once the state of emergency is lifted.

Though CCC/J does have a Disaster Crisis Outreach and Referral Team (DCORT) designated to provide behavioral health support in response to local disasters and our counties are included in the PA state disaster declaration, there have been no local disaster recovery centers established or other requests from the county emergency management agencies (EMA) for support. CCC/J has reached out to both county EMA's to offer and receive support in response to the disaster. Specifically, the Jefferson County EMA was able to help our mental health system (including our crisis provider in particular) obtain personal protective equipment to maintain safe operations during the initial shutdown when such equipment was not readily available commercially. CCC/J has also been participating in COVID-19 response calls hosted by the Jefferson County EMA every two weeks.

CCC/J is preparing to respond to the ongoing effects of the pandemic including being able to provide crisis counseling during and after the disaster, training our providers to address the trauma our residents experience from the disaster, and anticipating an influx of anxiety, post-traumatic stress, institutional trauma, and related conditions as a result of the disaster. As becoming Trauma Informed has been a goal of our system for many years, CCC/J provided a training to our provider network September 5, 2019, "Building Workforce Resilience to Stress and Trauma", delivered by Liz Winters, PhD. Those agencies that participated will be better prepared to support their staff as they work through the disaster.

The spring 2020 Black Lives Matter protests have reopened discussions around police responses not just to minorities but also to behavioral health crisis. Many of our communities held demonstrations including Punxsutawney, DuBois, Clearfield, and Brockway to show support for law enforcement reform. It is an opportune time to consider innovative human service crisis response in addition to existing Crisis Intervention Teams (CIT). The (Clearfield/Jefferson) Right Turn CIT postponed the 2020 annual 40-hour training for police, corrections, and probation officers due to the COVID-19 pandemic but is hopeful the national discussion on police response will generate new enthusiasm and participation for future classes.

On November 26, 2019 Universal Behavioral Healthcare notified CCC/J that they were going to terminate their telephone and mobile crisis services in our counties after being the sole provider for both services since 2007. CCC/J was able to identify and contract with a new provider, the Center for Community Resources (CCR) and transition both services to them on February 1, 2020. The transition was as seamless as it could be and CCR has already become a contributing member to our behavioral health provider network.

CCC/J continues to work on reducing the penetration of our residents with mental illness into the criminal justice system. In addition to our long funded county jail counseling and peer support programs a full time forensic boundary spanner was implemented and a housing support fund for inmates with mental illness returning to our counties available through an ACLU settlement from OMHSAS to CCC/J and seven other North Central Counties (NW9). The ACLU Settlement is also being used to construct a Long Term Structured Residence (LTSR) for the NW9 to use for competency evaluations and restorations for county jail inmates. Both counties have hired new county jail wardens and have expressed interest in revising their re-entry plans and services to reduce recidivism.

The behavioral health budget is developed based on needs assessments conducted through the following forums of various stakeholders including: PA County Administrator Association (PACA) meetings, the Behavioral Health Alliance of Rural PA (BHARP), Community Care Behavioral Health (CCBH), 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 Healthcare, 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.

In October 2019 the Clearfield and Jefferson County Commissioners along with 21 other counties choose to take the right of first opportunity for the North Central Health Choices contract. BHARP selected CCBH as the Behavioral Health Managed Care Organization and is currently in negotiations to contract with them effective July 1, 2021.

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. The CCC/J BH Director also sits on the regional PA Link to Aging and Disability Resources Oversight Board.

Both County Area Agency on Aging (AAA) protective service programs continue to partner with our Mobile Crisis provider to serve elderly individuals experiencing a behavioral health crisis through joint interventions. Both County AAA Programs participate in our bi-annual crisis system stakeholder meetings.

- Needs:

Though local and regional geropsychiatry inpatient units utilize Mental Health Advance Directives (MHAD) to assist our residents access inpatient behavioral health treatment when needed, they are mainly utilized by residents of Personal Care Boarding Homes and Nursing Homes. CCC/J provided training on MHAD in October 2019 and follow up is needed to assure providers are implementing policy and procedures to encourage the use of MHADs and to deliver trainings to facilitate front line staff to assist in writing them with the individuals they serve.

A new provider has been contracted for Mobile Crisis in Clearfield and Jefferson Counties (February 2020) and their personnel need cross systems training with AAA Protective Service Staff.

- **Adults (ages 18 to 59)**

- 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, 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 have implemented 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 have also been certified as Trauma Informed Care Centers (TICC) by CCBH.

Until June 30, 2019 CenClear offered Certified Community Behavioral Health Centers (CCBHC) 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.

PA was not awarded a phase II CCBHC grant, however OMHSAS was able to secure funding to convert the CCBHCs to Integrated Community Wellness Centers (ICWC) that offer the same core services and members that had been receiving CCBHC services will be transitioned to the ICWC in July 2020.

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.

- Needs:

CCC/J is part of a Health Choices Reinvestment Plan to expand licensed telephone and mobile crisis services into many of our neighboring counties. It is planned to use one provider that can share staff and facilities to be able to provide these services throughout 8 rural counties. Two providers have responded to a Request for Information from BHARP and they are currently being evaluated.

As with our elderly residents regularly use MHADs to access inpatient behavioral health treatment when needed is limited. Adults could be more aware of the process and be encouraged to utilize the documents. Our Mobile crisis provider reports few (or no) adults they encounter have a MHAD.

CCC/J and CCBH will monitor the implementation of the ICWC by CenClear.

- **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 October 2019 only 20 children from Clearfield and Jefferson Counties were using 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.

CenClear started Youth and Young Adult (YAYA) Certified Peer Specialist Services in January of 2018. CenClear reports to date, they have 20 CPS staff trained in YAYA. They have 22 current consumers in the program and 5 individuals have transitioned out of the program.

- Needs:

It has been noted throughout the Northcentral Health Choices contract that many of the children aging out of RTF services have concurrent Intellectual or Developmental Disabilities and as a group they struggle to reintegrate into our communities. BHARP is going to establish Children's/DD workgroup to assess the need and consider appropriate services or policies to help with these transitions. CCC/J will be an active participant in this workgroup.

Per Health Choices access standards, a second provider is needed for YAYA. Roads to Recovery has been selected and contracted as a second choice of YAYA Peer Support and has hired and trained staff and were actively marketing their program when the pandemic stopped their implementation. They will resume as soon as feasible.

Children (under age 18)- Counties are encouraged to include services like Student Assistance Program (SAP), respite services, and Child and Adolescent Service System Program (CASSP) coordinator services and supports, as well as the development of community alternatives and diversion efforts to residential treatment facility placements.

- 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 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, partial hospitalization, Behavioral Health Rehabilitation (BHRS), Family Based Mental Health (FBMH),

Community Residential Rehabilitation (CRR) Host Home, 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, BHARP, and school districts to explore further expansion of CSBBH teams.

CCC/J participates in both counties' Collaborative boards which use the Communities that Care (CTC) model to identify community protective factors and prioritize risk factors based on the results of the Pennsylvania Youth Survey that all 13 of the school districts serving our counties participate in. 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:

Continuing from the FY 19-20 plan: according to a June 15, 2017 article in the Tri County Sunday 17% of the babies born in the Penn Highlands DuBois hospital experienced Neonatal Abstinence Syndrome (NAS) as the result of their mothers' drug use. This is a significant increase from six years prior when only 3% of the babies born there had NAS. Though the babies will receive necessary medical care to address NAS, there will be long term consequences resulting from both the trauma of NAS and the socioeconomic condition of their families. The behavioral health system needs to prepare to meet the needs of these children.

Also continuing: in June of 2016 the remaining in-county Children's Partial Hospitalization Program closed due to low census. That level of care is still geographically available through neighboring counties. Since then the Jefferson County and DuBois school districts requested a replacement program. In March 2018 CCBH issued an RFQ and held a applicants' conference. Though multiple providers participated in the applicants' conference, none responded to the RFQ. CCBH hosted multiple meetings with the providers, schools and IU and has since developed a IBHS Exception called the Children and Family Resiliency Team (CFRT). CenClear was selected as the provider and modified an office to match a school setting and was prepared to implement the service in March 2020. Implementation was delayed by the pandemic and will resume as soon as feasible.

Also, CCBH is working with counties (including CCC/J) in the Northcentral Health Choices contract, and BHARP to identify and prioritize expansion and availability of CSBBH services and traditional outpatient in schools.

Our children also need additional access to inpatient mental health services. We have been forced to utilize inpatient services as far away as Ohio because beds were not available locally. Locally, Penn Highlands DuBois is in the process of expanding all inpatient capacity through a major construction project.

Both Counties' Communities that Care (CTC) Boards have identified the need for evidenced based practices to address the following risk factors identified through the CTC Process: Parental Attitudes Favorable Toward Anti-Social Behavior, Perceived Risk of Drug Use, and Depressive Symptoms.

- **Individuals transitioning from state hospitals**

- **Strengths:**

- CCC/J is part of an eight county CHIPP Consortium. Warren State Hospital (WSH) is the hospital serving Clearfield and Jefferson Counties. 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 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.

- In FY 18-19 the CCC/J bed utilization at WSH briefly exceeded 30 individuals after remaining stable around 20 for many years. We met with our main community inpatient facility, Penn Highlands Healthcare, and have implemented procedures in compliance with the March 2019 DHS Bulletin, "OMHSAS-19-01" to assure Continuity of Care between the community and state hospitals. This has resulted in improved communication with local inpatient units and a reduction in our state hospital census back to around 20.

- **Needs:**

- In response to the pandemic WSH has requested fewer leaves of absence prior to discharge to reduce the exposure of their facility to the communities. CCC/J is investigating procedures to accommodate this request.

- **Individuals with 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.

CCC/J participates in both the Clearfield Jefferson Overdose Task Force and the Clearfield Jefferson Heroin Task Forces.

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.

- 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. As mentioned with the children's mental health needs assessment, the national and state opioid addiction epidemic has affected Clearfield County as well. Though opioid use is widespread in our county, the CJ Drug and Alcohol Commission has reported the most commonly abused drug in our county is currently methamphetamine. Symptoms of meth abuse may mimic exacerbation of a mental illness resulting in dispatch of mobile crisis. Crisis and emergency room personnel need to be trained to recognize the difference.

- **Criminal 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 9th class in July 2019 and has graduated 134 officers so far.

In March 2019 Clearfield/Jefferson along with Forest/Warren, Cameron/Elk, Potter, McKean, and Clarion Counties MH/IDD Programs (Northwest 9 or NW9) applied for and received support from PA DHS to develop a Long Term Structured Residence (LTSR) to provide competency evaluation and restoration for individuals in the county jails, housing support for individuals with a mental illness returning from incarceration, and boundary spanners for each program to assist individuals with mental illness as they transition between incarceration and the community. A provider and site have been chosen for the LTSR with plans to be operational in 2020 and CCC/J has hired and started our Boundary Spanner and begun to distribute housing funds.

As noted in the introduction, the Jefferson County CJAB developed a strategic re-entry plan and has begun full implementation of it.

CCC/J funds mental health counseling, county intakes, certified peer specialist, and blended case management services to individuals incarcerated in the county jails. CCC/J also funds a transportation program for inmates of the Jefferson County jail with a mental illness to participate in their work release program.

- Needs:

CCC/J will participate in the Jefferson County CJAB re-entry plan and continue with the implementation of the NW9 LTSR. 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.

The county jails need additional clinical support for inmates and one is working to contract with a provider of nursing, therapy, and prescribing services.

- **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 engage this elusive population.

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

- Strengths:

CCC/J monitors our contracted providers on an annual basis and confirms they train staff each year in cultural competence including LGBTQI concerns. As highlighted in the introduction CCC/J hosted the Keystone Pride Recovery Initiatives one and two day trainings, “Creating Welcoming and Affirming Services for Persons Who Are Lesbian, Gay, Bi-sexual, Transgender, Questioning or Intersex”.

- Needs:
CCC/J will continue to monitor the participation of our contracted providers in LGBTQI support trainings and host additional trainings as needed.

- **Racial/Ethnic/Linguistic Minorities (RELM) including individuals with Limited English Proficiency (LEP)**
 - Strengths:
Regardless of our uniform population, 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. As mentioned above BHARP is also developing a Children’s/DD Workgroup in 2020.

The DDTT and CSRU need to coordinate better with each other and traditional providers to assure continuity of care between levels of care. CCC/J participates in the BHARP Dual Diagnosis workgroup that has identified and is working 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

The Clearfield Jefferson Suicide Prevention Team, Inc. (C/JSPT) is a non-profit organization dedicated to achieve their Mission to reduce the occurrence of suicide within the two county area. The Team wants to achieve their Mission by promoting awareness and prevention by offering programs to the community at large. They provide prevention, intervention, and postvention trainings to any and all groups from the faith based community to the business community. C/JSPT wants to make suicide a topic we can freely talk 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 C/JSPT is comprised of local community providers and individuals who are invested in accomplishing their mission. CCC/J has implemented a Suicide Prevention P&P which allows and encourages all staff to participate in activities of the C/JSPT. CCC/J personnel hold leadership positions on the C/JSPT Board and provides both financial and in-kind support to C/JSPT to achieve their mission.

Additionally, Mary Brown, a Program Specialist II for CCC/J has been a PA Adult/Older Adult Suicide Prevention Coalition (AOASPC – now Prevent Suicide PA) board member since 2010. In 2015, she was named Co-Chair. She has also served as chair of the Fundraising and Training committees and is the current Prevent Suicide PA Treasurer. Mary is also a certified trainer for Mental Health First Aid for Adults, Youth and Public Safety and also a QPR Master Trainer.

PA Act 36 of 2018, The Employment First Act requires:

State and county agencies and entities providing publicly funded education, training, employment and related services and long-term services and support for working-age Pennsylvanians with a disability that provide services and support to individuals with a disability to coordinate efforts and collaborate to ensure that State programs, policies, procedures and funding support competitive integrated employment for individuals with a disability who are eligible to work under Federal or State law.

When serving adults with severe mental illness (SMI) or children with severe emotional disturbance (SED), please describe how the county/joiner supports employment by providing the following:

1. Please outline the process the county/mental health case management system uses to identify and connect individuals with SMI to federal block-grant funded supported employment services.

The Base Service Unit and Targeted Case Management staff help identify barriers to a person being able to work competitively (history of employment, ability to work with others, any issues with basic needs; hygiene, dressing themselves, appropriate interactions in the workplace, SSDI recipient, compliant with MH services, maintaining mental health stability, etc.). The forensic boundary spanner is instrumental with assisting individuals with completing job applications, faxing applications, and speaking with the

human resources department of several local employment options in the area regarding competitive employment options. He has obtained job applications from various other employment options and had individuals complete applications prior to release from the county jails and secure employment upon release.

2. What issues do individuals with SMI whom the county serves indicate they experience in connecting with the Office of Vocational Rehabilitation or CareerLink?

CCC/J experiences with both the Office of Vocational Rehabilitation (OVR) and CareerLink have generally been positive. There are, at times, waiting lists at OVR, but they are usually of short duration. Case managers report that there was a period of office closure for OVR. Case Managers who've made referrals reported that CareerLink is responsive and helpful.

However, individual case managers report both OVR and Careerlink websites are complicated and difficult to navigate. Two of the main barriers to individuals obtaining employment reported by case management are criminal histories and limited access to transportation.

3. What activities does the county/mental health case management system perform to partner with school districts in support of pre-vocational activities identified on the Individualized Education Program (IEP) of students with SED or SMI?

Both BCM providers partner with the both the school district and our persons served in support of pre-vocational activities as per IEPs. They attend IEP meetings and meetings with the transition coordinators. They are also able to make referrals to OVR and Career Link, as well as programs such as Psychiatric Rehabilitation that assist our persons served with assessments and subsequent skills development to assist with job readiness. The BSU provides information & referral, intakes for county funding, and administrative case management (ACM). In the event that any individuals who were receiving ACM, or if information/referral/intake was needed, staff from the BSU would avail themselves to participate in IEP meetings and offer support in identifying potential options for pre-voc training and/or education. The CCC/J CASSP Coordinator also participates in IEP meetings though most students involved in CASSP are receiving intensive clinical or residential services and do not have employment or vocational goals. Both CCC/J MH and IDD Departments participate in the Central Intermediate Unit's Clearfield County Transition Council to review and address system needs.

4. Does the county have a mental health point of contact for employment services?

Yes No

The CCC/J Program Specialist designated to represent the program as an employment advocate is new to her position and though she participates in community stakeholder meetings her role is still evolving at this time.

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 the Office of Mental Health and Substance Abuse Services (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, or at risk of, experiencing homelessness.

SUPPORTIVE HOUSING ACTIVITY includes Community Hospital Integration Projects Program (CHIPP), Reinvestment, County base-funded projects and others that were planned, whether funded or not. **Identify program activities approved in FY19-20 that are in the implementation process. Please use one row for each funding source and add rows as necessary. (However, do not report collected data (columns 3, 4 & 5) for the current year, FY19-20, until the submission of next year's planning documents.)**

1. Capital Projects for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15-30 year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e., an apartment building or apartment complex).									
Project Name	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY18-19 (only County MH/ID dedicated funds)	Projected \$ Amount for FY20-21 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY18-19	Projected Number to be Served in FY20-21	Number of Targeted BH Units	Term of Targeted BH Units (e.g., 30 years)		Year Project first started
Notes:	None								

2. Bridge Rental Subsidy Program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Short-term tenant-based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.									

	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY18-19	Projected \$ Amount for FY20-21	Actual or Estimated Number Served in FY18-19	Projected Number to be Served in FY20-21	Number of Bridge Subsidies in FY18-19	Average Monthly Subsidy Amount in FY18-19	Number of Individuals Transitioned to another Subsidy in FY18-19	Year Project first started
Notes:	None								

3. Master Leasing (ML) Program for Behavioral Health					<input type="checkbox"/> Check if available in the county and complete the section.				
Leasing units from private owners and then subleasing and subsidizing these units to consumers.									
	Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY18-19	Projected \$ Amount for FY20-21	Actual or Estimated Number Served in FY18-19	Projected Number to be Served in FY20-21	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY18-19	Average Subsidy Amount in FY18-19	Year Project first started
Notes:	None								

4. Housing Clearinghouse for Behavioral Health					<input type="checkbox"/> Check if available in the county and complete the section.				
An agency that coordinates and manages permanent supportive housing opportunities.									
	Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY18-19	Projected \$ Amount for FY20-21	Actual or Estimated Number Served in FY18-19	Projected Number to be Served in FY20-21			Number of Staff FTEs in FY18-19	Year Project first started
Notes:	None								

5. Housing Support Services (HSS) 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 or services needed to assist individuals in sustaining their housing after move-in.									
	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY18-19	Projected \$ Amount for FY20-21	Actual or Estimated Number Served in FY18-19	Projected Number to be Served in FY20-21			Number of Staff FTEs in FY18-19	Year Project first started
CCC/J Housing First Program	HUD CoC Grant	\$81,924	\$85,002	12	12			2	1998
Notes:									

6. Housing Contingency Funds for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings, and other allowable costs.									
	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY18-19	Projected \$ Amount for FY20-21	Actual or Estimated Number Served in FY18-19	Projected Number to be Served in FY20-21			Average Contingency Amount per person	Year Project first started
BHARP Contingency	Health Choices Reinvestment	\$13,168.51	\$4386.99	20	6			\$658.43	2011
CCC/J Contingency	CCC/J CHIPP	\$18,301.93	\$38,200	11	22			\$1663.81	1997
Home 4 Good	PHFA Home Connection Project	\$0	\$5,300	0	12			\$441.67	2020

CCC/J NW9 ACLU Housing	OMHSAS: ACLU settlement	\$7,269.92	\$50,000	11	75			\$660.90	2019
Notes:									

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

Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY18-19	Projected \$ Amount for FY20-21	Actual or Estimated Number Served in FY18-19	Projected Number to be Served in FY20-21			Year Project first started
Fairwether Lodge	CCC/J CHIPP	\$358,559	\$358,559	16	16			2009

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

1. Goals set and progress from the FY 2019-20 Human Service Plan to improve our mental health system in the past year include:

1. Early Childhood Mental Health (ECMH): the region has seen an increase of children born with Neonatal Addiction Syndrome (NAS) and Fetal Alcohol Syndrome Disorder (FASD). To prepare to meet the needs of these children CCC/J planned to host a training for physical and behavioral health providers on recognizing the behavioral manifestations of these conditions and proven interventions to address them. Ira J. Chasnoff, M.D., an award-winning author, researcher, lecturer, and president of NTI Upstream and a Professor of Clinical Pediatrics at the University of Illinois College of Medicine in Chicago was to present the training in May of 2020. Dr. Chasnoff was also going to facilitate a community stakeholder meeting of governmental leaders, medical and behavioral health leaders, and criminal justice stakeholders to begin to develop a community-wide plan to address the issue. Unfortunately, the pandemic has forced us to reschedule the events and we hope to hold them during FY 2020-21.

The BH Department has also joined related stakeholder groups and now participates along with our Early Intervention Department in the Penn Highlands Healthcare NAS Steering Committee.

2. Mental Health Advance Directives (MHAD): MHADs are underutilized to access mental health treatment when necessary. CCC/J provided training to case management, certified peer, outpatient, and residential providers by the PA Mental Health Consumers Association (PMHCA) titled "Mental Health Advance Directives Train-the-Trainer" on October 8, 2019 in DuBois. PMHCA and the BH Department is following up with the participants to see if they have delivered the training to additional participants or if their programs/agencies have developed policy and procedures to encourage their utilization.

3. Competency Wait Times: Clearfield Jefferson and seven neighboring Counties (Five programs/joiners) were awarded OMHSAS funding through an ACLU lawsuit settlement to reduce wait times for competency evaluations and restorations for county jail inmates. Each Program/Joiner including CCC/J has hired a boundary spanner to assist with inmates as they navigate between levels of care and has also established a housing fund to help inmates returning to the community secure permanent housing. Both of these programs are fully operational in Clearfield and Jefferson Counties. The third goal of these funds was to build an LTSR to conduct competency evaluations and restorations for our county jails. Dickinson Center was chosen as the provider and the project was scheduled to be completed by June 30, 2020 but supply chain and work stoppages caused by the pandemic has delayed completion. The site is prepared and the modular structure is nearing completion and the revised opening date should be by September 30, 2020.

2. Based on the strengths and needs reported in section (b), please identify the top three to five priorities for recovery-oriented system transformation efforts the county plans to address in FY 20-21 at current funding levels. For each transformation priority, please provide:
 - A brief narrative description of the priority including action steps for the current fiscal year.
 - A timeline to accomplish the transformation priority including approximate dates for progress steps and priority completion.

- Information on the fiscal and other resources needed to implement the priority. How much the county plans to utilize from state allocations, county funds, grants, HealthChoices, reinvestment funds, other funding and any non-financial resources.
- A plan mechanism for tracking implementation of the priorities.

1. Disaster Response and Postvention/Crisis Counseling as the COVID-19 Pandemic Continues

Continuing from prior year New Priority

Narrative including action steps: Our behavioral health system will need to be responsive to the ongoing individual and group mental health needs of our communities as the COVID-19 Pandemic continues to isolate our residents and they are exposed to the trauma of mass illness and loss of life not only in our region but through the continuous reporting of the national and worldwide disaster. CCC/J will recruit additional Emergency Behavioral Health/Disaster Crisis Outreach and Response Team (EBH/DCORT) volunteers and assure they are trained per OMHSAS guidelines. CCC/J will also offer trauma/crisis counseling training to the providers in our counties.

Timeline:

- CCC/J will inventory existing DCORT volunteers then recruit additional members to assure we have at least 10 outreach and 10 crisis counselors available by January 1, 2021.
- CCC/J will assure all untrained DCORT members receive or have scheduled OMHSAS DCORT basic training by June 30, 2021
- CCC/J will invite and encourage our contracted providers to participate in available trauma and crisis counseling training including but not limited to the BHARP Trauma Institute on September 1, 2020.

Fiscal and Other Resources: CCC/J will use base or CHIPP funds to support registration, travel, or other costs involved in training for DCORT volunteers. CCC/J will also fund trauma or crisis counseling training presenters if needed.

Tracking Mechanism: successful recruitment of at least 20 DCORT volunteers and completion or scheduling of basic training for all members.

2. Early Childhood Mental Health (ECMH)

Continuing from prior year New Priority

Narrative including action steps: As stated above, the region has seen an increase of children born with NAS and Fetal Alcohol Syndrome Disorder (FASD). To prepare to meet the needs of these children CCC/J will offer training to physical and behavioral health providers on recognizing the behavioral manifestations of these conditions and proven interventions to address them. Originally scheduled for May of 2020 the training and community action planning will be rescheduled because of the COVID-19 Pandemic.

Timeline: Ira J. Chasnoff, M.D., an award-winning author, researcher, lecturer, and president of NTI Upstream and a Professor of Clinical Pediatrics at the University of Illinois College of Medicine in Chicago will present a training and facilitate an initial community action planning to be completed by June 30, 2020 at his availability.

Fiscal and Other Resources: OMHSAS ECMH Training Scholarship

Tracking Mechanism: Delivery of the training to at least 100 medical and mental health professionals that serve Clearfield and Jefferson Counties. Upon completion of the training participants will be surveyed to see if the objectives have been met.

3. MHAD

Continuing from prior year New Priority

Narrative including action steps: In October 2019 CCC/J provided train the trainer training to case management, certified peer, outpatient, and residential providers to help individuals prepare MHADs. Through regular provider meetings and annual provider monitoring CCC/J will follow up with contracted providers to confirm if they have adopted policies to assist their customers in completing MHADs and if they have trained additional staff in facilitating MHADs.

Timeline:

- By June 30, 2021 CCC/J will have surveyed all contracted providers
- By June 30, 2021 at least 40 additional individuals will have been trained to facilitate MHADs through at least two training sessions.

Fiscal and Other Resources: training will be covered in-kind through our contracted providers

Tracking Mechanism: Delivery of the training to at least 40 individuals through at least two sessions as evidenced by sign in sheets.

4. Competency Wait Times: ACLU Settlement

Continuing from prior year New Priority

Narrative including action steps: Construction of the Long Term Structured Residence (LTSR) for competency evaluations and restoration of county jail inmates for nine North Central Counties (NW9) funded by the ACLU Settlement should be completed in late summer or early fall of 2020.

Timeline: the LTSR will be constructed and operational by January 1, 2021.

Fiscal and Other Resources: ACLU settlement from OMHSAS

Tracking Mechanism: Completion of the building and admittance of first individual.

e) Existing County Mental Health Services:

Please indicate all currently available services and the funding source(s) 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
Partial Hospitalization - 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
Assertive Community Treatment (ACT) or Community Treatment Team (CTT)	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children's Evidence-Based Practices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Services		
Telephone Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input checked="" 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 checked="" 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 Rehabilitation 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 checked="" type="checkbox"/> Reinvestment
Family Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Peer Support Services	<input checked="" type="checkbox"/>	<input 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
Behavioral Health Rehabilitation Services for Children and Adolescents (now IBHS)	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Inpatient Drug & Alcohol (Detoxification and Rehabilitation)	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Outpatient Drug & Alcohol Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Methadone Maintenance	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Clozapine Support Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Additional Services (Specify – add rows as needed)	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment

Note: HC= HealthChoices

f Evidence-Based Practices (EBP) 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 measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Additional Information and Comments
Assertive Community Treatment	N							
Supportive Housing	Y	21	N/A	N/A	N/A	No	No	CCC/J maintains a PSH CoC Grant through HUD which houses between 7 – 14 households at a time
Supported Employment	Y	2	N/A	N/A	N/A	No	No	CCC/J base funds an employment program through Goodwill Industries which provides job training and support to up to 3 individuals at a time
Integrated Treatment for Co-occurring Disorders (Mental Health/SUD)	N							
Illness Management/ Recovery	N							

Medication Management (MedTEAM)	Y	30	N/A	N/A	N/A	No	No	Beacon Light has a community medication management program that serves up to 30 Health Choices and base funded individuals at a time
Therapeutic Foster Care	N							
Multisystemic Therapy	N							
Functional Family Therapy	N							
Family Psycho-Education	N							

*Please include both county and HealthChoices funded services.

To access SAMHSA's EBP toolkits visit:

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

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

Recovery-Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer/Family Satisfaction Team	YES	N/A	HC and County
Compeer	NO		
Fairweather Lodge	YES	16	
MA Funded Certified Peer Specialist (CPS)- Total**	YES		
CPS Services for Transition Age Youth (TAY)	YES	22	
CPS Services for Older Adults (OAs)	YES		
Other Funded CPS- Total**	YES	100	County funded in jail
CPS Services for TAY	YES	0	
CPS Services for OAs	YES	0	
Dialectical Behavioral Therapy	YES	30	
Mobile Medication	YES	30	
Wellness Recovery Action Plan (WRAP)	YES		
High Fidelity Wrap Around	NO		
Shared Decision Making	NO		
Psychiatric Rehabilitation Services (including clubhouse)	YES	130	
Self-Directed Care	NO		
Supported Education	NO		
Treatment of Depression in OAs	NO		
Consumer-Operated Services	NO		
Parent Child Interaction Therapy	YES		
Sanctuary	YES	2255	All CGC
Trauma-Focused Cognitive Behavioral Therapy	NO		
Eye Movement Desensitization and Reprocessing (EMDR)	NO		
First Episode Psychosis Coordinated Specialty Care	NO		
Other (Specify)			

*Please include both county and HealthChoices funded services.

**Include CPS services provided to all age groups in total, including those in the age break outs for TAY and OAs.

Reference: Please see SAMHSA’s National Registry of Evidenced-Based Practices and Programs for more information on some of the practices.

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

h) Certified Peer Specialist Employment Survey:

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

An individual with lived mental health recovery experience who has been trained by a Pennsylvania Certification Board (PCB) approved training entity and is certified by the PCB.

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

- case management
- inpatient settings
- psychiatric rehabilitation centers
- intensive outpatient programs
- drop-in centers
- HealthChoices peer support programs
- consumer-run organizations
- residential settings
- ACT or Forensic ACT teams

Total Number of CPSs Employed	81
Number Full Time (30 hours or more)	37
Number Part Time (Under 30 hours)	44

i) Involuntary Mental Health Treatment

1. During CY2019, did the County/Joinder offer Assisted Outpatient Treatment (AOT) Services under PA Act 106 of 2018?
 - No, chose to opt-out for all of CY2019
 - Yes, AOT services were provided from _____ to _____ after a request was made to rescind the opt-out statement
 - Yes, AOT services were available for all of CY2019

2. If the County/Joinder chose to provide AOT, list all outpatient services that were provided in the County/Joinder for all or a portion of CY2019 (check all that apply):
 - Community psychiatric supportive treatment
 - ACT
 - Medications
 - Individual or group therapy

- Peer support services
- Financial services
- Housing or supervised living arrangements
- Alcohol or substance abuse treatment when the treatment is for a co-occurring condition for a person with a primary diagnosis of mental illness
- Other, please specify: _____

3. If the County/Joinder chose to opt-out of providing AOT services for all or a portion of CY2019:
- How many written petitions for AOT services were received during the opt-out period? 0
 - How many individuals did the county identify who would have met the criteria for AOT under Section 301(c) of the Mental Health Procedures Act (MHPA) (50 P.S. § 7301(c))? 0

	AOT	IOT
Number of individuals subject to involuntary treatment in CY2019	0	6
Inpatient hospitalizations following an involuntary outpatient treatment for CY2019		0
Number of AOT modification hearings in CY2019	0	
Number of 180-day extended orders in CY2019	0	0
Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY2019	0	\$1,200

INTELECTUAL DISABILITIES

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 review 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 have attended 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 in daily practices in contacts with individuals, families, and providers. The Life Course tools are utilized in the county intake process and a list of community resources is provided to individuals/families. This year the county and SCO met with a representative from the PA Family Network and ODP to explore utilization of the Life Course employment tool with transition age students. We also discussed suggestions of steps the AE could take in implementing other aspects of the Life Course. The AE will continue to develop a collaboration with the PA Family Network. AE staff regularly utilize Bureau of Autism/ASERTS for additional support and technical assistance. AE staff will be participating in the Life Course "Virtual Showcase 2020 "and the Ambassador Series.

All individuals with an intellectual disability and/or autism are evaluated for eligibility for either Consolidated, Person Family Directed and Community Living 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. The county explores eligibility for behavioral health supports if appropriate. 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 reviews at quarterly meetings with providers and the 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 June 2020, the County has 6 individuals in Emergency, 21 in Critical and 6 in Planning Category. In addition, at intake the County informs 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 the Behavioral Health Departments Base Service Unit to determine all possible resources and 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. The following are the most utilized services in order of usage in Clearfield /Jefferson: Residential Habilitation,

In Home and Community Support, Community Participation Supports in and out of facility, Companion, Transportation, Agency with Choice, Life Sharing, Family Support Services and Respite. 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 19-20</i>	<i>Percent of total Individuals Served</i>	<i>Projected Individuals to be served in FY 20-21</i>	<i>Percent of total Individuals Served</i>
Supported Employment	0	0	0	0
Pre-Vocational	2	1.06%	2	1.06%
Community Participation	11	5.88%	11	5.88%
Base Funded Supports Coordination	60	32.09%	60	32.09%
Residential (6400)/unlicensed	0	0	0	0
Life sharing (6500)/unlicensed	0	0	0	0
PDS/AWC	30	16.04%	30	16.04%
PDS/VF	0	0	0	0
Family Driven Family Support Services	45	24.06%	45	24.06 %

Supported Employment

The county meets regularly with the 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 the providers are partnering

with the DuBois OVR office to collaborate on the new initiatives. All providers of Community Participation Supports are working diligently learning how to balance opportunities in the community with available staffing and transportation.

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 the information so individuals are receiving needed supports. This group also discusses the training and unmet needs of consumers and staff. The county has seen an increase in the number of referrals from the school based OVR staff who are working with students.

The county attends transition council meetings and school fairs to share information with individuals and their families. County staff 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 related to employment. The county employment lead attends the ODP Western Region quarterly employment meetings.

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 72 individuals who are competitively employed in Clearfield/Jefferson Counties, 2 receive Supported Employment and 10 persons in small group employment. The SCO plans to implement the use of the employment Life Course Tool for those transition age students.

One Vocational provider has participated in the Employment First State Leadership Mentor Program in March 2016. Staff from 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 approximately 17 students who will graduate June 2020 and 9 students in 2021. Some of these identified students are currently enrolled in a waiver. The Program has noted an increase in the number of students choosing to leave school prior to age 21 which would change the above numbers. It is important to note most of those students graduating at age 18 have a diagnosis of autism and are not counted in the criteria for the graduate initiative but remain in need of supports.

The county would request ODP staff presence at local trainings/meetings on Employment First with consumers, families, support coordination entities, and providers to share information on examples of how

other counties/providers are approaching employment first and creative ways to implement Community Participation Supports. ODP collaboration with Department of Education regarding increase of students graduating at age 18 would be beneficial.

Supports Coordination

Clearfield/Jefferson works with four Support Coordination Entities in order to offer choice. They are Service Access and Management, Family Links, Center for Community Resources and Center County SCO Services.

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 at 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" and "Desired Activity" 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 Life Course tools will be included.

The Support Coordination Entities are receiving training and gaining more experience in utilizing the Life Course tools and practical ways to support persons through the Lifespan. One SCO has begun utilizing the Life Course Tools at intake, annual meetings and school transitions.

For individuals on a waiting list the county meets weekly with the SCO to review the situation and authorizes base funds if needed. The SC continues to maintain contact with the individual/family to determine if there are any critical changes. This plan year we will begin to utilize the content of the Life Course tool for individuals on a wait list to guide the team.

The SC is vital in providing information and offering choices to the individual. The county collaborates with the local OVR office. The SCO entity attends these meetings. As the Community Participation Support services continue to be developed and the SC's experience with use of the Life Course Tools increase discussions at team meetings to further explore the local community's resources and natural supports will be more productive.

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 with the individual/family to develop the initial ISP plan for services and supports. The county meets quarterly with the AWC provider for our area to discuss any area of concern and review utilization.

Lifesharing Options

The county currently has 28 individuals whom reside in Lifesharing settings. There are several providers who offer this service in Clearfield/Jefferson. There has been minimal growth in the program for the last few years. Several of the issues we are experiencing is the aging /health concerns of the current Lifesharing family and the person living with them. Providers have made attempts to develop interest in LifeSharing by advertising/marketing and other means but with little result. Many referrals the AE receives for residential are for individuals with intense behavioral health challenges and most LifeSharing families are unable to meet the persons need.

During the ISP process this residential option is offered annually and local providers make the county aware of any openings in their Lifesharing Program. 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 is currently not available from any providers in Clearfield/Jefferson. The county embraces this concept and will be in the process of exploring how to encourage providers to offer this option. We believe the lack of availability and slow implementation of a supported living program is due to not fully understanding the scope of the service.

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 would be useful.

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 AE/SCO are planning on the SC utilizing the employment section of the Life Course tool for students who will be transitioning. The county holds an annual Provider/Community Fair in collaboration with the Behavioral Health Program.

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 tracking of children in RTF placements in collaboration with the behavioral health staff. The SCO and county participate in the 30 day calls for youth in RTF placement whom are preparing for discharge. The Program at this time is aware of 6 individuals who are in a RTF setting. All have a diagnosis of autism. The County assisted 2 individuals this year in transitioning to residential programs in the community.

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 ID/A department collaborates with the Mental Health Director, Children's Mental Health Specialist, Housing Coordinator, Forensic Specialist, and Crisis Department in order to coordinate supports.

The Early Intervention Infant Toddler Program continues to educate SC's and providers on the life course tool and philosophy.

The ID/A Program will continue collaborating with the EI program 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. The ID/A Director is attending the Capacity Building Institute. 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.

The county MH and ID/A staff participate 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/A 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 been certified to provide training for Adult and Child Mental Health First Aid. Efforts are coordinated with the local mental health systems and community providers to offer this training.

The county utilizes peer support services for individuals whom are dually diagnosed.

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 integration 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 the 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 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), Autism Waiver or services such as Personal Care Boarding Home, Domiciliary Care, Respite in Life Sharing, or Licensed Residential Community Homes. The Program collaborates with Behavioral Health staff 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 ID/A staff if emergencies occur after hours. The voice message on phones at the County office and 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.

The mobile staff complete the ODP 40-hour Dual Diagnosis Training as well as the ASERT training with pautism.org. They have current staff that have history of working with individuals with IDD and Autism. Staff are also required to complete yearly trainings and also have an intense 160-hour new hire training process.

Administrative Funding

Community Connections of Clearfield/Jefferson Counties adheres to the requirements of the ODP Operating Agreement. The county staff review all ISP's that are not auto approved by ODP and authorize appropriate supports. A monthly percentage of those ISP's that are auto approved are selected for a quality review. A monthly review of the PUNS data is discussed at team meetings with the county and support coordination supervisory staff. A monthly fiscal meeting reviews expenditures of all base funds. County staff conducts ODP required Provider Monitoring and Provider Qualification.

The AE continues to learn more of the resources available through the PA Family Network. The AE has a goal this year to meet with the PA Family Network representative. We will include the SCO's and the local ARC. The county would envision collaborating with the local ARC and other family support groups in the area in order to develop a relationship with the PA Family Network so all have a better understanding of how to utilize the supports available through the Network.

[The county has been utilizing the peer support programs in our area for persons whom are dually diagnosed. The county has seen success with this option when there is a good match.](#)

Technical Assistance from ODP would be helpful to share ideas in regards to where other counties are finding success in order 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 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 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. The HCQU supports all providers in our area with requested training and individualized support for a person as needed.

The county reviews the results from the technical assistance reviews in order to determine if there are any systemic issues. The HCQU provides monthly data 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 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. This year the county will be working with the HCQU during the roll out of the HRST and learning how to utilize the data provided from this tool.

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 contracts 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 47 surveys. Due to COVID-19 not all the surveys were completed. With the increase in the number of persons going into the community with CPS the county has a Quality Management goal that individuals who are going into the community have some type of emergency identification with them. Our plan is to continue this goal for the 20/21 fiscal year. The IM4Q monitors are asking this question of all who are interviewed. The county will continue to conduct training/education during fiscal year 20/21 with individuals, families, support coordinators and providers to understand the importance of IM4Q interviews.

ODP could assist by presenting a local training with the IM4Q provider and other stakeholders. 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.

The county meets quarterly with each of our providers and reviews progress and any issues/concerns relative to the individuals supported. The SCO is also present at these meetings. This meeting provides an opportunity for all involved too develop solutions for any concerns discussed. 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 challenged to find providers that are well trained in this area to provide long term supports in a person's home. The county ID/A and Behavioral Health staff meet to discuss how the county can address the needs of persons with ASD. The county continues to look at local data from the various school districts, CCBHO, and surveying providers who offer support.

The county contracts with The Advocacy Alliance to perform required investigations for Incident Management. 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 and Advisory/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, emergency personnel and other community entities. The attendees learn skills that can be taken back to their agencies and apply them to situations involving individuals in the community or in custody who may have a mental illness, dual diagnosis or autism. In 2019 the AE in collaboration with the HCQU offered a training locally on Fetal Alcohol Syndrome for consumers, families and providers.

The AE meets with each provider quarterly and reviews/discusses provider's quality management plans. Cameron/Elk, Clearfield/Jefferson and Potter County have been meeting for several years to discuss QM/RM areas of concern as we share providers in our area. Each year we collaborate on providing an Incident Management training in the area. The AE shares the programs quality management plan at the Advisory/Governing Board meetings.

ODP could assist the county by providing annually localized training/workshops for individuals, families, providers and support coordinators on targeted discussion related to Incident Management/Risk Management and Quality Management.

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 for two persons. 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 this year was able to assist with obtaining a month's rent money for a person who was in a difficult situation in order to avoid losing their home. 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 6100 regulations. This is reviewed during Provider Monitoring.

Participant Directed Services (PDS)

AWC information is shared on intake by the AE. After the individual/family chooses an SCO entity the SC reviews this information more fully with the individual /family as they develop the initial ISP and share this option again at future meetings. There are currently 48 individuals who utilize AWC.

Challenges to increasing the use of AWC/VF are that not all SC's may clearly explain this option due to their lack of experience. Also the geographic distance of the AWC provider to offer training and support to the person/family. At this time most of the support is by phone. There is considerable paperwork to complete to start this service while a family may struggle with locating persons to hire and supply required documentation. The AE and SCO meet quarterly with the AWC provider in order to review current authorizations and discuss any areas of concern. The AE attends the quarterly regional AWC meetings in order to stay informed on changes affecting this service.

A possible suggestion for improving this situation about explanation of AWC process is development of a flash drive with AWC information so SC can take into the family home in order to have a consistent sharing of information.

ODP permitting the AE to choose AWC provider closer to individual/family or permitting individuals choice of AWC entity.

Community for All

The county makes every effort to provide a continuum of supports for individuals to meet their 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 an individual's return to the community through available initiatives. The county will also continue our collaborative efforts with other systems; Behavioral Health, Aging, CAASP, CYS, Housing, Forensics, DDTT, CSRU, State Centers, State Hospitals and hospital inpatient units in order to support a person's desire to return to their community. The county is aware of 11 individuals who reside at Polk Center who will be assisted in locating a community home due to the State Center closure. The AE is aware of one individual currently in jail that the SCO and the Behavioral Health Forensic Case Worker are collaborating in order to propose options to the court and 2 individuals who will be discharged from an RTF in need of residential support.

HOMELESS ASSISTANCE PROGRAM 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.

Last years 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. The COVID 19 Pandemic has presented a burden of rental arrearages. PHFA CARES will be implemented by Central PA Community Action, Inc. for Clearfield County consumers. With that there still remains consumers that will not be eligible for assistance. This leaves a us with a need for those just above income thresholds, faced with housing arrearages and possible eviction.

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 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 – (No HAP funding)

The Community Services Block Grant (CSBG) 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. As stated above all Case Management for the HAP/RAP program is paid out of CSBG funding. The HAP program does not pay for the Case Management component.

Case Management and Rental Assistance (Federally funded CLIP, Housing First, Home Again, NWHRA) 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 management. Success will be evaluated based on consumers maintain their housing. This FY 2019-2020 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 permanent 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) – Cen Clear, a private non-profit 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 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 CYS 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.

SUBSTANCE USE DISORDER SERVICES

**Clearfield-Jefferson Drug and Alcohol Commission
Single County Authority (SCA)
2020-2021 County Human Services Plan
Clearfield and Jefferson Counties**

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 thirty-two (32) 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)**
Withdrawal Management	0	1 to 5 days
Medically-Managed Intensive Inpatient Services	0	1 to 7 days
Opioid Treatment Services (OTS)/Medication Assisted Treatment (MAT)	0	7-14 days to see physician (naltrexone) 24 hours (methadone) 7-14 days to see physician (buprenorphine)
Clinically Managed, High-Intensity Residential Services	0	2-3 months
Partial Hospitalization Program (PHP) Services	0	No in-county partial programs available

Outpatient Services	0	1 day to 7 days
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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 withdrawal management beds can be anywhere from 1 day to 5 days, Non-hospital rehab services are similar (3B and 3C); Halfway House can be a longer wait time, sometimes up to 2-3 months due to so few HH in the state; and there are no waiting lists for Outpatient services. Due to the Center of Excellence operated by the SCA for Medication Assisted Treatment services, there has been an expansion of individuals seen by the SCA for those services. At the present time, we have no waiting list or wait times, and these individuals are still being seen by Case Management within 1 to 2 days and are able to start the process by completing preliminary testing and the counseling part of the program. 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 can be 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 within the criminal justice system (such as determining if there are detainers 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. There are various aspects of this procedure with the overall goal being access to a SCA case manager 24/7. The Warm Hand-off procedure continues to be offered within the two-county area, however, it is a service that is underutilized. The majority of calls that the SCA receives are not opioid or overdose related. The SCA maintains agreements with all four in-county Emergency Departments for referrals for OD survivors. The Department of Health has opened further lines of communication by holding Warm Hand-Off Summits which have resulted in the SCA being 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-June 2019 and are gathered as the result of calls from the local ED's to the SCA for the purpose of Warm Hand-off of overdose survivors. 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	Referral Method(s)	# of Deaths from Overdose
3	3	2	Emergency Departments Use of SBIRT, SCA warm handoff model utilized. On-call CM connects by telephone and arranges for services. This will be face to face come January 2021.	0

The second table below is based upon data gathered by the SCA, at the time of screen/assessment or case coordination which is a much more accurate picture of fatal and non-fatal overdoses.

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 data from Overdose Free PA www.overdosefreepa.pitt.edu)
14-15	65	2014 - 21
15-16	87	2015 - 22
16-17	125	2016 - 18
17 -18	87	2017- 11
18-19	108	2018- 30

Clearly there is a need to step up the number of calls referred through the Warm Hand-off initiatives. The SCA will continue work toward better coordination of services in the coming years with local ED's as well as with our communities to provide a better understanding and availability of services.

Through a grant with our local hospital, Penn Highlands Health Care, an SCA Case Manager was embedded in one of the emergency departments in Clearfield County

(DuBois). Although the Case Manager responded to many requests for screen and assessment, the majority were not opioid or overdose related.

It is the opinion of the Clearfield-Jefferson Overdose Task Force that although individuals are being transported to the hospitals for an overdose, they are not necessarily staying or agreeing to services.

3. 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/HealthChoices 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 4 WM	The SCA uses 5 different out-of-county hospitals	0	4 offer Co-Occurring Adult; 1 offers services for pregnant women
Inpatient Hospital Rehab 4	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 3.7 WM	9	0	1 offers adolescent track (however they will be closing)
Inpatient Non-Hospital Rehab 3.7	21	0	1 Male; 1 Female; 3 PW/WWC; 9 Dual; 1 Adolescent; 4 MAT
Inpatient Non-Hospital Rehab-Long Term 3.5	8	0	3 PW/WWC; 1 Adolescent; 3 Dual; 5 MAT
Partial Hospitalization 2.5	0	0	No in-county providers at the present time
Intensive Out-Patient 2.1	2	2	6 locations across the two counties

Out-Patient 1	3	3	7 locations across the two counties; 1 offers services in both county jails; 2 providers offer school based services.
Halfway House 3.1	9	0	5 Male; 4 Female; 1 PW/WWC; 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 HealthChoices 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 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 4 physicians (three primary care and one board certified in Addiction Medicine) and 1 Physician Assistant across 5 site locations in the two counties.

Certified Recovery Specialist services are also available within the two counties. Both of the outpatient facilities are able to offer this service to members of county's behavioral health managed care company. The SCA also provides CRS services to those individuals as well as those who are not insured for this service. SCA in-county providers include a methadone facility located in Clearfield County. Through a grant with the Department of Drug and Alcohol Programs, the SCA has begun its own Certified Recovery Specialist Program.

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. Plans to explore the feasibility of a Drug Court in Clearfield County will be developed in the 20-21 fiscal year. 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 overdosed. 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.

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 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 partnered 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. The SCA also offers Tobacco Prevention services in addition to regular Drug and Alcohol Prevention. This includes Tobacco Cessation services. Also, the SCA piloted an Overdose Task Force with Community Partners for the purpose of reducing overdose deaths.

4. 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 days 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 2021. It is the expectation of the SCA that partial hospitalization services will be offered in conjunction with the residential services and the expansion of out-patient services and medication assisted treatment.

In addition to the above treatment needs the SCA continues to explore 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.

5. 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 December 2017 there have been 51 OD reversals by first responders documented by Penn Highland Health Care. Since the inception of the PCCD Narcan Distribution grant, approximately 1,390 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. County Warm Hand-off Process:

To address the need for Warm Hand-off services the SCA began an On- Call Service in October of 2016. On-Call operates 24/7 for local Emergency Departments and the Mental Health Crisis Line by providing access to a SCA Case Manager beyond the traditional business hours. The case manager is then able to immediately access treatment services for patients presenting with drug and alcohol related problems. The table below shows the number of patients referred through the on-call system and how many were able to be admitted to drug and alcohol treatment directly from the ED.

Warm Handoff Data

	October 2016- June 2020 On- Call Referrals Combined County Data
Number Served	107
Number Entering Treatment	47
Number Completing Treatment	Unknown

With the recent implementation of a drug and alcohol case manager at one of the local Emergency Departments (ED), the SCA has the ability to assess and initiate the treatment process immediately as patients are identified with the ED's system. The case manager works a varied work schedule in order to be available at different high traffic times within the ED. This has been a successful endeavor for both the patient, ED and SCA as we are able to have access to individuals at their most vulnerable time and are able to initiate the treatment process when the patient is most willing to follow through. This case manager has also been able to participate in Nurse Meetings and orientation process to help educate the ED staff on the drug and alcohol issues currently impacting our communities.

Throughout the implementation of the Warm Hand-off Process the SCA has encountered barriers and gaps. One of the largest was with residential treatment

providers having the capacity to handle the influx of patients. Thankfully, most of the residential treatment providers have been able to expand and accommodate the demand, however, the struggle has shifted to residential provider's ability to admit patients after hours. This results in some individuals having to wait the night in the ED or being discharged from the ED prior to drug and alcohol treatment admission. To counter this the SCA has been exploring contracting with different providers who provide after hour admission and contractual changes that can be made with existing providers to provide afterhours admission to county residents.

Another gap in the Warm Hand-off process is the discrepancy between overdose data reported by the county coroners versus the actual number of calls coming in through traditional business hours and the On Call System. These discrepancies are the result of a number of factors, but mainly the SCA is relying on ED staff to educate individuals on available drug and alcohol services provided by the SCA.

HUMAN SERVICES DEVELOPMENT FUND (HSDF)

Adult Services:

Home Delivered Meals

Description of Services: This program provides home delivered meals for approximately 7 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.

As mentioned in our FY 18-19 plan, 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 was evaluated over the last fiscal year we have found many of those receiving HDM services not at home, aging out, or no longer in need of the service. In the later cases the consumers do not qualify for the HDM. Therefore, County will continue to provide HDM to those currently enrolled until the end of their services. At that time the program may cease, in order to provide additional funding for housing and transportation services.

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 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. Clearfield County has recently implemented the 211 system.

Housing Services – Identified as a need for those suffering from addiction or substance abuse disorder and mental health consumers. This 2019-2020 fiscal year Clearfield County will provide housing services. As identified in planning team meetings, CCC-J and CJD&AC will provide housing assistance for those in need of locating safe, decent housing.

This project will include assistance with housing searches, dealing with landlords & utility companies, budgeting for housing and utilities, and moving from institutions or chronic homelessness into housing. D&A and MH caseworkers have seen an increase in need for incidental needs when moving, the addition of this adult services will help our consumers transition.

Generic Services:

Safe Connection Center

Clearfield County, Human Services Planning Team has identified the need for continued support of the Safe Connections Center. Clearfield County Government will contract with the Clearfield County League on Social Services, Inc. (the League) to provide safe supervised visits and exchanges for victims of domestic violence, sexual assault, dating and stalking violence. These services will be provided in Clearfield, PA Clearfield County. Providers of the project will include. The Clearfield County League on Social Services, Inc. will be the primary contractor who will implement and administer all services. Other contractors/partners to provide domestic violence and sexual assault training and advocacy for victims will be the Crossroads Project and PASSAGES, Inc. respectively.

The program name is "Safe Connections Center". Clients are served with safe, secure and monitored environments for visits/exchanges with their children. Both adult and child victims will be safe as a result of multiple safety measures, i.e. metal detectors, video surveillance, guards, separate parking lots/entrances and staggered arrival and departure times as well as constant supervision. All services are provided free to all income eligible participating clients. The impact of the program will be the opportunities for victims to have supervised visits/exchanges for their children in a safe, monitored centers that can assist them with safety from abuse and to help them in rebuilding of their lives.

Implementation will begin promptly after the review of the HSDF grant. Clearfield County will begin the Safe Connections center with trained staff, and under the program procedures established with DOJ OJP Safe Haven Grant program.

A coordinated approach of all services will provide victims, non-offending parents and children with safety and peace of mind that will support them in pursuing new opportunities to reestablish their lives and ultimately ensure both counties with better community outcomes.

The size and rural nature of Clearfield County significantly increases isolation and the risk for injury during home or community based visits and/or exchanges. Visits and exchanges are held at grandma's house or in parking lots where there is tension, bias feelings and the possibility of dangerous scenarios. Limited non-toll telephone, poor or zero cell phone reception, little or no public transportation and only the reliance on law enforcement (that is primarily based 30 miles away with a 40 minute response time), all compromise the safety of the current systems of visits and/or exchanges. This data supports identified needs and gaps in services identified by the advisory committee.

Furthermore, the rural outlay of the proposed areas poses major transportation and safety challenges for victims and providers. The lack of public transportation hinders victims' means to travel. Most of the communities throughout these areas have no gas stations, restaurants or grocery stores available. The partners and consulting committee agree it is in the best interest of safety for victims and providing organizations to keep the visitation and exchange centers in the County's more populated areas where police services are provided and within a 2-mile radius or a 5-minute response time. Therefore, the advisory committee will address the transportation problem and consider providing gas card stipends for victims of need to travel into safe and patrolled centralized visitation and exchange centers. Victims

living in areas that have public transportation (Clearfield and Dubois Areas) will be assisted with tokens for the public transportation fixed route transportation to get to the Safe Connections Center.

Additionally, the areas have some unique cultures which vary from one community to another. Advocates have found many individuals doubt that local organizations would be able to protect them. This often results in victims keeping secrets of domestic violence, sexual assault, child abuse and stalking. Victims, especially children, seldom reveal abuse because little to no family protection exists and fear of retaliation is significantly great. There is a rural distrust of the children and youth agency or system. Distrust also echoes in the areas of law enforcement and the criminal justice system, as well. There is also a negative stigma attached to being a victim; that “you are weak or you asked for it”. Strong social and cultural pressures prevent victim’s disclosure and can enable batterers and/or offenders to maintain power and control. Victims are afraid to seek help; they feel ashamed or embarrassed to ask for help within their community. All these factors affect and establish the need for this program.

The advisory committee (directors and staff of Clearfield County League on Social Services, Community Action, Inc. Crossroad Programs and PASSAGES) will identified gaps in safety options and advocacy for adult and child victims of sexual assault, domestic violence, dating violence, stalking and/or allegations of child sexual abuse. The lack of safety planning for visitations and exchanges, the need for support during volatile situations victims’ experiences, as well as the lack of a secure sites and monitored processes for visitations and exchanges of children with abusers, are all gaps that we plan to address. The opportunity to enhance safety for victims, and operate a safe nurturing environment, free of trauma, anxiety, physical abuse or abduction will fill significant gaps in the current program.

This proposal will concentrate on the needs identified (safety, security, and transportation) and continue to provide rural victims of sexual assault, domestic violence, dating violence, stalking and/or allegations of child sexual abuse, secure supervised visitation and safe exchange centers. By incorporating principles found in the “Safe Havens: Supervised Visitation and Safe Exchange Grant Program Guiding Principles”, we will enhance safety and security at the physical centers, supply victims with transportation stipends, and make available on-site advocacy within an environment that honors and respects the unique needs of each victim.

Clearfield County Human Services Plan Contacts

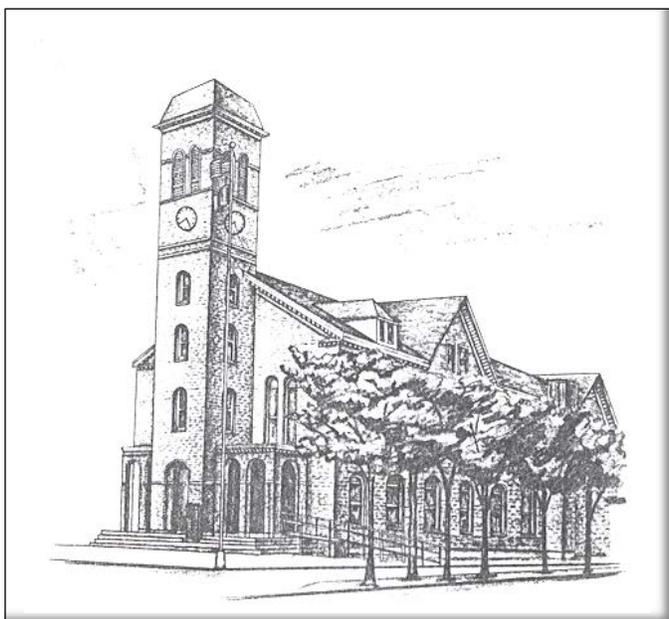
Clearfield County Government

Lisa Kovalick, Community Development Specialist
Clearfield County Planning & Community Development Office
212 E. Locust Street, Suite 128
Clearfield, PA 16830
Tel: 814.765.5149
Fax: 814.765.6056
Email: lkovalick@clearfieldco.org

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
Tel: 814.371.5100
sjasper@ccc-j.com



Clearfield County Board of Commissioners

Antonio Scotto, Chair

John Sobel

Dave Glass



START-UP COSTS				
Your Coffee Shop			January 1, 2018	
COST ITEMS	MONTHS	COST/ MONTH	ONE-TIME COST	TOTAL COST
Advertising/Marketing	3	\$300	\$2,000	\$2,900
Employee Salaries	4	\$3,500	\$2	\$14,002
Employee Payroll Taxes and Benefits	4	\$500	\$2,000	\$4,000
Rent/Lease Payments/Utilities	4	\$750	\$3,000	\$6,000
Postage/Shipping	1	\$25	\$25	\$50
Communication/Telephone	4	\$70	\$280	\$560
Computer Equipment		\$0	\$1,500	\$1,500
Computer Software		\$0	\$300	\$300
Insurance		\$0	\$0	\$0
Interest Expense		\$0	\$0	\$0
Bank Service Charges		\$0	\$0	\$0
Supplies		\$0	\$0	\$0
Travel & Entertainment		\$0	\$0	\$0
Equipment		\$0	\$5,000	\$5,000
Furniture & Fixtures		\$0	\$0	\$0
Leasehold Improvements		\$0	\$0	\$0
Security Deposit(s)		\$0	\$0	\$0
Business Licenses/Permits/Fees		\$0	\$0	\$0
Professional Services - Legal, Accounting		\$0	\$1,500	\$1,500
Consultant(s)		\$0	\$0	\$0
Inventory		\$0	\$0	\$0
Cash-On-Hand (Working Capital)		\$0	\$4,000	\$4,000
Miscellaneous		\$0	\$1,000	\$1,000
ESTIMATED START-UP BUDGET				\$40,812

- Projected Profit and Loss Model:** The model below shows a sample of the projections a small business is forecasting for their first 12 months of operations. The top portion of the table shows projected sales and gross profit. This is a good place to begin creating your sales forecast. The next section itemizes the recurring expenses you are projecting for the same months. These should be consistent with the estimated start-up costs you completed in the prior section. At the bottom of this model, you will begin to see when you are becoming profitable and what expense items are the most impactful to your profitability. There is a blank table in the Appendix for you to complete your own start-up cost projections.

START-UP COSTS													
Your Coffee Shop													January 1, 2018
REVENUE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
Estimated Product Sales	\$5,000	\$13,000	\$16,000	\$7,000	\$14,500	\$16,400	\$22,500	\$23,125	\$24,549	\$22,000	\$25,000	\$27,349	\$216,423
Less Sales Returns & Discounts	\$0	(\$350)	\$0	(\$206)	(\$234)	\$0	\$0	(\$280)	(\$1,200)	(\$1,600)	\$0	(\$2,400)	(\$6,270)
Service Revenue	\$0	\$0	\$0	\$0	\$0	\$250	\$350	\$100	\$0	\$0	\$1,245	\$1,360	\$3,305
Other Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,500	\$0	\$0	\$0	\$0	\$1,500
Net Sales	\$5,000	\$12,650	\$16,000	\$6,794	\$14,266	\$16,650	\$22,850	\$24,445	\$23,349	\$20,400	\$26,245	\$26,309	\$214,958
Cost of Goods Sold	\$2,000	\$5,200	\$6,400	\$2,800	\$5,800	\$6,560	\$9,000	\$9,250	\$9,820	\$8,800	\$10,000	\$10,940	\$86,569
Gross Profit	\$3,000	\$7,450	\$9,600	\$3,994	\$8,466	\$10,090	\$13,850	\$15,195	\$13,529	\$11,600	\$16,245	\$15,369	\$128,389
EXPENSES	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
Salaries & Wages	\$2,500	\$2,500	\$3,500	\$5,000	\$5,000	\$5,000	\$8,000	\$9,000	\$9,000	\$9,000	\$9,000	\$9,000	\$76,500
Marketing/Advertising	\$400	\$450	\$450	\$450	\$900	\$900	\$900	\$900	\$900	\$900	\$1,200	\$1,200	\$9,550
Sales Commissions	\$250	\$650	\$800	\$350	\$725	\$820	\$1,125	\$1,156	\$1,227	\$1,100	\$1,250	\$1,367	\$10,821
Rent	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$15,000
Utilities	\$250	\$150	\$200	\$200	\$200	\$250	\$250	\$250	\$200	\$200	\$250	\$250	\$2,650
Website Expenses	\$175	\$175	\$175	\$175	\$175	\$175	\$175	\$175	\$175	\$175	\$225	\$225	\$2,200
Internet/Phone	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$1,320
Insurance	\$165	\$165	\$165	\$165	\$165	\$165	\$165	\$165	\$165	\$165	\$165	\$165	\$1,980
Travel	\$100	\$0	\$0	\$250	\$0	\$0	\$0	\$0	\$675	\$800	\$0	\$0	\$1,825
Legal/Accounting	\$1,200	\$0	\$0	\$450	\$0	\$500	\$0	\$0	\$0	\$0	\$0	\$250	\$2,400
Office Supplies	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$1,500
Interest Expense	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other 1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Expenses	\$6,525	\$5,575	\$6,775	\$8,525	\$8,650	\$9,295	\$12,100	\$13,131	\$13,827	\$13,825	\$13,575	\$13,942	\$125,746
Income Before Taxes	(\$3,525)	\$1,875	\$2,825	(\$4,531)	(\$184)	\$795	\$1,750	\$2,064	(\$298)	(\$2,225)	\$2,670	\$1,427	\$2,643
Income Tax Expense	(\$529)	\$281	\$424	(\$680)	(\$28)	\$119	\$263	\$310	(\$45)	(\$334)	\$401	\$214	\$396
NET INCOME	(\$2,996)	\$1,594	\$2,401	(\$3,851)	(\$156)	\$676	\$1,488	\$1,754	(\$253)	(\$1,891)	\$2,270	\$1,213	\$2,246

APPENDIX

START-UP COSTS				
Your Coffee Shop		January 1, 2018		
COST ITEMS	MONTHS	COST/ MONTH	ONE-TIME COST	TOTAL COST
Advertising/Marketing				\$0
Employee Salaries				\$0
Employee Payroll Taxes and Benefits				\$0
Rent/Lease Payments/Utilities				\$0
Postage/Shipping				\$0
Communication/Telephone				\$0
Computer Equipment				\$0
Computer Software				\$0
Insurance				\$0
Interest Expense				\$0
Bank Service Charges				\$0
Supplies				\$0
Travel & Entertainment				\$0
Equipment				\$0
Furniture & Fixtures				\$0
Leasehold Improvements				\$0
Security Deposit(s)				\$0
Business Licenses/Permits/Fees				\$0
Professional Services - Legal, Accounting				\$0
Consultant(s)				\$0
Inventory				\$0
Cash-On-Hand (Working Capital)				\$0
Miscellaneous				\$0
ESTIMATED START-UP BUDGET				\$0

INSTRUCTIONS FOR GETTING STARTED WITH ESTIMATED START-UP COSTS

Determining a business's startup costs is critical to ensure enough cash is available to begin business operations within the budgeted time frame as well as within the cost budget. Startup costs typically fall within two categories, monthly costs and one-time costs. Monthly costs cover costs that occur each month during the startup period and one-time costs are costs that will be incurred once during the startup period.

Steps for Preparation:

Step 1: Enter your Company Name and the Date you are preparing this estimate.

Step 2: Enter the number of months and the monthly cost for each cost item that is recurring. For one-time costs only, skip the monthly costs. If there are cost items that have both recurring and one-time amounts, you can enter those as well. The total cost will calculate automatically in the far right column.

Step 3: Once you have completed entering all of the costs, review the individual items and total amount to see where you might fine tune it or move something out into the future when you have more revenue coming in.

START-UP COSTS

Your Coffee Shop													January 1, 2018	
REVENUE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD	
Estimated Product Sales	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Less Sales Returns & Discounts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Service Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Other Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Net Sales	\$0													
Cost of Goods Sold	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Gross Profit	\$0													
EXPENSES	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD	
Salaries & Wages	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Marketing/Advertising	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Sales Commissions	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Rent	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Utilities	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Website Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Internet/Phone	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Insurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Legal/Accounting	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Office Supplies	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Interest Expense	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Other 1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Total Expenses													\$0	
Income Before Taxes													\$0	
Income Tax Expense	#VALUE!													
NET INCOME	#VALUE!													

INSTRUCTIONS FOR GETTING STARTED ON PROFIT & LOSS PROJECTIONS

Completing projections for Profit and Loss of a new company is a good exercise to understand and communicate when the company will begin to break-even and see how sales and profits will grow. The top portion of the model to the left, Revenue, is a good way to forecast sales, month by month for the first year. The lower portion then applies estimated expenses for the same period of time to derive the business' profitability.

Steps for Preparation:

Step 1: Enter your Company Name and the Date you are preparing this projection.

Step 2: Enter for each month, beginning in January or whenever your estimate starts, what you expected sales to be. This could be for products or services or multiple products. You can add lines to this model for additional offerings. From this you should subtract any product returns or discounts that you want to track (these should be shown as negative numbers, for instance -10). Below Net Sales, you would enter the Cost of Goods Sold. These are the direct costs in selling a particular product, for instance the materials costs, assembly labor, or if you purchased the product and resold it, it would be the wholesale cost.

Step 3: Enter for each month, the estimated salaries, marketing, utilities and other items you are projecting.

Step 4: Once you have completed entering all of the costs, review the individual items and total amount to see where you might fine tune it or move something out into the future when you have more revenue coming in. The objective is to get to profitability and positive cash flow as quickly as possible.

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

Directions:	Using this format, please provide the county plan for allocated human services expenditures and proposed numbers of individuals to be served in each of the eligible categories.
1. ESTIMATED INDIVIDUALS SERVED	Please provide an estimate in each cost center of the number of individuals to be served. An estimate must be entered for each cost center with associated expenditures.
2. DHS ALLOCATION	Please enter the county's total state and federal DHS allocations for each program area (MH, ID, HAP, SUD, and HSDF).
3. PLANNED EXPENDITURES	Please enter the county's planned expenditures of DHS state and federal funds in the applicable cost centers. For each program area, the expenditures should equal the allocation. If you are utilizing HSDF dollars for another program categorical, please provide a footnote in the HSDF area explaining where funds are utilized, the estimated number of individuals, and expenditures.
4. COUNTY MATCH	Please enter the county's planned match amount in the applicable cost centers for MH and ID only.
5. OTHER PLANNED EXPENDITURES	Please enter in the applicable cost centers, the county's planned expenditures not included in the DHS allocations (such as grants, reinvestment, and other non-DHS funding). Completion of this column is optional.
<p>■ Please use FY 19-20 primary allocations, less any one-time funding and less the MA-ID federal allocation (due to the implementation of the statewide RMTS). If the county received a supplemental CHIPP/forensic allocation during FY 19-20, include the annualized amount in the FY 20-21 budget.</p> <p>■ DHS will request your county to submit a revised budget if, based on the budget enacted by the General Assembly, the allocations for FY 20-21 are significantly different than FY 19-20. In addition, the county should submit a revised budget when funding is moved between cost centers or service categories in excess of the current re-budget procedures for each program covered in the Plan.</p>	

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

County:	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		\$ 324,002	\$ 16,257	
Administrator's Office			\$ 486,687	\$ 41,638	\$ 42,660
Adult Developmental Training					
Children's Evidence-Based Practices					
Children's Psychosocial Rehabilitation					
Community Employment					
Community Residential Services					
Community Services	1,059		\$ 1,141,752	\$ 10,851	\$ 1,750
Consumer-Driven Services	13		\$ -		
Emergency Services	130		\$ 342,516	\$ 3,425	
Facility Based Vocational Rehabilitation	12		\$ -		
Family Based Mental Health Services	25		\$ 95,299		
Family Support Services	29		\$ 10,032	\$ 100	
Housing Support Services	25		\$ 135,252	\$ 13,525	\$ 82,065
Mental Health Crisis Intervention	555		\$ 69,986	\$ 6,999	
Other			\$ -		
Outpatient	111		\$ 298,083	\$ 29,808	
Partial Hospitalization			\$ -	\$ -	
Peer Support Services	12		\$ 21,762	\$ -	
Psychiatric Inpatient Hospitalization	16		\$ 161,422	\$ -	
Psychiatric Rehabilitation	10		\$ 31,431	\$ -	
Social Rehabilitation Services	260		\$ -	\$ -	
Targeted Case Management	400		\$ 178,288	\$ -	
Transitional and Community Integration	120		\$ 92,757	\$ -	
TOTAL MENTAL HEALTH SERVICES	2,808		\$ 3,389,269	\$ 122,603	\$ 126,475

INTELLECTUAL DISABILITIES SERVICES

Administrator's Office			\$ 817,237	\$ 31,013	
Case Management	115		\$ 52,635	\$ 5,848	
Community-Based Services	106		\$ 162,595	\$ 9,877	
Community Residential Services					
Other					
TOTAL INTELLECTUAL DISABILITIES SERVICES	221		\$ 1,032,467	\$ 46,738	\$ -

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

County:	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	45		\$ 56,761		
Emergency Shelter	-				
Innovative Supportive Housing Services	-				
Administration			\$ 1,159		
TOTAL HOMELESS ASSISTANCE SERVICES	45		\$ 57,920		\$ -

SUBSTANCE USE DISORDER SERVICES

Act 152 Inpatient Non-Hospital	25		\$ 133,078		
Act 152 Administration			\$ 33,375		
BHSI Administration			\$ 21,178		
BHSI Case/Care Management	77		\$ 65,449		
BHSI Inpatient Hospital			\$ -		
BHSI Inpatient Non-Hospital	15		\$ 26,178		
BHSI Medication Assisted Therapy	57		\$ 90,447		
BHSI Other Intervention	25		\$ 10,000		
BHSI Outpatient/IOP	60		\$ 62,357		
BHSI Partial Hospitalization					
BHSI Recovery Support Services	27		\$ 26,178		
TOTAL SUBSTANCE USE DISORDER SERVICES	286		\$ 468,240	\$ -	\$ -

HUMAN SERVICES DEVELOPMENT FUND

Adult Services	9		\$ 10,800		
Aging Services					
Children and Youth Services					
Generic Services	25		\$ 15,103		
Specialized Services					
Interagency Coordination			\$ 1,000		
Administration			\$ 8,120		
TOTAL HUMAN SERVICES DEVELOPMENT FUND	34		\$ 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 HSDF FUNDS TO D&A COMMISSION FOR MAT & CASE MANAGMENT \$21,180 HSDF FUNDS TO MH/MR FOR CASE MANAGEMENT					
GRAND TOTAL	3,394	\$ -	\$ 4,982,919	\$ 169,341	\$ 126,475

Appendix A
Fiscal Year 2020-2021

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 assures that it and its providers 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 (relating to contract compliance):
 - 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>Signature(s)</i>	<i>Please Print Name(s)</i>	
	Chair, Antonio Scotto	Date: 7/14/2020
	John Sobel	Date: 7/14/2020
	David Glass	Date: 7/14/2020