

MERCER COUNTY HUMAN SERVICES PLAN

2017-2018

June 7, 2017

Mercer County Commissioners:

**Matthew McConnell
Timothy McGonigle
Scott Boyd**

For any questions regarding this plan, please contact:
Catherine Main, Mental Health/Developmental Services Administrator
cmain@mcc.co.mer.pa.us
724-662-6715

**Mercer County Human Services Plan
June 7, 2017
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Appendix A
Fiscal Year 2017-2018


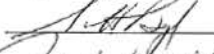
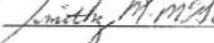
COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: Mercer

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

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

Signatures	Please Print	Date
	Matthew R. McConnell	June 5, 2017
	Scott Boyd	June 5, 2017
	Timothy M. McGonigle	June 2, 2017

Appendix B

MERCER COUNTY 2017-2018 HUMAN SERVICES PLAN

Part I: County Planning Process

The Human Services Plan provides an overview of the services and supports available to the individuals served within Mercer County. Mercer County utilizes a variety of funds to provide a wide array of services and supports for individuals living in Mercer County. Services and supports are used and developed in order to support individuals living with mental health, drug and alcohol, and/or intellectual disability in the least restrictive setting and most appropriate for the individual's needs.

The Mercer County Community Support Program, named New Freedom Initiative (NFI), is the driving force of the Human Service Planning process throughout the year. A specific target population from the Human Service guidelines was discussed within the monthly meetings (*Attachment A*). The discussions focused on the strengths, needs, and unmet gaps for each of the target populations of the mental health and drug and alcohol populations. The regular participants and voting members of NFI encourage other community members, including friends, family and providers to participate in these stakeholder meetings. Additionally, those who attend NFI also serve on other community boards and committees and therefore are able to share information coming from a variety of those meetings as well as share the information that is discussed within the NFI meetings. The efforts are ongoing with the hope of raising awareness to the community, and to provide consumers of mental health and drug and alcohol services another chance to voice their knowledge and experience of the Mercer County Human Service system. These meetings provide an opportunity to work on changing, improving, and enhancing the overall Human Service system, and to encourage consumer empowerment. This consumer, family member, community, and provider member stakeholder committee input is evident throughout the plan and ensures the consumer voice is heard and incorporated within the planning process.

The following is a list of the stakeholder representatives who have attended and participated in the NFI meetings:

- Area Agency on Aging;
- Children Aid Society;
- Community Action Partnership of Mercer County;
- Community Counseling Center;
- Disability Options Network;
- Family Behavioral Resources;
- Family members of consumers;
- Local nursing home staff;
- Local pharmacist;
- Mercer County Behavioral Health Commission;
- Mercer County Children and Youth Services;
- Mercer County Housing Authority;
- Mercer County Mental Health and Developmental Services;
- Multiple consumers;

- NAACP;
- Northwest Behavioral Health Partnership;
- Paoletta Counseling Services;
- Primary Health Network;
- Sharon Regional Health System;
- Special Kids Network;
- Value Behavioral Health of PA.

In efforts to engage anyone interested in discussing the human services offered in Mercer County, NFI revised its brochure and has made it widely available throughout Mercer County (*Attachment B*).

In addition to the yearlong efforts made to address each mental health and drug and alcohol category, additional meetings were held by administrative offices. This group consisted of leadership representatives from each of the plan’s categorically funded offices. The planning team met and held work sessions on the following dates and times:

May 11, 2017 9:00 A.M.	Overview and discussion of the planning process Develop timelines for submission to the state Budget discussion Public Hearing process
May 17, 2017 9:00 A.M.	Mental Health Narrative discussion Supportive Housing services discussion
May 25, 2017 9:00 A.M.	Public Hearing Receiving Public comment

Mercer County continues to provide services in the least restrictive setting, and supports an environment that is appropriate for each individual. The funding that Mercer County receives supports the local efforts to ensure that effective and suitable community-based treatments are available for individuals interested in receiving them. Each individual’s requests and personal treatment goals are used to identify the services that are most appropriate.

One area of substantial programmatic change within the 2016-2017 fiscal year has been with the criminal justice population. A jail pilot project began during the fiscal year where identified inmates who have mental health and/or substance use disorders are provided Blended Case Management or Drug and Alcohol Case Coordination, Peer Specialist, and Probation and Parole one month prior to release from jail. This allows for rapport building, accessing of community services, establishing Medical Assistance, and linking to outpatient services in order to prevent any lag. Additional programmatic changes can be found under *Recovery-Oriented Systems Transformation* section within the Human Services Plan.

Part II: Public Hearing Notice

One Public Hearing was held on May 25, 2017 for the purpose of gathering public comments which are included within the plan. The discussion reviewed each of the categories of the Human Services Plan: *Mental Health, Intellectual Disability Services, Homeless Assistance*

Services, Substance Use Disorders, and Human Services and Supports/Human Services Development Fund. Additionally, an overview of the proposed 2017-2018 fiscal year budget was provided.

The Public Hearing was advertised and marketed using a variety of mediums throughout Mercer County. Individual letters of invitation were sent to over 100 individual stakeholders of Mercer County (*Attachment C*). Flyers were hung on agency bulletin boards, waiting rooms, and the local drop-in center (*Attachment D*). The flyer was also posted on the Mercer County Behavioral Health Commission Facebook page and website. The Public Hearing was advertised in one local newspaper on May 18, May 19, and May 20 (*Attachment E*). The notice process may not have been all-inclusive, but attempted to be far reaching. The Public Hearing was held at a location convenient to downtown Sharon, which is where the largest consumer population in the county resides. The location made it very easy for consumers to walk to if they did not have their own transportation. A copy of the sign-in sheets is provided as well (*Attachment F*).

A total of 42 individuals were present for the hearing. A PowerPoint presentation (*Attachment G*) provided the attendees an opportunity to hear about the current services available for each of the categories of the plan.

The opportunity for discussion on areas of needs and wants during each category was provided. Questions, comments, and responses for the ***Mental Health*** areas:

- Q: Do mental health services include Autism Spectrum Disorder? There appears to be a lack of services in that area
 - A: ASD services are provided under Mental Health services, primarily through wraparound providers who specialize in this area. In the upcoming year, expansion of services for ASD will be included under a new waiver through the Office of Developmental Programs. Some providers are currently offering, or planning on offering more soon
- Q: Are Mental Health First Aid (MHFA), Stamp Out Stigma and other awareness programs for the average community member offered? People want to be helpful, but don't know how to do it.
 - A: One staff person from the local mental health inpatient hospital provided information that he is a trainer for MHFA and is working on community trainings. He also said that the police departments will be getting trained in Crisis Intervention Training (CIT).
 - A: The HCQU has been providing MHFA to Intellectual Disability population and staff
- Q: Outreach to Primary Care Physicians (PCP) is needed as PCPs are prescribing medications, but not linking individuals to other support services such as counseling.
 - A: It has been difficult to engage PCPs. Possibly having some outreach provided and at least have brochure and information in waiting areas could be helpful
- Q: This was the first I've heard about the Warm Line. How is this marketed?
 - A: A staff member from the Sharon Herald offered to provide this information in the newspaper. Staff from provider of the Warm Line indicated the information is available on their webpage as well.

Questions, comments, and responses from the ***Intellectual Disability*** area:

- Q: Housing options are limited in our area for this population. Is there anything new coming?
 - A: For the first time in many years, the county will be receiving re-investment dollars. There are very preliminary discussions happening that may address this concern/question
- Q: Could the L.I.F.E. program provide services to ID?
 - A: Yes, if the individual meets all the other requirements for this program.
- Q: What kind of supervision will be available for individuals who begin Community Employment?
 - A: Staff ratio will be no more than one staff with three individuals

Questions, comments, and responses from the *Homeless Assistance Services* area:

- Q: Are individuals involved in the criminal justice system allowed to receive services/funding?
 - A: Yes, but they need to have a regular income in order to sustain housing
- Q: Is there a waiting list for Homeless Assistance Program (HAP)?
 - A: Yes, but we try to address the need as immediately as possible
- Q: Is there a common reason for individuals in need of rental assistance?
 - A: Usually it is unforeseen circumstances, such as loss of job or car repair
- Q: What is the average age of individuals calling for assistance?
 - A: 58% of the calls received for HAP are between the ages of 35-64
- Q: Is there collaboration with the local Housing Authority?
 - A: yes, there is a close working relationship with the Housing Authority
- Q: Schools have knowledge about homeless families. How are the schools involved and being provided assistance?
 - A: Each school district does have a Homeless Coordinator. Additionally, the IU4 has a staff who assists with homelessness and who serves on the regional housing board.
- Q: Is any kind of financial literacy provided?
 - A: Yes. Part of the programs that are HUD qualified provide financial literacy, budget counseling, and credit counseling.

Questions, comments, and responses from the *Substance Use Disorder* area:

- Q: Is it possible to have some sort of a modified 302 for detox, or to provide medications for withdrawal?
 - A: The 302 is for mental health and cannot be modified. But, it would be great to have some sort of medication assisted treatment to assist during the withdrawal, but that is not occurring at this time.
- Q: Is there coordination of outpatient services for people who are getting the Vivitrol injection?
 - A: Yes. Everyone is screened prior to receiving Vivitrol. Additionally, the mobile Vivitrol van is located at the SCA and therefore immediate referrals and linkages are made for outpatient treatment.
- Q: What kind of neonatal care is being provided for unborn children, and following the birth, whose mother has an addiction problem?

- A: This is an area that needs to expand. Offering services and linking the mother with treatment immediately needs to happen while she is still in the hospital.

Throughout the Public Hearing, notes were made on easel paper of identified wants and needs for the different target populations: *Mental Health, Intellectual Disability, Substance Use Disorders, Homeless Assistance Services, and Human Services Development Funds*. All participants were provided six colored sticky dots and were asked to place their dots by the area(s) they felt the most need/want was. The outcome of that showed:

Mental Health:

- Strengthening Autism Spectrum Disorder supports (14)
- Outreach and coordination with family physicians to assist linking to services (12)
- Community education (4)

Intellectual Disability:

- Accessible housing services (not nursing home) (8)
- Transportation (6)
- Thinking outside the box, using natural and community supports (3)
- Strengthening the connection with the L.I.F.E. program (1)

Substance Use Disorders:

- Neonatal substance abuse and support throughout the pregnancy and connection with the children (21)
- Services and supports for adolescents- co-occurring, and intervention and prevention (12)
- Increasing services and supports for the older adult population (2)

Homeless Assistance Services:

- Family homeless shelter (32)
- Housing for individuals within the criminal justice system (8)
- Shelter for women and children (6)
- Increased involvement by the schools (4)
- Money management, budget counseling and credit counseling classes (4)

Human Services Development Funds:

- After school programs which include transportation and collaboration with current services (24)
- Collaboration with church's to use facilities for programs (11)
- Child care for parents working after hours (5)

Part III: CROSS-COLLABORATION OF SERVICES

Employment:

Within Mercer County, employment has been a priority for all identified categoricals. Community employment is a priority within the Intellectual Disability population. The Quality Management plans have identified goals for increasing employment opportunities and increasing the community employment. Office of Vocational Rehabilitation (OVR) has been actively educating those individuals with disabilities on the benefits of employment and providing educational sessions in attempt to explain the benefits of community employment. OVR has representatives going to Warren State Hospital to meet with individuals about employment and for those interested in pursuing employment upon discharge, the application process is started.

Employment is another area identified as a need for the transitioning youth population. Employers seem reluctant to hire someone who has no experience, and often the transitioning youth has a lack of desire or motivation to seek employment.

Housing:

Mercer County has identified housing as a need across all categoricals for many years. Safe and affordable housing options need to be identified. A housing Needs Assessment across the categoricals will help to provide insight into the exact needs specific to each population.

Mercer County Children and Youth Services (MCCYS) has contracted with several providers to provide supportive housing services to transition aged youth. Most recently, MCCYS has contracted with the Youth Advocate Program (YAP) to provide supportive services to youth ages 18- 21 who are leaving placement and do not have suitable or stable housing options.

Once a youth has been identified to be an appropriate candidate for the program, MCCYS Independent Living (IL) Program refers the youth to YAP's housing assistance program. The YAP worker coordinates with the youth to see and secure safe, affordable housing. MCCYS covers the cost of the youth's rent for a period up to 12 months, by using a housing initiative grant, as well as IL grant money. Once the youth has moved into their own apartment, the YAP worker provides case management services to assist the youth in becoming more independent. All supportive housing participants are provided with the assistance necessary to access community resources, including, but not limited to, employment assistance, social security, Department of Public Welfare, and transportation services.

Due to the waiting list for subsidized housing, the youth is placed on the housing list upon entering the supportive housing program. This will be an option for the youth, if they do not anticipate taking over their supportive housing lease at the end of the 12 month period.

Further discussion and cross-collaboration between all categoricals will begin within the month of June 2017. This will provide the administrations of the identified categories (mental health, substance use disorder, intellectual disability, children and youth, and housing supports) an opportunity for further discussion on ways to leverage funds in order to link residents to current and new housing options.

Discussion regarding re-investment dollars to be used to develop additional housing units has began and will continue into the 2017-2018 fiscal year.

Part IV: Human Services Narrative

MENTAL HEALTH SERVICES

a) Program Highlights

There have been a variety of areas to be included under *Program Highlights* for the 2016-2017 fiscal year.

1. Speaker's Bureau

The development of a Speakers Bureau was an identified area for one of the five Recovery-Oriented Systems transformation within the plan submitted for the 2016-2017 fiscal year. Initial training began in the months of March 2017 and April 2017 for consumers who were interested in sharing their personal recovery story to others. The goals of the Speaker's Bureau are to build hope in others by acknowledging that recovery can and does happen, and to reduce the stigma associated with mental illness. Additional support is being provided to improve individuals' confidence in public speaking prior to having them provide their stories.

2. Jail Integration project

This year, the county began piloting a project, in cooperation with the county jail and with the local adult probation office. The project engages SMI and addicted individuals due for discharge, 30 days prior to discharge, to prepare them for reintegrating into the community. It seeks a commitment from the incarcerated individual and provides a commitment from the treatment team, to wrap the service array around the individual in order to sustain their stability upon re-entry. Case management, mobile psychiatric nursing, recovery specialists, psychiatry, peer specialists and a specialized probation officer meet with and team individuals on a weekly basis with a goal to link them immediately to Medicaid and treatment services as well as monitor their progress and support their recovery.

3. Clinician Training: the aging population

Identifying this as a need area in last year's plan, we are making available specialized training for clinicians to work with the needs of the elderly population. The training will certify clinicians to recognize and intervene appropriately with the multi-faceted issues that surround helping elderly consumers identify mental health concerns and maintain engagement in appropriate levels of treatment.

4. Expansion of Supportive Housing Services

Mercer County is fortunate to have a provider deliver the SAMSHA evidenced-based Permanent Supportive Housing program. Still, our case managers and consumers had identified an existing gap for consumers who might need a bit more assistance to remain independent. A provider who traditionally provided services to adults with intellectual disabilities was asked to consider developing supports for mental health consumers who needed the additional assistance. This resulted in an expansion of supportive housing services, whereby individuals who need more

assistance on a regular basis with daily living tasks—keeping their apartment clean, keep healthy food in their refrigerator—have a much more intensive service linked to them than is provided with the traditional Permanent Supportive Housing program. Our county has seen significant success with this program in keeping people within their own home settings. There have been 98 individuals served in this program during this current fiscal year.

5. Additional Administrative Case Management

The Mercer County BHC assigned one ACM to follow consumers and their services, specifically regarding Entry, Continued Stay, and Exit from programs. This was a multi-functional move, serving the following purpose:

- Assuring individuals were receiving the appropriate level of care
- Assuring individuals were not lingering in levels of care that were beyond their need level, impeding their opportunity for increasing independence and self-sufficiency
- Monitoring length of stay in programs for planning purposes and data collection

b) Strengths and Needs

Please refer to *Attachment H* for a listing of services provided for each of the target populations.

Older Adults (ages 60 and above)

Strengths: One priority area identified in the 2016-2017 Human Services Plan was for increasing training of therapists within the older adult population. During that fiscal year, the Community HealthChoices (CHC), Southwest Behavioral Health Management and the Northwest Partnership worked with Linda Shumaker of the PA Behavioral Health and Aging Coalition to create a training curriculum that will develop current outpatient clinicians into clinicians who are competent in the area of geriatrics. Those trainings will begin in June 2017 and will be throughout the calendar year. Once a clinician has completed the required courses and consultation calls, their names will be added to a list of Geriatric Competent Clinicians that will be distributed to Value Behavioral Health of PA and referral agents across the county.

The newest edition to benefit the older adults living within Mercer County is the opening of a L.I.F.E. (Living Independence For the Elderly) program. This new service was opened at the beginning of 2017 calendar year and will have the capacity to serve close to 100 individuals. This is an all-inclusive service, providing medical and supportive services for individuals who meet the qualifications. This is a service to assist the elderly in maintaining their independence and remain in their own homes for a longer period of time.

Needs: It was identified that having in-home counseling would be a more effective outreach as the senior population often has a difficult time with mobility. For the seniors who attend the senior centers, having regular depression screenings available at the centers would be an effective way to provide outreach, identify seniors who may need counseling, and assist with senior center staff in assisting the individuals to link to appropriate care.

Hoarding can have severe effects on the health and well-being of senior citizens. As people are living longer, the concern of hoarding is growing and becoming more of a problem and concern.

An individual who has a hoarding problem will be less likely to reach out for help. The individual may be embarrassed to let a caregiver into their home due to the hoarding issue. Increased training opportunities for case management, housing counselors and therapists would build the competency for the professionals in knowing how to address the hoarding concerns.

Adults (ages 18 and above)

Strengths: Identified strengths within Mercer County human service system servicing the mental health population is the wide array of services available. The newest program which began in the spring of 2017 is the Speakers Bureau. The Speakers Bureau encompasses individuals in recovery who speak at a variety of areas, such as the inpatient unit, LTSRs, local government meetings, and church's. The purpose of this is to help reduce the stigma of mental illness and to promote awareness of recovery and hope to consumers who are suffering from symptoms. The beginning of building a Speakers Bureau within Mercer County started with individuals identifying themselves as willing to share their personal recovery story, training, and identifying locations willing to host the Speakers Bureau.

An additional strength within the 2016-2017 fiscal year was the expansion of hours provided by the local Warm-Line. This has been an identified need for a number of years. It is expected that having expanded hours and expanded days available, this service will become more widely utilized.

Needs: Safe and affordable housing is an identified need across all ages and service categories. As Mercer County is a rural area, many homes and apartments are in rural parts of the county. That makes an additional need of transportation. Transportation to get to grocery stores, pharmacy, or for social activities is not available in all areas of the county.

There are many individuals who have expressed the need for increased hours for the Certified Peer Specialists (CPS) who are already providing a service. Echoing the comments made by the Director of Mental Health Services at SAMHSA while at the Recovery Works Summit, there is great value of the lived experience that a CPS provides. The CPS is often the key to engagement which promotes recovery. By current providers of this service being able to increase the hours would benefit the overall well-being of the mental health consumers and service system. In addition, the current CPS would benefit from the additional trainings being offered for specialized services. At this time, one of the two providers ensure the current CPSs are receiving specialized trainings.

At this time, there is one Drop In Center available for Mercer County residents. The center is located in downtown Sharon. For individuals who live outside of the Sharon area and who do not drive they are not able to receive the support from the program. Within the coming year, it is hoped that a needs assessment will be completed in order to identify if there is enough interest in supporting an additional location for a Drop In Center.

Transition-Age Youth (18 through 26)

Strengths: The New Freedom Initiative has identified many strengths for the *Transition-Age Youth (18-26)* population. It should be noted that the services and supports that are available for the *Adult (ages 18 and above)* are also available for the *Transition-age youth (18-26)*.

Young adults who are transitioning from substitute care to independence, Children and Youth Services provides an Independent Living Program for young adults ages 16-21. This supportive service is designed to increase the individual's self-reliance and self-confidence in order to successfully live independently.

The services available within Mercer County which are not County or HealthChoices funded are: Autism Spectrum Disorder support groups; Creating Foundations mentoring program; Independent Living Program; Project Educate; Transition-Age Workgroup (sub-committee of NFI); and three-hour respite provided by two local churches.

Needs: The first and foremost need identified by the stakeholders at the NFI meetings regarding the Transition-Age Youth population is to redefine the focus from ages 18-26 toward a span of 14-26. At age 18 child services stop and adult services begin. To have an effective transition into the adult system the process needs to begin prior to the age of 18. Education about how to access adult services, what those services are, and when to start the transition process should begin by the age of 14.

The Transition-Age Workgroup (TAWG) continues to emphasize the need for a Transition-Age Coordinator in Mercer County. This need was reinforced following the completion of a Needs Assessment which the schools, providers and transition-age youth had an opportunity to complete. The hope and expectation would be for the Coordinator to be a resource for individuals and families. Those resources would include: what steps to take for transitioning to adult services, a timeline for those steps, and to be able to provide assistance navigating the system. Additionally, the Transition-Age Coordinator could participate in local planning meetings for the TAY population.

Throughout the discussion of TAWG, it is evident that there is a miscommunication within the system as to the age to re-apply for benefits. Some providers and parents have been given incorrect information which has resulted in the individual losing Medical Assistance benefits. Obviously, this loss of benefits may have detrimental effects on the youth and family. This is another area where the development of a Transition-Age Coordinator could assist with this application process.

The Autism Spectrum Diagnosis (ASD) in children and youth continues to grow; however, the services, supports and education available for this special population are not keeping pace. Mercer County continues to have only seven Autism Waiver slots available, with many on a waiting list. An additional challenge that the county faces is providers who claim to specialize in ASD, but who do not have the specialized training or qualifications. The local Managed Care Organization, Value Behavioral Health of Pennsylvania (VBH-PA) is now tracking individual therapists and organizations that provide Applied Behavioral Analysis for the treatment of those children and young adults within the BHRS system. However, as the autistic child ages out of the comprehensive wrap-around BHRS, often at age 21, there are no specialized supports within the community. Schools, families, service providers, and the Juvenile Probation Office have identified the need to provide supports for this growing priority group.

Children (under 18)

Strengths: Mercer County has a wide array of services available for children under 18 and their families/caregivers. These services are funded by all funding streams, including services that are independent of the service system and financially supported through donations, private funds, or grants. These services include: Complex Case Management; Early Intervention; Independent Living Program; Mercer County Mentoring; Parent Child Interactive Therapy; School Based Behavioral Health Services; Special Kids Network; Strengthening Families Program 10-14 (SFP 10-14); and Student Assistance Program.

As a result of Act 71, almost all of the schools had taken immediate steps to implement suicide awareness and prevention policies. Within the 2016-2017 fiscal year, Mercer County began a Youth Suicide Task Force. This group began towards the end of the fiscal year and hopes to identify goals and strategies to work towards addressing this area within the next few years.

Mercer County also has two agencies offering respite services for children. For the current fiscal year, Keystone respite has served eight children, and Youth Advocate Program respite has served 28 children.

Needs: Current anti-bullying programs exist; stakeholder input indicates more programs may need to be developed to further enrich the system. Not only do students need to learn about bullying and what bullying looks like, but staff at the schools need to have an increased learning based knowledge of what bullying is. One of the areas from the recent PAYS data is that school-aged children are experiencing more mental health concerns. Often times, this can lead to bullying and unfortunately, can lead to suicidal ideation or attempts of suicide. Communities that Care identified a program to address this growing need and began encouraging schools to implement the Aevidum project. This is a youth-driven project to address bullying and other mental health related concerns.

An additional area that was identified as a need is for more effective transition for youth and families from Behavioral Health Services (BHRS) to Outpatient therapy. Some youth have had a difficult time transitioning from an intensive level of care to a lesser intensive level of care. Additionally, communication between the providers of the two levels of care lacks enough information for the outpatient therapist to understand where the child and family are at on their journey to recovery.

Although there has been identified the beginning of more Autism Spectrum Disorder (ASD) programs and supports that are community-based, there continues to be identified unmet needs within the child care system on the autistic spectrum. One area of need is that as the child ages out of the child serving system, they are no longer qualify for BHRS services and are not qualifying for intellectual disability (ID) services. The mental health system does not have the services needed to support all those who are on the autistic spectrum. However, in FY 17/18 the Department of Developmental Services will begin serving individuals with autism in their Waiver programs who meet criteria of significant delays in functioning. Additionally, more effective and early diagnosis of ASD is needed. Often times, families are not provided a true diagnosis until the child has aged out of some services that could have been beneficial at a much younger age. Better education for pediatricians and other medical professionals, as well as,

daycare providers is needed to properly care for those with ASD. An additional gap in ASD services is for services to support individuals regardless of their level of functioning.

Mercer County has been seeking out providers interested in developing a center for excellence for autism to expand quality and broaden the continuum for this population.

There has been an identified lack of coordination for families who have multiple service providers. Families can feel overwhelmed when there are multiple services and staff in their homes and have identified the need for one individual to coordinate the multiple services for the family. Again, the added benefit of having a Transition-Age Coordinator could assist with these coordinated efforts.

An additional area of need identified is life skills education. The Mercer County Mentoring, Independent Living program, and other organizations have identified that youth are not learning the basic skills needed to be a successful and productive member of society. Some examples of skills that the youth are lacking include: opening a bank account, balancing a checkbook, writing a check, and cleaning and cooking skills.

Individuals Transitioning out of the State Hospitals

Strengths:

The newest edition to services available for individuals needing a higher level of care has been the opening of the Extended Acute Care (EAC). This higher level of care is used as a diversion from the state hospital. This unit began accepting individuals in September 2016 and has served 12 consumers since opening in late August 2016.

The Warren State Hospital liaison goes to the state hospital at least once a month in order to meet with the Mercer County residents, hospital staff, attend discharge planning meetings, and participates in the individuals' Community Support Plan meetings. He works to ensure that all the supports are in place prior to discharge. The local mental health providers allow open access, which has helped with the ability to schedule outpatient appointments with doctors within 30 days of discharge. Timely access to doctors has not been a barrier to discharging individuals.

Needs: Housing enhancements are needed within all the categories of the Mental Health and Drug and Alcohol service system. Many chronically mentally ill individuals who are returning to Mercer County are unable to live on their own; therefore, a fuller complement of housing options must be made available. Specific identified housing needs for successful state hospital discharges include independent housing, enhanced Personal Care Boarding Home (PCBH), and enhanced Nursing Home levels of care.

There are a few patients at WSH who have been there for many years. The thought of returning to the community can be very intimidating, making individuals reluctant to accept discharge. An idea to help reduce that anxiety is to start building relationships three to four months prior to discharge with the staff who would be assigned to work with them. The technology available today, in the form of FaceTime, Skype, and texting, could allow the individual at WSH build a rapport with the supportive staff they would have when they are discharged. This could lead to greater successful discharges for the individuals by building those relationships. By utilizing the

technology available the cost burden of traveling to the state hospital, and the loss of billable time, would be eliminated.

Currently, WSH is doing very thorough and thoughtful Consumer Support Plans (CSP) for any patient who is interested in having one. WSH knows the consumer is an integral partner in the development of the community supports for discharge and the individual is central in their planning process. However, there does seem to be a disconnect with using the CSP after discharge. The CSP should always be brought to the forefront of planning for supports, developing service plans, and should be used within the community to support the consumer. After discharge, some individuals have voiced that they receive different services than they were expecting through their CSP process and have expressed dissatisfaction with that. Additionally, the consumer is receiving their copy of the CSP upon discharge and is expected to share it with their treatment providers. However, this rarely occurs. The added stress put on the consumer returning to their home environment of remembering to keep track of more paperwork is unnecessary and burdensome. With the consumer consent, WSH or the WSH liaison, should be sharing the CSP with the providers that will be working with that individual in the community.

Co-occurring Mental Health/Substance Abuse

Strengths: The Mercer County Behavioral Health Commission (MCBHC), in addition to providing mental health Blended Case Management and Certified Peer Specialist services, also serves as the Single County Authority (SCA) for drug and alcohol programs, which are funded through the PA Department of Drug and Alcohol Programs. This provides the MCBHC to be in a unique position by allowing easier ability to communicate with each other, make referrals and link to other services that may be available.

Mercer County Behavioral Health Commission provides Drug and Alcohol Case Coordination and Certified Recovery Specialist (CRS) services for individuals who have addictions. Often an individual receiving Case Coordination and CRS are dually diagnosed. The staff is able to coordinate with the mental health providers in order to maintain a coordination of services which benefits the individual mental health and drug and alcohol recovery process.

Within the 2016-2017 fiscal year, two local hospitals hired a Peer Navigator. This person is dually diagnosed and is both a Certified Peer Specialist and a Certified Recovery Specialist. He is able to engage with individuals who present themselves at either of the two hospitals with drug and alcohol and/or mental health issues. He will work with those individuals on connecting them with the local community services that are available.

The SCA is contracted with three dually licensed treatment facilities. When an individual presents at an ER with dual concerns, but who may need the mental health symptoms stabilized, they may be admitted to the local psychiatric inpatient unit. After the mental health symptoms are stabilized, the hospital will facilitate referrals and coordinate services to drug and alcohol treatment for aftercare.

Mercer County has an Opioid Drug Task Force. This group meets on a monthly basis and has many partners involved. Those include: interested community members, drug and alcohol providers, mental health providers, the Single County Authority, all local hospitals, local mental

health inpatient hospital, District Attorney, 911, Emergency Medical Services, local Managed Care Organization, and the Mercer County coroner.

Needs: The dually diagnosed population is a very challenging population to serve. Often times the individuals are difficult to engage and have poor follow through with the services and supports which are available.

The local inpatient psychiatric unit reports having a difficult time finding residential and detoxification treatment providers willing to accept an individual who is being discharged from the inpatient unit and who also has a severe mental illness diagnosis. An added challenge for the local hospital is not being able to offer any drug and alcohol treatment groups while in the hospital. The hospital is not currently dually licensed and there are no plans for that to occur.

The strength of having a local Opioid Drug Task Force also comes with challenges. There needs to be an increase in collaboration between the mental health, drug and alcohol and physical health fields. Prescribing physicians are utilizing the state-wide computer system which allows tracking of patients who may be “doctor shopping” in Pennsylvania. However, Mercer County faces the challenge of bordering on the Ohio state line. The Pennsylvania state tracking system does not cross state lines which allow drug seekers to easily cross into Ohio and seek additional prescription medications there.

Due to the nature of relapse occurrence, after someone has successfully completed treatment, follow-up needs to occur. If the availability of providers to do a three month, six month, and one year follow-up occurred, relapse may be reduced because the provider could offer re-engagement in treatment and services.

Justice Involved

Strengths: Mercer County recognizes that there are a large number of inmates incarcerated within the county jail who have mental health and/or drug and alcohol concerns. In working to address this, the President Judge requested an increase in supportive services to reduce the number of individuals in the jail who have committed crimes because of unaddressed mental health and/or drug and alcohol conditions. Subsequently, a new Jail Pilot program was developed. Mercer County Behavioral Health Commission (MCBHC), in conjunction with the probation and parole office and the county jail, has been increasing supports within the 2016-2017 fiscal year. The pilot program works to ensure that a full continuum of services and supports are in place prior to release from prison. The team, consisting of a case manager, peer specialist, recovery specialist, and a probation officer, meets with the identified inmate one month prior to release from jail. The team ensures that outpatient appointments are scheduled and begins the enrollment process for Medical Assistance benefits prior to release to the community. Once released, the team maintains close contact with the individual to support him or her within the community.

The MCBHC continues to provide co-occurring MH/DA intervention within the county prison. The Forensic Intervention Specialist conducts mental health and drug and alcohol evaluations per court orders, mental health psycho-educational groups, coordinates mental health hearings, as needed, at the jail for involuntary commitments, and is able to make referrals prior to release from the jail for outpatient services, case management, peer support, and other supportive services that are available. For fiscal year 2015-2016, a total of 273 inmates were assessed. The

breakdown of assessment types provided is: 159 Drug and Alcohol, 32 Driving while Under the Influence, 30 Mental Health, and 52 Dual. In addition to the assessments, psycho educational groups were provided. A total of seven Drug and Alcohol psycho-educational groups were provided. There were a total of 56 participants in those seven groups.

Additional services provided within the jail include: tele-psychiatrist, Licensed Social Worker meets with the inmates weekly, and Cognitive Behavioral Therapy.

The Criminal Justice Advisory Board (CJAB) of Mercer County was awarded funding for Crisis Intervention Team (CIT) training. The grant dollars will be available through PCCD in order to cover the cost of staff time for the training. At this time, a sub-committee of CJAB has received the template for the training curriculum and will be designing it to be specific to Mercer County. Housing continues to be an obstacle for individuals with a criminal record. The Director of Probation and Parole is a current and active member of the Mercer County Housing Coalition. This collaborative meeting provides an opportunity for networking and can assist providers with difficult housing placement situations.

Forensic Certified Peer Specialists (CPS) have received specialized training in order to work more effectively with individuals involved in the justice system. At this time, Community Counseling Center, a local provider, employs CPS's who have that specialized training.

Needs: Housing and employment opportunities remain the constant need for individuals who are being released from the county jail. Potential landlords and employers need to know that this population can be accountable in paying rent and being reliable employees, if only given the opportunity. One of the many barriers inmates face upon release from incarceration is lack of income. If an incarcerated individual has an identified mental health or co-occurring drug and alcohol diagnosis, and a doctor has determined the individual unable to work due to the disability, SSI/SSDI Outreach, Access and Recovery (SOAR) could be utilized within the prison system, prior to release, in order to establish SSI or SSDI, thereby reducing the barrier of financial burden related to finding housing.

Consumer stakeholder groups have identified the need of a Mental Health Court. Having a mental health court established could make more effective use of limited criminal justice and mental health resources, to connect individuals to treatment and other social services in the community, to improve outcomes for offenders with mental illness in the criminal justice system, to respond to public safety concerns, and to address jail overcrowding and the disproportionate number of people with mental illness in the criminal justice system. Often times, inmates are released from prison after they have 'maxed out' and there are no aftercare services set up for them.

Veterans

Strengths: Approximately 7% of Mercer County residents are veterans. Mercer County offers a wide array of services to veterans. Veterans are able to receive services through the local Veterans Administration (VA) hospital in neighboring Butler County, as well as the local VA outpatient clinic in Hermitage. Local veterans access the facilities regularly to assist them in a variety of ways. The local clinic provides primary care, physical exams, weight management, smoking cessation counseling, routine laboratory and physical therapy. In addition to assisting

with medical/physical health needs, the local clinic also offers individual mental health counseling and medication management through tele-psychiatry.

The local VA also has Certified Peer Specialists who are available to work with Mercer County veterans. These Peer Specialists are also trained to work with any veterans who have called the veteran crisis line. They follow up with anyone who has called the number in efforts to reduce the number of veteran suicides.

When individuals are need of more comprehensive care, the local clinic is able to provide transportation to the Butler VA hospital. The VA hospital provides care which includes primary, specialty, and mental health services.

Mercer County has a Veterans Court which has been a well received. This diversionary court offers veterans the opportunity to pursue appropriate treatment while productively addressing associated legal problems. Currently, there are 14 participants in the Veteran Court program. Seven successfully graduated on March 3, 2017.

Community Action Partnership of Mercer County (CAPMC) provides Supportive Services for Veteran Families (SSVF). SSVF is a program to assist low-income veterans, and their families, who are experiencing a housing crisis. SSVF provides case management, outreach, and assistance with obtaining VA and other benefits. Additionally, the program provides eligible veterans time-limited payments to third parties in order to acquire or maintain permanent housing. Eleven veterans were served through SSVF in the 2016-2017 fiscal year. SSVF staff work closely with the Butler VA staff in coordinating services and working to find solutions to individual issues as they arise.

Needs: Although efforts to reduce the number of veteran suicides continue, the statistics continue to be staggering. The national rate of veteran's who commit suicide is approximately 20/day. Continued and ongoing outreach to veterans needs to be provided. When funding cuts occur for this population, gaps are built and loss of life can occur.

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

Strengths: Social media support for the LGBTQI population developed following a tragic shooting incident involving a transgender individual at a local business in November 2016. This provides support in a non-judgmental atmosphere for individuals who are struggling. It was also noted that the local community is becoming less judgmental and more accepting of personal life choices.

Needs: PERSAD completed a Northwest PA LGBTQA Community Needs Assessment in 2016. 52.5% identified mental health as a top health issue and 55.6% are currently, or have in the past taken medication or received treatment for a mental health condition. Local providers identified a need for training to address the specialized needs and issues of this population. Opportunities may be explored in order to assist with additional specific training in order to build competency within this area.

Racial/Ethnic/Linguistic minorities

Strengths: Within the 2015-2016 fiscal year, the Behavioral Health Commission began a program for African Americans within the county. This program, called Strong African

American Families (SAAF) is similar to the SFP 10-14 program. The mission statement of SAAF is “To advance the well-being of African American families by strengthening family relationships, parenting processes and youth competencies.”

Community Counseling Center is able to provide American Sign Language (ASL) for individuals who are deaf or hard of hearing and require ASL.

Needs: Mercer County has seen more individuals who are coming from foreign countries. There are neighboring counties providing churches and supports for those individuals, but not local within our own county. Additionally, many of those individuals are not speaking English, but are required to participate in work ready programs. The agencies providing work ready programs are having a difficult time with translating documents. The local library provides Mango, a free translation service, but that program has its limitations. Additional translation services have high costs associated with them and the small agencies are not able to absorb those additional costs.

Other:

Co-Occurring Mental Health/Intellectual Disability (MH/ID)

Strengths: The local ID providers are building skills to better understand and work with the individuals who are dually diagnosed. Additionally, Supports Coordinators are building their knowledge skill base through ongoing trainings on understanding how to better work with this population.

MCBHC continues to have daily presence at the local mental health inpatient provider to identify the MH/ID individuals who may be hospitalized. This has provided a better continuity of care and follow up upon discharge.

A local mental health provider recently completed an informal and internal survey to identify individuals they serve who are dually diagnosed. The results showed approximately 8% of consumers served by this provider are dually diagnosed with MH/ID.

Needs: The local mental health providers are not adequately trained to work with MH/ID individuals. Increased training and utilization of the local Health Care Quality Unit (HCQU) is needed. During the upcoming fiscal year, notices will be sent to all the local mental health providers reminding them of the resource.

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

Yes No

Mercer County plans to include this question and information within the upcoming monitoring of programs.

c) Supportive Housing:

The DHS' five- year housing strategy, [Supporting Pennsylvanians through Housing](#), is a comprehensive plan to connect Pennsylvanians to affordable, integrated and supportive housing. This comprehensive strategy aligns well with OMHSAS planning efforts, and OMHSAS is an integral partner in its implementation. Supportive housing is a successful, cost-effective combination of affordable housing with services that helps people live more stable, productive lives. Supportive housing works well for people who face the most complex challenges—individuals and families who have very low incomes and serious, persistent issues that may include substance use, mental illness, and HIV/AIDS; and may also be homeless, or at risk of homelessness.

SUPPORTIVE HOUSING ACTIVITY *Includes Community Hospital Integration Projects Program (CHIPP), Reinvestment, County base funded or other projects that were planned, whether funded or not. **Include any program activity approved in FY 16-17 that is in the implementation process. Please use one row for each funding source and add rows as necessary.***

1. Capital Projects for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15-30 year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e. an apartment building or apartment complex).									
Project Name	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17 (only County MH/ID dedicated funds)	Projected \$ Amount for FY 17-18 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18	Number of Targeted BH Units	Term of Targeted BH Units (ex: 30 years)		Year Project first started

2. Bridge Rental Subsidy Program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Short term tenant based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.									
	*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 Bridge Subsidies in FY 16-17	Average Monthly Subsidy Amount in FY 16-17	Number of Individuals Transitioned to another Subsidy in FY 16-17	Year Project first started

3. Master Leasing (ML) Program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Leasing units from private owners and then subleasing and subsidizing these units to consumers.									
	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17 –18	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY 16-17	Average subsidy amount in FY 16-17	Year Project first started

4. Housing Clearinghouse for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
An agency that coordinates and manages permanent supportive housing opportunities.									
	*Funding Source by Type (include grants, federal, state & local sources)	<i>Total \$</i> 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

5. Housing Support Services for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
HSS are used to assist consumers in transitions to supportive housing and/or services needed to assist individuals in sustaining their housing after move-in.									
	*Funding Sources by Type (include grants, federal, state & local sources)	<i>Total \$</i> 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
	CHIPPs and MH Base	\$72,100.00	\$102,970.00	49	70				2016

6. Housing Contingency Funds for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings 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
	PATH Federal, state, county match	\$7200.00	\$6000.00	27	28			\$300.00	Approx 1995
	CHIPP	\$4850.00	\$6100	23	26			\$200.00	Approx 2002

7. Other: Identify the program for Behavioral Health Check if available in the county and complete the section.

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

◆ **FWL** is offered in Mercer County but the information requested is not available.

	*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:

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. Justice Involved

Narrative including action steps: Mercer County has identified the Justice Involved as a priority population and continued plans and efforts to reduce recidivism and identify additional resources will continue into the upcoming fiscal year. **It is recognized at the national, state and local levels that incarceration of those individuals who have a significant mental health issue can be contraindicated to their recovery. Minimizing their time in the jail or attempting to divert individuals who might better be served in the community with connections to probation and active involvement in treatment is the ultimate goal.** Action steps are identified as:

- 1) Decreased lengths of stay for SMI individuals in jail – ongoing pilot project
- 2) Increasing psychiatric time and accessibility – within first quarter of fiscal year
- 3) Increasing housing supports – release RFP by second quarter of fiscal year; identify provider(s) and programs by end of fiscal year
- 4) Increasing training options for jail/prison staff

Timeline:

See notations above

Fiscal and Other Resources:

County MH base allocation

Health Choices reinvestment funds (Housing)

Tracking Mechanism:

Tracking of Jail Reintegration pilot project (Action Step 1), which is an umbrella to the other identified action steps, is the responsibility of the supervisor assigned to manage the process.

For the MH clients involved in the project, BHC will be tracking the following outcome measures:

- Access to prescribed medication immediately upon release for Jail and compliance with prescribed psychotropic medications during participation in the project.
- Psychiatric hospitalizations as the result of an involuntary MH commitment following release from jail and involvement in the project (we could track all psychiatric hospitalizations but sometimes that is what is clinically indicated and needed so we would rather focus on those hospitalizations resulting from involuntary commitment as opposed to voluntary admissions).
- Achievement of service planning goals and objectives (this would cover specialized, individualized needs like housing, vocational, educational, physical health, etc.)
- Re-incarceration in County Jail

2. Transition Age Youth

Narrative including action steps: As the Transition-Age Youth is considered a health disparity population, Mercer County will be working to reduce homelessness, increase knowledge of services, and develop a resource for the community to utilize. A needs assessment completed this year indicates there is a large number of services available to transitioning youth. The identified need area responds to consideration for a single point of contact to call as a referral and information source. Action steps are identified as:

- 1) Coordinate a resource day for all providers of transition age services
- 2) Identify a provider with the ability to be an information and referral resource for the county

Timeline:

Prior to December 2017

Fiscal and Other Resources:

County Base allocation

Tracking Mechanism:

Tracking will be done via the process of identifying a provider and executing a contract.

3. Older Adults

Narrative including action steps: Mercer County recognizes that there is a growing aging mental health population. Expanding current services and increasing competency will be focused on for the upcoming fiscal year. Actions steps are identified as:

- 1) Training opportunities to identify as geriatric competent
- 2) Mobile therapist opportunities, especially addressing hoarding concerns
- 3) Training for staff located within the senior centers

Timeline:

To be completed by December 2017

Fiscal and Other Resources:

Health Choices Admin dollars

County Base allocation

Tracking Mechanism:

Value Behavioral Health of PA and Southwest Behavioral Health Partnership will track clinician trainings

4. Individuals Transitioning from the State Hospital

Narrative including action steps: Mercer County continues to have a large number of individuals at Warren State Hospital. One barrier preventing discharge is lack of nursing homes for the aging population. Action steps are identified as:

- 1) Identify housing options -- release RFP by second quarter of fiscal year; identify provider(s) and programs by end of fiscal year
- 2) Provide additional staffing within those housing options specifically to assist with Mercer County consumers – following the identification of housing options

Timeline:

See timeline notations above

Fiscal and Other Resources:

CHIPP allocation

County Base allocation

Tracking Mechanism:

Tracking will be completed by internal staff, regarding the release and award of new programming funds. Individuals transitioning from WSH will be tracked by the WSH Liaison.

e) Existing County Mental Health Services:

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

Services By Category	Currently Offered	Funding Source (Check all that apply)
Outpatient Mental Health	X	X County X HC <input type="checkbox"/> Reinvestment
Psychiatric Inpatient Hospitalization	X	X County X HC <input type="checkbox"/> Reinvestment
Partial Hospitalization	X	X County X HC <input type="checkbox"/> Reinvestment
Family-Based Mental Health Services	X	X County X 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	X	<input type="checkbox"/> County X HC <input type="checkbox"/> Reinvestment
Crisis Services	X	X County X HC <input type="checkbox"/> Reinvestment
Emergency Services	X	X County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Targeted Case Management	X	X County X HC <input type="checkbox"/> Reinvestment
Administrative Management	X	X County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Transitional and Community Integration Services	X	X County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Employment/Employment Related Services	X	X County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Residential Services	X	X County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Rehabilitation	X	X County X 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	X	X County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Facility Based Vocational Rehabilitation	X	X County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Social Rehabilitation Services	X	X County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrator’s Office	X	X County X HC <input type="checkbox"/> Reinvestment
Housing Support Services	X	X County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment

Family Support Services	X	X County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Peer Support Services	X	X County X HC <input type="checkbox"/> Reinvestment
Consumer Driven Services	X	X County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Services	X	X County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Mental Health Treatment	X	X County X HC <input type="checkbox"/> Reinvestment
BHRS for Children and Adolescents	X	<input type="checkbox"/> County X HC <input type="checkbox"/> Reinvestment
Inpatient D&A (Detoxification and Rehabilitation)	X	X County X HC <input type="checkbox"/> Reinvestment
Outpatient D&A Services	X	X County X HC <input type="checkbox"/> Reinvestment
Methadone Maintenance	X	X County X HC <input type="checkbox"/> Reinvestment
Clozapine Support Services	X	X County X 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

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	62	SAMHSA EBP tool kit	Agency	Annually	Y	Y	SH is meant to support the person for however long they feel the need for services
Supported Employment	Y	56	SAMHSA EBP tool kit	Agency	Annually	Y	Y	29 employed
Integrated Treatment for Co-occurring Disorders (MH/SA)	N							
Illness Management/ Recovery	N							
Medication Management (MedTEAM)	N							
Therapeutic Foster Care	N							
Multisystemic Therapy	Y	35						See Attachment I
Functional Family Therapy	N							
Family Psycho-Education	N							

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

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	605	This is combined Consumer/Family
Family Satisfaction Team	Y		See above
Compeer	N		
Fairweather Lodge	Y	9	
MA Funded Certified Peer Specialist	Y	79	
Other Funded Certified Peer Specialist	Y	22	
Dialectical Behavioral Therapy	Y	7	
Mobile Meds	Y	102	
Wellness Recovery Action Plan (WRAP)	N		
High Fidelity Wrap Around			
Shared Decision Making	N		
Psychiatric Rehabilitation Services (including	Y	89	
Self-Directed Care	N		
Supported Education	N		
Treatment of Depression in Older Adults			
Competitive/Integrated Employment Services**	N		Include # employed
Consumer Operated Services	Y	106	
Parent Child Interaction Therapy	Y	53	
Sanctuary	N		
Trauma Focused Cognitive Behavioral Therapy	Y	8	
Eye Movement Desensitization And Reprocessing (EMDR)	Y	34	
First Episode Psychosis Coordinated Specialty Care			

h) Certified Peer Specialist Employment Survey:

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

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

Total Number of CPSs Employed	5.5
Number Full Time (30 hours or more)	1
Number Part Time (Under 30 hours)	4.5

INTELLECTUAL DISABILITY SERVICES

Mercer County provides a full continuum of services to provide an Everyday Life for county residents with intellectual disabilities (ID). The Mercer County ID system applies the service definitions as outlined through the Office of Developmental Programs (ODP) to provide for services and supports to meet the needs of the individual that cannot be met by family, friends and other natural supports. The Mercer County ID system operates under the direction of the Mercer County Mental Health and Developmental Services Program, which holds the role of the Administrative Entity (AE). Mercer County contracts with the Mercer County Behavioral Health Commission, Inc. (MCBHC), to assist in AE and other administrative functions. MCBHC is an integrated non-profit human service agency.

In November 2016, ODP accepted Mercer and Venango Counties’ joint proposal to partner as a regional collaborative within ODP’s Community of Practice Framework. This framework holds the core belief that “all people and their families should be able to live, love, play and pursue their dreams and aspirations in their communities.” The Mercer/Venango Regional Collaborative is committed to this vision of a good life for all, regardless of ID funding stream. Future strategies may target:

- ease of access to community resources
- community-wide education on
 - inclusion
 - best practices
 - LifeCourse tools
- creation of peer and family support groups
- mentoring opportunities

A snapshot of the Mercer County ID Base funded service system is as follows:

	Estimated Individuals Served in FY 16-17 *	Percent of Total Individuals Served	Projected Individuals To Be Served in FY 17-18 *	Percent of Total Individuals Served
Supported Employment	1	2%	3	6%
Pre-Vocational	18	5%	Now C.P.S. total combined	----
Adult Training Facility	24	17%	Pre-Voc & ATF 32	15%
Base Funded Supports Coordination ♦	150	29%	140	26%
Residential (6400)/unlicensed	7	5%	5	3%
Life sharing (6500)/unlicensed	3	16%	5	20%
PDS/AWC	0	0	0	0
PDS/VF	0	0	0	0
Family Driven Family Support Services	92	18%	92	17%

* *The above estimated and projected numbers only reflect Base funded individuals and are not inclusive of all Intellectual Disability funding streams.*

♦ *This number represents individuals who receive 100% Base Funded Supports Coordination*

Supported Employment

In keeping with Governor Tom Wolf’s Executive Order, Mercer County embraces the “Employment First” philosophy. As part of this philosophy, Mercer County MH/DS ensures that Supports Coordinators (SC) have been trained to always explore employment opportunities and interests when planning services and supports for any individual between the age of 16 and 25. Likewise, the first consideration and preferred outcome for individuals enrolled or enrolling in ODP’s waiver programs should be competitive integrated employment if applicable.

Mercer County’s 2015/17 Quality Management Plan included promotion of employment, volunteer and education opportunities for Transition Age Youth. The 2017/19 Quality Management Plan will continue to target this age group in concert with area schools, the Office of Vocational Rehabilitation (OVR), local providers and employers.

More education and training, at earlier stages in life, are necessary for individuals and their families to embrace Education First as a philosophy and to dispel the fear of losing benefits due to employment income. In support of this, Mercer County intends to provide training opportunities for individuals, families and providers through Social Security, Benefits Counselors, Medical Assistance and other venues in the coming year.

Five Mercer County providers offer Supported Employment (SE) in “traditional” formats, such as job find and job support. In FY 17/18, a new component, Career Assessment, will be added to

Supported Employment services. The goal of career assessment is to assist individuals with identifying potential career options and/or job discovery based on their interests, talents, abilities and strengths. Several local providers are committed to focusing on this aspect of SE, to include training and equipping their staff to meet this need for individuals. Non-traditional, customized employment and advanced supported employment are additional services that Mercer County intends to explore and promote this coming year.

To support Mercer County in promoting and growing integrated employment, ODP could provide increased opportunities to see how other counties and states are building interest in and capacity for employment in areas affected by high unemployment numbers. Likewise, solutions for inexpensive transportation would be helpful in supporting employed individuals. Historically, employment services have been more costly than other community-based services and have caused individuals to have limited service within current funding streams. For FY 17/18 ODP has allowed additional funding (\$15,000) beyond the PFDS Waiver cap to specifically allow for more SE services. However, this does not apply to Base funding at this time and individuals may continue to have limited service due to the higher expense.

Supports Coordination

Supports Coordinators are responsible for developing a plan for each individual that reflects the Everyday Lives philosophy. Over the past year and a half, Mercer County has changed the way outcomes are developed for individuals to align with ODPs expectations. The process involves balancing health and safety risks with independence and self-determination to achieve what is important to and for the individual. Once the individual and team determine the objective(s) that the individual will be working on in the coming years, the team then determines what services and supports are necessary to fulfill the outcome(s) for the individual. Needed services and supports could be natural supports, utilizing family, friends and other non-paid assistance and/or paid services and supports, as funding permits.

In the coming year, with the start of the new Community Participation Services (CPS), individuals will begin to explore and increase their time being involved in their communities. Utilizing this service, Supports Coordinators will encourage individuals to explore and develop new interests and activities. Likewise, in the coming year, the Communities of Practice across the lifespan collaborative approach will begin to filter into team meetings and discussions throughout the county. Both CPS and Communities of Practice approaches lend themselves to development and exploration of natural supports.

During the approval and authorization process of the ISP, Mercer County MH/DS implements various monitoring procedures to assure person-centeredness, quality, and compliance, while keeping a focus on community integration, participation and employment.

Typically, when an individual enters the ID system, service and supports are briefly explained, as well as waiver and base funding streams. The individual or designated representative is offered choice and the opportunity to determine how they would like to receive their services. Base funded service and supports, combined with the person's own natural supports, are usually available to manage needs. If funding is not available to meet the needs of the individual, the individual's needs are reflected on the Prioritization of Urgency of Need for Service (PUNS)

until funding does become available. In cases requiring immediate service and support to ensure the health and safety of the individual, Mercer County will follow the Emergency Management Procedure to determine how to best address the need. This may require possible additional funding and/or waiver capacity through ODP.

Lifesharing Options

As of May, 2017, 18 individuals reside in Lifesharing homes in Mercer County; 15 are waiver-funded and 3 are base-funded. In accordance with Title 55, ID individuals requiring residential services must receive the most appropriate service within the least restrictive environment. To that end, Mercer County continues to encourage consideration of Lifesharing as a first option for individuals who require residential supports outside their own home. Periodically throughout the year, conversations are held with local providers to review issues and solutions, in an effort to increase available Lifesharing options. The Mercer County Quality Management Plan has targeted this initiative in the past and may continue to do so for 2017/19.

Mercer County continues to encounter trends and barriers which affect expansion of the Lifesharing service. They include:

- Aging caregiver issues which arise when individuals have lived in Lifesharing with the same family for many years.
- Provider inability to recruit and retain new host families.
- Inability to fully fund the service through Base allocation.
- Length of time to enroll a licensed Lifesharing site and acquire a rate in HCSIS.
- Length of time required to develop a relationship between a host family and the individual (oftentimes the residential need is emergent in nature and time is not an option).

ODP's revised definition of Lifesharing for Fiscal Year 2017/18 may address some of the noted barriers. The changes appear to allow for more flexibility in accommodating individual needs and to ease the requirements around providing the service. SCs will be trained on the expanded definition and will begin to incorporate the changes in the service over the next year. It is hoped that this will increase the amount of Lifesharing participants.

Cross System Communications and Training

Mercer County MH/DS and MCBHC have extensive knowledge of human service systems both in and out of the county. MCBHC Supervisors typically provide support and supervision to ID Supports Coordinators (SC), MH, and D/A Case managers, thus allowing for cross communications between groups when needed. In order to provide a more comprehensive delivery of service, MH/DS and MCBHC collaborates with the county offices of Children and Youth Services, Agency on Aging and Probation and Parole to ensure that the needs of individuals and families are met. The MCBHC ID Intake point person works closely with the local school districts to provide information to potentially eligible individuals. This typically occurs at a yearly planning meeting for the individual.

Staff participate in all required trainings which may include specific cross system training in areas that are unfamiliar or need enhanced. If necessary, ODP and the HCQU are consulted for further assistance and possible training

Emergency Supports

Mercer County has established a procedure for handling emergency service and supports both during and after normal work hours. If after hours, the Mobile Emergency On-Call Crisis Worker will take the initial call and gather the information. Although Mercer County does not have an entire mobile crisis team, there is always a Supervisor (trained in Autism and ID supports) on-call that can be consulted for potential respite or residential arrangements to assure the individual's health and safety needs are met. This may involve the temporary authorization of base funding until the next business day. If there is no waiver capacity available to the county, or all base funding has been exhausted, Mercer County MH/DS, in conjunction with MCBHC, will follow their Emergency Management Procedure for requesting emergency funding approval and additional capacity from the state.

Administrative Funding

The PA Family Training Network will be contacted to see what type of trainings may be provided to educate individuals, families, SCs and providers, at a local level, regarding the Community of Practice philosophy. This information will be shared with the Mercer/Venango Regional Collaborative to determine the logistics of providing such trainings.

Over the coming year, Mercer County will evaluate possible strategies for increasing the discovery, navigation, connecting and networking for individual and families in order to bring about a collective community of person centered thinking.

HCQU trainings will continue to be promoted to all stakeholders. The HCQU data will be reviewed to determine among other things, trends in requested training needs, amount and degree of Intensive Technical Assistance (ITA) reviews completed and provider usage of training opportunities. HCQU representatives participate in County Risk Management meetings and provide valuable information and feedback regarding potential county Quality Management (QM) focus areas.

Mercer County has utilized data from IM4Q within the QM Plan for a number of years to improve the quality of life for individuals within the ID system. Currently, the IM4Q AE representative participates in the quarterly QM Planning meetings, provides information about the Considerations, outcomes of those Considerations, and reviews the data in order to establish goals for the QM plans. The most recent QM goal that resulted from reviewing IM4Q data was to monitor the Transition-Age Youth who continue in educational opportunities, pursue volunteer work, or employment interests. Additionally, the IM4Q AE representative gathers the Mercer County AE data, provided by Temple University, and generates graphs in order to evaluate any trends occurring within Mercer County as a result of the IM4Q survey responses. Overall, the results have been positive over the years.

One barrier that exists with using the IM4Q data to develop Quality Management Plans is the lag time in receiving the final reports. It is understood that the data reflects trends that could be used for long range changes within the system.

Mercer County Risk Management Committee meets quarterly to review and discuss various incidents and issues that have occurred in the course of ID service delivery. Risk Management Plans are developed by the County Incident Manager and the individual's team. Plans are monitored by the SC to assure implementation and will hopefully lead to a reduction in behaviors and incidents. In addition, when a restraint is used on an individual, the lead Incident Manager for Mercer County will meet with the provider to "debrief" with the team involved in the restraint. This will include review of the individual's plans; including behavior plans if in place and suggestions to possibly avoid restraint in the future. Mercer County will work with all involved to eliminate restraints being used and to promote positive behavior resolution.

The designated Housing Coordinator participates in Housing Coalition meetings, as well as, PA Link to Aging and Disability Resources. Both of these groups discuss housing needs for individuals with disabilities. The Housing Coordinator shares information with MCBHC staff, including ID SCs, regarding housing opportunities, new programs, and new initiatives which are being pursued by other organizations represented at these meetings. In addition, Mercer County and BHC will become educated on the new ID service of Housing Transition and Tenancy Sustaining Services so that each participant may be able to receive the service when needed. Also, in the coming year, Mercer County will complete a Housing Needs Assessment. This Needs Assessment will be inclusive for the human service populations: Mental Health, Substance Use Disorder, and Intellectual Disabilities. After completion of the Needs Assessment, the Housing Coordinator will be able to have a clearer knowledge base of housing services available, specific to the needs of the Intellectually Disabled population.

Providers have developed Emergency Preparedness Plans. These are reviewed during the on-site portion of Provider Monitoring which will become part of the Quality Assessment and Improvement Process of Monitoring. Providers routinely have fire drills within the group homes and practice emergency evacuation plans with the residents. Additionally, the MCBHC has an excellent collaborative and working relationship with the Mercer County Department of Public Safety and that Program Director. The MCBHC Housing Coordinator has met with the Director of Public Safety in order to discuss the County disaster response plan and what the response would be for homeless individuals, as well as, those with disabilities. Mercer County has 76 emergency shelter locations throughout the county. In the event of a disaster where evacuation would be needed, the Red Cross would identify which location(s) would be opened for accepting evacuees. The police officers and other public safety staff would assist with identifying individuals who are at the most risk of needing assistance, which includes those who have disabilities, and would provide that assistance to secure safety. When needed, the Department of Public Safety would coordinate services and activities related to disaster response with the PA Disaster Mental Health and Human Services Coordinator, Natalie Herberg.

The MCBHC also has representation on the County Emergency Operations Center and participates within those planning meetings and efforts in order to provide behavioral health, substance abuse, and intellectual disability representation.

Participant Directed Services (PDS)

For the time being, PDS is only available to individuals within the waiver funding streams. Supports Coordinators discuss these services with individuals and families during team meetings to determine the type of model that best fits the situation. In most cases, these self-directing services are lower costing and allow for more flexibility in scheduling and coverage. Although there are not a lot of people that choose this service, SCs continue to offer the opportunity and encourage the use of PDS. At times, it is difficult for SCs to monitor these services. Sometimes individuals and/or family members are not able to complete the necessary documentation of service, including progress/regression of goals, justification of service need and verification of services rendered. When this occurs, this places the SC in a confrontational role with the individual and/or family, etc.

Community for All

ODP's data shows that Mercer County has 18 individuals living in congregate settings. Of the 18, 15 reside in a Nursing Home facility. All 15 have complex medical diagnoses (primary) and require a nursing facility level of care for skilled nursing; several individuals are in their nineties. Most of these individuals benefit from SC services and a few hours per week of ID habilitation support in order to meet their specific needs. Once ODP determines that the individual is eligible for ID support services while in the nursing home, ID Base dollars are used to provide these services.

The remaining 3 individuals reside in Private ICF/ID licensed homes. Two of these individuals reside in a private home in the community and are fully integrated. They have lived in the community for nearly 30 years and have benefitted from all the things offered in a neighborhood and small town.

The final individual resides in a congregate, campus-type setting, where she has had successful stabilization of behaviors and mental health issues. Although informed of the Home and Community-based options, the family does not wish to pursue currently. Should that change, a fully integrated home in the community will then be sought.

HOMELESS ASSISTANCE SERVICES

Mercer County has a wide array of housing services, supports, and programs available. However, housing needs continue through all human service categories.

Bridge Housing:

At this time, Mercer County does not provide Bridge Housing services. For individuals experiencing a housing crisis, the current housing supports that are available assist for transitioning to permanent housing.

Case Management:

The Housing Assistance Program (HAP), managed by the Shenango Valley Urban League, provides case management assistance to individuals applying for HAP dollars for rental

assistance. The case manager assists the applicant with completing the necessary paperwork for assistance and can make linkages to other housing support services available within Mercer County.

The Mercer County Behavioral Health Commission provides Blended Case Management (BCM) services. When an individual who is receiving BCM services is experiencing a housing crisis, the BCM is able to link, coordinate, and monitor services to assist the individual through the housing crisis. Additional housing support services available within Mercer County include the Supportive Housing program, Mental Health Chore and Homemaker Services, and Mental Health Habilitation. The efficacy of these services is monitored by the Mercer County Behavioral Health Commission.

Rental Assistance

The Housing Assistance Program (HAP), managed by the Shenango Valley Urban League, provides a rental assistance component which assists individuals who are seeking support of a current rental property or potential rental unit for their living space. For renters facing eviction and near homelessness, the program assists the renter in resolving the necessary issues to maintain their current rental housing. The types of assistance consists of rental counseling, budget counseling, and financial grant of \$300.00 toward the first month's rent, delinquent rent, or security deposit of a rental property.

Currently, the financial assistance provided by HAP is capped at \$300.00 and only available to clients who comply with the guidelines of the program. All applicants must have a face-to-face interview with the Housing Counselor. Applicants must provide documentation validating their situation and provide proof of income. The Housing Counselor contacts the landlord to verify the information and to seek the landlord's approval of the proposed housing remedy. Once the client has been assisted, the client is ineligible for financial assistance for a period of two years. Additionally during the 2017/2018 year we estimate that 140 individuals will be supported seeking rental assistance and estimate the total individuals of those households at 300.

- From July 2015-December 2015, 664 housing inquiries have come in to the Shenango Valley Urban League, Inc.
- From January 2016-June 2016, 719 housing inquiries have come in to the Shenango Valley Urban League, Inc.
- From July 2016-May 2017, 1,382 housing inquiries have come in to the Shenango Valley Urban League, Inc.

The Mercer County Behavioral Health Commission receives Projects for Assistance in Transition from Homelessness (PATH) monies for assisting individuals experiencing a housing crisis. A portion of the PATH dollars are used for one-time only rental assistance in order to prevent eviction, or to establish new housing. Within the MCBHC, financial oversight is provided to the program. Housing and PATH related service expenditures are coded to a separate cost center to enable the financial information for this program to be tracked and monitored. Oversight is also provided by the Chief Financial Officer who reviews and approves PATH dollars needed to support PATH referrals for services. Additional programmatic and

financial oversight is provided by the State PATH Coordinator. An annual on-site monitoring is completed for all the PATH recipient organizations in Mercer County.

The Good Shepherd Center, located in northern Mercer County, was awarded United Way grant monies for rental assistance. The Good Shepherd is able to provide one-time rental assistance to individuals experiencing housing crisis and may be evicted due to rental arrears. Additionally, the Good Shepherd Center receives \$2,000.00 from HSDF for rental assistance. The Good Shepherd Center tracks all individuals who receive funding for this assistance.

Emergency Shelter

The second component of the HAP Program is the Emergency Shelter Program administered by the Salvation Army. Emergency shelter is defined as individuals facing imminent crisis with temporary over-night housing up to a period of one week. The third component assists clients who are fire victims. The amount of money sub-granted from the Shenango Valley Urban League to the Salvation Army was \$7,741.00.

The Public Hearing that was held on May 25, 2017 gave an opportunity for the public to provide their thoughts on the areas of greatest needs and wants. The area identified for the greatest need in Mercer County is for a Family Homeless Shelter. Throughout the next year, this is an area that may be expanded upon.

Other Housing Supports

Other current housing services and supports include:

- 1) AWARE provides emergency shelter for individuals fleeing from domestic violence situations;
- 2) Community Action Partnership of Mercer County provides housing counseling, senior housing, special needs housing, and single family rental housing;
- 3) Community Counseling Center provides Permanent Supportive Housing, Community Residential Rehabilitation, Fairweather Lodges, and Enhanced Personal Care Boarding Homes;
- 4) Good Shepherd Center provides financial assistance for rent, security deposit, basic home repair, and utility assistance to assist in preventing homelessness;
- 5) Mercer County Housing Authority (MCHA) administers the Homeless Prevention and Rapid Re-Housing program, oversees Section 8, and public housing;
- 6) Joshua's Haven City Mission serves as the only emergency and temporary shelter in Mercer County for homeless men;
- 7) Mental Health Association provides a shared living situation where individuals have their own bedrooms and share the living areas, bathrooms and kitchen;
- 8) MCBHC also provides PATH funded rental and utility assistance to mental health or co-occurring mental health and substance use disorder individuals;
- 9) Primary Health Network has received special grant funding specific for providing physical health, behavioral health, and dental services to individuals who are homeless;
- 10) Prince of Peace provides emergency services, Family Supportive Services- Project Hope and Project Faith;
- 11) The Shenango Valley Urban League, Inc. administers the Homeless Assistance Program (HAP) and is certified by HUD (Housing and Urban Development) to provide mortgage default counseling to homeowners facing foreclosure; and

12) Youth Advocate Program (YAP) is offering two mental health housing support services: Mental Health Habilitation, and Mental Health Chore and Homemaker Services.

Homeless Management Information Systems:

The housing department of the Shenango Valley Urban League, Inc. uses Counselor Max, a HUD approved online data information system to upload homeless data information. Three agencies currently utilize ClientTrack as tracking system. Those agencies include: AWARE, Community Counseling Center, and Mercer County Behavioral Health Commission.

Impact Analysis of HAP:

The housing department has assisted many Mercer County residents facing housing issues. The rent assistance component of the HAP Program has enabled residents to stay in their rental units and not face potential eviction or homelessness. Additionally, it has supported the Salvation Army with funds to help residents in need of emergency shelter. The outcome of this program is to provide clients an opportunity to remain in their rental units as effort to evade the risk of homelessness, and to support clients who need temporary shelter due to a crisis.

HOMELESS ASSISTANCE PROGRAM-HISTORICAL REVIEW OF GRANT FUNDING 2008-2015

2008-2009 - Total Approved Grant Amount for Rent and Emergency Shelter - \$ **156,260.00**

2009-2010 - Total Approved Grant Amount for Rent and Emergency Shelter - \$ **156,260.00**

(Notice of Funding Reduction of \$ 17,260.00 Received in December 2009)

2009-2010 – Final Grant Amount - \$ **139,000.00**

2010-2011 – Total Approved Grant Amount for Rent and Emergency Shelter - \$ **140,404.00**

(Notice of Funding Reduction of \$2,544.00 Received in November, 2010)

2010-2011 – Final Grant Amount - \$ **137,860.00**

2011-2012 – Total Approved Grant Amount for Rent and Emergency Shelter - \$ **137,860.00**

(Notice of Funding Reduction of \$12,533.00 Received in December, 2011)

2011-2012 – Final Grant Amount - \$ **125,327.00**

2012-2013 - Total Anticipated Grant Amount for Rent and Emergency Shelter - \$ **125,327.00**

Total Approved Grant Received for Rent and Emergency Shelter - \$ **112,795.00**

2013-2014 Final Grant Amount - \$ **112,794.00**

2014-2015 Final Grant Amount - \$ **112,794.00**

2015-2016 Final Grant Amount - **\$112,794.00**

(Notice of funding received in January 2016)

2016-2017 Final Grant Amount- **\$112,794.00**

- Since 2008 the Homeless Assistance Program has been reduced by \$ 43,465.00 or 28%.
- Funding support has been decreased from \$350.00 to \$300.00.

**HOUSING ASSISTANCE PROGRAM
CLIENT DEMOGRAPHICS**

Household Income

Below \$5,000	\$5,000- \$11,999	\$12,000-\$14,999	\$15,000-\$24,999	\$25,000-\$49,999	\$50,000 & Above
37.4%	25.1%	9.1%	22.9%	3.8%	1.5%

Housing Status

Own	Rent	Subsidized Rent	Residing in Shelter	Residing w/Family or Friends	Other
12.9%	77.0%	6.1%	0	3.8%	0

Employment Status

Full Time	Part Time	Disabled	Self- Employed	Retired	Unemployed	Under Employed	Other
33.5%	22.9%	25.9%	1.52%	0	12.2%	0	3.8%

Highest Level of Education Completed

Some High School	High School	GED	Some College	College Graduate	Vocational/Trade School

10.6% 51.9% 16.0% 11.4% 3.8% 6.1%

Race/Ethnicity

White/Caucasian	Black/African American	Bi-Racial	Hispanic/Latino	American Indian/Alaskan	Asian	Hawaiian/Pacific Islander
38.9%	56.4%	3.1%	0.76%	0	0	0.76%

Household Type

Two Parent Family	Single Female w/Children	Single Male w/Children	Single	Two or more adults, no children
18.32%	38.1%	0	51.4%	10.6%

Household Composition

Infants (0-5)	Youth (6-17)	Young Adults (18-34)	Adults (35-64)	Adults (65-74)	Adults (75 & Over)
33.5%	40.4%	24.4%	58.7%	1.52%	0

Veterans

Veteran	Non-Veteran
6.1%	93.9%

Resides in the following cities (based on 131 residents):

Sharon	38.2%
Farrell	37.4%
Hermitage	10.7%
Greenville	9.2%
Sharpsville	3.8%

Stoneboro	0
Volant	0.8%
Grove City	1.5%
Transfer	0.8%
West Middlesex	0.8%
Sandy Lake	0
Mercer	2.3%
New Wilmington	0
Wheatland	0.02%
Total	131

**Homeless Assistance Program
Client Survey Results**

What is the most pressing problem facing our community (131)?

- 24.4% Stated lack of meaningful employment
- 15.2% Stated lack of affordable housing and transportation
- 16.0% Stated lack of cooperation among communities
- 34.3% Stated all of the above factors contribute to the problems in our community
- 10.1% No Response

Substance Use Disorder Services

Overview: The Mercer County Substance Abuse System which serves and supports county residents who are uninsured and under insured is comprised of the following funding sources: the Pennsylvania Department of Drug and Alcohol Program; the Pennsylvania Department of Human Services/BHSI and ACT 152; Pennsylvania Department of Health Tobacco Settlement Dollars; Driving-Under-the-Influence Dollars; County Maintenance of Effort Funding; Miscellaneous Grant Revenue; and HealthChoices/Value Beacon Health Paid Claims. The services and supports made available through these dollars fulfill a comprehensive continuum of care.

Children’s Aid Society	IDU Outreach
Clem Mar House	Halfway House
Community Counseling Center	Outpatient Intensive Outpatient Multi-Dimensional Family Therapy Intervention
Crawford County D and A	Intensive Outpatient Outpatient

Davis Archway	Halfway House
Deerfield Behavioral Health	Intensive Outpatient Outpatient
Discovery House	Methadone Maintenance Services
Ellen O'Brien Gaiser Addiction	Short Term/Moderate Term/Long Term Rehab
Firetree, Ltd.	Short Term/Moderate Term/Long Term Rehab Non-Hospital Detoxification
Gateway Rehabilitation Center	Short Term/Moderate Term/Long Term Rehab Non-Hospital Detoxification Halfway House
Gaudenzia	Outpatient Intensive Outpatient Halfway House Short Term/Moderate Term/Long Term Rehab
Greenbriar Treatment Center	Non-Hospital Detoxification Short Term Rehab Halfway House
Greenfield Counseling Services	Methadone Maintenance
Highland House	Halfway House
Keystone Adolescent Center	Intervention
Mercer County Behavioral Health	Case Coordination Recovery Specialist Prevention Education
Positive Recovery Solutions	Physician and Pharmacy Services of Vivitrol
Pyramid Healthcare	Non Hospital Detoxification Short Term/Moderate Term/Long Term Rehab Partial Hospitalization Halfway House
Rainbow Recovery Center	Methadone Maintenance
Sojourner House	Long Term Rehab

Stepping Stones/Meadville Medical Hospital-Based Detoxification
Medically Managed Rehabilitation

Turning Point Non Hospital Detoxification
Short Term/Long Term Rehab
Partial Hospitalization

White Deer Run Non Hospital Detoxification
Short Term Rehab
Partial Hospitalization

Each of the levels of care and services are also available to the individual who is covered through private insurances, however, there are variations within each insurance network. The SCA's availability of diverse funding pools enables the Mercer County substance abuse public client to access a broad continuum of services and supports.

Waiting List Issues: As a result of the opioid epidemic, many of the SCA's contracted Detox and Residential programs fluctuate with existing waitlists. The status of residential waitlists changes each day. The SCA and Value Beacon Health-PA continue to monitor potential service needs as they may arise. To prevent a wait list from developing, the contracted providers are required to report capacity concerns to both Value Beacon Health and the SCA. If a provider cannot meet the defined access standard of accepting a patient into service within seven days of referral or are unable to offer a routine appointment, the provider must notify both Value Beacon Health and the SCA. With that information the SCA care coordinators who arrange for detoxification and residential services are then able to coordinate referrals with the several other in-network providers who do have vacancies. The benefit of maintaining a robust continuum enables access to these services within a 24 hour period. The SCA care coordinators are talented and tenacious in their efforts to secure client access to services.

Coordinating Detoxification and Residential stays to meet a 24 hour access requirement for priority populations does present access issues, particularly if the individual is not interested in attending the treatment facility that has an opening. The SCA's Central Intake Case Coordinators are very skilled and diligent in their efforts to secure access for each client, and on most occasions are able to meet a particular request. However, if the client wants to attend a particular treatment provider, or perhaps does not want to travel 3 hours east for treatment, the care coordinator will continue to make phone calls in an attempt to satisfy the request. Meeting client choice for priority populations that require a 24 hour access can be met, but it is not always the individual's preferred provider.

To aid and support the SCA's efforts in assisting individual's access treatment, the Department of Drug and Alcohol Programs has been adding several hundred new beds to both detox and residential programs across the Commonwealth.

Part IV: Mercer County Human Services Narrative

Substance Use Disorder: Wait times for services offered in the county

Detoxification Services- the Mercer SCA does not have a waitlist for detoxification services due to the number of contracted providers that are available.

Non-hospital rehabilitation services- the wait time for access directly to non-hospital rehabilitation will vary between 3-7 days based upon the client's preference in provider. When patients are accessing non-hospital from their managed detox stay, there is no wait time due to a provider's continuum of care.

Medication Assisted treatment-the SCA does not have a waitlist for MAT.

Halfway House Services-the SCA does not currently have a waitlist for Halfway House Services.

Partial Hospitalization-the SCA does not currently have a waitlist for Partial.

Outpatient-the SCA did experience a three week waitlist for outpatient services within this program year. A local provider had significant staff turnover and was unable to accept new referrals. Currently, staff are at a full complement and there are no waitlists at the Outpatient level of care.

Most recently, at the local level, an outpatient provider established a waitlist as a result of staff turnover. To address the waitlist, program managers were assigned clients until the therapist vacancies were filled. At its highest point, the waitlist was at 50 clients.

Barriers to Accessing Treatment: According to the Center for Rural Pennsylvania, Mercer County is defined as a rural community. Accessing drug and alcohol treatment in rural areas is difficult. Treatment facilities are limited, the lack of transportation presents logistical problems, and the stigma associated with substance abuse can prevent many people from seeking and accessing services.

The quality of the local drug and alcohol continuum of Mercer County is very good, but many rural residents are unable to reach them. The Mercer County Transit is available to limited regions and routes of Mercer County, so many residents must rely on private vehicles to get to treatment. As an additional challenge, many drug and alcohol clients have lost their driver's license, they can't afford gas or insurance, or they do not have access to a reliable vehicle. Transportation remains a large barrier for individuals seeking drug and alcohol treatment. The SCA is hoping to address this need through a pilot project established with a local transportation provider within the new program year.

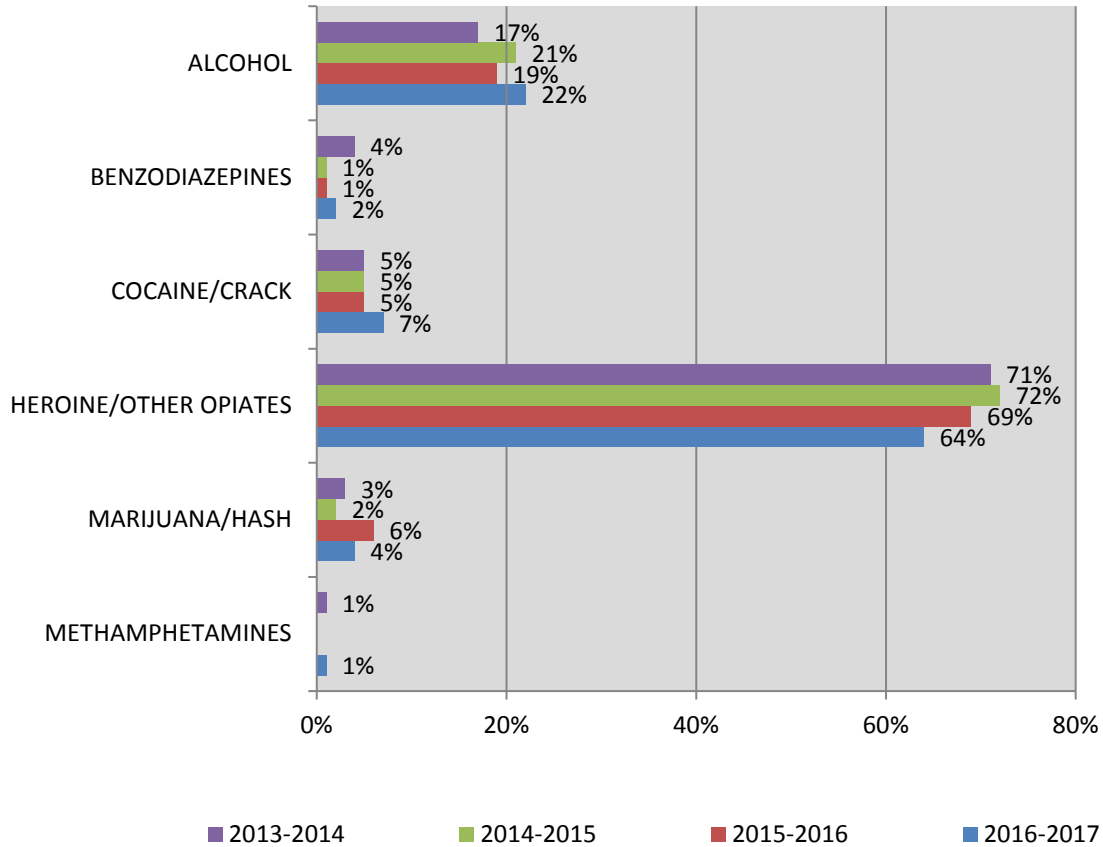
The cultural and social norms which prevent individuals from accessing drug and alcohol treatment remain prevalent within Mercer County. The small town, conservative beliefs which emphasize religion and rigid norms make it hard for people to seek the necessary help. Getting help may result in the loss of anonymity. The small town connection, or being "a place where everybody knows your name", inhibits an individual's personal motivation to access care.

Narcan: The Mercer County Single County Authority has made the Opioid Reversal Drug, Narcan available to family members of individuals who are at risk of overdose through a three member partnership. The partners are: the Mercer County Behavioral Health Commission, BHC; Obstetrician and Gynecologist, Dr. John Patrick Gallagher; and Walberg Pharmacy. If a family member is requesting the availability of Narcan as a result of their son, daughter, brother, sister, or other loved as a result of their opioid dependency, the family member may access Narcan at no cost through the SCA. The family member must relay their family risk information to one of the trained employees of the BHC. Both the employee and family member will sit through the required, on line Narcan training. At the completion of the training, the family member will receive a pharmacy voucher that they can then redeem at the Mercer, Walberg Pharmacy for a two dose package of Narcan. Dr. Gallagher, a local physician who is an overdose prevention activist at both the state and local level, provides clinical oversight to the prescriptions and distribution. Dr. Gallagher has successfully recruited two local police departments to begin carrying Narcan, as well as initiating two local school districts to maintain a supply within their school health offices.

SCA dollars help fill funding gaps for both local law enforcement departments, and Emergency Medical providers as their supplies of Narcan are depleted or expired. The support and expanded use of Narcan within the local Mercer County Community is reflected within local newspaper articles as seen in (*Appendix J 1-4.*)

Resources Developed in Response to the Opioid Epidemic: The national opioid epidemic has had significant impact on the local drug and alcohol system. Opiates have overwhelmingly consumed the Mercer County SCA’s residential and detox utilization. As portrayed in the graph below, 64% of the individuals who have accessed residential and detox services through the public system within the current year are receiving the services as a result of opiate dependence.

PUBLIC CLIENT DRUG OF CHOICE AT ADMISSION TO RESIDENTIAL REHABILITATION



Expanded Access to Residential Services The growing number of individuals who present to the SCA as a result of an opiate dependence have had a great impact on the under-funded substance abuse program. Many of these individuals are injection drug users and take precedent over other individuals who are seeking treatment as a result of other substances. Because this is not just a Mercer County issue but a state and national concern, each county is competing for the same resources. As a result, the SCA’s regional contracted providers have added and expanded their bed capacity. In addition, a new 3A/3B provider has been added to the provider network in the neighboring Crawford County.

Overdose Prevention Workgroup The Mercer County Overdose Prevention Workgroup was initiated in October 2015. The membership is comprised of both behavioral health and physical health partners; drug and alcohol treatment providers; Emergency Medical Services; 911

Operations; the local hospital emergency rooms; MCO/Value Beacon Health; the county coroner; the district attorney's office; and the SCA. The workgroup has developed initiatives within the areas of prevention, intervention, and treatment. A resource that was developed by the workgroup can be seen in (*Appendix J-5.*) Tablets of the tear-away will be mailed to all local primary care physicians, presented to each local Emergency Medical Service agency, and made available to the four county Emergency Rooms.

Warm Hand Off The most recent resource that has been developed to respond to the opioid epidemic in Mercer County is the Mercer County Bridge Program. The Bridge is an Emergency Room Warm Hand Off initiative that is being provided through contract with Gaudenzia, a licensed drug and alcohol treatment program that provides a full continuum of care. Gaudenzia, in cooperation with the SCA, and Community Counseling Center, also a licensed outpatient drug and alcohol treatment provider, have been meeting collectively to build the following process. An overdose survivor reports to one of the four local hospital based Emergency Rooms. The ER calls the 24 hour Emergency Line and the Bridge will respond to the emergency room within a one hour window. When in the ER, the Bridge worker will assess the survivor's drug and alcohol treatment needs and facilitate a warm hand-off to treatment. A few of the regional treatment providers are also offering 24 hour transportation to their facilities.

Standardized Overdose Data Through the lead of the Coroner's Office, Mercer County is now participating in the standardized collection of overdose data. Mr. John Libonati, the Mercer County Coroner began submitting overdose numbers and demographics to OverdoseFreePA in the fall of 2016. Mercer County's participation in the University of Pittsburgh's database will assist in community education, planning, and intervention. Additional details may be found in (*Appendix J-6.*)

Treatment Service Expansion To continue to meet the local needs, the Mercer SCA has developed two new services in the past year. A contract was extended to Positive Recovery Solutions, a mobile Vivitrol provider that visits the SCA office twice a month in an unmarked, discrete trailer. Individuals who have either an alcohol or opiate dependence, who have failed at traditional treatment, and are able to demonstrate a commitment to recovery may participate in the program. Program participants are provided drug screens, liver function tests, medical exams, and the slow release Vivitrol injection. SCA dollars support the contract, as well as other insurances.

Another new project within the Mercer County continuum is the Screening, Brief, Intervention, and Referral to Treatment program (SBIRT). The SBIRT is a collaborative partnership formed between the PA Department of Drug and Alcohol Programs, the University of Pittsburgh, seven Single County Authorities, and seven local health care organizations. The project is a physical health, behavioral health collaborative, whereby a drug and alcohol case coordinator is embedded into a primary care physician's office. Individuals who are receiving their standard service through their physician's office, when appropriate, will receive a warm-hand-off referral and intervention to the appropriate substance abuse treatment.

Emerging Substance Use Trends: Mercer County continues to experience high numbers of referrals specific to heroin and synthetic opiate dependence. Based upon recent articles in the

local newspapers, the community reflects the same. Please see (*Appendix J-7 and 8.*) Community conversations with both local law enforcement officers, and the county's coroner are report a spike in methamphetamine and cocaine abuse. Law enforcement officers are detecting and busting more meth labs, (*Appendix J-9.*) The coroner reports detecting cocaine more frequently in autopsy results. Methamphetamine is a central nervous system Schedule II stimulant which is highly addictive. An overdose of Methamphetamine can be fatal. Currently, in the review of SCA client's drug of choice data, both methamphetamine and cocaine counts are small. Methamphetamine and cocaine abuse is a trend the SCA which watch closely as their abuse may grow.

Target Populations: The Mercer County Substance Abuse System identifies the Priority Populations of: Pregnant Injection Drug User; Pregnant Substance Abusers, Injection Drug Users, Individuals Surviving an Overdose, and Veterans to receive preferential treatment. Services and unmet needs for the following requested populations are described.

Adults (ages 18 and above) The contracted treatment continuum of the Mercer SCA provides specialized treatment for both adult men and adult women, women with children, individuals with a specialized needs of a co-occurring disorder, and lesbian gay bisexual trans-gender questioning and intersex individuals. The SCA supports the rights and safety of each individual who is seeking treatment through its office and works within its continuum to find a suitable provider.

Older adults (ages 65 and above) served by the SCA comprise an estimated 2% of the total population. Seniors are disproportionately represented in our D&A system. An identified risk within this population is the potential for abuse and/or neglect related to substance abuse. Substance abuse is believed to be a factor in many types of elder abuse: physical maltreatment, emotional abuse, financial exploitation, and neglect. The SCA has been providing a series of behavioral trainings within the local senior centers of the Area Agency on Aging. In addition, Value Beacon Health is providing a professional training in June for direct care workers of the human service system on best practice guidelines when serving the senior generation, and how to reach them. Several drug and alcohol therapists and care coordinators are registered to attend.

In regard to the Transition Age Young-Adult population, the 2016-2017 Central Intake data reflects that 31% of the individuals being served within the local public substance abuse system are between the ages of 16 to 24. Both the Center for Substance Abuse Treatment (CSAT) and the US Department of Health and Human Services (USDHHS) indicate that co-morbidity of substance abuse and mental health disorders within America's youth is high. CCSAT conducted a Needs Assessment which included 4,421 young adults who were actively participating in licensed substance abuse treatment. The study reveals 74% of the individuals who met diagnostic criteria for substance use disorders also had at least one co-occurring mental health condition. Comments from the Mercer County Human Services Public Hearing validated the same need exists locally.

To respond to the specialized needs of the Transition Age Youth, Mercer County is discussing the potential of developing a Transition Age Youth Coordinator. The new position would be funded through the multiple systems: substance abuse, mental health, intellectual disability, and

child welfare. The coordinator would lead the already existing transition age workgroup. It is anticipated that the coordinator may conduct outreach, promote program development specific to the needs of transition age, and serve as a liaison to transition age individuals who need support and direction. The Behavioral Health Commission's Chief Executive Officer and the Mental Health Developmental Services Administrator have discussed a potential Request for Proposal for the position.

Adolescents (under 18): A strength of the Mercer County adolescent substance abuse system is the delivery of the evidenced based Multi-Dimensional Family Therapy Program (MDFT). MDFT is a substance abuse outpatient community based adolescent therapy provided by Community Counseling Center of Mercer County. MDFT family therapy has been recognized as one of the most promising interventions for adolescent drug abuse in the country. It has demonstrated efficacy in four randomized clinical trials, including three treatment studies. It is developmentally and ecologically-oriented. MDFT takes into account the interlocking environmental and individual systems in which teen-agers reside. Community Counseling Center provides MDFT through the support of two Master Level Therapists and a therapy assistant.

A gap in the substance abuse services for adolescents within Mercer County is the lack of co-occurring treatment and intervention supports. The county has adolescent drug and alcohol supports, and Mercer County has an overabundance of adolescent mental health services. The local treatment network is missing a dual diagnosis treatment provider that is tailored to a youth-guided, family focused approach which is culturally and linguistically competent.

Individuals with Co-Occurring Psychiatric and Substance Abuse Disorders: Mercer County is fortunate to support a local community based outpatient clinic that is dually licensed under both mental health and drug and alcohol services. Community Counseling Center, who has facilities located in Hermitage and Greenville, has therapists who are dually licensed as well. Mercer County's SCA operates under an integrated model as well. The functions of mental health and drug and alcohol intake, assessment, case management, and prevention are within one organization.

Kenneth Minkoff M.D., national authority on co-occurring disorders, states that co-morbidity is so common that dual diagnosis should be expected rather than considered an exception. Consequently, the application of best practices cannot be restricted to small sub-populations but rather must be extended to the development of models that apply to the entire system of care and that require integrated system planning involving both mental health and substance abuse treatment agencies.

Beyond the local level, the Mercer County SCA contracts with Pyramid of Pittsburgh, Gaudenzia of Erie, and White Deer Run of Allenwood for the delivery of Short and Long Term Residential Co-Occurring Treatment.

Women with Children: Many women postpone drug and alcohol treatment because they don't want to leave their children. They may not be aware that some facilities offer quality treatment along with child care. The Mercer SCA contracts with three Women with Children providers:

Abstinent Living at the Turning Point, Gaudenzia's Community House, and Sojourner House of Pittsburgh. The specialized services for women provides: parenting support and skill development: improved treatment retention and outcomes, screens for developmental delays, increases reunification, improves the children's outcomes, and improves family functioning.

In addition to specialized services, the SCA advertises its offering of preferential services for women, and women with children through the use of radio, newspaper, and posters. In September, the prevention department provides a Fetal Alcohol Spectrum Disorder Campaign.

Within the Public Hearing, the greatest priority that was identified for the drug and alcohol system is the need to reach and serve the pregnant women who have abused and continued to abuse substances. The Public Hearing participants identified both target populations: the addicted mothers, and the new born infants to be served. Ms. Mickey Gula, Directress of a local charity foundation promoted that a small workgroup of the Mercer County drug and alcohol system visit the Magee's Woman's Hospital of Pittsburgh to learn about its evidence based practice. This will be an objective for the 2017-2018 year.

Recovery-Oriented Services: Mercer County has been fortunate to provide Recovery Specialist Services (RSS) for the past six years. RSS has been provided to individuals with addiction issues or co-occurring mental health and addiction issues in need of outreach, mentoring, or peer support in all stages of the recovery process. RSS is delivered by individuals with personal experience in recovery and addiction. Services are community based and delivered in a variety of settings: the consumer's home; at a service provider location; a local library; in the county jail; or other mutually agreed upon location. RSS also provides in-reach to the local county jail.

Transportation remains a large priority within the local human service among all populations. The drug and alcohol system plan to pilot a transportation project in the 2017-2018 fiscal year that is designed specific to the needs of the drug and alcohol client.

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

For each of these categories (Adult Services, Aging Services, Children and Youth Services, Generic Services and Specialized Services), please use the fields and dropdowns to describe how the county intends to utilize HSDF funds on allowable expenditures (please refer to the HSDF Instructions and Requirements for more detail).

Adult Services: Please provide the following:

Program Name:

Description of Services: HSDF funds not being utilized in this category for FY 17-18

Service Category: Please choose an item.

Aging Services: Please provide the following:

Program Name: Mercer County Area Agency on Aging

Description of Services: Assistance in transporting individuals' age 60-64 who need to travel to and from community facilities to receive social and medical services, or otherwise promote independent living. \$42,334.00

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

Aging Services: Please provide the following:

Program Name: Mercer County Area Agency on Aging

Description of Services: Services to assist impaired persons in achieving and maintaining an optimal level of physical, social and emotional functioning. Individualized programs of activities and coordination of other community services are provided in a supportive and therapeutic environment. The goal is to reduce loneliness and isolation through the provision of peer interaction and social activities and delay or preclude the necessity for long term institutionalism. \$4,000.00

Service Category: Adult Day Services - Adult day services centers operate for part of a 24-hour day and offer an interactive, safe, supervised environment for older adults and adults with a dementia-related disease, Parkinson's disease or other organic brain syndromes.

Aging Services: Please provide the following:

Program Name: Mercer County Area Agency on Aging

Description of Services: Coordinated staff activities to determine with the individual to determine needs, identify services that are needed and to coordinate the timely provision of those services. \$6,633.00

Service Category: Care Management - Care Management activities through the Area Agencies on Aging serve as a coordinative link between the identification of consumer needs and the timely provision of services to meet those needs by utilizing all available resources.

Children and Youth Services: Please provide the following:

Program Name: Mercer County Children & Youth Services

Description of Services: HSDF funds not being utilized in this category for FY 17-18

Service Category: Please choose an item.

Generic Services: Please provide the following:

Program Name: Mercer County Jail Counselor

Description of Services: Transitional and Community Integration Forensic Services provided to individuals incarcerated the Mercer County Jail. Services include assessment, targeted case management and support group activities. These services assist in meeting the individual's

mental health and drug and alcohol needs while in jail and in preparation for transition back to the community. Work is done in collaboration with the judicial system. \$60,000.00

Service Category: Counseling - Nonmedical, supportive or therapeutic activities, based upon a service plan developed to assist in problem solving and coping skills, intra- or inter-personal relationships, development and functioning.

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. N/A

Other HSDF Expenditures – Non-Block Grant Counties Only

If you plan to utilize HSDF for Mental Health, Intellectual Disabilities, Homeless Assistance, or Substance Use Disorder, please provide a brief description of the use and complete the chart below.

Only HSDF-allowable cost centers are included in the dropdowns.

Category	Allowable Cost Center Utilized
Mental Health	Social Rehabilitation Services
Intellectual Disabilities	
Homeless Assistance	Emergency Shelter
Substance Use Disorder	

Note: Please refer to Appendix C-2, Planned Expenditures for reporting instructions.

MENTAL HEALTH:

Program Name: Community Counseling Center

Description of Services: Skills training and education to assist individuals with mental health issues gain the necessary skills and supports to transition into or maintain their own homes or desired living arrangement. Services are expected to increase independence and reduce homelessness and/or more restrictive services and or placement. \$5,110.00

Program Name: Community Counseling Center

Description of Services: Our Friends Place provides a comfortable, safe atmosphere for peer support, social and recreational activities for individuals 18 years and older who are in mental health recovery. Participants determine what activities and programs are to be offered and send out a monthly calendar of event. Individuals determine on their own when and what they participate in. This service is designed to enable individuals to have access to various social and recreational activities, develop friendships, improve socialization skills and have a sense of belonging. The Center is open Monday through Saturday 9AM - 5 PM and Sundays, 11AM – 4PM. \$5,110.00

Program Name: Mental Health Association

Description of Services: Financial Assistance to individuals with mental health issues in maintaining their checking accounts and paying their bills. The program sets up a checking account for each individual, pays their bills for them on time and ensures their funding is spent on health and safety needs/expenses to include food, clothing, rent, and utilities prior to any other expenditure. The program works closely with local Social Security and local County Assistance personnel. \$4,000.00

HOMELESS ASSISTANCE:

Program Name: The Good Shepherd Center

Description of Services: Assistance to individuals from the Greenville, PA area in order to prevent home evictions and/or homelessness. \$2,000.00

MERCER COUNTY NEW FREEDOM INITIATIVE PLANNING PROCESS

MENTAL HEALTH and DRUG and ALCOHOL SERVICES

August meeting:

Program Highlights: Highlight any achievements or other programmatic improvements that have enhanced the mental health or drug and alcohol service systems.

Recovery-Oriented Systems Transformation: What are the recovery-oriented systems transformation efforts the county plans has initiated in the current year to address concerns and needs.

Discuss:

- What is the priority
- What is the time line to accomplish the transformation priorities
- What are 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).
- What is the mechanism for tracking implementation of priorities

September meeting:

Program Highlights: Highlight any achievements or other programmatic improvements that have enhanced the mental health or drug and alcohol service systems.

D&A and Mental Health Special Population: **Older Adults** (ages 60 and above)

- Strengths:
- Needs:
- Unmet Gaps

October meeting:

Program Highlights: Highlight any achievements or other programmatic improvements that have enhanced the mental health or drug and alcohol service systems.

D&A and Mental Health Special Population: **Adults** (ages 18 and above)

- Strengths:
- Needs:
- Unmet Gaps

November meeting:

Program Highlights: Highlight any achievements or other programmatic improvements that have enhanced the mental health or drug and alcohol service systems.

D&A and Mental Health Special Population: **Transition-Age Youth** (ages 18-26)

- Strengths
- Needs
- Unmet Gaps

December meeting:

Program Highlights: Highlight any achievements or other programmatic improvements that have enhanced the mental health or drug and alcohol service systems.

D&A and Mental Health Special Population: **Children** (under 18)

- Strengths
- Needs
- Unmet Gaps

January meeting:

Program Highlights: Highlight any achievements or other programmatic improvements that have enhanced the mental health or drug and alcohol service systems.

Mental Health Individuals transitioning out of state hospitals/D&A Warm Hand Offs

- Strengths
- Needs
- Unmet Gaps

February meeting:

Program Highlights: Highlight any achievements or other programmatic improvements that have enhanced the mental health or drug and alcohol service systems.

Co-occurring Mental Health/Substance Abuse

- Strengths
- Needs
- Unmet Gaps

March meeting:

Program Highlights: Highlight any achievements or other programmatic improvements that have enhanced the mental health or drug and alcohol service systems.

D&A and Mental Health Justice-involved individuals

- Strengths
- Needs
- Unmet Gaps

April meeting:

Program Highlights: Highlight any achievements or other programmatic improvements that have enhanced the mental health or drug and alcohol service systems.

D&A and Mental Health Veterans:

- Strengths
- Needs
- Unmet Gaps

May meeting:

Program Highlights: Highlight any achievements or other programmatic improvements that have enhanced the mental health or drug and alcohol service systems.

D&A and Mental Health Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) consumers, and

**D&A and Mental Health Racial/Ethnic/Linguistic minorities, and
Other- Last year's plan identified MH/ID dual diagnosed population**

- Strengths
- Needs
- Unmet Gaps

June meeting

Review entire years' work, review draft plan, etc.

Mercer County NFI Members & Participants

❖ Consumers and Consumer Advocates

- ❖ Mercer County MH/DS Program
- ❖ Mercer County Area Agency on Aging, Inc.
- ❖ Mercer County C/FST
- ❖ Mercer County Behavioral Health Commission
- ❖ Children's Aid Society
- ❖ Children & Youth Services
- ❖ Community Action Partnership of Mercer County
- ❖ Community Counseling Center
- ❖ DON Services
- ❖ Family Behavioral Resources
- ❖ NAACP
- ❖ Northwest Behavioral Health Partnership
- ❖ Primary Health Network
- ❖ Paoletta Counseling Services
- ❖ Sharon Regional Health System
- ❖ Value Behavioral Health of PA
- ❖ Walberg Family Pharmacies

The **Mercer County NFI Committee** advises the MH/DS Program and the local Single County Authority on the issues, strategies and priorities for development of recovery oriented mental health, drug and alcohol, and community support systems. NFI has been in existence in Mercer County since September 2004.

Our committee meets the first Thursday of each month at 1:30pm at St. John's Episcopal Church, 226 W State Street, Sharon, PA 16146

Mercer County New Freedom Initiative (NFI)



New Freedom Initiative is a community partnership, advocating for each individual's journey to recovery, which will improve the health and wellness of our community.

NFI—Origins and Purpose

President George W. Bush established NFI in 2001 to promote increased access to educational and employment opportunities and full access to community life for people with disabilities.

The Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS) defines NFI's primary focus as:

- Mental Health and Substance Use care is consumer and family driven. The focus is on placing consumers and families in the center of planning, monitoring and evaluating services.
- Excellent mental health and substance use disorder care is delivered and research is accelerated. The focus is to improve and expand the skills of the workforce consistent with a recovery philosophy and evidence-based services.

To learn more about OMHSAS recovery and resiliency based initiatives, visit www.parecovery.org

The Community Support Program (CSP) Wheel

The CSP is a recovery model for People with Mental Illness and Co-Occurring Disorders. At the center circle of the wheel are eight factors that are important antecedents for recovery. Hope is the anchor point upon which recovery is based. Demonstrating respect for the consumer supports his or her hopefulness and nurtures self-esteem. When people convey trust in the consumer, it strengthens the consumer's confidence and motivation to assume increased responsibility for taking control of their own life.





Mercer County Behavioral Health Commission, Inc.

Administration/Prevention/Case Management
724-662-1550 Fax: 724-662-1557

Central Intake/Evaluation/Emergency
724-662-2230 Fax: 724-662-9292 Emergency: 724-662-2227

May 22, 2017

«AddressBlock»

Dear «First_Name» «Last_Name»,

As a valuable stakeholder of the Mercer County Human Service System, you are invited to attend the Public Hearing of the 2017-2018 Human Service Plan:

May 25th at 9:00 a.m.
Primary Health Network
Charitable Foundation
Board Room
55 Pitt Street
Sharon, PA 16146

The completed plan will support Mercer County's utilization of the following Department of Human Services dollars: Children and Youth Services Special Grants, Mental Health Base Dollars, Intellectual Disability Base Dollars, Human Services Development Funds, Act 152 and Behavioral Health Services Initiative Funds specific to Drug and Alcohol Services, and Homeless Assistance Funding.

Your comments and discussion within the hearing are appreciated. Please RSVP to Diana Covert at 724-662-1550 x 101 regarding yours, or your designee's attendance, by May 23, 2017. Your assistance is appreciated.

Sincerely in service,

Kim Anglin
Substance Abuse Administrator

The Human Services Plan is being completed as a responsibility of the Mercer County Mental Health and Developmental Services Office

Human Services Plan

Public Hearing



Thursday, May 25, 2017

9:00 a.m.

@

Primary Health Network

Charitable Foundation

Board Room

55 Pitt Street

Sharon, PA 16146

01104720-000
 MERCER COUNTY BEHAVIORAL
 8406 SHARON-MERCER ROAD
 MERCER PA 16137

Proof of Publication Notice in The Herald/Allied News

Commonwealth of Pennsylvania
 County of Mercer

Richard Work, of The Herald & Allied News, having been duly sworn according to law, deposes and says The Herald is a newspaper of general circulation published at 52 South Dock Street, Sharon, Mercer County, Pennsylvania. The Herald was established May 13, 1935 and has been regularly published and issued in Mercer County since that time. The Allied News is a newspaper of general circulation published in Grove City, Mercer County, PA. The Allied News was established August 9, 1965 and has been regularly published and issued in Mercer County since that time. The printed notice attached to this affidavit is exactly the same as was printed and published in the regular editions and issues of The Herald/Allied News on the dates listed below the bottom of the notice. I certify that I am duly authorized to verify this statement under oath and am not interested in the subject matter of the attached notice or advertisement. All allegations in this affidavit as to time, place and character of publication are true.

PUBLIC NOTICE
Public Hearing Notice:
 A public hearing regarding the Mercer County Human Services Plan will be held on May 25, 2017 at 9:00 a.m. at the Primary Health Network Charitable Foundation Board Room, 55 Pitt Street, Sharon, PA. Human Service stakeholders are invited to attend this important meeting to learn about, and provide comment on the services and programs that Mercer County delivers.
 May 18, 19 & 20, 2017

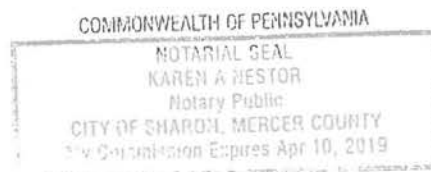


Richard Work
 Advertising Director

Sworn to and subscribed to before me this
 22nd day of May, 2017



Karen A. Nestor
 My commission expires April 10, 2019



Expire Date	Ad Caption	# Times	Amount
05/20/2017	L-24386 Public hearing May 25, 2017	3	113.96

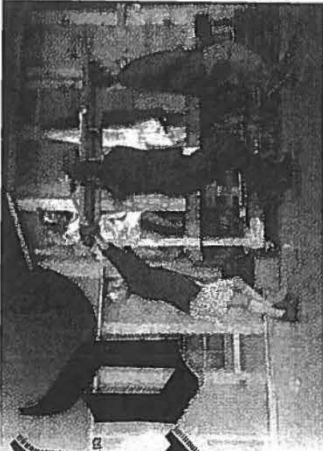
THURSDAY

**May 18,
2017**

2 sections 24 pages
Sharon, Pennsylvania

sharonherald.com
Volume 154, Number 35

7¢



The Herald

NEWS: ACTS cast falls for slapstick play | A-3

Memorial service set for Riverside Inn | A-6

105. PUBLIC NOTICE

PUBLIC NOTICE

Public Hearing Notice
A public hearing regarding the Mercer County Human Services Plan will be held on May 25, 2017 at 9:00 a.m. at the Primary Health Network Charitable Foundation Board Room, 55 Pitt Street, Sharon, PA. Human Service stakeholders are invited to attend this important meeting to learn about, and provide comment on the services and programs that Mercer County delivers.
May 18, 19 & 20, 2017

**HUMAN SERVICES PLAN
PUBLIC HEARING
MAY 25, 2017**

NAME	AGENCY/ORGANIZATION	EMAIL	Would You Like An Electronic Copy of the Draft Plan? <input checked="" type="checkbox"/>
Shavonda Faber	Riverview Manor	sfaber@pkmanagement.com	<input checked="" type="checkbox"/>
Melissa White	VA Butler Healthcare Michael A. MARZANO VA Clinic	Melissa.White2@va.gov	<input checked="" type="checkbox"/>
Dayna Troubridge	Mercer County (NJ)	dtroubridge@merc.co.mercer.pa.us	<input checked="" type="checkbox"/>
Benny Hozen	NFI	bakkozenccki@gmail.com	<input checked="" type="checkbox"/>
Mary E Pollock	CCC	mpollock@ccomer.org	<input checked="" type="checkbox"/>
Sam Bellich	MCAAA, Inc.	skellich@mercercountyag.org	<input checked="" type="checkbox"/>
Kaitoppe - Merlo	MCAAA	suket@mercercountyag.org	<input type="checkbox"/>
Aimee Landfair	PBPP	alandfair@pa.gov	<input checked="" type="checkbox"/>
			<input type="checkbox"/>

<p style="text-align: center;">HUMAN SERVICES PLAN PUBLIC HEARING MAY 25, 2017</p>			
NAME	AGENCY/ORGANIZATION	EMAIL	Would You Like An Electronic Copy of the Draft Plan?
Bonnie Dickson	PHN	bdickson@primary-walker.net	<input checked="" type="checkbox"/>
Sue Fomichella	BHC	sue.fomichella@mercercountybhc.org	<input type="checkbox"/>
Danna Sowers	NFI	DAVINA-5@ROADRUNNER.COM	<input type="checkbox"/>
Anna Shears	BHC	anna.marie.shears@mercercountybhc.org	<input checked="" type="checkbox"/>
Wiles Karson	DA	wkarson@wcc.mercer.pa.us	<input checked="" type="checkbox"/>
Kim Anglin	MEBHC		<input checked="" type="checkbox"/>
Scott Pino	SRHS - BHS	scott.pino@steward.org	<input checked="" type="checkbox"/>
Mary Ann Peace	Good Shepherd Center	GScenter2016@gmail.com	<input type="checkbox"/>
Emy @ Rnt	CAPMC	emr@capmc.org	<input type="checkbox"/>

**HUMAN SERVICES PLAN
PUBLIC HEARING
MAY 25, 2017**

NAME	AGENCY/ORGANIZATION	EMAIL	Would You Like An Electronic Copy of the Draft Plan? <input checked="" type="checkbox"/>
Christie Beaver	VA - veterans justice coordinator	Christina.Beaver@VA.gov	<input checked="" type="checkbox"/>
Amy Villegas	Value Behavioral Health of PA	Amy.Villegas@Beaconhealthoptions.com	<input checked="" type="checkbox"/>
Erin Houston	SU Urban League	ehouston@neohiortvbc.com	<input checked="" type="checkbox"/>
Lauren Tofani	United Way of Mercer Co.	ltofani@unwmercercounty.org	<input checked="" type="checkbox"/>
Gloria Kern	Family Services of NWPA	gloriak@fsnwpa.org	<input checked="" type="checkbox"/>
Cathy Mann	Mercer Co MHI DS		<input checked="" type="checkbox"/>
Timothy M'Comigle	Mercer Co. Pa. US COUNTY COMMISSIONER	tmcraigle@mercer.pa.us	<input checked="" type="checkbox"/> We will get it last ☺
Megan Johnson	BHC	megan.johnson@mcbbc.org	<input checked="" type="checkbox"/>
			<input type="checkbox"/>

HUMAN SERVICES PLAN
PUBLIC HEARING
MAY 25, 2017

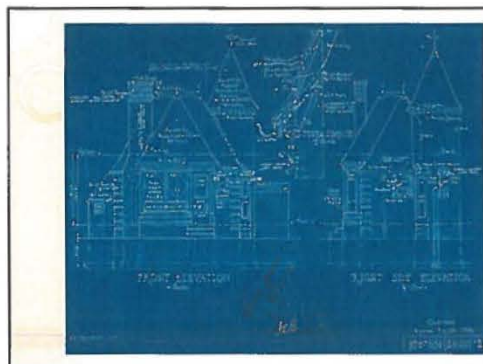
NAME	AGENCY/ORGANIZATION	EMAIL	Would You Like An Electronic Copy of the Draft Plan?
Fran Billen	Community Counseling Center	fbillen@cccmemo.org	<input checked="" type="checkbox"/>
Nwika Davis	Alpine Springs	m.davis@alpiningsprings.org	<input checked="" type="checkbox"/>
Paula Phillips	McBHC		<input checked="" type="checkbox"/>
Tonya Miller	MCJPD	tmiller@mcjpd.pa.us	<input checked="" type="checkbox"/>
Jessica Gay John Doeckman	Key Stone	keystonekid.pa.us	<input checked="" type="checkbox"/>
Ashley Dwyer	The Shield	ssory@sharonskind.com	<input checked="" type="checkbox"/>
Jaime Halaszynski	VA Butler Healthcare	Jaime.Halaszynski@va.gov	<input checked="" type="checkbox"/>
Matt Hazi	Children's Fr Society	matth@zoominternet.net	<input checked="" type="checkbox"/>
Jessica Jamison	FSDWPA	j.jamison@fswpa.org	<input checked="" type="checkbox"/>

HUMAN SERVICES PLAN PUBLIC HEARING MAY 25, 2017			
NAME	AGENCY/ORGANIZATION	EMAIL	Would You Like An Electronic Copy of the Draft Plan?
Hahie Gabriel	CYS	hcammerata@mcc.mercer.pa.us	<input checked="" type="checkbox"/>
Whitney Clapper	CYS	wclapper@mcc.co.mercer.pa.us	<input type="checkbox"/>
Roslynn Wright	Keystone	roslynn.wright@keystone.k12-pa.us	<input checked="" type="checkbox"/>
Mickey Gula	Buhr R H Foundation	mgula@buhrhfh.org	<input checked="" type="checkbox"/>
TAMI HAMMOND	URBAN LEASSEE	thammond@urbanleassee.com @NEEDS.tube.com	<input checked="" type="checkbox"/>
Margaret Augustyn Williams	Mercer GMT/DS		<input type="checkbox"/>
Shela Votsof	MCBHC		<input checked="" type="checkbox"/>
Bobo Bearfield	Gaudenzia	robertbearfield@gaudenziaenc.org	<input checked="" type="checkbox"/>
			<input type="checkbox"/>

5/25/2017

Welcome
to the
Mercer County
Human Services Plan
Public Hearing

Mental Health –
Ms. Anna Shears
Intellectual Disability Services –
Ms. Sue Formichella
Homeless Assistance Services –
Dr. Erin Houston
Substance Use Disorder Services –
Ms. Kim Anglin
Human Services and Supports /
Human Services Development Funds –
Ms. Katie Gabriel



Mental Health Services
Program Highlights

Plan Process

Mental Health Services
Strengths and Needs

- ✓ Older Adults (ages 60 and above)
- ✓ Adults (ages 18 and above)
- ✓ Transition Age Youth (ages 18-26)
- ✓ Children (under 18)
- ✓ Individuals Transitioning Out of State Hospitals

5/25/2017

Mental Health Services Strengths and Needs

- ✓ Co-occurring Mental Health / Substance Use Disorder
- ✓ Justice-Involved Individuals
- ✓ Veterans
- ✓ Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex
- ✓ Racial/Ethnic/Linguistic Minorities
- ✓ Other

Intellectual Disability Services The Continuum of Services

Evidence Based Practices Survey									
Estimated Based Practice	Is our service available in our County? (Y/N)	Current number of clients (approx)	Other similar services in area?	What evidence base supports this practice? (e.g., NCCMH)	How often is this practice implemented?	Is SAPSEA or other state implementation plan (OIG) implemented?	Is staff specifically trained in this practice? (Y/N)	Additional information and comments	
Assertive Community Treatment	Y	14							
Substance Involvement	Y	42	SAPSEA	Agree	Annually	Y	Y	Site needs to support the practice for housing long term and the need for services	
Coordinated Case Management	Y	54	SAPSEA	Agree	Annually	Y	Y		
Integrated Treatment for Co-occurring Disorders (ITC)	Y								
Peer Support Services	Y								
Multisystemic Therapy (MST)	Y								
Therapeutic Community	Y								
Family Psycho-education	Y								

Intellectual Disability Services

	Estimated Individuals Served in FY 17-18	Percent of Total Individuals Served	Projected individuals to be served in FY 17-18	Percent of Total Individuals Served
Supported Employment	1	2%	3	6%
Pre-Vocational	18	5%		
Adult Training Facility	24	13%		
Base Funded Supports Coordination	150	29%	140	26%
Residential (\$400)/Unlicensed	7	5%	5	3%
Residential (\$500)/Unlicensed	3	14%	3	20%
PDS/AWC	0	0	0	0
PDS/YF	0	0	0	0
Family Driven Family Support Services	92	18%	92	17%

Additional EBP Recovery Oriented and Promising Practices Survey			
Recovery Oriented and Promising Practice	Service Provided (Y/N/NA)	Current Number of Clients (Approximate)	Additional Information (See Comments)
Consumer Satisfaction Team	Y	405	This is combined Consumer/Family
Family Satisfaction Team	Y		See Above
Compass	N		
Peer-mentor Lodge	Y	1	
HA Funded Certified Peer Specialist	Y	79	
Other Funded Certified Peer Specialist	Y	22	
Deliver of Behavioral Therapy	Y		
Public Health	Y	183	
Wellness Recovery Action Plan (WRAP)	N		
High Fidelity Wrap Around	N		
General Disorder Pricing	Y	89	
Psychiatric Rehabilitation Services (including children)	Y		
Self-Directed Care	N		
Supported Education	N		
Treatment of Depression in Older Adults	N		
Caseposition/Integrated Employment Services	N		Include # employed
Consumer Operated Service	Y	184	
Parent Child Interaction Therapy	Y	81	
Socratic	N		
Trauma Informed Cognitive Behavioral Therapy	N		
Eye Movement Desensitization and Reprocessing (EMDR)	Y		
First Episode Psychosis Coordinated Specialty Care	Y		

Intellectual Disability Services

- ✓ Supported Employment
- ✓ Supports Coordination
- ✓ Cross Systems Communications and Training
- ✓ Emergency Supports

5/25/2017

Intellectual Disability Services

- ✓ Administrative Funding
- ✓ Participant Directed Services
- ✓ Community for All

HealthChoices/MA FY 2015-2016

Level of Care	Distinct Members	Dollars
Inpatient D&A Detox	21	\$51,259.90
Inpatient D&S-A Rehab	12	\$32,278.50
Non-Hosp D&A Detox	129	\$130,982.30
Non-Hosp D&A Rehab	226	\$1,068,578.47
Outpatient D&A	670	\$659,543.35
Methadone Maintenance	648	\$2,248,926.67

Homeless Assistance Services

- ✓ Bridge Housing
- ✓ Case Management
- ✓ Rental Assistance
- ✓ Emergency Shelter
- ✓ Other Housing Supports
- ✓ Homeless Management Information Systems

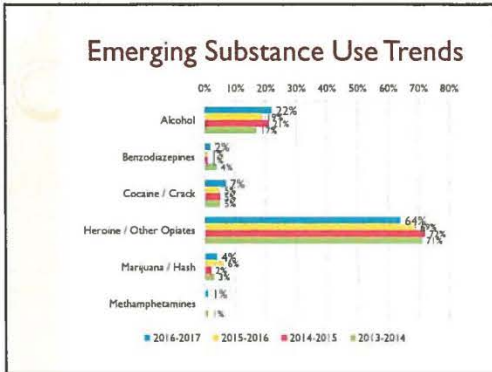
SCA/Uninsured and Under-Insured 2015-2016

Hospital Detox	3
Hospital Rehab	2
Non-Hospital Detox	36
Non-Hospital Rehab	110
Intensive Outpatient	120
Outpatient	313
Methadone	

Substance Use Disorder Services

- ✓ Waiting List
- ✓ Barriers to Treatment
- ✓ Narcan
- ✓ Resources Developed to Respond to the Opioid Epidemic
- ✓ Treatment Services Expansion

5/25/2017



Human Services and Supports/ Human Services Development Fund

- ### Target Populations
- ✓ Adults
 - ✓ Adolescents
 - ✓ Individuals with Co-Occurring Psychiatric and Substance Use Disorders
 - ✓ Women with Children
 - ✓ Overdose Survivors
 - ✓ Mercer County's Identified Priority Populations

- ✓ Adult Services
- ✓ Aging Services
- ✓ Children and Youth Services
- ✓ Generic Services
- ✓ Specialized Services
- ✓ Interagency Coordination
- ✓ Other HSDF Expenditures

Recovery-Oriented Services

Human Services Budget

5/25/2017

APPENDIX E: NON-BLACK GRANT COUNTIES
HUMAN SERVICES PROGRAMS SUBJECT AND INDIVIDUALS TO BE SERVED

PROGRAM NAME	2016-17 BUDGET	2017-18 BUDGET	2018-19 BUDGET	2019-20 BUDGET	2020-21 BUDGET
Adult Day Services	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000
Child Welfare Services	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000
Community Mental Health	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000
Domestic Violence Services	500,000	500,000	500,000	500,000	500,000
Family Violence Prevention	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Food Bank	800,000	800,000	800,000	800,000	800,000
Job Training Programs	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
Substance Abuse Treatment	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000
Senior Center Programs	1,800,000	1,800,000	1,800,000	1,800,000	1,800,000
Specialized Services	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Supportive Housing	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000
Therapeutic Community	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
Womens Center	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Youth Services	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
Total	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000

Questions or Feedback

APPENDIX F: NON-BLACK GRANT COUNTIES
HUMAN SERVICES PROGRAMS SUBJECT AND INDIVIDUALS TO BE SERVED

PROGRAM NAME	2016-17 BUDGET	2017-18 BUDGET	2018-19 BUDGET	2019-20 BUDGET	2020-21 BUDGET
Adult Day Services	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000
Child Welfare Services	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000
Community Mental Health	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000
Domestic Violence Services	500,000	500,000	500,000	500,000	500,000
Family Violence Prevention	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Food Bank	800,000	800,000	800,000	800,000	800,000
Job Training Programs	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
Substance Abuse Treatment	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000
Senior Center Programs	1,800,000	1,800,000	1,800,000	1,800,000	1,800,000
Specialized Services	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Supportive Housing	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000
Therapeutic Community	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
Womens Center	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Youth Services	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
Total	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000

System Priorities

Co-

	Older Adult	Adult	TAY	Children Under 18	Transitioning From WSH	Occurring MH/SUD	Justice Involved	Veterans	LG BT QI	Racial Minorities	Other (MH/ID)
BCM	X	X	X	X	X	X	X	X	X	X	X
CPS	X	X	X		X	X	X	X	X	X	X
CRS	X	X	X		X	X	X	X	X	X	X
OP	X	X	X	X	X	X	X	X	X	X	X
Children Partial				X						X	
Adolescent Partial				X						X	
Adult Partial	X	X	X		X	X	X	X	X	X	X
Inpatient	X	X	X	X	X	X	X	X	X	X	X
EAC	X	X	X		X	X	X	X	X	X	
LTSR	X	X	X		X	X	X	X	X	X	
CRR	X	X	X		X	X	X	X	X	X	
Fair Weather Lodge	X	X	X		X	X	X	X	X	X	
PCBH	X	X	X		X	X	X	X	X	X	
School Based Behavioral Health				X						X	
Student Assistant Program				X						X	
Forensic CM	X	X	X		X	X	X	X	X	X	
Psych Rehab	X	X	X		X	X	X	X	X	X	
Drop In Center	X	X	X		X	X	X	X	X	X	
Warm-Line	X	X	X		X	X	X	X	X	X	X
Crisis Line	X	X	X	X	X	X	X	X	X	X	X
Community Employment	X	X	X		X	X	X	X	X	X	
BHRS				X		X			X	X	X

The fidelity measure is used for Multisystemic therapy:

The Multisystemic Therapy (MST) QA/QI Program provides mechanisms at each level (therapist, supervisor, consultant, and program) for training and support on the elements of the MST treatment model, measuring implementation of MST, and improving delivery of the model as needed. Several fidelity measures are incorporated into the functions of each MST team to assess the adherence of therapists, supervisors, MST Consultants and teams/organizations;

1. The **Therapist Adherence Measure-Revised (TAM-R)** is a 28-item measure that evaluates a therapist's adherence to the MST model as reported by the primary caregiver of the family. The adherence scale was originally developed as part of a clinical trial on the effectiveness of MST. The measure provided to have significant value in measuring an MST Therapists' adherence to MST and in predicting outcomes for families who received treatment. Scores have been related to reduced behavior problems and criminal activity.
2. The **Supervisor Adherence Measure (SAM)** is a 36-item measure that evaluates the MST Supervisor's adherence to the MST model of supervision as reported by MST Therapists. The measure is based on the principles of MST and the model of supervision presented in the MST Supervisor's Manual. Scores have been associated with therapist adherence and reduced youth charges up to two years post-treatment.
3. The **Consultant Adherence Measure (CAM)** is a 23-item measure that evaluates the MST Consultant's adherence to the MST model as reported by the team members. The measure is based on the principles of MST and the model of consultation presented in the MST Consultation Manual. Scores have been linked with improved therapist adherence, which in turn is linked with improved outcomes for youth, and with youth behavioral outcomes.
4. The **Program Implementation Review (PIR)** is a written report completed every 6 months by the team's supervisor and MST expert. The report outlines areas of strength in the program, as well as areas in which improvement in implementation is needed. It includes review of critical program practices and characteristics; operational, adherence, and case closure data; and status of previously recommended goals.

Who measures fidelity?

The TAM-R surveys mentioned above are administered by staff callers, separate from the MST Therapist. The staff caller contacts the family monthly to complete the measure and enter data into the MST Enhanced Website with confidential coding. The data is then pulled to incorporate into Therapist Development Plans. The SAM is completed by MST Therapists every other month and the CAM is completed every other month by the MST Therapists and Supervisors of each team. These completions are made directly and confidentially into the MST Enhanced Website, allowing the data to be pulled and applied toward Supervisor and Consultant Development Plans as well. The Program Implementation Reviews are completed every 6 months by the MST Consultant, in collaboration with the MST Supervisor, agency and Network Director.

How often is fidelity measured?

The TAM-R surveys mentioned above are administered by staff callers, separate from the MST Therapist. The staff caller contacts the family monthly to complete the measure. The SAM is completed by MST Therapists every other month and the CAM is completed every other month by the MST Therapists and Supervisors of each team. The Program Implementation Reviews are completed every 6 months by the MST Consultant, in collaboration with the MST Supervisor, agency and Network Director.

Is SAMHSA EBP toolkit used as an implementation guide?

The SAMHSA EBP toolkits have been reviewed and are referenced as a guide, along with the MST implementation guidelines to ensure effective programming and quality outcomes.

Is staff specifically trained to implement the EBP?

In order to keep true to the MST treatment model so that the best results can be reached for youth and their families, rigorous and continual training is required. MST Services provides ongoing instruction, workshops, webinars and conferences.

Newly hired therapists attend an MST 5-Day Orientation; a training designed to prepare MST therapists and teams to begin working with youth and their families. One on one and team training is provided by the MST Supervisor upon hire as well and ongoing. MST Manuals related to MST clinical treatment, supervision, expert consultation, and organizational support are incorporated into the trainings.

MST team quarterly trainings (“boosters”) are provided by the MST Consultant to each MST team on specific treatment and clinical topics applied through the MST model. A Supervisory “booster” training is provided a half day in coordination with each team “booster” training.

New MST Supervisors participate in a number of clinical modules and attend a 2-day Supervisor Orientation Training. Convergence calls between Supervisor and Consultant take place weekly, as part of the Supervisory initial training. Development and peer group calls also take place regularly as part of Supervisory ongoing training in the model.

Webinars/Peer Groups- Online training sessions for basic training on the enhanced website, managing users on the enhanced website, program management and performance reports, and therapist adherence reports. Peer Group calls occur regularly for MST Consultant training purposes.

Conferences- MST Network Partner Conferences attended by MST Consultants for additional Consultant training.

Saving lives – including those of police

Hermitage, Sharon police receive Narcan training

By **JOE PINCHOT**
Herald Staff Writer

HERMITAGE – The thrust for police departments to carry the opioid-reversing drug Narcan with them often centers on saving the lives of addicts who overdose.

But, for many police departments – including Hermitage and Sharon, both of whom soon will be certified to carry Narcan – an important aspect of the drug is potentially saving the lives of members of the force.

An accidental needle stick can cause a policeman to ingest

heroin, and Fentanyl, a synthetic opioid that is much more powerful than heroin, comes in a powder. If that powder becomes airborne, someone who breathes it in or gets it on skin without washing it off promptly also can overdose, said U.S. Drug Enforcement Administration agents who trained Hermitage police last week on the use of Narcan.

Federal agents, who asked not to be identified or photographed, told stories of walking into drug houses where Fentanyl was scattered throughout a room and of bad guys throwing it into the air so agents would ingest it.

“We wanted to show the importance of Narcan and how it can not only save the public’s lives but an officer’s life if they get accidentally contaminat-

“We wanted to show the importance of Narcan and how it can not only save the public’s lives but an officer’s life if they get accidentally contaminated.”

David Battiste, of the DEA’s Pittsburgh office

ed,” said David Battiste, who is in charge of the DEA’s Pittsburgh office.

This Narcan training was the first the DEA had put on in western Pennsylvania, Battiste said. The agency wants to spread the word about Narcan because the opioid epidemic is expected to get worse. Overdose deaths have grown steadily in Pennsylvania in recent years, a majority of them due to opioids, and Battiste said he expects the 2016 numbers, which have not been released,

will follow that trend, he said.

Yes, Battiste said, many addicts made bad choices by starting to use illegal drugs or legal drugs illegally, but “No heroin addict that starts using heroin says, ‘I want to do this because I want to die from an overdose.’”

Sharon Police Chief Gerald Smith said opioid abuse is “not a low-income thing.” While it includes illegal drug experimenters, it also hits people



JOE PINCHOT | Herald
Hermitage police Sgt. Michael Martin holds a Narcan nasal applicator during a training session on how to use the opioid-reversing drug.

See **NARCAN**, page A-2

Life-saver training pays off

Sharon officer administers Narcan after man ODs

By **MELISSA KLARIC**
Herald Staff Writer

SHARON - Sharon police used the life-saving opiate reversal drug Narcan for the first time on Friday night. Sgt. Michael Albanese administered



Albanese

two doses of the drug at about 8:30 p.m., saving the life of a 28-year-old man who had overdosed in State Towers, 632 E. State St., police Chief Gerry Smith said. Sharon police received training in March from McGonigle Ambulance Co. and patrolman Geoff Ballard, an emergency medical technician.

Officers were also required to pass an online test to complete their certification.

Dr. John Gallagher, a physician in Sharon, paid for and supplied prescriptions for the Sharon police force's supply of Narcan.

Police started carrying the drug in each patrol car in April.

Smith said Albanese will be receiving the Life Saving Award from city council.



AP file

Police use nasal administered doses of Narcan to reverse opioid overdoses.

Cops keep saving lives

Overdose antidote works 6 of 7 times in 12 days

By **MELISSA KLARIC**
Herald Staff Writer

SHARON – Police saved six of seven overdose victims in 12 days in Sharon, thanks to a new opioid-reversal spray they are now carrying.

Police Chief Gerry Smith said officers trained to use Narcan at the end of April and started carrying it May 1.

And four of them – Lt. Michael Albanese and patrolmen Geoff Ballard, Scott Widmyer and Adam Zazado – used the spray to save lives. Sharon City Council honored the officers at its meeting Thursday.

“It’s nothing new,” Zazado said of the overdose calls. “But it’s continuing to get worse.”

Sharon police have answered 29 overdose calls since Jan. 1, Smith said. Nine of those people died.

“This is what I would classify as an epidemic,” he said.

Sharon police received 72 doses of Narcan from Dr. John Gallagher, an obstetrician/gynecologist with Primary Health Network. The cost was \$3,700 or \$51 per dose, Smith said.

Smith said he is worried because the department is now a quarter of the way through the

Antidote

Overdose antidote works
6 of 7 times in 12 days

FROM PAGE A-1

doses that he had counted on lasting through the end of the year.

Now, he estimates the supply will probably run out by mid-July.

And while Smith said he is glad that lives are being saved with Narcan, he added that the underlying problem needs to be addressed as well — the drug use itself.

"It's admirable what our guys are doing," Smith said. "But I don't want it to get to a point where (drug users are) so comfortable using drugs that they're relying on police to come and save them."

Albanese, who is credited with the city's first Narcan save May 5, went on another overdose call three days later, saving a man in an East State Street high-rise apartment building.



MELISSA KLARIC | Herald

Sharon police honored by Sharon City Council for saving lives were, from left, patrolmen Geoff Ballard, Adam Zazado and Scott Widmyer and Lt. Michael Albanese.

"I really don't think the overdose on the fifth floor of State Towers would've made it," Albanese said, explaining that it took medics extra time to climb the five flights with their gear.

He also said that one of the patrolmen who saved a life later in the week administered Narcan to the same person Albanese saved on May 5. The man survived again.

The patients were all men between the ages of 27 and 33. A 65-year-old man who received one dose could not be revived.

Council members were not sure where money for more Narcan will come from.

"Realistically, every additional service we

provide comes with a cost," City Manager Bob Fiscus said.

He used the example of partly funding two police officers to be stationed in Musser and West Hill elementary schools.

By 2018, the additional officers will add \$40,000 to the city's budget, which is about a half-mill of property taxes, he said.

"I have to caution council that if they keep upping services, then we need an increase in revenue, which probably would be a tax increase," Fiscus said.

Fiscus is hoping the county, state or even the federal government will intervene.

"It's a problem not just in Sharon," he said.

Anyone Can Become Addicted. Anyone. Commonwealth Prevention Alliance Stop Opiate Abuse Campaign **CPA** Learn More. **PAStop.org**

Seeking Drug Abuse Treatment: Know What To Ask

Trying to identify the right treatment programs for a loved one can be a difficult process. The National Institute on Drug Abuse (NIDA) recommends asking the following questions when searching for a treatment program:

Q: Does the program use treatments backed by scientific evidence?

A: Effective drug abuse treatments can include behavioral therapy, medications, or, ideally, their combination. Examples of evidence-supported behavioral therapies are cognitive behavioral therapy, motivational incentives, and motivational interviewing. Medications are an important part of treatment for many patients, especially when combined with behavioral therapies.

Q: Does the program tailor treatment to the needs of each patient?

A: No single treatment is right for everyone. The best treatment addresses a person's various needs, not just his or her drug use. For example, a patient may require other medical services, family therapy, parenting support, job training, and social and legal services. Because substance use disorders and other mental disorders often occur together, a person with one of these conditions should be assessed for the other. And when these problems co-occur, treatment should address both (or all conditions).

Q: Does the program adapt treatment as the patient's needs change?

A: Individual treatment and service plans must be assessed and modified as needed to meet changing needs. For most people, a continuing care approach provides the best results, with treatment level adapted to a person's changing needs.

Q: Is the duration of treatment sufficient?

A: Research tells us that most addicted people need at least three months in treatment to really reduce or stop their drug use and that longer treatment times result in better outcomes. The best programs will measure progress and suggest plans for maintaining recovery.

Q: How do 12-step or similar recovery programs fit into drug addiction treatment?

A: Although they are not professional treatment, self-help groups can complement and extend the effects of professional treatment.

Anyone Can Become Addicted. Anyone. Commonwealth Prevention Alliance Stop Opiate Abuse Campaign **CPA** Learn More. **PAStop.org**

If you or someone you know has drug or alcohol issues, there's help. Call Mercer County Behavioral Health Commission at 724-662-2230 for a free screening and referral. In addition, you may qualify for financial assistance to support your treatment costs.

Outpatient Drug and Alcohol Treatment Options

Community Counseling Center Greenville 724-588-6490 Hermitage 724-981-7141 Gaudenzia Sharon 724-359-2976	Highland House New Castle 724-856-7211 Crawford County D&A Commission Meadville 814-724-4100
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Residential Drug & Alcohol Rehabilitation

Alpine Springs Linesville (Detox & Rehab) 724-704-0696	Gateway (continued) Erie (Rehab) 814-825-0373
Bowling Green (Detox and Rehab) Lewisburg 877-345-1932	Greenbriar Washington (Detox & Residential) 1-800-637-4673
Conewago Place (Rehab) Hummelstown 717-533-1050	Pyramid Duncansville (Detox & Rehab) 814-940-0407
Indiana (Rehab) Indiana 724-471-3037	Gibsonia (Adolescent Rehab) 724-443-3220
Pottsville (Detox & Rehab) Pottsville 844-201-5757	Pittsburgh (Detox & Rehab) 412-241-5341
Snyder-Beavertown (Rehab) Snyder-Beavertown 570-658-7383	Turning Point Franklin (Detox & Rehab) 888-333-1356
Cove Forge (Detox & Rehab) Williamsburg 877-763-0057	White Deer Run Allenwood (Detox & Rehab) 570-538-2567
Ellen O'Brien/Gaiser Addiction Butler (Rehab) 724-287-8205	Blue Mountain-Kempton (Rehab) 866-756-2352
Gaudenzia Crossroads Erie (Detox & Rehab) 814-459-4775	White Deer Run Lehigh-Bethlehem (Detox & Rehab) 877-233-5156
Gateway Aliquippa (Detox & Adult & Adolescent Rehab) 412-604-8900, X4	Lancaster (Detox & Rehab) 855-648-4599
	Lebanon (Detox & Rehab) 866-445-7318
	York (Detox & Rehab) 877-796-9003

Hospital-Based Drug & Alcohol Rehabilitation

Butler Memorial Hospital Butler 724-284-4357	Stepping Stones-Meadville Medical Center Meadville 814-333-3852
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Methadone

Discovery House Farrell 724-981-9815	Rainbow Recovery Mercer 724-269-5130
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Vivitrol

Positive Recovery Solutions
(Mobile Unit)
724-993-4972



MELISSA KLARIC | Herald

Mercer County Coroner John Libonati looks at the collaborative online database website OverdoseFreePa, which will soon include statistics about overdose deaths in Mercer County.

Drug OD deaths being tracked in western Pa.

Goal of effort is to aid prevention, treatment

By MELISSA KLARIC
Herald Staff Writer

MERCER COUNTY – Twenty-five people from Mercer County died of a suspected drug overdose in 2016.

So far this year, there have been four suspected overdose deaths in the county.

The statistics were compiled by Coroner John A. Libonati, who is awaiting toxicology reports to confirm one of the 25 deaths from 2016 and two from this year.

Libonati sent that data to the University of Pittsburgh's School of Pharmacy, which since 2014 has compiled data for overdose deaths from 16 counties and regions in Pennsylvania into a public database.

"The problems are not just here," Libonati said. "We share the same exact problems as other counties."

OverdoseFreePA is the website.

It is a collaboration of six partner organizations including the Allegheny County coroner's office and communities dedicated to preventing drug overdoses

and promoting recovery, according to the website.

"It's a great tool," Libonati said of the database. "The site itself is a great tool as far as education for family and friends," in terms of what to look for, how to talk about it and how to get help.

The database sorts out the deaths by demographics: gender, race, age groups and ZIP code, and displays them in graphs, making it easier to spot trends.

It also shows which drugs caused the fatal overdose.

Libonati used data from Lawrence County, which is comparable to Mercer County in demographics, to explain trends happening in Mercer County.

Lawrence County data show that in 2015 heroin was the No. 1 cause of accidental overdoses.

In 2016, Fentanyl accounted for 60 percent of the overdose deaths in Lawrence County – three times the number of heroin overdose deaths – followed by cocaine in second place.

"Cocaine has reared its ugly head again," Libonati said, adding that Mercer County trends are the same, and he's not sure why.

He suspects that Fentanyl deaths have increased because it takes less of the

See DEATHS, page A-2

A 911 lesson just in time

Sharon 5-year-old's call saves parents' lives

By **MELISSA KLARIC**
Herald Staff Writer

SHARON – He thought his parents were dead.

But somehow a 5-year-old Sharon boy found his mom's cell phone and called 911 on Saturday.

The child called around 10 p.m. and said he couldn't wake his parents, Sharon Patrolman Andrew O'Shall said.

Sharon police were dispatched, but the boy didn't know where he lived. But

that didn't matter; he was able to guide O'Shall and other officers to his apartment in Pine Hollow Village on East Connelly Boulevard.

"The 5-year-old was actually very level-headed and mature for his age," O'Shall said. "I don't know many 5-year-olds that would make the call and be able to guide officers to his address."

The boy saved his parents' lives.

When officers arrived, they found a man and woman lying unconscious on the kitchen floor.

One officer took the child to the living room and kept him occupied while O'Shall and paramedics tended to the parents.

Paramedics were able to wake up the mother and administered the overdose antidote Narcan to the father, O'Shall said.

The woman admitted to taking prescription drugs and said the man had shot up heroin earlier that night, O'Shall said. The father was taken by ambulance to a local hospital and the mother was fine, he said.

O'Shall said Children and Youth Services were on their way when he left the scene, and he believed the child was being taken to stay with a relative.

"Some kindergarten teacher is responsible for teaching this kid about 911," Sharon police Chief Gerry Smith said.

Smith was right. That teacher was Kelly Tomko, who has taught kindergarten at Case Avenue Elementary School in Sharon for two years.

"Kelly said she just talked to the kids about what to do if you have to call 911," Case Avenue Principal Traci Valentino said.

Valentino said Tomko and her student will be recognized for the accomplishment.

"This kid deserves all the credit," O'Shall said.

The names of the parents and child have been withheld to protect the child's identity. Should the parents face charges in connection with the case, their names will appear in a future article.



JOE PINCHOT | Herald

Timothy Kolsky and Sarah Williams leave Sharon District Court Monday after their arraignment on child endangerment charges.

Boy's parents charged

Sarah Williams and Timothy Kolsky arrested after their 5-year-old calls 911 after they overdosed

By **JOE PINCHOT**
Herald Staff Writer

SHARON — “We’re not bad people,” Sarah I. Williams said as she and Timothy Kolsky Jr. walked out of District Court in Sharon, Monday.

They had just been arraigned on charges that they endangered their 5-year-old son by overdosing on drugs.

The boy called 911 at 10:07 p.m. Saturday from his mother’s home

at 369 E. Connelly Blvd., Sharon. The boy told a dispatcher he could not wake up his parents and thought they were dead.

Police said they found Williams and Kolsky, both 30, on the floor of the apartment. Williams came to while police were there, but Kolsky did not revive until ambulance personnel administered Narcan, which treats opioid overdoses.

Williams told police she had taken a 30 mg “roxy,” likely the pain killer Roxicodone, while Kolsky

had taken heroin, police said.

In court, the couple said they had fallen on hard times, with Kolsky losing his job after he lost reliable transportation.

Williams said she had not worked in three or four years.

“He always worked and taken care of us,” she said.

Police gave an address on Liberty Street, Sharon, for Kolsky, but Williams said he has been staying with her.

Williams and Kolsky acknowledged having been through drug treatment before, and she said she also has mental health issues.

See **CHARGED**, page A-2

Trio linked to possible meth lab arrested



CORY BYKNISH | Herald

Police arrest a suspect involved in an alleged meth lab Monday at a house on Liberty Street in Sharon.

Might be a first in city, police chief says

By T.L. MILLER
Herald Staff Writer

SHARON — Three people were arrested for parole violations and state officials were called to a home in Sharon after authorities believe they uncovered a possible meth lab. "I've been here 28 years and I am struggling to remember us ever having a meth lab," said Sharon Police Chief Gerald Smith.

Sharon residents Kenneth John Klemons, 32, of 490 Ormond Ave.; Joshua D. Euard, 33, of 244 Liberty St.; and



Euard

Wayne E. Evett, 33 of 526 Davis St., were arrested on Sunday for misdemeanor possession of drug paraphernalia and taken into custody on Monday for parole violations.

Shortly after noon, the Sharon Police Department was contacted by Pennsylvania Board of Probation and Parole officers about a suspicious odor at a home in the 200 block of Liberty, said Smith.

"One of the parole officers discovered an unusual odor that through his training he thought would have been from the cooking of meth," Smith said. "That is when the Sharon Police De-



Evett

partment was called."

Smith said after his officers arrived and realized they could be dealing with a possible meth lab, they contacted the Pennsylvania State Attorney General's Narcotics Task Force out of Pittsburgh and the Pennsylvania State Police Clandestine Lab.

"The plan is they are going to decontaminate the scene, then we are going to serve a search warrant for drugs and paraphernalia," Smith said.



Klemons

See METH, page A-2

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

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

MENTAL HEALTH SERVICES

ACT and CTT			\$ -		
Administrative Management	1,093		\$ 400,837	\$ 31,502	
Administrator's Office			\$ 182,337	\$ 14,871	
Adult Developmental Training	1		\$ 2,623	\$ 292	
Children's Evidence Based Practices					
Children's Psychosocial Rehabilitation					
Community Employment	70		\$ 162,915	\$ 959	
Community Residential Services	115		\$ 1,705,090	\$ 37,060	
Community Services	1,208		\$ 260,798	\$ 14,550	
Consumer-Driven Services	534		\$ 131,363		
Emergency Services	41		\$ 83,386	\$ 9,265	
Facility Based Vocational Rehabilitation	2		\$ 10,938	\$ 1,216	
Family Based Mental Health Services	26		\$ 56,495	\$ -	
Family Support Services	50		\$ 91,128	\$ 6,775	
Housing Support Services	280		\$ 553,320	\$ 5,663	
Mental Health Crisis Intervention	197		\$ 80,404	\$ -	
Other			\$ -	\$ -	
Outpatient	533		\$ 619,107	\$ 38,672	
Partial Hospitalization	3		\$ 15,000	\$ -	
Peer Support Services	22		\$ 21,437	\$ -	
Psychiatric Inpatient Hospitalization	6		\$ 30,000	\$ -	
Psychiatric Rehabilitation				\$ -	
Social Rehabilitation Services	307		\$ 98,901	\$ 6,175	
Targeted Case Management	235		\$ 185,115	\$ -	
Transitional and Community Integration	242		\$ 85,300	\$ -	
TOTAL MENTAL HEALTH SERVICES	4,965	\$ 4,762,274	\$ 4,776,494	\$ 167,000	\$ -

Note: HSDf funds included in MH cost centers is \$14,220 + MH allocation of \$4,762,274= \$4,776,494.

INTELLECTUAL DISABILITIES SERVICES

Administrator's Office			\$ 646,434	\$ 16,158	
Case Management	246		\$ 260,607	\$ 28,956	
Community-Based Services	219		\$ 1,841,691	\$ 157,886	
Community Residential Services	10		\$ 402,773	\$ -	
Other	-			\$ -	
TOTAL INTELLECTUAL DISABILITIES SERVICES	475	\$ 3,151,505	\$ 3,151,505	\$ 203,000	\$ -

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

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

HOMELESS ASSISTANCE SERVICES

Bridge Housing	-		\$ -		
Case Management	140		\$ 48,676		
Rental Assistance	300		\$ 40,330		
Emergency Shelter	300		\$ 7,741		
Other Housing Supports	20		\$ 2,000		
Administration	-		\$ 16,047		
TOTAL HOMELESS ASSISTANCE SERVICES	760	\$ 112,794	\$ 114,794		\$ -

Note: HSDF funding included in Homeless Assistance Services is \$2,000+ allocation of \$112,794= total of \$114,794.

SUBSTANCE USE DISORDER SERVICES

Act 152 Inpatient Non-Hospital	56		\$ 187,083		
Act 152 Administration			\$ 28,000		
BHSI Administration					
BHSI Case/Care Management					
BHSI Inpatient Hospital	2		\$ 9,000		
BHSI Inpatient Non-Hospital	25		\$ 100,000		
BHSI Medication Assisted Therapy	2		\$ 1,000		
BHSI Other Intervention	42		\$ 30,000		
BHSI Outpatient/IOP	125		\$ 81,297		
BHSI Partial Hospitalization					
BHSI Recovery Support Services					
TOTAL SUBSTANCE USE DISORDER SERVICES	252	\$ 436,380	\$ 436,380	\$ -	\$ -

HUMAN SERVICES DEVELOPMENT FUND

Adult Services					
Aging Services	418		\$ 52,967		
Children and Youth Services					
Generic Services	2,100		\$ 60,000		
Specialized Services					
Interagency Coordination					
Administration					
TOTAL HUMAN SERVICES DEVELOPMENT FUND	2,518	\$ 129,187	\$ 112,967		\$ -

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

MH-Housing support services \$5,110 (80 clients);MH- Consumer Driven \$9,110 (395 clients); Homeless Assistance-Other Housing supports \$2,000 (20 clients). HSDF total funding above- \$112,967+\$16,220 other cost center funding- \$129,187.

GRAND TOTAL	8,970	\$ 8,592,140	\$ 8,592,140	\$ 370,000	\$ -
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