

**CLARION COUNTY**  
**HUMAN SERVICES PLAN**  
**FY 2017-18**

**Appendix A  
Fiscal Year 2017-2018**

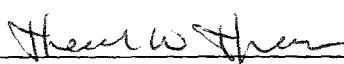

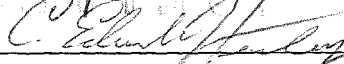
**COUNTY HUMAN SERVICES PLAN**

**ASSURANCE OF COMPLIANCE**

**COUNTY OF: CLARION**

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

**COUNTY COMMISSIONERS/COUNTY EXECUTIVE**

<i>Signatures</i>	<i>Please Print</i>	
	Theodore W. Tharan	Date: 6-13-17
	Wayne R. Brosius	Date: 6/13/17
	C. Edward Heasley	Date: 6-13-17

## **PART I: COUNTY PLANNING PROCESS** (Limit of 2 pages)

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

The formal Clarion County Planning Team includes the Clarion County Commissioners, DHS Director Kay Rupert, DHS Fiscal Officer Sandy Ion, MH/DD/EI Administrator Nancy Jeannerat, MH Deputy Administrator Marci Schiffhouer, DD/EI Deputy Administrator Barb Cherico, MH/DD/EI Admin Officer/Trans Coordinator Mary Lutz, and Armstrong-Indiana-Clarion Drug & Alcohol Commission Executive Director Kami Anderson. This team meets formally and informally on an ongoing basis to discuss and determine the best way to structure, fund, and deliver human services to meet the needs of residents of the county. This team works as the hub of information gleaned through their and their staff's participation in meetings with consumers, family members, and partners in Clarion County's Human Service delivery partnership. Clarion County's collaborative approach to service planning has been ongoing practice for over 20 years and occurs on a year round basis. Input is solicited and received throughout the year.

1. Please identify the critical stakeholder groups, including individuals and their families, consumer groups, providers of human services, and partners from other systems, involved in the county's human services system.

### **Individuals, Families and Consumers:**

Consumers in all Mental Health programs are surveyed by the provider's C/FST program. Surveys of consumers, including older adults and transition age youth are also conducted by Community Care Behavioral Health (CCBH). We find that the surveys through C/FST and the CSP educational/discussion meetings at the Drop-In Center provide much of the information in shaping Recovery oriented services.

Families of individuals with highly specialized concerns have helped to inform and direct the effort to provide appropriate programming and treatment for their members involved in MH, DD, CJ, and D&A treatment systems.

The Community Support Program holds monthly meetings at the MH Drop-In Center. This coalition of MH consumers, family members, state and county personnel, community service providers and interested community individuals work together to improve quality of life through advocacy, education, and community collaboration.

Community Care Behavioral Health, the behavioral health managed care organization (BHMCO), holds parent and adult member meetings in each county. Feedback from those meetings provides important information used by county administration and the BHMCO to refine services for that locality.

Consumers and family members are included in Advisory and Collaborative Board memberships and meetings. Boards and leadership teams are intentionally made up of members in recovery, family affected by those with mental illness, and persons from educational, medical, faith-based, community group, and administration.

Clarion County supports the local chapter of the National Alliance on Mental Illness (NAMI). National NAMI, The Health Care Quality Unit, community providers, the Suicide Prevention Coalition, the local Psychiatric hospital and the Community hospital are just a few of the resources NAMI can call upon to assist families who are affected by those who live with mental illness.

Pennsylvania Youth Survey (PAYS) – students in 5 of the 7 county school districts participated in the PAYS in 2015 and the County's Prevention Plan is developed based on the results. The PAYS survey will next be completed in the fall of 2017.

### **Providers and Partners:**

The MH Admin office holds quarterly provider meetings. These meetings include discussions regarding access and capacity issues as well as getting input from the providers regarding changes/additions to programming and identification of unmet needs.

Clarion County Collaborative Board serves as the planning team for services provided to children, youth, and their families and is the established single point of contact for children's services planning. This Board meets every other month and is comprised of both public and private providers, family members, community members, and a representative from the youth council. The Collaborative Board is also instrumental in identifying needs and developing community-based services to both prevent placement and help with successful returns home, educating public and private human services providers on services available, building collaborative partnerships with individuals who provide those services, and preventing duplication of services which helps to ensure that available funding can be used to expand or develop new services for unmet needs. One of the sub-committees of the Collaborative, the Health and Dental Task Force, was the impetus behind bringing the Primary Health Network to our county – a facility that houses physical, dental and behavioral health services. The Collaborative sponsors 2 community outreach events each year.

The County's local ministerium in conjunction with the County Collaborative sponsored a Faith and Human Services Symposium that was hosted by a local church on March 28<sup>th</sup> which included information tables from about 25 public and private human service providers and a panel presentation on access and eligibility to services followed by a question and answer period. This event was open to staff from the churches in the County so that they could become educated on services available and contact information for individuals in need who may approach church staff.

Clarion County's Human Services Council is comprised of public and private providers and meets monthly to provide agency updates, announce upcoming community events and each meeting includes a presentation on services available from a local provider.

The Clarion Shelter Task Force membership is a cross-section of public and private human service providers along with faith-based representatives. This Task Force meets monthly and provides notice of area openings in shelters and other housing options to the group. One of the co-chairs has met with the Homeless Liaisons at schools and has encouraged their attendance over the summer months.

The Criminal Justice Advisory Board (CJAB) meets monthly and includes representation from the President Judge, the District Attorney, the Public Defender, the Warden, Director of Probation, Mental Health, and the Drug and Alcohol Commission to create a working collaborative between human services and the criminal justice systems. This board provides human services with the information and assistance needed to ensure that individuals with mental illness are not incarcerated unjustly, are not held without due process, and have reintegration services in place when released.

Early Intervention Council meets monthly. The LICC meets quarterly with local leaders of Early Children programs. Regional Leadership meets every other month with Carl Beck. Clarion EI sponsors Community Outreach activities that involve families. Local libraries, the IU6, Head Starts, Human Services Council, and Clarion County Family Net all include local stakeholders and service providers in planning and follow through activities.

Drug Free Coalition which is coordinated by Armstrong, Indiana, Clarion Drug & Alcohol Commission meets monthly and has cross system attendees.

Coalition for Suicide Prevention meets monthly and has representation from public and private human services providers, faith-based organizations, managed care organizations, local psychiatric hospital, schools, and families. It was started with a Mental Health Matters grant and has been entirely self-sustaining since then. The Coalition reaches into the community with educational programs, nationally-known speakers, and an annual event that draws hundreds of participants.

Youth Councils – these are active in all 7 school districts in the County. Students use information provided to them at the meetings, through their administration or the PA Youth Survey to choose topics that are relevant to them and work towards bringing awareness and/or prevention activities to problem areas in their schools or communities that are putting youth at risk.

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

Representatives of the categoricals regularly participate in the stakeholder meetings and community outreach activities listed above and other meetings that may be scheduled to discuss a specific need of a certain population or a more widespread need for a new or existing service. All of these staff then relay that information to one or more members of the formal planning team. In addition, the Human Services Department, as a whole, routinely reaches out and solicits input on service needs and gaps as well as monitoring of access and capacity of current services on an ongoing basis throughout the year.

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

County Administrators Advisory Committee  
Pennsylvania Association of County Administrators of MH and DS  
Behavioral Health Administration Unit  
Behavioral Health Alliance of Rural Pennsylvania

Please list the advisory boards that were involved in the planning process (cont).

Regional Service System Transformation  
Provider Advisory Committee  
MH/DD/EI Advisory Board  
Family Net Advisory Board  
Armstrong Indiana Clarion Drug & Alcohol Commission Board of Directors

4. Please describe how the county intends to use funds to provide services to its residents in the least restrictive setting appropriate to their needs. (The response must specifically address providing services in the least restrictive setting.)

Clarion MH has built an effective continuum of care in the county. From intake to referral, emphasis is placed on the strengths of the individual which helps inform the least restrictive setting. Adequate housing, meaningful activity, and community supports, such as the Drop-In Center and Peer services, are adequate stabilizing measures in unrestricted settings. Clarion County provides them with CHIPP dollars from the 2013-2014 award. Reintegration services provided by the county following an incarceration include Forensic Case Management, Prescription Gap coverage, and emergency or transitional housing and have proven effective in avoiding hospitalization or re-incarceration and were initialized by subsequent CHIPP dollars. When need for a higher level of care is indicated, Blended Case Management, Psych Rehab, and Outpatient services (psychiatrist, group and individual counseling) are employed and paid for with base funds. In the event of a crisis call, most cases in the county are diverted back to case management, peer supports or outpatient staff for resolution. Hospitalization is reserved only for those cases in which it is determined a person would not be safe in a less restrictive, community setting.

Children's service providers take the lead in a crisis involving children and adolescents who are already active in treatment. Regular programmatic interaction with a family is typically very effective. However, in the event a child's behavior is threatening or cannot be managed in the home, Crisis Intervention Services, Children and Youth Services, and/or the child's provider may all work together to facilitate a response in the least restrictive setting.

5. Please list any substantial programmatic and/or funding changes being made as a result of last year's outcomes.

Children's RTF placement is up; funding followed. Forensic case management, Trauma Informed Care training for OP provider, reinstatement of Human Services Director, increased utilization of Blended Case Management, Peer Supports and housing needs will all make an impact on this year's programming and budget.

**PART II: PUBLIC HEARING NOTICE**

No..... Term, 20.....

**Proof of Publication in The Derrick  
UNDER ACT NO. 587, APPROVED MAY 16, 1929**

STATE OF PENNSYLVANIA

ss:

COUNTY OF VENANGO

William R. Lutz, of Venango Newspapers, of the County and State aforesaid, being duly sworn, deposes and says that THE DERRICK, newspaper of general circulation published at Oil City, Pa., County and State aforesaid was established in 1871, since which time THE DERRICK has been regularly issued in said county, and that the printed notice or publication attached hereto is exactly the same as printed in the regular edition and issue of the said THE DERRICK on the following dates, viz:

17th of May, 2017

Affiant further deposes that she is authorized by VENANGO NEWSPAPERS, agent for said THE DERRICK to verify the foregoing statement under oath, and affiant is not interested in the subject matter of the aforesaid notice or advertisement, and that all allegations in the foregoing statements as to time, place and character or publication are true.

COPY OF NOTICE OF PUBLICATION

A public hearing on the 2017-18 Clarion County Human Services Plan will be held Tuesday, May 23, 2017 at 1:00 pm in the 2nd floor Mental Health conference room of the Human Services Building, 214 S. 7th Avenue, Clarion. If accommodations are needed due to a disability, please call 814-226-9280 in advance. Equal Opportunity Agency.

*William R. Lutz*  
Sworn to and subscribed before me this  
17<sup>th</sup> day of May, 2017

*Michelle M Schwab*  
NOTARIAL SEAL  
MICHELLE M SCHWAB, NOTARY PUBLIC  
OIL CITY, VENANGO COUNTY  
MY COMMISSION EXPIRES DECEMBER 8, 2018

STATEMENT OF ADVERTISING COST

Clarion Co. Dept. of Human Services  
214 S/ 7th Ave. Ste B  
Clarion PA 16214

#4614120

The VENANGO NEWSPAPERS, Dr.  
Agent for The Derrick

For publishing the notice or publication attached  
hereto on the above dates

93.44

Probating same

11.00

Total

104.44

**Publisher's Receipt for Advertising Costs**

VENANGO NEWSPAPERS, agent for THE DERRICK hereby acknowledges receipt of the aforesaid notice and publication costs, and certifies that the same have been duly paid.

By \_\_\_\_\_





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

For each of the following, please provide a description of how the county administers services collaboratively across categoricals and client populations. In addition, please explain how the county intends to leverage funds to link residents to existing opportunities and/or to generate new opportunities.

#### **Employment:**

Employment potential for all persons is important to good mental health and is often particularly challenging for those living with mental illness and developmental disabilities. All Clarion County BSU services make employment and employability a priority. In the transitional housing program, participants are taught basic job readiness skills; securing employment or education is a goal for participants.

Clarion County converted to Mobile Career Links in 2017, the effects of which are not yet clear. Peer and BCM Services assist with job search activity when listed as a goal for the individual.

Employment opportunities for individuals living with DD have always been explored in services. However DD employment initiatives have priority status this year. The DD and Occupational and Vocational Rehab (OVR) Collaborative has created an awareness from which our Supports Coordination Organizations frequently refer their served individuals for job preparedness or educational opportunities. Clarion Vocational Services employs individuals from both the MH and the DD served populations

Clarion recently submitted a proposal to OMHSAS for a SAMHSA grant to support persons with a First Episode Psychosis (FEP) team in a rural county. It will be the focus of one of the Team members to work specifically on maintaining employment, obtaining employment, or supporting educational needs through the course of treatment for early onset psychosis.

#### **Housing:**

The Homeless Assistance Program/Adult Services worker and the MH Housing Coordinator are in frequent contact to ensure that consumer needs are met by the most appropriate program. Often times, they are able to work together to assist individuals and/or families utilizing services/funds from multiple public and private sources to meet the housing needs of consumers. These two workers also co-chair the Clarion Shelter Task Force.

Clarion County MH works closely with Clarion County Housing Authority, which was the Local Lead Agency for reinvestment funds used for housing assistance in the past three years. BHARP contingency funds have also been leveraged for housing supports in the county. These funds have covered housing supports for persons who are not eligible for Section 8 Housing.

There are several landlords in the county who work diligently to provide readily available homes to our constituents. Our Housing Coordinator has excellent working relationships with them.

The Alliance for Nonprofit Resources renovated the existing Hope Homes for folks in transition from state hospital, psych center, or forensic placement. ANR is, at present, looking for an additional home to be renovated for the use by those who carry Dual Diagnoses (MH and DD) for emergency, respite or transitional needs.

## **PART IV: HUMAN SERVICES NARRATIVE**

### **MENTAL HEALTH SERVICES**

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

#### **a) Program Highlights:** (Limit of 6 pages)

Clarion County Mental Health Administration has efficiently maximized the array of services available to those living with mental illness in the county. Persons are better served in their own communities with the enhancements of existing key support programs, including the Base Service Unit (BSU), Crisis Intervention Service (CIS), Outpatient (OP), Psychiatrist (doc time), Blended Case Management (BCM), Psychiatric Rehabilitation (PR), Peer Support (PS), Representative Payee (RepP) and Children's Services (CASSP) .

In 2016-17, **Trauma Informed Care** training by our primary outpatient provider, Family Psychological Associates, is well under way. The first of three years training is completed for the 12-15 therapists and case managers in the Systems of Care training sponsored by a state grant to the Behavioral Health Administrative Unit. FPA is preparing to serve all ages who have been affected by traumatizing events.

**Forensic case management** has proven very effective in closing the gap with respect to reintegration services. A small portion of CHIPP funding is designated to provide Case Management services up to 45 days prior to release from prison, allowing the incarcerated individual with mental health concerns to connect (or continue) with services, housing search, and appointment scheduling. This also sometimes assists the service provider in avoiding a discharge and re-intake when length of sentences are brief.

Another highlight of FY16-17 was the expansion of hours available at The **Drop in Center** (DIC) from 4 days a week to 6 days a week. Participants there enjoy a stigma free, community based setting where there is support and guidance for recovery. The Center offers regularly scheduled educational, social, and personal development events. Participants also cook and eat lunch together while at the DIC, and they enjoy learning and making crafts. At their 2017 Spring Recovery Celebration, several individuals had hand-made crafts for display and for sale. There are frequent guest speakers, flower and vegetable gardening, seasonal yard games, and artistic projects, educational opportunities, music events. The Center hired a van driver to transport persons to events of interest, shopping trips to a discount grocery store, pick up and drop off for persons without means of transportation. With growing participation at the DIC, there is renewed interest in the Consumer Support Program and are currently holding regular meetings at the DIC. DIC is supported with CHIPP funds.

**Hope Homes** transitional housing and the **Emergency Shelter Apartment** in Clarion County have been huge assets to Clarion County in bringing our individuals out of the state hospital, forensic settings, and in helping to avoid homelessness for individuals living with mental illness. The units can accommodate an individual or a small family for up to twelve months until stable and appropriate housing can be obtained. A modicum of housekeeping appliances and effects are provided. Linens, kitchen utensils, furnishings, washer and dryer are supplied. Additional supports are in place for the individuals/family such as budgeting, referrals, job searches, and homemaking skills with oversight by the housing coordinator.

**PATH** funds were utilized for those at risk of eviction or homelessness. Those funds also provide a PATH housing coordinator and \$10,000 in rental assistance, consumer supplies and security deposits. The Housing Coordinator continues to provide community outreach and plays an integral part in Clarion County's Shelter Task Force. The Shelter Task force brings local agencies together to eliminate the homelessness and offer services/supports to those with housing needs.

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

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

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

- **Strengths:** Older Adults are afforded the same broad range of psychiatric services including Inpatient, Outpatient, Case Management, Peer and Psych Rehab services. Some of these opportunities are available through agencies in the private sector as well, and Penn Highlands Senior Transitions in neighboring Jefferson County provides inpatient geriatric behavioral health treatment. In April 2017, Clarion MH Administration met with Clarion County Crisis Intervention Services, operated by the Center for Community Resources (CCR), Penn Highlands Senior Transitions, and the Area Agency on Aging to develop a working collaboration aimed at addressing the acute mental health needs of older adults, especially nursing home residents. Three Senior Centers in the county, operated by the Area Agency on Aging, offer social, educational, and volunteer activities for older adults along with a wealth of resources that include Meals on Wheels, tax preparation, and farmers' market vouchers.
- **Needs:** The question remains as to which agency should take the lead in a case with regards to older adults with DD and/or MH issues who are in need of Nursing Home or Personal Care placement. Often times, consumers are turned away from therapies

of their choice due to lack of a Medicare participating provider. Increasingly, medical guardianship is forced upon the Mental Health Administration before a mental health crisis by nursing homes and hospitals when there is no family to make decisions for an individual. Clarion County would like to see its nursing home providers better positioned to address acute or crisis mental health events of their patrons.

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

- **Strengths:** Clarion County provides adult consumers with multiple options such as, outpatient treatment, case management and peer services. The Base Service Unit offers intakes, referrals, crisis services, housing assistance, representative payee and family support all for those individuals with identified mental illness.

In 2013-2014, CHIPP funds were utilized for the construction of a Psych Rehab program and transportation. Transportation is provided to those who do not qualify for county transportation. Psych Rehab is located in the same building as Admin and the BSU and serves individuals with severe mental illness. For incarcerated individuals, those monies provide supported housing, prescription drug coverage and BCM services prior to the individual's release date. Housing Services are utilized abundantly and provides assistance in finding tenants, permanent housing.

The Drop-in Center in Clarion offers social activities along with special interest groups and daily living skills.

There is a wide variety of services between MH and other community support/advocacy groups. There are Drug and Alcohol services, Domestic Violence (SAFE), Rape Crisis Center (PASSAGES), MH supported employment, Housing Authority, DPW, and Adult Probation.

- **Needs:** Transportation continues to be an ever-present concern in this rural county. Individuals who are not within the town's bus route to utilize public transportation, or who do not qualify for county transportation, primarily have to use natural supports to get where needed.

Clarion County's unemployment is on the rise and is at 6.5% and meaningful employment for individuals with SMI is unachievable. OVR's regional outreach in this area targets individuals with DD.

Clarion often times is in need of LTSR or EPCH placement for individuals coming out of state hospital setting that have physical and behavioral concerns. There are no close placements for those individuals and often times are filled to capacity.

MH Review Hearing costs are a growing concern for the Clarion judicial system as the county is home to Clarion County Psychiatric Center. The center is planning on increasing their beds from 74 in-patient to 110.

- **Transition-age Youth (ages 18-26) - Counties are encouraged to include services and supports assisting this population with independent living/housing, employment, and post-secondary education/training.**

- **Strengths:** Clarion County provides an Independent Living Program for qualifying transition age youth (TAY). This MH supported housing for TAY is provided through Children and Youth Services and available to TAY who succeed with Case Management rather than close supervision.

A full array of mental health treatment along with services to provide support are provided. The Drop-in Center for socialization and enhancement of living skills. Psychiatric Rehabilitation is available which focuses on the strengths of an individual to live a meaningful life rather than treat and focus on their mental illness.

Clarion County Coalition for Suicide Prevention is taken a prominent role in Clarion County to raise awareness regarding suicide among young adults not only in the schools but the community. The Coalition provides booths at functions to distribute information, sponsored speakers and their annual remembrance walk in September raises monies to support their organization has grown each year.

- **Needs:** Clarion County has limited opportunities for healthy activities for this age group who identify with having a serious mental illness. MH/DD Administration, CASSP, CYS, and BSU need to collaborate on the unique need of TAY individuals on gaining supports in the area.

- **Children (under 18)- Counties are encouraged to include services like Student Assistance Program (SAP), Respite, and CASSP Coordinator Services and Supports, as well as the development of community alternatives and diversion efforts to residential treatment facility placements.**

- **Strengths:** Clarion County MH providers serve children from about 2 years of age and up in Family Based, Mobile Therapy, Multi-Systemic Therapy, and conventional outpatient therapy in both community and school settings.

Student Assistance Program (SAP) is actively involved in all seven school districts located in Clarion County. The SAP is implemented through the BSU. SAP on an elementary school level (E-SAP) is incorporated in 2 southern Clarion County Schools. A summer recreational and educational program is in progress for those children involved in SAP.

Outpatient counseling services are available in six of the seven Clarion County high schools and in two elementary schools. The addition of in-school services in the past

three years provides students with the opportunity to access therapy without having to miss core curricula, deal with transportation barriers in the evening, or have parents agree to mobile therapy in the home.

CASSP has remained an integral support to schools and families in the community for school age children and Clarion County CASSP has been inundated with referrals over the last year. The CASSP Coordinator has faced growing challenges with service assignment or placement as the mental health of students is increasingly more difficult to address.

Family Based Therapy, Mobile Therapy, Multi-Systemic Therapy services, limited Therapeutic Support Staff, and Behavioral Specialists are available and utilized in Clarion County to assist student-aged individuals with their mental health issues in their natural environments. Parent Child Interactive Therapy, Play Therapy, Trauma Informed Care, Community Residential and Rehabilitation placements support those who are not able to manage in home-based settings. Clarion Psychiatric Center has a small inpatient program for students and it is almost never beneath capacity. For the first time in recent history, Clarion County has had to use an out-of-state hospital for children's IP services. Belmont Pines, near Youngstown, OH was brought into network by Community Care Behavioral Health Organization to help meet the needs of Western PA.

Respite services are provided by two agencies, The ARC and the ISO, when necessary for the families of individuals. Summer activities for children living with MH disorders and Autism are planned for June with a local therapeutic equine school.

- **Needs:** Clarion County's greatest challenge with respect to children's services is one common to nearly all counties across the state. The manner in which children's services, especially TSS, must be conducted, the travel involved to coordinate, and the rates of reimbursement for the service make it very difficult for providers to recruit and maintain staff. Use of Crisis Intervention Services to manage behaviors in the school and home are on the rise. With the hiring of a Mental Health Deputy Administrator in May of 2017, routine interaction with schools for the coming year is a priority.

Nearly all the High Schools in the county have in-school outpatient counseling, but there are no School Based Behavioral Health Teams. SBBH in the elementary schools would give students a broad range of services available without the need to miss school, be transported, or have mobile therapy come into their homes. The school faculty would access immediate or nearly immediate therapeutic personnel in the event that a student has an acute mental health episode. In addition, school or

community based Music, Art, and Pet therapies would be effective treatments for students who are impacted by trauma and loss.

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

- **Individuals transitioning out of state hospitals**

- **Strengths:** The Center for Community Resources (CCR) has developed a Hospital and Forensic Liaison for Clarion County whose responsibility it is to be aware of residents in the State Hospital (Warren) and the State Forensic Hospital (Torrance) and assist in their transition back to the community. This position has linkages to psychiatric and therapeutic supports, transitional housing supports, criminal justice and courts, public assistance and Social Security Disability, pharmacies for gap med coverage, physicians, MH case management, Psych Rehab, and Peer supports. This position also attends and advocates for persons transitioning out of the state hospital at their Community Support Plan meeting and provides assistance during hearings on behalf of the individual who is hospitalized.
- **Needs:** As the less resilient are being considered for discharge from state hospitals, placements that ensure their health and safety in the community are increasingly challenging. Some will require a Personal Care Home or Nursing Home level of care (LOC), the latter of which is, by self-report, not well-equipped to manage the mental health treatment needs. Mobile therapies into nursing homes may reduce acute mental health issues there, but base funds for frequent and/or ongoing therapies would certainly strain county base budgets. Nursing homes typically have relationships with Primary Care Physicians, but they often will not prescribe a psych med as that is seen as a restrictive measure. Pre-emptive care in that setting is definitely needed.

Although housing for the transition is developed, it is not always immediately available. The wait is made as minimal as possible and if necessary, a short stay in a local hotel is a reasonable remedy.

- **Co-occurring Mental Health/Substance Use Disorder**

- **Strengths:** All MH OP providers contracted with Clarion County have therapists who are trained to provide services to individuals with co-occurring MH and Substance Use Disorders, however that capacity in the MH treatment setting is not adequate for DUI and most employer treatment compliance. Psych Rehab, Peer Services, and



even the consumer run Drop In Center are responsive to the needs of persons with co-occurring MH and SUD. Drop In Center activities include 12-step meetings and events. A greater effort is being made this year to cross-train and create a stronger collaborative between the Administrative Department staffs. MH and DD County Leaders are participating with great frequency and toward improving more cooperative approaches to serving individuals with co-occurring issues. Since Substance Use Disorder services are provided under a three-county joinder, the Armstrong-Indiana-Clarion Drug and Alcohol Commission (AICDAC), Clarion MH Administration supports and collaborates to the extent it can with that joinder but has no administrative oversight.

- **Needs:** AICDAC has secured funding for a mobile Medication Assisted Therapy van to deliver Vivitrol into the county. At last word, a location to park the van and operate the service had not yet been secured. Coordinating with MH providers to make that service accessible for those with co-occurring issues is needed. In general, sharing information at the provider level and keeping the systems aware of one another's' programmatic changes, from the state levels down, would likely benefit.
- **Justice-involved individuals-** Counties are encouraged to collaboratively work within the structure of County Criminal Justice Advisory Boards to implement enhanced services for justice-involved individuals to include diversionary services that prevent further involvement within the criminal justice system as well as reentry services to support successful community reintegration.
  - **Strengths:** The Criminal Justice system is increasingly aware of the numbers of persons with co-occurring disorders who were re-incarcerated due in large part to those issues rather than strictly criminal behaviors. The Criminal Justice Advisory Board helped to install the Drug Treatment Court Program several years ago and it has met with huge success. Lately, a MH Treatment Court was proposed to address the therapeutic needs of those with criminal justice involvement. The service is on hold until it is determined whether funding will exist next year for probation services.
  - **Needs:** Clarion County MH and CJ systems would benefit from the additional use of Assisted Outpatient Treatment. In some cases, a court order seems to be required for persons coming out of IP settings to follow through with treatment compliance. Westmoreland County has a successful, long-running AOP program and has offered to share the model. A team approach to addressing this issue is a must.

- **Veterans**

- **Strengths:** Clarion is proud to have a large veteran population. Veterans who access the MH system for treatment are met with professionals trained in Trauma Informed Care strategies and therapies. A Systems of Care grant from the BHAU in 2016 allowed County MH Administration to put trauma related resource libraries into provider settings, including the book, The Warrior's Guide to Insanity, Traumatic Stress and Life, by Sgt. PTSD Brandi, USMC. The county Veteran's Affairs Office, was given several copies for distribution as well. Veterans access housing and all MH services just as the general population. There is an Outpatient VA Clinic for physical and behavioral health centrally located in Clarion, adjacent to the mall. Prior to that clinic opening, vets had to travel 50+ miles to Butler to access the next nearest VA Clinic. Additional supports for veterans in Clarion include Soldier On and Supportive Services for Veteran Families (SSVF) through the Veterans Affairs Office. The local American Legion Posts are also excellent resources for veterans with specific need of financial assistance that MH services cannot provide.
- **Needs:** Maintaining sensitivity toward veterans is an ever-present goal for those of us who are civilians. Keeping newly hired clinicians educated on the various differences in military service stints also seems prudent. Those who served in Korean and Vietnam Conflicts saw very different action than those in the Gulf War and Desert Storm.

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

- **Strengths:** With several years of cultural sensitivity training and awareness to draw from, service providers in Clarion are effectively serving the mental health needs of the LGBTQI population. Clarion County DD and MH Departments have access to a licensed clinician for persons going through gender reassignment, required to have an evaluation and ongoing therapy during that transition. The community of Clarion has access to "Allies," a group primarily organized on the Clarion University Campus but open to the public. A resource brochure identifying therapists, providers, and other services or resources for LGBTQI individuals seeking support was developed by the BSU for distribution this year. PERSAD, the second oldest counseling service for the LGBTQI community in the nation, is located in Pittsburgh about 75 miles south of Clarion.
- **Needs:** Although much has been done, continuing the effort to reduce the stigma of the LGBTQI population in this rural county will top the list of needs. The development of therapy-based groups and community-based supports are encouraged by Administration.

- **Racial/Ethnic/Linguistic minorities (including Limited English Proficiency)**
  - **Strengths:** The non-English speaking (NES) population in Clarion County is minimal. Most NES persons are affiliated with the university and must learn English in order to complete education. Occasionally, there are individuals with limited English proficiency entering services or needing to be evaluated. Clarion MH relies on Clarion University to provide translation services. A variety of clubs and organizations on the campus provide social and educational events for students. Persons in services often are accompanied by family members who can translate.
  - **Needs:** Translation apps and computerized communication (similar to that utilized in the TTY system) may prove to be very beneficial in the event a specific linguist can't be employed.
- **Other (specify), if any (including Tribal groups, people living with HIV/AIDs or other chronic diseases/impairments, Traumatic Brain Injury)**

- **Strengths:** Clarion has a long-standing HIV service in the community. The Northwest AIDS Alliance provides Medical Case Management, housing support, food vouchers, dental care and other group support for the HIV+ community. Special pharmaceutical programs have improved compliance and helped to arrest the progress of the disease for many. Persons who are HIV+ have access to MH services and SUD services in all OP settings.

Although the effects of Traumatic Brain Injury are rarely reversible, those living with TBI have access to MH therapeutic services that will support them at their optimal level of functioning. Blended Case Management, Psych Rehab, and Peer supports are often very successful in helping one to establish life-changing medication routines and satisfying social outlets. Psych med management must be maintained even when other supports are discontinued.

Chronic physical conditions and impairments are often accompanied by depressive and anxiety disorders. Cognitive therapies to reduce the MH issue are effective for many.

There are no known or identified Tribal groups in Clarion County.

- **Needs:** Despite handicap accessibility and public transportation, ambulation between vehicle and treatment venue may present a challenge for some. In the future, use of clinic to home telecommunication for appointments could be considered as some commercial insurances are allowing this already.

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

Yes     No

If yes, please describe the CLC training being used. Plans to implement CLC training may also be included in the discussion. (Limit of 1 page)





<b>4. Housing Clearinghouse for Behavioral Health</b>	<input type="checkbox"/> Check if available in the county and complete the section.
---	---

**An agency that coordinates and manages permanent supportive housing opportunities.**

	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18			Number of Staff FTEs in FY 16-17	Year Project first started

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

**HSS are used to assist consumers in transitions to supportive housing and/or services needed to assist individuals in sustaining their housing after move-in.**

	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18			Number of Staff FTEs in FY 16-17	Year Project first started
Hope Homes	CHIPP	\$127,534	\$128,000	8	8			1	2014
Emergency Housing	CHIPP	\$25,030	\$26,935	10	10			1	2014

<b>6. Housing Contingency Funds for Behavioral Health</b>	<input checked="" type="checkbox"/> Check if available in the county and complete the section.
---	--

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

	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18			Average Contingency Amount per person	Year Project first started
	BHMCO reinvestment	\$37,960		49				\$775	

<b>7. Other: Identify the program for Behavioral Health</b>	<input type="checkbox"/> Check if available in the county and complete the section.
---	---

**Project Based Operating Assistance (PBOA** is a partnership program with Pennsylvania Housing Finance Agency in which the County provides operating or rental assistance to specific units then leased to eligible persons); **Fairweather Lodge (FWL** is an Evidenced Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness); **CRR Conversion** (as described in the CRR Conversion Protocol ), **other**.

	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18	# of Projects Projected in FY 17-18 (i.e. if PBOA; FWLs, CRR Conversions planned)	# of Projects projected in FY 17-18 (if other than PBOA, FWL, CRR Conversion)		Year Project first started



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

Based on the strengths and needs reported above in section (b), identify the top three to five priorities for recovery-oriented system transformation efforts the county plans to address in FY 17-18 at current funding levels. For **each** transformation priority, provide:

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

**1. (Identify Priority) Trauma Informed Care Training**

Narrative including action steps: Family Psychological Associates (FPA) will continue to train 12-15 therapists and case managers in the second year of a three year training project to provide Trauma Informed Care to individuals with MH and Dual Diagnosis in Clarion County. Action steps include presence at trainings, demonstrations of proficiency, and integration of skills into therapies.

Timeline: July 1, 2017 to June 30, 2018 Year 2 trainings and oversight.

Fiscal and Other Resources: Base funds and Systems of Care grants from the BHAU will help to defray costs to Family Psychological Associates as they prepare to provide the Evidence Based Practice of TIC.

Tracking Mechanism: FPA will report progress toward this goal quarterly to County Administration along with associated costs for reimbursement. Program Monitoring by Administrative staff will include tracking progress and implementation of TIC practices in outpatient and case management services.

**2. (Identify Priority) First Episode Psychosis Team**

Narrative including action steps: Clarion County anticipates being awarded a grant from OMHSAS to build and utilize a specialized treatment team for persons experiencing a First Episode Psychosis (FEP). The process will include identifying and training staff from an Outpatient Provider (FPA) and a Peer Services provider (Roads to Recovery), engaging a psychiatrist, and collaborating with family, Inpatient Facilities, Law Enforcement, and Substance Use treatment.

Timeline: June 16, 2017 -- OMHSAS program selection announced; Training to be scheduled in FY 17-18 with Dr. Irene Hurford, FEP will serve 15 persons by June 30, 2018.

Fiscal and Other Resources: OMHSAS grant

Tracking Mechanism: The Mental Health Deputy Administrator will devise the forms and conduct tracking of progress on the development and implementation of FEP. Program sites will submit quarterly reports to OMHSAS regarding use of funds by a standard format provided by OMHSAS. Detailed case notes from team members will record the treatment effort, progress of the participant, and outcomes in metrically measurable format.

### **3. (Identify Priority) Peer Services for Adolescents and TAY**

Narrative including action steps: Roads to Recovery is Clarion County's identified provider for Adolescent and TAY Peer Services. They will participate in all state sponsored training and instruction on development of service description and delivery of this service through the fall of 2017. R2R is currently in process of licensing, enrollment and credentialing for the service. Persons age 14-26 are the target for this service.

Timeline: Identified provider, Roads to Recovery, will complete all training opportunities afforded by the state through the fall of 2017. R2R will apply for appropriate licensing, CMS enrollment, and credentialing through the fall of 2017. Service will commence January 1, 2018

Fiscal and Other Resources: This is an MA covered service beginning January 1, 2018. Clarion County will support uninsured and underinsured youth to the fullest extent allocated funds will allow.

Tracking Mechanism: R2R will track all service related metrics. County Fiscal personnel will track costs.

**e) Existing County Mental Health Services:**

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

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

\*HC= HealthChoices

**f) Evidence Based Practices Survey:**

(see chart on next page)

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	7	County guideline	County oversight	triannually	N	N	
Supported Employment	Y	7	County guideline	County oversight	triannually	N	N	Include # Employed
Integrated Treatment for Co-occurring Disorders (MH/SA)	N							
Illness Management/ Recovery	N							
Medication Management (MedTEAM)	N							
Therapeutic Foster Care	Y	3	BHSL Licensing  OCYF – Licensing  CCBH -- Quality Review  NHS Internal Quality and Compliance review	BHSL & OCYF – Annually;  CCBH – Annually, and as requested;  NHS Internal – Quarterly, Monthly, Annually	Monthly	N	Y	
Multisystemic Therapy	Y	12	Internal monitoring  CCBH	Mars Home for Youth  CCBH	Monthly	N	Y	
Functional Family Therapy	N							
Family Psycho-Education	N							

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

**To access SAMHSA's EBP toolkits:**

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

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

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer Satisfaction Team	Y	39	
Family Satisfaction Team	Y	7	
Compeer	N		
Fairweather Lodge	N		
MA Funded Certified Peer Specialist	Y	60	
Other Funded Certified Peer Specialist	Y	8	
Dialectical Behavioral Therapy	Y	5	
Mobile Meds	N		
Wellness Recovery Action Plan (WRAP)	Y	21	
High Fidelity Wrap Around	N		
Shared Decision Making	N		
Psychiatric Rehabilitation Services (including clubhouse)	Y	22	
Self-Directed Care	Y	800	
Supported Education	N		
Treatment of Depression in Older Adults	Y	40	
Competitive/Integrated Employment Services**	N		Include # employed
Consumer Operated Services	Y	33	
Parent Child Interaction Therapy	Y	3	
Sanctuary	Y	22	
Trauma Focused Cognitive Behavioral Therapy	Y	50	
Eye Movement Desensitization And Reprocessing (EMDR)	N		
First Episode Psychosis Coordinated Specialty Care	N		Will build with funding in 2017-18
Other (Specify)			

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

\*\*Do not include numbers served counted in Supported Employment on Evidenced Based Practices Survey above [table (f)]

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

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

**h) Certified Peer Specialist Employment Survey:**

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

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

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

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

<b>Total Number of CPSs Employed</b>	<b>13</b>
<b>Number Full Time (30 hours or more)</b>	<b>5</b>
<b>Number Part Time (Under 30 hours)</b>	<b>8</b>



## **INTELLECTUAL DISABILITY SERVICES**

### **CLARION COUNTY DEVELOPMENTAL DISABILITIES PROGRAM OVERVIEW**

Clarion County DD Administration staff complement includes the County Administrator for MH/DD, the Administrative Officer for Fiscal oversight, the DD Deputy Administrator, the Waiver Coordinator (WC), and a contracted DD Quality/Risk Manager. The DD Administration functions to maintain compliance with all functions of the Administrative Entity Operating agreement. (AE Operating Agreement)

Responsibilities remain with the Clarion County AE Administration for all DHS State Initiatives in the delivery of services to the eligible population of Clarion County. In regards to the AE Operating agreement, there are no delegated AE functions contracted to other entities. The AE provides oversight and monitoring and retains all AE responsibilities listed in the agreement. This has proven to be cost effective as opposed to delegating functions to contractors. It has also provided a consistency in outreach as well as the quality of services provided to eligible persons.

Clarion County DD also uses Base funding for outreach and training in the community. In 2017/2018, Clarion County proposes to utilize Base Funding for scholarships for families and individuals to attend the Everyday Lives Conference. 2016/2017 funding was utilized for a new residential initiative to address homelessness or emergency respite needs of the population served within Clarion County. Persons served with needs for safe and supportive housing in transition to permanent homes are able to access a safe environment with appropriate supports.

2016/2017 Base funding was also used to purchase emergency readiness kits for all individuals served in private and residential living arrangements. A three day supply of water and a food supplement is provided for each consumer to utilize when under "shelter in place" scenario is enacted by government for safety or due to a natural disaster. Each kit has a shelf life of 5 years and is portable when evacuation orders are also issued.

The uncertainty of state budget and legislative stalemates has made it difficult for the AE to offer and sustain ongoing services. Base funding is used judiciously and is determined on highest need, health/safety concerns for non-waiver individuals, and most importantly availability of funds. Base funding is also used for non-service encumbrances to support the administration of the developmental disabilities program and contracted support staff for the program.

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

### Individuals Served

	<i>Estimated Individuals served in FY 16/17</i>	<i>Percent of total Individuals Served</i>	<i>Projected Individuals to be served in FY 17/18</i>	<i>Percent of total Individuals Served</i>
Supported Employment	6	3%	8	4%
Pre-Vocational	10	5%	7	3%
Adult Training Facility	61	29%	55	26%
Base Funded Supports Coordination	35	17%	55	21%
Residential (6400)/unlicensed	91/0	43%	95/0	45%
Life sharing (6500)/unlicensed	10/0	5%	12	6%
PDS/AWC	29	14%	35	17%
PDS/VF	0	0	2	1%
Family Driven Family Support Services	15/190	7% unique 90% universal	20/195	10% unique 93% universal

#### **Supported Employment: “Employment First”**

For the 17-18 fiscal year the employment focus will be on.

- Inviting OVR to AE/Provider Meetings.
- Hold a Discovery Workshop for Providers and SCO.
- AE Employment Lead staff will participate in Employment First State Leadership Mentor Program Webinars.
- AE will encourage employment as a vital part of the life course mapping.
- AE will explore offering grants to local providers that wish to development competitive employment with local employers.

1. Currently in Clarion County consumers have access to Supported Employment, Pre Vocational, Transitional Work, and Competitive employment. The County has identified three providers willing to work on customizing employment opportunities for consumers these three are VTDC, the ARC and Valley Advantages.
2. The County is working on getting Transitional plans made for consumers that have an outcome or goal for employment. This will be added as a measure to the Quality management Plan. The

Quality Management measure will be: Those with employment interests and goals will have a transitional plan to focus on obtaining competitive employment.

3. Clarion County is not an “Employment Pilot” participant. Persons with employment goals are often more comfortable (as are their families) with sheltered workshops or adult training facilities for day activities in place of competitive employment. This is our biggest hurdle and we will be reaching out to providers and SCO’s in efforts to make an employment collaborative. During intake the life course tools will be used and then relayed to the SCO’s.

### **Supports Coordination:**

The AE will provide regional and local representatives to work with the SCOs individually or in concert as available. Clarion County has four active SCO’s currently providing services to individuals living with developmental disabilities. Clarion AE has been a pioneer in providing consumer choice. SCO choice is offered at intake and annually thereafter to consumers. The challenge to the AE is consistency across support systems (SC organizations). The technical assistance the AE plans to provide is as follows.

- Completed intake packets with the initial life course material will be forwarded to the SCO of choice.
- Clarion AE will promote conversations of natural supports during AE/SCO/Provider events. By expanding discussion of natural supports in team meetings and in the ISP. The AE reviewer will monitor discussion of nature supports in the ISP by reviewing SCO case notes and monitoring.
- The AE will continue to provide monthly PUNS reports to each SCO in order to effective plan for consumers on the waiting list.
- PUNS review will be a standing agenda item at AE/SCO/Provider meetings
- The county will encourage the team process to include exploration of natural supports and alternative (non-Waiver funded) community resources to develop ISPs that maximize community integration, an everyday life and Community Integrated Employment.

### **Lifesharing Options:**

The AE focus from last year’s county plan still holds relevant in this current year’s discussion.

Clarion County has seen little growth in the area of Lifesharing. The individuals and caregivers in established arrangements are thriving. Those matches made through residential or human service employees have been the most enduring and stable to date. It is important to have a good match and the barrier has been finding the best home and caregiver for successful placement. It is also important to encourage providers to grow this portion of their programs. Providers, SCOs and teams will be encouraged to look at employees who have connections with current residential group home residents who may want to move into family living with a person they already care for.

With the new waiver changes, families will now be able to provide Lifesharing to their family members. Due to this change, the county is anticipating an increase in Lifesharing which will also provide the added benefit of being least restrictive. Lifesharing with appropriate, able family members will also be offered to persons living in 6400 situations.

The AE has created new brochures for Lifesharing specific to Clarion. These will be available at all meetings, given to SCOs and at all outreach events in the area.

### **Cross Systems Communications and Training:**

- **Describe how the county will use funding, whether it is block grant or base, to increase the capacity of your community providers to more fully support individuals with multiple needs.**

Clarion County has participated in the Capacity Building Institute whose purpose is to look at the systemic problems throughout the DD system and explore different resources that are available. At the conclusion of Capacity Building Institute a white paper will be written and submitted to the Deputy Secretary of Human Services. Clarion County AE was honored to be invited as sole AE in the Western Region to participate in this continuing venture.

Regular risk management reviews identified weaknesses in dealing with challenging behaviors. After the Administration identified the need for training at the core team level, the county facilitated a two-day training on "Intensive System therapy" through Lives in Motion. We plan on offering this training annually to our provider base.

As mentioned in the overview, the ongoing need in the county for emergency housing for homeless consumers, and for family caregivers needing respite is consistent. The AE has proposed working with a provider to purchase a home to be utilized for consumers in need of emergency housing. This project has been presented to the board of commissioners and has been approved to move forward. Startup costs will be obtained from 2016/2017 allocation of State/Base funding. Maintenance and ongoing administrative duties are expected to be less than 30% of the startup when annualized.

- **Describe how the county will support effective communication and collaboration with local school districts in order to engage individuals and families at an early age.**

The AE plans to introduce the Life Course framework to our local providers and business partners including the IU6 and local school districts. Based on the new directives for intake and eligibility from ODP Clarion is retooling current policy and procedures to meet those new standards. Clarion AE is a participant in the Intermediate Unit 6 Transition Council meetings held quarterly in which ideas and resources are shared. Using funds from the Northwest Collaborative for Community of Practice, Clarion will offer a Life Course seminar to the IU6 to better inform educators as well as family members in this process.

- **Describe how the county will communicate and collaborate with local children and youth agencies, the Area Agency on Aging and the mental health system to ensure individuals and families are provided with the information they need to access needed community resources as well as formalized services and supports through ODP.**

The county will continue to participate in local human service meetings. The AE will also actively participate in the Intermediate Unit 6 Transition Council. This will assist educators on the value of supports coordination as a service for younger individuals. Often families are overwhelmed by the inclusion of yet another agency at the IEP table. By engaging the IU 6 Transition Council, this barrier may be breached and thoughtful and thorough planning for adult services can occur.

Outreach, mentioned earlier in this plan will also include the distribution of materials for educators to use to open discussions with parents on service planning.

Clarion County AE is a member of the LINK and participates in local meetings. Clarion County also provides an OBRA point person to interact with aging optioning for both MH and DD consumers. The AE will provide staff the opportunity to learn more about how systems interact by sending representatives to the annual Building Bridges Conference when scheduling, funding, and Commissioner approval allow.

The AE is active in the Behavioral Health Administrators of Rural PA (BHARP) Dual Diagnosis committee. This is a workgroup in the 23-county Health Choices consortium (Behavioral Health Administrative Unit) designed to bridge the gap between systems that do not always mesh completely. Mental Health treatment for those with developmental disabilities is a statewide problem. With multiple residential providers who provide supports for challenging behaviors, Clarion County must be proactive in the search for effective treatment and care. The BHARP members maintain a strong focus on finding appropriate services for those who require longer care than acute inpatient psychiatric but are not yet able to return to their residential provider. The Clarion County Administrator has participated with the BHARP in creating the CSRU program at Beacon Light through HC re-investment funding. Through consistent input and networking the DD Committee is now reaching out to the Dual Diagnosis Treatment Team and the HCQU ITA process to effectively support and treat mental illness in the DD population.

A local outpatient psychiatric clinic has now enlisted one of the treating physicians from Clarion Psychiatric Center as an option for the DD population. The AE will utilize the HCQU to educate and inform the local treating physicians on the value of using the ISP and group home staff to effectively assist in treating consumers in acute inpatient care. The aforementioned HCQU ITA or Intensive Technical Assistance service has been valuable and will be used to provide both behavioral and medical reviews to assist in better service to individuals and families. This will, we hope, assist in greater and swifter acceptance of the DD consumer for necessary emergency acute care. It has also been beneficial for the AE to participate in the aforementioned Capacity Building Institute. Participation in this forum has provided access to lead medical and mental health professionals including the State Medical director who has provided guidance on critical cases. For a small rural

county this networking opportunity has been invaluable and worth mentioning in several sections of this plan as it informs our work in many areas.

### **Emergency Supports:**

Clarion County's DD Deputy Administrator or designee is available by phone 24/7 to providers who may have an emergent need. Although housing is not the only emergent need it is the most critical for personal safety. This identified need mentioned earlier has resulted in a new respite home. Due to this being a new venture, tracking and updating practices will be addressed in future years. The AE works closely with providers and the local provider network to provide quick response to consumer needs. The County Office of Emergency Services is also an asset that is tapped for support and guidance.

Clarion County's Crisis Intervention Services are available 24/7 through the mental health system. Center for Community Resources is the provider of the County Crisis program service. The following is the process for handling emergency needs outside normal business hours:

- In the event Crisis Services are contacted outside of normal business hours, Crisis staff will assist the individual to assure his/her health and safety. If Crisis staff determines that the individual needs additional DD resources to assure health and/or safety, the Crisis staff will contact the AE DD Deputy Administrator or designee to review the case and the individual's identified needs.
- The AE DD Deputy Administrator or designee will advise Crisis staff of next steps which may include contacting the on-call SC to assist in accessing necessary services and/or supports through the DD service system.
- If additional funding is needed to assure health and/or safety needs outside of normal business hours, contact information for the AE DD Deputy Administrator or designee is provided to SCO for funding approval.

Each SCO has a 24 hour Emergency Response procedure in place for all individuals enrolled in DD services and support. (Attached are plans for the County's 3 SCO providers – CCR, SAM, Inc., and Family Links)

Each residential provider has an established emergency backup plan which is monitored by the AE through the Provider Monitoring process. Emergency back up plans are reviewed and updated as needed and must be present for AE approval of the annual ISP.

### **Administrative Funding:**

The AE is welcoming of the possibility of training from various sources. Serious concerns over the results of the ODP 2015 Outcome training remain prominent in the ISP review and approval processes. Service notes are also sometimes not clearly reflective of the details of team meetings and interactions. This causes confusion and lack of direction in emergent situations. Clarion AE has held a productive initial documentation meeting with Clarion County SC Organizations. Clear communication is sometimes difficult when the SC is pressed with the burden of

timeframes and paperwork submission. The AE plans to continue holding quarterly SCO communication, documentation and outcomes events with external trainers.

This will also be an area where the Life Course structure will be examined and explained to assist the SC with gaining “buy-in” to the concept and comfort with the materials. Currently Clarion has not had the advantage of a representative from the PA Family Network located within a close proximity. The Northwest Collaborative, of which Clarion is a founding member, has included a representative from this organization to consult on Collaborative monthly conference calls.

The PA Family Network will certainly be a welcomed business partner and Clarion will host any efforts to strengthen supports. Holding information sharing and trainings when families can attend on weekends or evenings are essential and will be used to accommodate families.

- Please describe the following:
  - continuum of services available to enrolled individuals

Due to Clarion being a rural area, a collaborative effort among providers has been made to meet the changing needs of our population. Each provider seems to have something different to offer. The SCO's are good at linking individuals with these services as the needs arise or change. Clarion County authorizes a lot of different services for enrolled individuals - these are included below, but are not limited to the following:

Community Group Homes

Companion Services

In Home and Community Supports

Supplemental Habilitation

Family Living

Additional Individualized Staff

Supported Employment

Small Group Employment

Transportation

Community Participation Supports

Respite

Physical Site Adaptations

Durable Medical Equipment

Behavior Supports

Communication Specialist

ASL interpreters

Equine, Art, Music Therapies

- how the county will support local providers to increase their competency and capacity to support individuals who present with higher levels of need related to: aging, physical health, behavioral health, communication, etc

Clarion County is contracted with Milestone HQCU west to provide training and technical assistance to providers that serve this population. The Dual Diagnosis Treatment Team (DDTT) through NHS has also been a resource for teams with complex cases. The DD Quality/Risk Manager tracks individuals through the incident management site EIM and is able to identify individuals and provide assistance to providers in the form of training or making referrals to the HQCU and DDTT.

- how you will utilize the county housing coordinator for people with an intellectual disability.

When the AE becomes aware of an individual in need of housing that are not receiving residential services. The AE works with the housing coordinator to locate emergency shelter until permanent housing is found. The County Housing Coordinator has been able to locate housing and other needed services in the community for individuals who have become homeless and work with the team to bring their resources to the table and find housing that day.

- how county will engage providers of service in development of Emergency Preparedness Plan

Clarion County has purchased 1 person, 2 person, 4 person, 10 person and site safety Emergency Kits to distribute to all the residential providers.

- how your county will promote PDS service

The AE has been provided information on Public Partnerships, LLC which is a PDS provider. The Deputy Administrator for DD services is trying to arrange a meeting with SCO's and Public Partnerships, LLC to promote PDS service in Clarion County and answer questions as many are unfamiliar with how this service is different from AWC.

- the barriers and challenges to increasing the use of Agency With Choice

Currently Clarion County's Agency with Choice has had a steady increase over the years due word of mouth by satisfied families and individuals. At this time there are no barriers or challenges.

## HCQU

Clarion County is a member of the Milestone West HCQU located in Butler. Members of the administration attend quarterly board meetings and distribute all information through emails and training brochures. These are made available to SCOs and Providers as well as families. The HCQU is also an active member of the quarterly Provider Network meeting. HCQU data and ITA results are used in planning for training and informational meetings. The Quality/Risk Manager for Clarion County works closely with the HCQU on training and ITA sessions. The HCQU is also working closely with the AE to assist in education of local medical and psychiatric physicians and facilities to broaden the awareness of the needs of the DD consumer. The AE also has created and provided to the HCQU a localized training space which has made HCQU trainers more available to direct care staff and families not able to travel outside of the immediate county area.



## **Quality Management Plan**

The Quality Management plan is a fluid document with current trends looking consistent with the needs presented by a number of sources. Reviewed on a regular schedule, the plan has seen no changes in major area of focus. The primary item that requires intense scrutiny is the restraint data.

This AE has a full time Quality/Risk manager who also manages the IM4Q process within Clarion County. Data from the HCQU and the IM4Q considerations are considered equally with incident management and HCSIS generated reports to formulate the County Quality Management plan. IM4Q considerations assist in giving an objective look at consumer satisfaction or unmet needs to be considered for quality improvement. Provider agency input is also valuable. Clarion AE has also enlisted the assistance of regional points for incident management and positive practices for general and specific team supports.

A better quality of life and a proactive approach from the team, delivered as a clear expectation for each team by the AE, has been productive in target QM measures. Engaging the team earlier, locating existing resources, or looking for new solutions has been a benefit to the consumers at risk. Identifying local culture and working with the regional PPC point to affect cultural change has been piloted and is slowly showing change. Direct care staff deserves the support and the proper tools to affect an everyday life. This focus is planned to expand their thinking past sitting with the individuals and onto sharing space with dignity and respect.

### **Participant Directed Services (PDS):**

In Clarion County, the Agency with choice model has been successful in providing welcome control for families and individuals in the delivery of service. The families who utilize the AWC seem well satisfied with the AWC model. Families enjoy not only the ability to hire people they know and trust to care for their family member but they welcome the AWC administrative functions such as training, hiring, timesheets, and payroll disbursement.

In contrast, the Vendor Fiscal (VF) model has not been chosen by local families and individuals due to the reasons families like the AWC. Although the packet for VF model is made available and explained with families, without exception, families seem to resist the idea of managing the “paperwork” independently. ODP may wish to hold regional VF meetings to promote the VF process. Clarion AE is willing to host such a forum and provide space and materials from our allocation to this process.

### **Community for All:**

In the past year, Clarion County has successfully moved a person from a long term nursing home setting to a residential program. A second person is in the final stages of also transitioning to her own apartment with staff. In both cases the persons were originally placed in nursing home care based on

their care needs and discharged from their residential agency. This is stigmatizing and requires a concerted effort from all parts of the team.

Clarion County is active with one individual in the provider search through the Benjamin process. Treating physicians at the State Center where he resides and his family have submitted documentation annually of his continued need for care at a level, effectively precluding potential providers.

The person on the Benjamin list has a lot of challenges but his dream is to one day live in a home near his family. At the current time, Clarion is actively seeking a provider who will assist him in building his dream in the community. His mother visits often but wants the team to thoughtfully create a residence where this young man can grow into the life he has always wanted. ODP will need to provide assurances to willing providers to support the construction of his dream that will also provide safety and satisfying community interactions.

Addressing the remaining folks on the congregant list is difficult. Many are medically fragile. With the exception of the gentleman who is on the Benjamin list, all others in the State Center category have family members/guardians who clearly and legally provided the choice of only State Center living. In most part the main reason is that the state center has been their home for many years and they are comfortable and have no wish to leave the caregivers and peers they have come to consider family. Clarion County continues to send representatives to monitor and assess the needs and desires of these individuals but they remain steadfast in their resolve to stay.

Those who reside in nursing facilities have complex medical needs. In the past year two of those individuals have passed due to their medical needs. Clarion will continue to assess through Supports Coordination and the recommendations of the facility utilization review team as well as that of the Area Agency on Aging for the ability for community reintegration.

## **HOMELESS ASSISTANCE SERVICES**

Describe the continuum of services to individuals and families within the county who are experiencing homelessness or facing eviction by answering each question below. An individual or family is facing eviction if they have received either written or verbal notification from the landlord that they will lose their housing unless some type of payment is received. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.

There is a great collaborative effort to meet the needs of individuals and families within the county who are experiencing homelessness or facing eviction. The County Homeless Assistance (HAP) caseworker works closely with the Housing caseworker from Mental Health, caseworkers at Children and Youth, Aging, Drug & Alcohol, Clarion County United Way which has historically received the County's Emergency Food and Shelter monies, Salvation Army, our local housing authority, landlords, utility companies, the local ministerium, local non-profits and workers throughout the Human Services system. The HAP application which is signed by all applicants includes a release of information for Clarion County Department of Human Services (this includes Adult Services, CYS and MH/DD/EI), EFSP Programs, United Way, the County Assistance Office, and the vendor to whom they owe. This allows us to verify if the applicant has received financial assistance from others and/or eligible for assistance. We have on a number of occasions been able to have 2 or 3 agencies/non-profits work together to each provide a portion of the amount needed so that the consumer's need can be adequately met.

### **Bridge Housing:**

- Please describe the Bridge Housing services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.

Bridge House Services include:

- Provide temporary housing up to one year
- Provide options and advocacy in securing permanent housing
- Assistance with everyday life skills training
- Assistance, accompaniment and advocacy with all social services needed for each individual resident
- Options counseling
- Safety planning
- Goal planning with weekly follow up on goals.
- Assistance with good decision making  
Transportation to appointments

Achievements:

This year the program had a woman with 4 children who worked very hard after leaving an abusive situation to find permanent housing. She was employed but had struggles with childcare. She worked some evenings and there are no child care facilities open at that time plus the cost is very expensive when you make too much money for any subsidized daycare. She resided in the program for 4 months, while working on her issues and finally found permanent housing while maintaining her employment.

## Improvements:

There was a time that, due to confidentiality issues, the Bridge House Program did not allow any other agencies to go to the facility, but they have recently made allowances to this policy. Depending on the individual's situation Bridge House staff are working more closely with CY5, Justice Works (a CY5 provider), and Mental Health. The Mental Health Blended Case Managers (BCM's) can be a great support and assist in transportation for our residents. There are only 2 staff at our facility, the Bridge House Manager and a part time shelter person

## Unmet needs:

Transportation is probably the biggest problem for most of our residents. Bridge House staff provide transportation to all the necessary appointments except getting someone to work every day. The only bus service in the County is only in the immediate Clarion area and Bridge House is not located there. The taxi services only run until 10:00 pm. Anyone who gains employment and has to work evenings or a night shift and does not have a vehicle has no transportation. So if the welfare department or probation requires a person to be employed and they have no way to get to that job, they are then sanctioned for not following through on the arrangements.

Another barrier or unmet need is affordable housing for those with a criminal history; those that have difficulty finding permanent housing due to that history. There was one program that has a long waiting list, but it will be out of money by September 2017 and is not being renewed. Local statistics show that there are many more women being incarcerated (our women's jail group numbers are rising every month) and some of those women, once released have nowhere to go - some are due domestic violence and some because they cannot return to the households that played a part in their incarceration. They also have difficulty in finding jobs or having any income what so ever. Then it is not possible to pay any bridge house fees and in some cases no income means no permanent housing.

- How does the county evaluate the efficacy of Bridge Housing services?

The County performs at least one annual inspection of the Bridge House. This includes an on-site visit to meet with staff, review case files to ensure required documentation is included, and a tour of the facility to inspect any recent upgrades to the facility and to review any facility needs that are identified by the provider. Discussions also occur regarding utilization of the services and typical census.

- Please describe any proposed changes to Bridge Housing services for FY 17-18. – no anticipated changes for 17-18, pending budget cuts.
- If Bridge Housing services are not offered, please provide an explanation of why services are not offered. N/A

## Case Management:

- Please describe the Case Management services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.

Case management services provide a series of coordinated activities to determine, with the client, what services are needed to prevent the reoccurrence of homelessness or near-homelessness and to coordinate their timely provision by the County and other community resources. The HAP caseworker completes the Common Information Form developed through the County Collaborative with each of the consumers served to assist in identifying needed services and referrals are made based on consumer needs. The income calculation forms are completed in conjunction with the application for HAP financial assistance. This caseworker also provides budgeting services and Co-Chairs the County's Shelter Task Force, working closely with the Housing caseworker from Mental Health, Clarion County United Way which has historically received the County's Emergency Food and Shelter monies, Salvation Army, local housing authority, landlords, utility companies, the local ministerium, local non-profits and caseworkers throughout the Human Services system. Families with children who are not eligible for HAP assistance are referred to Children and Youth for possible assistance through their Housing grant, if no other funding is available to them.

Most of the individuals/families served are new to the HAP program, never having received assistance before. The budgeting services are provided for a minimum of 3 -6 months for households receiving assistance. These services are provided one-on-one in a structured format and include providing each participant with a 12 month budget planner to assist them in meeting the goal of being financially responsible and self-sufficient. We believe that this is one of the reasons we are seeing fewer consumers returning for assistance.

The Shelter Task Force has fundraisers throughout the year with a goal of having a shelter here in Clarion County. As identified on the next page, there are limited shelter services in the County and none for families.

Here is a list of shelters utilized in emergency situations:

Community Action: Hotline number 1-800-648-3381 (Will assist with finding shelters)

(Assistance is available over the weekend)

Domestic Violence Shelter in Punxy (Jefferson County) through Community Action-  
(women/children only) 814-938-3580

Community Action Men's Shelter in Clarion- (Men only, No sex offenders) 814-226-4785 Ex:  
203, must speak with Sheryl Craft or Amanda

Community Action- (help during business hours) 814-938-3302 ex:239 or 215, (after hours)  
814-938-3580 (will page staff to help)

Good Samaritan Shelter, Clearfield County - 814-768-7229

Just for Jesus- off the street shelter, will pick up (family shelter, Brookville); (men only; will  
take sex offenders – Brockway) 814-265-0243 – both in Jefferson County

Monroe Heights or Motel 6 - Clarion, will have to meet HAP criteria and funds approved during  
business hours through proper channels. (Kay Rupert and Jen Krouse, *DHS, Adult Services*)  
814-226-9280, ext. 1308. Not accessible on weekends or evenings.

SAFE: 814-226-8481 Bridge House, application process involved, do not have to be abused &  
(main office, Donna Keller, SAFE: battered and abused shelter open anytime)

Marian house- 814-765-5646 Clearfield County, women and children only

Ministerial Transient lodging - This is only for consumers "stuck" in Clarion and just passing  
through. Funding approved by First United Methodist church 226-6660 (will pay for one night  
hotel, taxi (possibly) to return to proper county/home town, food, and gas to get back)

Indiana County Housing Consortium and Family Promise- will take pregnant women alone, a  
mother or father with a single child, or a couple with a child or children, can be from other  
counties as space allows. Individuals seeking shelter need to have a way to get there and a  
desire to seek housing and employment in Indiana County. 724-464-5220

Salvation Army- Has assistance for hotel stay, can be accessed on the weekends or  
evenings. Emergency only. Annette Hoover (814-221-3317) will make final determination of  
acceptance.

CYS- Can assist with family in crisis. Call 911 after hours

Bethlehem Haven 412-391-1348 - Melissa Doll ext. 144; Allegheny County, Women's shelter,  
will take out of county

- How does the county evaluate the efficacy of Case Management services?

Effectiveness of case management services is evaluated through case file reviews and individual supervision. All case notes are reviewed and signed off by supervisor. We provide budgeting services for at least 3 -6 months to provide assistance in money management and closely monitor consumers served to ensure that the budgeting services provided are effective in preventing recurring need for assistance or dependence on the system. When necessary, budgeting services are provided in the home and reminder letters sent if a budgeting appointment is missed. The County tracks all those who do and do not complete budgeting services. Individuals who do not complete the required budgeting and request future assistance are required to provide 25% of the amount requested through the Homeless Assistance Program in a money order made out to the vendor prior to being approved for additional assistance. Failure to complete budgeting a second time prevents them from receiving any future financial assistance until they complete budgeting services. Case management remains available to those individuals. The list of consumers served are also reviewed on an annual basis to ensure that the budgeting services provided are effective in preventing consumers from recurring need for assistance.

- Please describe any proposed changes to Case Management services for FY 17-18. – We do not anticipate any changes to case management services for FY 17-18; this position is already a part-time position.

#### **Rental Assistance:**

- Please describe the Rental Assistance services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.

Rent, utility, and mortgage assistance is available to eligible applicants. All required documentation is gathered prior to making an eligibility determination. If approved, payment is made directly to the vendor and the applicant is scheduled for budgeting services. Information and referral services are offered as a component of HAP case management.

- 100% of the families with children served were able to remain in their current housing situation and prevent interruption to their children's education by remaining in their current school.
- The required budgeting component of case management has resulted in fewer families coming back for assistance in subsequent years.
- 93% of the individuals/families who were provided financial assistance and budgeting services in 15-16 did not return for assistance in 16-17.

The greatest unmet need is for the individuals and families who are seniors on a fixed income whose living costs continue to rise while their income remains the same and the working poor who are trying to do what is best for themselves and/or family by working 2 or 3 part time jobs or pick up a part-time job after being laid off. They frequently get behind on bills, then take on a or another part-time position but just can't keep up and they're over the income limit because they got that part-time job, trying to make ends meet.

The greatest gap in services is quality, affordable housing for low income individuals and families.

- How does the county evaluate the efficacy of Rental Assistance services?

The County staff logs all recipients each fiscal year and tracks usage over time with particular focus to the most recent 24 months. This allows for monitoring usage to remain under the maximum allowable amount and also to track the percentage of re-entries for assistance. The log of those requesting assistance who are denied due to lack of funds is also reviewed monthly.

- Please describe any proposed changes to Rental Assistance services for FY 17-18. – We anticipate increasing the income threshold from 150% of poverty guideline to 185% and lowering the maximum amount available to families from \$1500 to \$750 and for Individuals from \$750 to \$500. Any additional changes to rental assistance services for FY 17-18 will be determined based on pending budget cuts.
- If Rental Assistance services are not offered, please provide an explanation of why services are not offered. N/A

### **Emergency Shelter:**

- Please describe the Emergency Shelter services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.

Emergency shelter services are offered as a last resort and the County utilizes 2 local motels for the service – 1 for 1-3 night stays and 1 on per week basis. We have rarely needed to use these services and only have utilized twice as of this writing during FY 16-17. One was for a weekend stay for a woman who was waiting for an opening at the SAFE (DV) shelter and the other was a 1 week stay for an individual who was working and had been evicted because of a dispute over an increase in his rent. He had located a new residence, but needed somewhere to live until he was able to move into that residence, but was without any natural resources for that time. Both individuals served were able to locate permanent residences without additional financial assistance from the agency. As identified above, the County is in need of a shelter that can serve individuals and families.

- How does the county evaluate the efficacy of Emergency Shelter services? As with rental assistance, we provide budgeting services for at least 3 months to provide assistance in money management and closely monitor consumers served to ensure that that the budgeting services provided are effective in preventing recurring need for assistance or dependence on the system.
- Please describe any proposed changes to Emergency Shelter services for FY 17-18. – We do not anticipate any changes to emergency shelter services for FY 17-18, pending budget cuts.



- If Emergency Shelter services are not offered, please provide an explanation of why services are not offered. N/A

**Other Housing Supports:**

- Please describe the Other Housing Supports services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps N/A
- How does the county evaluate the efficacy of Other Housing Supports services? n/a
- Please describe any proposed changes to Other Housing Supports services for FY 2017-2018. n/a
- If Other Housing Supports services are not offered, please provide an explanation of why services are not offered. Without additional funds, the County is not in the position to add other housing supports.

**Homeless Management Information Systems:**

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

The Housing Coordinator and PATH liaison for CCR, Inc., one of Clarion County's mental health providers, is co-chair of the Shelter Task Force and inputs Clarion County's data into the HMIS system for all mental health consumers.

**County Human Services Plan For Drug and Alcohol Services\***  
**Armstrong, Indiana, and Clarion Counties**  
**For the Fiscal Year 2017/18**  
**Submitted June 2017**

*\*Please note that the Board of Directors of the Armstrong-Indiana-Clarion Drug and Alcohol Commission voted in July 2013 to submit the County Human Services Plan for Drug and Alcohol Services with one county, in alphabetical order, on a rotating basis, for each year the plan is required. The submission schedule is as follows:*

<b>Armstrong County</b>	<b>FY 2013/14</b>	<b>FY 2016/17</b>
<b>Clarion County</b>	<b>FY 2014/15</b>	<b>FY 2017/18</b>
<b>Indiana County</b>	<b>FY 2015/16</b>	<b>FY 2018/19</b>

**Briefly describe the current substance abuse system available to county residents.**

The Armstrong-Indiana-Clarion Drug and Alcohol Commission (AICDAC) is the Single County Authority (SCA) for Armstrong, Indiana, and Clarion Counties. In this role, the Commission is responsible for facilitating the provision of a comprehensive and balanced system of quality substance abuse prevention, intervention, and treatment services for the three-county area.

The **mission** of the Armstrong-Indiana-Clarion Drug and Alcohol Commission is to address the abuse and destructive effects of alcohol, tobacco, and other drugs through prevention, intervention, treatment, and case management. The **vision** of the Armstrong-Indiana-Clarion Drug and Alcohol Commission is to maximize resources that empower change to improve the quality of life for individuals, families, and the community impacted by the abuse and destructive effects of alcohol, tobacco, and other drugs.

The Commission is a 501(c) (3) non-profit corporation and is classified as an Independent Executive Commission that contracts directly with the PA Department of Drug and Alcohol Programs. The Commission is also responsible for assessing substance abuse needs, planning, developing, and coordinating programming to meet service needs, and then monitoring and reviewing the outcomes.

The SCA's Executive Director, Kami Anderson, is a member of the County Planning Team for each of the SCA's three Counties: Armstrong, Indiana, and Clarion. Planning meetings were held in May and June 2017. Public meetings are being held in compliance with the Public Notice requirements for each of the Counties to review the County plans, as well as this Drug and Alcohol service plan. Documentation regarding the public meetings can be found in each of the County plans.

The delivery of services will remain the same as in past years, with full cooperation and referrals made between all the agencies involved in the County plans. Funds will be used by the SCA to provide services to the residents of the three Counties in the least restrictive setting appropriate to their addiction needs. The total amount of funding for Act 152 and BHSI for drug and alcohol services for the fiscal year 2017/18 is projected at \$568,667. The SCA plans to utilize those funds to provide treatment services and agency administration costs as presented in Appendix C-2 to an estimated total of 698 clients (some may be duplicated between the levels of care). For the FY 17/18, recovery support services will be provided through a combination of federal grants, state grants, and BHSI funding in all three of the Counties.

Below is a description of the administrative and treatment services provided by the SCA in each of the Counties that may be provided with all funding sources.

Administrative staff responsible for insuring contractual compliance, reporting and fiscal operations include the Executive Director (Kami Anderson), Deputy Director (Carrie Bence), Chief Fiscal Officer (Amanda Schroeder) and Fiscal Assistant (Tracy Stross). Administrative staff monitor the funding and verify that clients are eligible to be funded through the HealthChoices or Medical

Assistance Fee for Service program. BHSI funds are used for clients that fall under the eligibility requirements for BHSI. Other sources of funding are also verified, such as private insurance, third party payers, and private income sources. The client liability guidelines issued through the Department of Drug and Alcohol Services are followed strictly for clients not eligible for Medical Assistance. Act 152 Funds are only utilized for clients eligible for Fee For Service Medical Assistance for the non-hospital residential categories of detox, rehabilitation, and halfway house. BHSI funds may be utilized for all categories of care, including residential and outpatient levels of care, as well as case management, recovery support, and administration costs. Since the implementation of the Medical Assistance Expansion, the clients funded under Act 152 and BHSI have dramatically decreased.

The Commission has a functional Case Management Unit responsible for the provision of case management services which include: screening, assessment, placement, level of care determination and case coordination services. The Case Management Supervisor (Nicole Salvo) oversees a total of ten Case Managers for the three Counties.

For Armstrong County, three Case Managers (Barbara Miklos, Amanda Cochran, and Chris Schiano) are located in the Commission's office at 354 Vine Street, Kittanning, PA. For Indiana County, three Case Managers (Kirk Shaffer, Courtney Edwards, and Lisa Prebish) are located in the new SCA Case Management Office located at the Atrium, Philadelphia Street, Indiana, PA. For Clarion County, two Case Managers (Corrin Cochran and Meredith Karg) are located in the Commission's Clarion Office at 1250 East Main Street, Clarion, PA.

Armstrong and Indiana County each have a Criminal Justice Case Manager (Chris Schiano for Armstrong and Lisa Lloyd for Indiana), who works primarily with Level 3 and 4 offenders who have been diverted to treatment or Drug Court Program through a Restrictive Intermediate Punishment grant funded by the Pennsylvania Commission on Crime and Delinquency (PCCD). Armstrong County operates an Intensive Supervision and Treatment Program funded through PCCD, and Indiana County operates a Drug Treatment Court with PCCD funds.

For Clarion County, one of the Case Managers (Corrin Cochran) is employed at .5 FTE as a Criminal Justice Case Manager that works primarily with Level 3 and 4 offenders enrolled in the Clarion County Drug Court program. The other .5 FTE is spent providing Case Coordination services to the general population.

One of the Case Managers in each County serves as the drug and alcohol liaison for the SAP teams in their County, providing consultation and on-site assessments for students referred by the teams and other personnel.

The Commission added a Recovery Support Services (RSS) department in 2010. Four full-time Certified Recovery Specialists (CRS) are employed by the SCA. The CRS Supervisor (Michael Krafick) and three CRS staff (Desiree Franey, Shasta Wilkinson, and Jenna Herbert) provide recovery support services to any client requesting those services. A recovery plan is developed with the client and progress is evaluated periodically. The CRS staff members provide recovery support in person or over the phone. All of the CRS staff are trained in the Criminal Justice population and are involved in the County Jail and Drug Court programs.

In September of 2015, the Commission added a Warm Hand-Off program in the three area hospitals called the Addiction Recovery Mobile Outreach Team (ARMOT). Two Case Managers (Steven Olish and Graham Grabiak) and two CRS (Kathy Nick and Mike Helsing) are employed by the Commission and are located in the hospitals to see patients referred for substance use disorders. Over 50% of the patients referred by the hospital are sent directly to residential rehab.

The Service Provider's Advisory Task Force consists of management staff of the local sub-contractors and meets on a monthly basis with management staff from the Commission. The role of the Task Force is to discuss service planning, current ATOD trends, and any SCA/provider issues that need addressed. Staff training is a major focus of the meeting, as well as contract requirements, service delivery, and fiscal concerns. The President of the Task Force is Vincent Mercuri, Executive Director of the Open Door.

The SCA has offices at the following locations:

**Armstrong/Indiana (Administrative Office):**

10829 U.S. Route 422  
P.O. Box 238  
Shelocta, PA 15774  
724-354-2746

**Armstrong County:**

345 Vine Street  
Kittanning, PA 16201  
724-545-1614

**Clarion County:**

1350 East Main Street, Suite 30  
Clarion, PA  
814-226-6350

**Indiana County:**

665 Philadelphia Street  
Indiana, PA 15701  
724-463-7860

## **Case Management**

The SCA offers and/or is involved with the following programs to individuals suffering the effects of substance abuse/dependence:

- Level of Care Assessment (LOC)
- Case Coordination
- Restrictive Intermediate Punishment Program (RIP)
- Indiana County Drug Treatment Court Program (DTC)
- Armstrong County Intense Supervision and Treatment Program (IST)
- Clarion County Treatment Court
- Student Assistance Program (SAP)
- Certified Recovery Specialist (CRS) Support Services

All these programs experience overwhelming demand. Level of Care functions include screening, assessment, placement, and continued stay utilization review. In addition, there are routine crisis calls from individuals, family members and friends in need of information. Case Managers often travel to meet clients at schools, hospitals, jails, and other agencies.

Individuals are screened by the providers and those appearing to be in need of outpatient services are scheduled for an assessment. Each individual is assessed in the areas of medical, legal, family/social, education, employment, mental health, and drug and alcohol. The outpatient providers gather information, apply the PCPC or ASAM, and offer clients an option of appropriate treatment agencies. During the assessment process, each client is offered Case Coordination (CC) services and re-offered CC services during the treatment episode.

The Case Managers of the Armstrong-Indiana-Clarion Drug and Alcohol Commission have offices located at the SCA's satellite offices in Armstrong, Clarion and Indiana Counties. The SCA maintains a close relationship with our providers to ensure that clients receive the most appropriate level of care in a very timely manner. The key to this successful relationship between the Case Managers and the local providers has been the understanding of each other's function, face to face communication, and most importantly, working together on the goal of meeting the needs of the client.

The Case Coordination (CC) programs have been a very important part of our client's lives. The CC programs are voluntary for individuals who have been affected by drugs and/or alcohol. In addition to the substance abuse concerns, drug & alcohol clients experience a variety of specialized needs. Some of these needs include housing, transportation, childcare, budgeting skills, and assistance with employment and education.

No waiting lists exist for Case Management or Case Coordination services in any of the three Counties.

## **Restrictive Intermediate Punishment Program**

The Commission administers the grants from the Pennsylvania Commission on Crime and Delinquency (PCCD) for the Restrictive Intermediate Punishment Program for all three Counties. As of July 1, 2014, the PCCD grant includes the Intermediate Punishment funds for all three Counties. This program focuses on Level 3 and Level 4 offenders who, due to the presence of a substance abuse problem, are sentenced to the program in lieu of jail. The Commission also provides funding for Level 2 clients that are appropriate for the program. The goals of the program are to assist in the reduction of jail over-crowding and reduce the incidence of relapse while ensuring appropriate treatment and access to support services.

Since January 1, 2007, as a part of the Pennsylvania Commission on Crime and Delinquency (PCCD) grant, the Indiana County Drug Treatment Court (DTC) has been the primary program in Indiana County for Level 3 and Level 4 offenders. This program combines the authority and sanctioning power of the court with the clinical expertise of treatment professionals. The Drug Treatment Court Team is composed of the President Judge, the District Attorney, the Probation Chief, the Criminal Justice Case Manager from the Armstrong-Indiana-Clarion Drug and Alcohol Commission, the DTC Probation Officer, and a Defense Advocate. Intensive Judicial supervision is involved, requiring the client to appear regularly in court before the Judge. Graduated incentives and sanctions are used to reward progress and require accountability of the client. In September of 2013, mental health consultation services began to be provided to the Treatment Team members through the grant.

On January 1, 2009, also as part of the Pennsylvania Commission on Crime and Delinquency (PCCD) grant, Armstrong County implemented the Intensive Supervision and Treatment (IST) Program. This program combines intensive supervision by a Probation Officer designated solely for this program with intensive drug and alcohol treatment and case management services. The IST team consists of the dedicated Probation Officer, Probation Chief, ARC Manor Treatment Specialist, Criminal Justice Case Manager, and Lead Case Manager from the Armstrong-Indiana Drug and Alcohol Commission. The client is required to meet regularly with the IST team to review progress. Rewards and sanctions are used to acknowledge progress and require accountability of the client. Progress reports are provided to the Judge on a regular basis.

The Commission also operates a traditional Restrictive Intermediate Punishment program in Armstrong, Indiana, and Clarion Counties. In 2012, the Commission took over administration of the PCCD grant that funds the Clarion County Treatment Court Program. Similar to our Restrictive Intermediate Punishment Program in Armstrong and Indiana Counties, this program focuses on Level 3 and Level 4 offenders who, due to the presence of a substance abuse problem, are sentenced to the program in lieu of jail. The goals of the program are to assist in the reduction of jail overcrowding and reduce the incidence of relapse while ensuring appropriate treatment and access to support services.

## **Student Assistance Program (SAP)**

The Armstrong-Indiana-Clarion Drug and Alcohol Commission's Student Assistance Program (SAP) was established in 1986 and employs a Case Manager who serves as the SAP Liaison core team member for SAP Teams in their Counties. For the FY 2016/17, there were 10 SAP Teams in Armstrong County, 17 SAP Teams in Indiana County, and 9 SAP Teams in Clarion County.

The primary focus of the SAP Liaisons is to provide support and comprehensive SAP services to the students, their families, and the school districts of Armstrong, Indiana, and Clarion Counties. The SAP Liaisons provide consultation and on-site assessments for students referred by the teams and other school personnel. The SAP Liaisons make educational and/or treatment referrals, as well as Case Coordination services, for students who indicate a need for services. They also provide training and drug and alcohol related informational packets to the SAP Core Teams in all three

counties. The Commission's Prevention staff will also make themselves available to provide education and information to the SAP teams.

### **Recovery Support Services**

The Armstrong-Indiana-Clarion Drug and Alcohol Commission (AICDAC) began Recovery Support Services in March of 2010, within the Case Management Department. Recovery Support Services enhance clients' recovery through coordination of care, casework activities and aftercare. Recovery Support Services at the Armstrong-Indiana-Clarion Drug and Alcohol Commission include, but are not limited to: recovery planning, assistance transitioning from residential treatment to a client's home community, self-help meeting introduction, assistance with sponsor searches, accessing community resources, interview and resume coaching, connection with Case Managers to access treatment services and providing support groups.

The Commission has been moving steadily toward a Recovery Oriented System of Care (ROSC) over the past few years. The Commission has been active in establishing Recovery Advocacy groups and has sponsored activities promoting the groups. The Advocacy Group (TAG) of Armstrong County identified Recovery Housing as a need in their county and the SCA was able to assist the group with establishing an Oxford Recovery House for males in Kittanning, PA. It has been open for five years and continues to take new residents. The Commission worked with TAG to open an Oxford Recovery House for females in Armstrong County in July 2010. The Commission recently advertised a Request for Proposals to add more Recovery Houses in Armstrong and Indiana Counties.

The Commission has established a Recovery Oriented System of Care (ROSC) Committee and meets quarterly. They have established a ROSC Action Plan with goals and objectives for the three-county area and are making progress on all of their goals, including establishing more Oxford Recovery houses, additional ROSC trainings for human services and criminal justice staff, and are making plans for a Recovery Center in the future.

The Commission has also worked with SBHM and seven Southwestern PA counties to provide Peer-Based Recovery Support Services. Training is provided annually for the Certified Recovery Specialist (CRS) certification for participants from Armstrong, Indiana, and Clarion counties. Currently, the two-county area has approximately 35-40 persons certified as a CRS. ARC Manor is now requiring all of their Resident Assistants to have the CRS certification.

The Commission's Recovery Support Services department has also started Medication Assisted Recovery support groups in each of the three counties for clients on medication that are not comfortable attending the traditional support groups in the area.

The Commission and seven other Western PA counties collaborated to develop a supplemental service for HealthChoices that allows for the reimbursement of various peer provided CRS services.

No waiting lists exist for Recovery Support services in any of the three Counties.

Most recently, the Commission has partnered with seven counties to contract with IRETA/Northeast ATTC to provide technical assistance in the development of a recovery-orientation to the provision of methadone maintenance services from the SCAs, and eventually through HealthChoices. The Best Practices for Recovery Oriented Methadone (ROM) have been completed and ROM went into effect in all of the nine counties on March 1, 2012.

The Commission established a Family Education and Support Group in Armstrong and Indiana Counties that was funded through the HealthChoices reinvestment funds. This free program is conducted in each county as an eight-week program for 90 minutes per week. A treatment therapist provides 45 minute sessions each week to family members on addiction subjects, such as Addiction 101, relapse, enabling, local support services, etc. and the other 45 minutes of the session is in a support group format. This program expanded to Clarion County in 2013, however, was ended in early 2014 due to lack of attendance.

The Commission's ROSC Committee has identified the following Recovery Support Service Goals and Objectives for the development of a Recovery Oriented System of Care (ROSC) in the three-county area:

- Goal 1) Enhance county-wide knowledge and awareness of ROSC:
  - Objective 1) Educate all Armstrong/Indiana/Clarion SCA staff and board members regarding the ROSC concept.
  - Objective 2) Educate all Armstrong/Indiana/Clarion contracted substance abuse providers, staff, and board members.
  - Objective 3) Promote awareness and knowledge of the addiction treatment/prevention systems and the ROSC model to organizations and community leaders.
- Goal 2) Implement, enhance, and sustain the ROSC model in Armstrong, Indiana, and Clarion Counties
  - Objective 1) Promote and increase the use of the ROSC values and model with treatment and prevention providers.
  - Objective 2) Increase individual and family participation in all phases of treatment and recovery planning.
  - Objective 3) Enhance the pre-recovery and engagement stages of recovery.
  - Objective 4) Promote and support the recovery community in efforts that enhance ROSC values and model.
  - Objective 5) Obtain sustainable funding for Recovery Support Services.
- Goal 3) Provide and support safe and sober housing and activities for individuals in recovery
  - Objective 1) Expand and support the network of Oxford Houses in the three-county area.
  - Objective 2) Establish and support recovery oriented community center(s).
  - Objective 3) Promote and support recovery oriented community activities.

### **Resources Addressing the Opioid Epidemic**

The Commission continued to experience an increased demand for treatment by opiate users, specifically heroin, over the past fiscal year. Two methadone providers, Med-Tech Resources and RHJ Medical are conveniently located for residents of our three counties.

The Commission has continued with the use of Buprenorphine in an office-based treatment program with an increase of clients who have chosen this option. The Commission currently contracts with the Open Door for these services in Armstrong and Indiana Counties. With the increase in heroin and other opiate use, the buprenorphine program gives our clients another option when requesting treatment for opiate addiction. Many clients still opt for drug-free residential treatment with the hope of attaining abstinence. More physicians are needed in the tri-county area to work with the Open Door to meet the demand for buprenorphine services in our area.

The Commission has also experienced an increased demand for the use of Vivitrol medication. Many of the residential treatment facilities are offering Vivitrol to their clients prior to their discharge and currently there are no physicians located within the three Counties to refer the clients to for continued medication injections of Vivitrol. In answer to this demand, the Commission works with a company named Positive Recovery Solutions to bring a mobile medical unit to each of the three Counties to work in conjunction with the Outpatient treatment facilities. The mobile medical unit provides a Registered Nurse and a Physician that will see the client every two weeks and coordinate the provision of the Vivitrol medication and physical health monitoring, in coordination with the behavioral health providers. This program started on July 1, 2015. There are currently no waiting lists for Medication Assisted Treatment in the counties.

The Commission also recognizes that there is an increase in the abuse of prescription drugs by adolescents and adults in our tri-county area. Prevention and education efforts to inform residents

of this issue have been made. The SCA takes an active role with the District Attorney's office in each County to participate in the Prescription Drug Take Back events.

The Commission provides community education trainings on Overdose Prevention and distributes Narcan (naloxone) to family members and first responders. Each Case Management office keeps a supply of naloxone. Patients, family members, friends, etc., can visit the CM office to participate in the on-line training and will take home a free naloxone kit with a completed training certificate. The Commission also supplies most of the local police departments, fire companies, human service agencies, etc. with Narcan through a variety of funding sources, such as foundation grants and donations. The Commission's Narcan training program at Indiana University of PA was featured in an article in the Wall Street Journal recently to highlight some of the efforts being provided at Colleges and Universities in response to the Opioid epidemic.

The Commission has a three-county combined Overdose Task Force that meets quarterly. Armstrong and Indiana Counties prefer to meet monthly in their respective Counties. The Coroners, EMT providers, 911 Administrators, hospital personnel and treatment providers meet to discuss overdose prevention with the help of staff from PITT's PERU center and [www.overdosefreepa.org](http://www.overdosefreepa.org). All three Counties enter their data in the website.

The Commission continued to experience an unusually high demand for detoxification services, more than the amount spent in the previous fiscal year and over twice the amount that was spent in the fiscal year 2006/07. In response to the increased demand, the SCA worked with Value Behavioral Health and Southwest Behavioral Health Management to develop a Request for Proposals (RFP) for detoxification services in Armstrong County. ARC Manor was awarded the contract for the addition of a detox unit to their facility, however, efforts to create a detox facility in Armstrong County has not been able to be realized due to financial issues.

Due to efforts in collaboration with SpiritLife Inc., the company was able to open a 14- bed detox and a 30-bed residential rehab (3A, 3B, and 3C) in their facility in southern Indiana County in the fall of 2015. The SCA has been providing technical assistance to the staff of SpiritLife. The Commission has also collaborated with Conewago-Indiana to expand their operation from a 42-bed residential program to a new facility with a 12-bed detox and a 64-bed residential male and female program. Conewago's current facility will soon open with a 24-bed halfway house for males. Waiting lists occur often for detox, rehab, and halfway house beds due to the opiate epidemic throughout Western PA.

The Commission was awarded a HRSA grant to develop a warm hand-off program in the area hospitals called the Addiction Recovery Mobile Outreach Team (ARMOT) program. The Commission employs two Mobile Case Managers and two Mobile Certified Recovery Specialists that are available to the area hospitals in all three Counties to provide assessments, placement, and recovery support services to Overdose patients and any other hospital patients that indicate a substance use disorder. This program began at Indiana Regional Medical Center in September 2015 and then moved to the other two hospitals in 2016. A Case Manager and a Certified Recovery Specialist work as a team and are on site at the hospitals from 8:00 a.m. to 4:00 p.m. Monday through Fridays. They accept referrals from the hospital staff to assess patients and/or provide information about substance use disorders to patients and to staff. The goal is to assess the patient and provide a direct referral from the hospital to a licensed D & A treatment facility. To date, over 400 patients have been provided with services. Reducing stigma is also a goal of the ARMOT teams. The program has branched out to PCP offices and health clinics in the area. The Commission has been awarded a second grant to expand the program to a second shift at the hospitals and to include on-call 24/7 CRS services for EMT, police, and probation requests. The ARMOT program has received national attention with a professionally produced video located on the Office of Rural Health Programs website and with requests to present the program at various national healthcare conferences in San Diego, Oklahoma, Washington DC, and Atlanta, GA.



## **Treatment**

The Armstrong-Indiana-Clarion Drug and Alcohol Commission contracts with every level of care available to clients. These include outpatient, intensive outpatient, partial hospitalization, halfway house, non-hospital based residential treatment and detoxification, methadone maintenance, enhanced treatment to include medication assistance (such as buprenorphine) and hospital based residential treatment and detoxification. There are currently no issues with waiting lists or access to services, other than at times during the year, there may be a shortage of detox and 3C beds available.

Below are the average waiting times for services in residential settings.

Detox:	average is 1-5 days
3B:	average is 3-10 days
3C:	average is 2-6 weeks
HH:	average is 1-2 months

Targeted populations include adolescents, pregnant females, women with children, intravenous drug users, those with co-occurring disorders, overdose survivors, and veterans. The Commission assisted agencies in designing services for these individuals as well as contracted with programs that specialize in these populations.

Co-occurring clients (those with Mental Health and Substance Abuse issues) have the option to be referred to outpatient, intensive outpatient, partial hospitalization, halfway house, and non-hospital residential. Family Services of Western PA, CenClear, and The Open Door, local outpatient providers continue to expand the programs that they offer to co-occurring consumers.

The SCA and the Mental Health Administrators co-chaired the Armstrong-Indiana Co-Occurring Disorders Committee that included staff of all of the Substance Abuse and Mental Health provider agencies in the two-County area. The Committee met bi-monthly to discuss the delivery of Co-Occurring Disorder services, specific complex cases, and methods of improving the system.

The Commission has brought new Outpatient Providers to Armstrong and Clarion Counties. Family Services of Western PA opened an office in Kittanning in October 2015 that provides Outpatient, Intensive Outpatient, and Partial Services. Cen Clear opened an office in Clarion in September 2015 that provides Outpatient, Intensive Outpatient, and Partial Services. Both of the new facilities also provide treatment in the County Jails and to adolescents in the County school districts. There are no waiting lists for Partial Hospitalization and Outpatient services in the three counties.

## **Identify the county resources to meet the service needs for the following populations:**

### **Adults (ages 18 to 60):**

The Armstrong-Indiana-Clarion Drug and Alcohol Commission contracts with treatment agencies to provide the full continuum of care available for the adult population. These include outpatient, intensive outpatient, partial hospitalization, halfway house, non-hospital based residential treatment and detoxification, methadone maintenance, enhanced treatment to include medication assistance (such as buprenorphine and vivitrol) and hospital based residential treatment and detoxification. Outreach for this population is conducted at various locations throughout the three Counties, such as: Social Service agencies, such as Children and Youth; the college campuses for Indiana University of PA and Clarion University of PA; County Assistance Offices; Careerlink; Technical schools such as Wyotech; Health Fairs; Various Media outlets; County Hospitals; County Jails; etc.

### **Transition-Age Youth (ages 18-26):**

The Armstrong-Indiana-Clarion Drug and Alcohol Commission contracts with treatment agencies to provide the full continuum of care available for the transition-age youth population. These include outpatient, intensive outpatient, partial hospitalization, halfway house, non-hospital based

residential treatment and detoxification, methadone maintenance, enhanced treatment to include medication assistance (such as buprenorphine) and hospital based residential treatment and detoxification. Outreach for this population is conducted at various locations throughout the three Counties, such as: the Independent Living Groups at Children and Youth Services, Justice Works, and Holy Family Institute; the college campuses for Indiana University of PA and Clarion University of PA; County Assistance Offices; Careerlink; Technical schools such as Wyotech; health fairs; other social service agencies; County hospitals; County Jails; etc.

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

The Armstrong-Indiana-Clarion Drug and Alcohol Commission contracts with treatment agencies to provide the full continuum of care available for the older adult population. These include outpatient, intensive outpatient, partial hospitalization, halfway house, non-hospital based residential treatment and detoxification, methadone maintenance, enhanced treatment to include medication assistance (such as buprenorphine) and hospital based residential treatment and detoxification. Outreach for this population is conducted at the Area Agency on the Aging locations throughout the three Counties, as well as various health fairs, other social services agencies, etc.

**Adolescents (under 18):**

The Armstrong-Indiana-Clarion Drug and Alcohol Commission contracts with treatment agencies to provide the full continuum of care available for the adolescent population. These include outpatient, intensive outpatient, non-hospital based residential treatment and detoxification, and hospital based residential treatment and detoxification residential services. School-based Outpatient treatment services are now available for adolescents in all three counties. Also, the Commission contracts with Outside In to provide Multi-Dimensional Family Therapy in Armstrong and Indiana Counties. Outreach for this population is conducted at various locations throughout the three Counties, such as: the Independent Living Groups at Children and Youth Services, Justice Works, and Holy Family Institute; schools, health fairs, other social service agencies, etc.

**Individuals with Co-Occurring psychiatric and substance use disorders:**

The Armstrong-Indiana-Clarion Drug and Alcohol Commission contracts with treatment agencies to provide the full continuum of care available for Co-Occurring psychiatric and substance use disorder population. These include outpatient, intensive outpatient, partial hospitalization, halfway house, non-hospital based residential treatment and detoxification, methadone maintenance, enhanced treatment to include medication assistance (such as buprenorphine) and hospital based residential treatment and detoxification.

Outreach for this population is conducted at various locations throughout the three Counties, such as: the local drop-in centers; other social service agencies; the college campuses for Indiana University of PA and Clarion University of PA; County Assistance Offices; Careerlink; Technical schools such as Wyotech; the County Hospitals; County Jails; etc.

**Criminal Justice Involved Individuals:**

The Armstrong-Indiana-Clarion Drug and Alcohol Commission contracts with treatment agencies to provide the full continuum of care available for the Criminal Justice Involved population. These include outpatient, intensive outpatient, partial hospitalization, halfway house, non-hospital based residential treatment and detoxification, methadone maintenance, enhanced treatment to include medication assistance (such as buprenorphine) and hospital based residential treatment and detoxification. Outreach for this population is conducted at the County Jails and Probation Offices.

In December 2012, the SCA started the Medical Assistance County Jail Pilot in Armstrong and Clarion Counties and expanded the program to Indiana County in May 2013. This pilot was started in response to a request from the PA Department of Drug and Alcohol Programs to provide level of care

assessments in the County Jails and to help the inmate apply for Medical Assistance while in the County Jail and process COMPASS applications for the inmates within 7 days of their release from Jail, so that they are eligible for HealthChoices on the date of their release from Jail. Clients eligible for the program go directly from the County Jail to a residential rehab facility on the date of their release. Savings realized from the operation of the Medical Assistance Jail pilot have allowed the SCA to hire additional Criminal Justice Case Managers and to sub-contract with area outpatient facilities to provide outpatient therapy in the jails.

**Veterans:**

The Armstrong-Indiana-Clarion Drug and Alcohol Commission contracts with treatment agencies to provide the full continuum of care available for the Veteran adult population. These include outpatient, intensive outpatient, partial hospitalization, halfway house, non-hospital based residential treatment and detoxification, methadone maintenance, enhanced treatment to include medication assistance (such as buprenorphine) and hospital based residential treatment and detoxification. The Commission staff makes referrals for veterans that qualify for care at the VA. For the Veterans population that need addiction treatment but do not qualify for the VA program or have been dishonorably discharged, their treatment services are paid for by the Commission according to their liability qualifications. Outreach for this population is conducted at various locations throughout the three Counties, such as: Social Service agencies; the Indiana County VA Outpatient Clinic; the Office of Veterans Affairs; Children and Youth; the college campuses for Indiana University of PA and Clarion University of PA; County Assistance Offices; Careerlink; Technical schools such as Wyotech; Health Fairs; Various Media outlets; County Hospitals; County Jails; etc.

**Women with Children:**

The Armstrong-Indiana-Clarion Drug and Alcohol Commission contracts with treatment agencies to provide the full continuum of care available for women with children. These include outpatient, intensive outpatient, non-hospital based residential treatment and detoxification, and hospital based residential treatment and detoxification residential services.

**Overdose Survivors:**

The Armstrong-Indiana-Clarion Drug and Alcohol Commission contracts with treatment agencies to provide the full continuum of care available for overdose survivors. These include outpatient, intensive outpatient, non-hospital based residential treatment and detoxification, and hospital based residential treatment and detoxification residential services. The ARMOT program was developed to provide immediate treatment needs for overdose survivors in a warm hand-off program. A CRS on-call program with 24/7 access is currently being established. Overdose prevention and education programs are provided in the three Counties as well as free Narcan kits to citizens with training certificates.

**Recovery-Oriented Services:**

The Armstrong-Indiana-Clarion Drug and Alcohol Commission (AICDAC) began Recovery Support Services in March of 2010, within the Case Management Department. Recovery Support Services enhance clients' recovery through coordination of care, casework activities and aftercare. Recovery Support Services at the Armstrong-Indiana-Clarion Drug and Alcohol Commission include, but are not limited to: recovery planning, assistance transitioning from residential treatment to a client's home community, self-help meeting introduction, assistance with sponsor searches, accessing community resources, interview and resume coaching, connection with Case Managers to access treatment services and providing support groups. The Commission employs four full-time Certified Recovery Specialists (CRS) to provide recovery support services to adults ages 18 and older.

The Commission has been moving steadily toward a Recovery Oriented System of Care (ROSC) over the past few years. The Commission has been active in establishing Recovery Advocacy groups and has sponsored activities promoting the groups. The Advocacy Group (TAG) of Armstrong County identified Recovery Housing as a need in their county and the SCA was able to assist the group with establishing an Oxford Recovery House for males in Kittanning, PA. It has been open for four years and continues to take new residents. The Commission worked with TAG to open an Oxford Recovery House for females in Armstrong County in July 2010. The Commission was also successful in acquiring HealthChoices Reinvestment funds to establish two Oxford Recovery Houses in Indiana County during the fiscal year 2011/12 and two Oxford Recovery Houses in Clarion County during the fiscal year 2012/13.

The Commission has established a Recovery Oriented System of Care (ROSC) Committee and meets monthly. They have established a ROSC Action Plan with goals and objectives for the three-county area and are making progress on all of their goals, including establishing more Oxford Recovery houses, additional ROSC trainings for human services and criminal justice staff, and are making plans for a Recovery Center in the future.

The Commission has also worked with SBHM and seven Southwestern PA counties to provide Peer-Based Recovery Support Services. Training is provided annually for the Certified Recovery Specialist (CRS) certification for participants from Armstrong, Indiana, and Clarion counties. Currently, the two-county area has approximately 35-40 persons certified as a CRS. ARC Manor is now requiring all of their Resident Assistants to have the CRS certification.

The Commission's Recovery Support Services department has also started Medication Assisted Recovery support groups in each of the three counties for clients on medication that are not comfortable attending the traditional support groups in the area.

The Commission and seven other Western PA counties collaborated to develop a supplemental service for HealthChoices that allows for the reimbursement of various peer provided CRS services.

Most recently, the Commission has partnered with seven counties to contract with IRETA/Northeast ATTC to provide technical assistance in the development of a recovery-orientation to the provision of methadone maintenance services from the SCAs, and eventually through HealthChoices. The Best Practices for Recovery Oriented Methadone (ROM) have been completed and ROM went into effect in all nine counties on March 1, 2012.

The Commission has established a Family Education and Support Group in Armstrong and Indiana Counties that is funded now through SCA funds. This free program is conducted in each county as an eight-week program for 90 minutes per week. A treatment therapist provides 45 minute sessions each week to family members on addiction subjects, such as Addiction 101, relapse, enabling, local support services, etc. and the other 45 minutes of the session is in a support group format. This program was expanded to Clarion County in December 2012. Unfortunately, a lack of attendance forced the program to close in 2014.

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

**Adult Services:** Please provide the following:

Program Name: Clarion County Adult Services

Description of Services: assessment, eligibility determination, case management, and assistance with rent rebates for consumers between the ages 18 and 60. These services are provided in the consumer's home, the community, and the office by the adult services caseworker. Re-evaluation of eligibility and need are made at least every 6 months.

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

**Adult Services:** Please provide the following:

Program Name: Clarion County Adult Services

Description of Services: information and referral services for consumers between the ages 18 and 60 who are in need of services not provided by Adult Services. These services are primarily provided over the phone and in the office by the adult services caseworker. The Adult Services Caseworker also provides follow-up services to ensure linkage for individuals referred to other services.

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

**Adult Services:** Please provide the following:

Program Name: Home Delivered Meals

Description of Services: meals prepared in a central location and delivered to consumers. Three different categories of meals are provided – hot, frozen and special. We contract with our local Area Agency on Aging for this service to ensure that the meals meet all required guidelines. Re-evaluation of eligibility and need are made at least every 6 months.

Service Category: Home-Delivered Meals - Provides meals, which are prepared in a central location, to homebound individuals in their own homes. Each client is served a minimum of one but no more than two meals daily, up to 7 days a week.

**Adult Services:** Please provide the following:

Program Name: Homemaker Services

Description of Services: services provided in the home to consumers by a trained caregiver when there is no family member or other responsible person available. Services include Activities of Daily Living such as light housekeeping, laundry and personal care. We contract with 2 local providers for this service. Re-evaluation of eligibility and need are made at least every 6 months.

Service Category: Homemaker - Activities provided in the person's own home by a trained, supervised homemaker if there is no family member or other responsible person available and willing to provide the services, or relief for the regular caretaker.

**Adult Services:** Please provide the following:

Program Name: County Transportation/taxi service

Description of Services: Clarion County is a rural county with public transportation limited to the immediate Clarion area. The County transportation program also has a limited radius for services. Consumers who are totally without transportation or a natural support to transport them to reach physicians' appointments are provided assistance through a local taxi company who then, with prior approval of the agency, bills the agency; handicapped accessible transportation for non-MA eligible consumers is purchased through County transportation; proof of appointment is required to be submitted to the agency for verification.

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

**Children and Youth Services:** Please provide the following:

Program Name: Clarion County Children and Youth Adoption Services

Description of Services: Activities performed by CYS staff to finalize adoptions including completion of adoptive home studies for adoptions by agency foster parents, placement and supervision of children placed in a pre-adoptive home through the agency and through Interstate Compact, and supportive services to the adoptive families during the hearings and facilitation of post adoption support services.

Service Category: Adoption Services - Activities designed to culminate in legal adoption, including recruitment, study of applicants, adoptive parent preparation, placement/supervision, and supportive services to the adoptive family during hearing and after placement.

**Generic Services:** Please provide the following:

Program Name: gas cards

Description of Services: Clarion County is a rural county with public transportation limited to the immediate Clarion area. Consumers in need of assistance to reach physicians or social service appointments are provided gas cards either for their vehicle or the vehicle of someone who is a natural support who takes them to the appointment. Individuals receiving HAP assistance are also provided gas cards when needed for social service appointments. Proof of appointment is required to be submitted to the agency for verification.

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

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

Adult  Aging  CYS  SUD  MH  ID  HAP

**Interagency Coordination:** (Limit of 1 page)

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

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

The activities of the Human Services Director funded with HSDF include participation on numerous Boards and Committees of the public and private Human Service providers in the county in order to accomplish one of the duties identified on the job description "Establishes linkages to other human service programs in the County to achieve maximum coordination among agencies and programs, including coordination of planning effort". The current Director is a member and/or chair of the following: Family Net Advisory Board, County Collaborative Board, Health and Dental Task Force, Shelter Task Force, Emergency Food and Shelter Board, MH/DD/EI and CYS Advisory Boards, among others. These are all multi-system boards and committees that include public and private providers as well as community members and some with youth/consumer/family members and enable the Director to participate in cross-systems needs assessments and planning with a focus on expanding access to services, identifying unmet needs in the continuum of care, adding services to fill gaps in the continuum of care, and prevention of duplication of services. A very small percentage of the Human Services Director's salary and benefits is charged to this cost center in HSDF.

## Attachments

### SCO Response Procedures

CCR, Inc.  
FamilyLinks  
SAM, Inc.





# CENTER FOR COMMUNITY RESOURCES, INC.

## *Developmental Programs Department Intellectual Disability Program*

<u>POLICY SECTION</u>	<u>POLICY TITLE</u>	<u>POLICY NUMBER</u>
Quality Management	SCO Response Procedures	Function 6.0
		Section 6.6
<b>EFFECTIVE DATE:</b>		<b>REVISED DATE:</b> 4/4/2017-KS
<b>APPROVED BY:</b>	Operations Director	Teresa Hewitt DATE: 4/15/2008
<b>APPROVED BY:</b>	Senior Manager	Ashlee Hershberger DATE: 4/15/2008

**Policy:** Center for Community Resources, Inc., Developmental Programs Department, will adhere to the Bulletin 00-08-06 and partner with the Crisis Program to implement a 24-Hour Emergency Response procedure for all individuals enrolled in Intellectual Disabilities (ID) services and supports.

**Purpose:** To ensure all staff is aware of and follow the outlined responsiveness procedures. Staff response will be timely and consistent in order to respond to emergency/non-emergency inquiries to promote the health and safety of individuals with Intellectual Disabilities, follow-up to inquiries in a timely manner and track corrective actions in support of client need.

**Scope:** This procedure applies to all Supports Coordinators, SC Managers, Crisis Staff and Management.

**Procedure:**

1. GENERAL REQUIREMENTS & GUIDELINES

1.1 All individuals enrolled in ID services and supports will have access to agency personnel (trained in ODP systems supports, ODP Policies and Procedures, and who have experience working with special populations).

1.1.1 SC's will respond to non-emergency inquiries by the end of the next business day of receipt of a call or an email.

1.1.2 SC's will have a standardized message on their voicemails with directions on how to leave a message with their Supervisors contact information if the SC is off work for varying reasons. Each voicemail message will also have instructions on how a client can access Crisis services if needed.

1.1.3 Each SC is equipped with a cell phone that is to be carried during working hours. Each individual is given a business card for their SC which contains the SC's cell phone and email address for contact purposes. Each business card also has the 24 hour crisis hotline number.

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- 2.1 SC Managers will participate in the Crisis Program Administrative on-call rotation process and document all out-of hours contact with the Crisis team, in support of individuals with ID.
  - 2.1.1 In the event Crisis Services are contacted outside of normal agency business hours, Crisis Program staff will assist the individual to ensure his/her health and safety. If Crisis Program staff determines that to ensure health and safety, they need additional resources; the Crisis Program staff will contact the assigned Administrative on-call Manager to review the case and individual's needs.
  - 2.1.2 The Administrative on-call staff will advise the Crisis Program staff of next steps. This can include contacting the on-call SC Manager to assist in accessing supports and services specific to ID services and supports.
  - 2.1.3 If the SC Manager needs funding authorized so that an individual's health and safety can be maintained during off hours, each SC Manager has the AE County Designee's cell phone number and can contact her for funding approval.
  - 2.1.4 All off hour contacts will be documented in HCSIS by the on call SC Manager.
- 2.2 SC will assist the agency Crisis Program, if necessary, Monday through Friday during normal agency working hours to locate and coordinate possible services and supports for individuals accessing the agency Crisis hotline. In managing an individual's crisis, if the agency Crisis Program identifies the individual to be a consumer with ID, the agency Crisis Program staff will contact the SC and/or the SC Manager, as identified, in order to provide additional levels of individual support.
- 2.3 SCs or SC Managers will respond to emergency inquiries immediately when they receive a call or email from the Crisis Program staff.
- 2.4 SC and/or the SC Manager identify a potential consumer who may need Crisis supports outside of normal business hours, they will contact the Crisis Program and share relevant information, so that the individual's health and safety needs can be addressed. The individual and/or family/guardian will also be given the contact information for the Crisis Program hotline and encouraged to call, if needed.
- 2.5 SC and/or the SC Manager will document any SCO activities involved with locating and/or coordinating the individual's personal emergency/non-emergency inquiry to the Crisis Program in a service note in HCSIS.
- 2.6 SC and/or the SC Manager will participate in the agency Crisis Program follow-up process with the individual, in order to ensure the individual is linked with appropriate services in response to their personal emergency. This participation will be documented in a service note in HCSIS.
- 2.7 SC will track appropriate corrective action relative to concerns identified by the individual through ISP monitoring, Incident Management, IM4Q, AE self-reviews, AE Oversight Monitoring and any other external monitoring, as they relate to the individual within the general guidelines for monitoring activities, the

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**FAMILYLINKS  
HUMAN RESOURCES POLICIES AND PROCEDURES**

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**Subject:** On-Call

**Policy Number:** 300-09

**Effective Date:** July 2001

**Revised:** September 2007

**POLICY:**

Employees in certain positions may be required to remain on-call while off Familylinks' premises. It is Familylinks' policy to compensate employees for on-call and call-out responsibilities in compliance with the Fair Labor Standards Act (FLSA).

Exempt employees are not entitled to overtime compensation for on-call time. At the supervisor's discretion and approval, exempt employees may be permitted the flexibility to adjust their schedule when on-call responsibilities occur.

Employees required to be on-call, who must remain on Agency premises or be so close to the premises that they cannot use the time effectively for their own personal purposes, are considered to be "engaged to wait" and must be compensated. Employees, who are not required to remain on the premises but must wear a beeper or be reachable by telephone, are "waiting to be engaged" and need not be paid if they are completely relieved of their duties and can use the time effectively for their own purposes.

<b>(CARF Standard): General Program Standards – IDD Program Wide Policy</b>	<b>Title: Supports Coordination Organization 24 Hour Response</b>
Prepared by:	Effective Date: 01/01/06
Supports Coordination Sub Committee	Revision Date: 06/25/14
	Review Date: 05/11/17

**Procedure**

1. Supports Coordination Organization (SCO) emergency services are available 24 hours a day, 7 days per week, and 365 days per year.
2. At the end of each work day including weekends and holidays Intellectual Developmental Disability (IDD) or SCO consumers will have access to a S.A.M. SCO representative.
3. If emergency residential services and waiver capacity needs to be considered, the local Administrative Entity will be contacted.
4. Supports coordinators and supervisors will have a voice message on their phones for after hour calls directing the caller to the appropriate local SCO contact.

*James D. Schu*

**APPROVED**  
By jschu at 9:33 am, May 24, 2017

Department Director Signature/Date

*Nan Haver*

**APPROVED**  
By Nan Haver at 2:28 pm, May 25, 2017

President/CEO Signature/Date

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

County:	1.	2.	3.	4.	5.
<b>Clarion</b>	ESTIMATED INDIVIDUALS SERVED	DHS ALLOCATION (STATE & FEDERAL)	PLANNED EXPENDITURES (STATE & FEDERAL)	COUNTY MATCH	OTHER PLANNED EXPENDITURES

**MENTAL HEALTH SERVICES**

ACT and CTT					
Administrative Management					
Administrator's Office			\$ 180,046	\$ 20,005	
Adult Developmental Training					
Children's Evidence Based Practices					
Children's Psychosocial Rehabilitation					
Community Employment	6		\$ 37,202	\$ 4,134	
Community Residential Services	7		\$ 22,500	\$ 2,500	
Community Services	130		\$ 375,977	\$ 41,775	
Consumer-Driven Services					
Emergency Services					
Facility Based Vocational Rehabilitation					
Family Based Mental Health Services	15		\$ 13,770		
Family Support Services	6		\$ 4,519		
Housing Support Services	100		\$ 29,185	\$ 3,243	
Mental Health Crisis Intervention	575		\$ 222,175		
Other					
Outpatient	1,550		\$ 36,000	\$ 4,000	
Partial Hospitalization					
Peer Support Services	80		\$ 40,000		
Psychiatric Inpatient Hospitalization					
Psychiatric Rehabilitation	60		\$ 75,000		
Social Rehabilitation Services	100		\$ 51,432	\$ 5,715	
Targeted Case Management	400		\$ 162,500		
Transitional and Community Integration	70		\$ 61,963		
<b>TOTAL MENTAL HEALTH SERVICES</b>	<b>3,099</b>	<b>\$ 1,312,269</b>	<b>\$ 1,312,269</b>	<b>\$ 81,372</b>	<b>\$ -</b>

**INTELLECTUAL DISABILITIES SERVICES**

Administrator's Office			\$ 385,333	\$ 8,826	
Case Management	180		\$ 13,663	\$ 1,518	
Community-Based Services	160		\$ 100,107	\$ 11,123	
Community Residential Services	8		\$ 27,000	\$ 3,000	
Other					
<b>TOTAL INTELLECTUAL DISABILITIES SERVICES</b>	<b>348</b>	<b>\$ 526,103</b>	<b>\$ 526,103</b>	<b>\$ 24,467</b>	<b>\$ -</b>

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County:  <b>Clarion</b>	<b>1.</b>  ESTIMATED INDIVIDUALS SERVED	<b>2.</b>  DHS ALLOCATION (STATE & FEDERAL)	<b>3.</b>  PLANNED EXPENDITURES (STATE & FEDERAL)	<b>4.</b>  COUNTY MATCH	<b>5.</b>  OTHER PLANNED EXPENDITURES
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***HOMELESS ASSISTANCE SERVICES***

Bridge Housing	10		\$ 54,799		
Case Management	211		\$ 33,920		
Rental Assistance	117		\$ 13,551		
Emergency Shelter	3		\$ 169		
Other Housing Supports					
Administration			\$ 4,000		
<b>TOTAL HOMELESS ASSISTANCE SERVICES</b>	<b>341</b>	<b>\$ 106,439</b>	<b>\$ 106,439</b>		<b>\$ -</b>

***SUBSTANCE USE DISORDER SERVICES***

Act 152 Inpatient Non-Hospital	115		\$ 139,283		
Act 152 Administration	-		\$ 15,475		
BHSI Administration	-		\$ 41,390		
BHSI Case/Care Management	231		\$ 115,144		
BHSI Inpatient Hospital	1		\$ 3,605		
BHSI Inpatient Non-Hospital	51		\$ 79,039		
BHSI Medication Assisted Therapy	34		\$ 33,165		
BHSI Other Intervention	-		\$ -		
BHSI Outpatient/IOP	205		\$ 77,780		
BHSI Partial Hospitalization	21		\$ 21,775		
BHSI Recovery Support Services	40		\$ 42,011		
<b>TOTAL SUBSTANCE USE DISORDER SERVICES</b>	<b>698</b>	<b>\$ 568,667</b>	<b>\$ 568,667</b>	<b>\$ -</b>	<b>\$ -</b>

***HUMAN SERVICES DEVELOPMENT FUND***

Adult Services	58		\$ 39,300		
Aging Services					
Children and Youth Services	5		\$ 500		
Generic Services	10		\$ 600		
Specialized Services					
Interagency Coordination			\$ 4,600		
Administration			\$ 5,000		
<b>TOTAL HUMAN SERVICES DEVELOPMENT FUND</b>	<b>73</b>	<b>\$ 50,000</b>	<b>\$ 50,000</b>		<b>\$ -</b>

Please note any utilization of HSDF funds in other categoricals and include: categoricals and cost center, estimated individuals, estimated expenditures.

<b>GRAND TOTAL</b>	<b>4,559</b>	<b>\$ 2,563,478</b>	<b>\$ 2,563,478</b>	<b>\$ 105,839</b>	<b>\$ -</b>
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