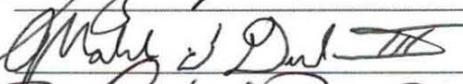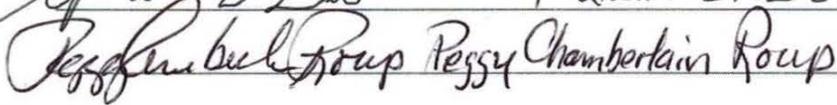## Appendix A
Fiscal Year 2017-2018

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: SNYDER

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	
	Joseph E. Kantz	Date: 5/15/17
	Malcolm L. Derk III	Date: 5/15/17
	Peggy Chamberlain Roup	Date: 5/15/17

Appendix B
Snyder County Human Services Plan Template

The County Human Services Plan is to be submitted using the Template outlined below. It is to be submitted in conjunction with Appendices A and C (C-1 or C-2, as applicable) to the Department of Human Services (DHS) as directed in the Bulletin.

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

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

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

   The county planning and leadership team consists of administrative and supervisory staff of Columbia Montour Snyder Union Service System, Union-Snyder Community Action Agency (CAA-administers HAP and HSDF) and a County Commissioner. The team utilizes the input of human service providers, consumers, advisory board and task force groups. This includes staff and consumers of County Children and Youth, CAA, Juvenile Probation, County Assistance Office, Child Welfare, Nurse Family Partnership, United Way, Head Start, Domestic Violence, members of the religious community, and Drug and Alcohol providers. Input was also provided by the local advisory groups and task forces (see #3 below), and Judges and attorneys that work in the dependency and delinquency system.

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

   The planning process involved assessment of the top human service needs followed by determination of programs to meet the identified needs with available funds. Stakeholders participated in the planning process by providing input through individual, group, and forum opportunities. Union-Snyder Community Action Agency conducted individual community needs surveys to identify the major problems that low income people face in the areas of Health and Wellness, Community Safety and Support, Problems With Money, Families and Individuals, Transportation, and Education and Training. Input was collected from stakeholders, including low income individuals and families, consumer groups, and those serving the low income population.

   In November 2016, CAA hosted a Community Needs Forum to find ways to work together on local problems related to poverty. Stakeholders who attended the Forum represented the low income, local government, community leaders, and organizations. The Forum participants reviewed the results of CAA's Community Needs Surveys and chose 4 of the top problems to address in the next 18 months. The four community problems chosen were 1. Drug and/or alcohol abuse 2. Parents having trouble managing the family 3. Early childhood education/child behavior/affordable child care and 4. Lack of affordable housing/not enough money for housing. Task forces were formed for each problem, to identify and take collaborative steps to address these local needs.

   Planned services are directly related to the findings of this Needs Assessment process,

addressing needed services in the areas of problems with money, housing, family and individuals, transportation, work and income, and linkages to service information, and coordination of services. Comparisons of the County Profile with other counties and the commonwealth as a whole also helped to validate the targeted service priorities.

Input was also gathered from local providers through task forces and advisory groups. For example, the Housing Task Force provided guidance for interagency coordination and housing strategies to address housing issues. This including developing a new Housing Guide summarizing services and resources for those facing homelessness, securing funds for bridge housing and improving service coordination efforts. The planning process also included feedback and input from the families and individuals served through provider organizations. For example, families enrolled in CAA's housing and child abuse prevention programs provided input throughout the year regarding needed services and to help them reach self sufficiency.

3. Please list the advisory boards that were involved in the planning process.
CMSU Behavioral Health, and Developmental Supports and Services Advisory Boards
Union-Snyder Community Action Advisory Board
Union-Snyder Housing Task Force, in June 2017 will become the Local Housing Option Team
Union-Snyder Drug and Alcohol Task Force
Union-Snyder Parents Having Trouble Managing the Family Task Force
Union-Snyder Integrated Family Services Council

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

The funds place a priority on least restrictive setting/least restrictive services. HAP and HSDF services are provided in a non-institutional or out-patient setting that promotes individualized service planning guided by the participants. The human service worker works with the participant to identify goals and steps, follow through on taking the steps, and monitoring progress and challenges to meeting the identified goals. Some services can be provided through intake processes that maximize internet and telephone usage, facilitating easy access. Additionally, depending on the program, some services can be provided in the home or in centralized workshop settings. Occasionally, transportation is provided to provide some services where participants have difficulty in getting to those services.

Housing Services promote maximum client participation by allowing the participants to decide on staying at the current address, if that is possible, or finding a new living location is best for them. When looking for rental housing the participants select the actual location. There is no priority for placing families or individuals in low income housing projects, although they may select that kind of housing. Guidance is given in terms of affordability and funding limitations.

5. Please list any substantial programmatic and/or funding changes being made as a result of last year's outcomes.
The planning process involved analysis and consideration of the impact and continued need for currently funded services. With the determination of the need to continue existing services, and relatively no changes in the funding, there are no significant changes in the Plan.

STATE OF PENNSYLVANIA
COUNTY OF NORTHUMBERLAND   SS: 20-5787549

NOTICE OF PUBLIC HEARING SNYDER COUNTY HUMAN SERVICES PLAN FOR FISCAL YEAR 2017-18

Notice is hereby given that a Public Hearing on the proposed Snyder County Human Services Plan for Fiscal Year 2017-18 will be held on Wednesday, May 24, 2017 from 2:00pm to 2:30pm @ the Snyder County East Building at 713 Bridge Street, Suite 10, Selinsgrove, Pennsylvania. The public is invited to attend. Testimony and comments should be in writing. If you are unable to attend, written input or phone calls are welcome at the above address or by phoning 570-374-0181.
DI: May 17, 2017

Personally appeared before me, the subscriber,
L.F.Machesic,Controller
the DAILY ITEM PUBLISHING CO.,publishers of THE DAILY ITEM, a wspaper of general circulation in Union, Northumberland, Snyder and intour Counties, the paper in which publication has been directed, who ng duly sworn according to law, doth depose and say that said wspaper was established April 15, 1970, and has its place of business Second & Market Sts., in the city of Sunbury, County of irthumberland, and Commonwealth of Pennsylvania, and that, the otice, of which the attached is a copy was published in THE DAILY EM in the City of Sunbury, County of Northumberland and State of innsylvania on the

'th day of May 2017

it affiant is not interested in the subject matter of the foregoing notice advertising, and avers that all of the allegations of the statement as to e time, place and character of the publication are true.

L.F. Machesic

Diane M. Weir

RECEIVED
MAY 1 9 2017

Snyder County Human Services Plan Public Hearing
@ East Snyder Building
713 Bridge Street Suite 10
Selinsgrove PA 17870
May 24, 2017 @ 2:00PM

NAME	ADDRESS	TELEPHONE NUMBER	E-MAIL ADDRESS
Peggy Roup	206 Meadow View ~~Selinsgrove~~, Sels	570-898-0959	proup@snydescounty.org
Sue Auman		570-374-0181	Sauman@union-snyder.org
Robyn Rinck		570-374-0181	rrinck@union-snyderccadrg

PART II: PUBLIC HEARING NOTICE

Two (2) public hearings are required for counties participating in the Human Services Block Grant. One (1) public hearing is required for counties not participating in the Human Services Block Grant.

1. Proof of publication;
    a. Please attach a copy of the actual newspaper advertisement for the public hearing (see below).
    b. When was the ad published?
    c. When was the second ad published (if applicable)?

Please attach proof of publication(s) for each public hearing.

2. Please submit a summary and/or sign-in sheet of each public hearing. (This is required whether or not there is public attendance at the hearing.)

NOTE: The public hearing notice for counties participating in a LCA should be made known to residents of all counties.

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

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

Employment:
All client populations can access career and job search services through the PA Careerlink Northumberland/Snyder/Union Counties. The CareerLink provides one stop employment related services designed to make accessing employment and training services easier for job seekers and employer customers, across categoricals and client populations. Specialized services are available for dislocated workers, mature workers, people with disabilities, public assistance recipients, veterans and youth. To insure collaborative and effective services for the county, a County Commissioner and the CAA Executive Director serve on the Central PA. Workforce Development Corporation board that governs workforce development planning and policies.

State, County and local funds are leveraged to provide specialized support services for specific client populations. These employment related services are provided by service providers with the appropriate expertise,including CMSU Behavioral Health, Veterans Office, County Assistance Office, County Children and Youth, Office of Vocational Rehabilitation, Central Susquehanna Intermediate Unit, and County Probation/Parole. The County's shared ride transportation coordinator, RabbitTransit, can provide transportation for work for eligible participants, including subsidized transportation for those with disabilities.

CAA, as provider of information and referral and agency coordination services, helps residents link to these opportunities as well as new opportunities that develop during the year. CAA also provides job services to low income client populations through the Work Ready program, in conjunction with the County Assistance Office, and a PADOT transportation program for low income working parents with unreliable transportation as a barrier to employment.

Snyder Union Northumberland Technical Institute, supported by the two school districts in the county, provides career and technical education that gives students the tools they need to success in the competitive world of work. Educational opportunities for adult learners are available as full time day programs or evening courses. Other leveraging includes the local regional collaborative efforts of Focus Central Pennsylvania, which has the mission of promoting new corporate investment in Central Pennsylvania that will result in growth and creation of family sustaining jobs.

Housing:
Union-Snyder Continuum of Care (CoC) partners work together to provide well-coordinated housing and supportive services for homeless and near homeless families and individuals. Partners include Union-Snyder Community Action Agency (CAA), Transitions (women's shelter), Haven Ministries (homeless shelter), the County's Housing Authority, Public Assistance, Emergency Communication, and CMSU Behavioral Health offices. Partners also include food pantries, borough and municipality leaders, realtors, Red Cross, United Way, foundations, Children and Youth, ministeriums, and other charitable organizations.

CAA provides agency coordination to facilitate the collaborative administering of services across categoricals and client populations. In June 2017, the Housing Task Force, described in Part I County Planning Process and facilitated by CAA, will become the Local Housing Options Team. Partners focus on collaboration in service delivery, planning, and maximizing of funds. The goal is to help homeless and near homeless regain and maintain stability in current permanent housing or move into other permanent housing. Coordinated supportive services are provided as needed. Services are also coordinated on a regional basis through Central Regional Homeless Advisory Board (Continuum of Care PA 509). The CAA Housing Director serves on the Board, participating in monthly meetings, and serves as the liaison to the Union-Snyder Continuum of Care.

All services are provided with a strength based approach; helping the individual and/or family to identify and build on existing skills, with the goal of maintaining safe and stable housing. Many are in an ongoing crisis mode and lack the time, skills or support needed to set realistic goals and to identify and take steps to reach these goals. Connections are made to needed support, such as veteran services, health insurance, and services for those with disabilities. Our overall goal is to strengthen and support the homeless or near homeless adults and their children in moving out of a crisis situation into a more stable, self-reliant lifestyle. Through this process, they will gain essential life and budget management skills.

The CoC partners work together to identify and implement ways to address issues of homelessness. For example, through the CoC, partners worked together to staff the Disaster Resource Center and coordinate services and funding to help those affected by the Sept. 2011 flood. This included planning for long term recovery. New emergency funds for the homeless were secured through local foundations to help flood survivors. Another collaboration supported by local funds helped 70 families evicted from a low income apartment project that closed. CoC members served on a relocation task

force, and CAA provided relocation assistance, using relocation funds provided by the new owner of the apartment project (a university).

State, federal, county and local funds are leveraged to link residents to needed services and to generate new opportunities. CAA, as provider of homeless and near homeless services through HAP, HUD and foundation funds, provides support to help people stabilize their housing situation. HAP funds are used as a last resort. For example, coordination with the County Assistance Office takes place for eligible individuals, for support from the Emergency Shelter Allowance. We provide immediate help in finding a rental unit and then, in coordination with the landlord and family, provide rental assistance support, as appropriate and allowable, with a sliding fee copay by the family. As needed, we provide case management, support and goal setting to help the families unable to maintain rental payments to build the skills needed to become self-reliant. Many vulnerable households that are homeless or near homeless face multiple barriers to stable housing: issues related to income, health, mental health, disability, domestic violence, transportation, single parenthood, and child health and safety. Funds are leveraged to insure that residents with special needs have the opportunity for critical support services. For example, specialized behavioral health, criminal justice and domestic violence services are provided by the CMSU Behavioral Health, the Department of Probation/Parole, and Transitions, all highly experienced local service providers. The strong collaborative relationships of the many Continuum of Care partners is key in maximizing and leveraging funds to help residents achieve housing stability.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

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

JOINDER STATEMENT

Columbia, Montour, Snyder and Union County Commissioners and County Agency staff were included in the development of the Mental Health, Intellectually Disabilities and Drug and Alcohol portions of this Plan. They were included in the planning process for each service category, and the complete information can be found in the submitting County's Plan. Columbia, Montour, Snyder and Union County is in agreement with the information submitted in this plan.

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

Highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY 16-17.

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

Please identify the strengths and needs of the county/joinder service system specific to each of the following target populations served by the behavioral health system. When completing this

assessment, consider any health disparities impacting each population. Additional information regarding health disparities is available at https://www.samhsa.gov/health-disparities.

- **Older Adults (ages 60 and above)**
  - Strengths:
  - Needs:

- **Adults (ages 18 and above)**
  - Strengths:
  - Needs:

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

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

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

- **Individuals transitioning out of state hospitals**
  - Strengths:
  - Needs:

- **Co-occurring Mental Health/Substance Use Disorder**
  - Strengths:
  - Needs:

- **Justice-involved individuals-** Counties are encouraged to collaboratively work within the structure of County Criminal Justice Advisory Boards to implement enhanced services for justice-involved individuals to include diversionary services that prevent further involvement within the criminal justice system as well as reentry services to support successful community reintegration.
  - Strengths:
  - Needs:

- **Veterans**
  - Strengths:

- ▪ Needs:

- **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) consumers**
    - ▪ Strengths:
    - ▪ Needs:

- **Racial/Ethnic/Linguistic minorities (including Limited English Proficiency)**
    - ▪ Strengths:
    - ▪ Needs:

- **Other (specify), if any (including Tribal groups, people living with HIV/AIDs or other chronic diseases/impairments, Traumatic Brain Injury)**
    - ▪ Strengths:
    - ▪ Needs:

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

☐ Yes   ☐ No

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

c) <u>Supportive Housing:</u>

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**		☐ 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**			☐ 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**			☐ 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	☐ Check if available in the county and complete the section.

An agency that coordinates and manages permanent supportive housing opportunities.

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

5. Housing Support Services for Behavioral Health	☐ Check if available in the county and complete the section.

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

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

6. **Housing Contingency Funds for Behavioral Health**		☐ Check if available in the county and complete the section.							
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings etc.									
	*Funding Sources by Type (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

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.**									
	*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) <u>Recovery-Oriented Systems Transformation:</u> (Limit of 5 pages)

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

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

1. (Identify Priority)

Narrative including action steps:

Timeline:

Fiscal and Other Resources:

Tracking Mechanism:

2. (Identify Priority)

Narrative including action steps:

Timeline:

Fiscal and Other Resources:

Tracking Mechanism:

3. (Identify Priority)

Narrative including action steps:

Timeline:

Fiscal and Other Resources:

Tracking Mechanism:

4. (Identify Priority)

Narrative including action steps:

Timeline:

Fiscal and Other Resources:

Tracking Mechanism:

5. (Identify Priority)

Narrative including action steps:

Timeline:

Fiscal and Other Resources:

Tracking Mechanism:

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	☐	☐ County ☐ HC ☐ Reinvestment
Psychiatric Inpatient Hospitalization	☐	☐ County ☐ HC ☐ Reinvestment
Partial Hospitalization	☐	☐ County ☐ HC ☐ Reinvestment
Family-Based Mental Health Services	☐	☐ County ☐ HC ☐ Reinvestment
ACT or CTT	☐	☐ County ☐ HC ☐ Reinvestment
Children's Evidence Based Practices	☐	☐ County ☐ HC ☐ Reinvestment
Crisis Services	☐	☐ County ☐ HC ☐ Reinvestment
Emergency Services	☐	☐ County ☐ HC ☐ Reinvestment
Targeted Case Management	☐	☐ County ☐ HC ☐ Reinvestment
Administrative Management	☐	☐ County ☐ HC ☐ Reinvestment
Transitional and Community Integration Services	☐	☐ County ☐ HC ☐ Reinvestment
Community Employment/Employment Related Services	☐	☐ County ☐ HC ☐ Reinvestment
Community Residential Services	☐	☐ County ☐ HC ☐ Reinvestment
Psychiatric Rehabilitation	☐	☐ County ☐ HC ☐ Reinvestment
Children's Psychosocial Rehabilitation	☐	☐ County ☐ HC ☐ Reinvestment
Adult Developmental Training	☐	☐ County ☐ HC ☐ Reinvestment
Facility Based Vocational Rehabilitation	☐	☐ County ☐ HC ☐ Reinvestment
Social Rehabilitation Services	☐	☐ County ☐ HC ☐ Reinvestment
Administrator's Office	☐	☐ County ☐ HC ☐ Reinvestment
Housing Support Services	☐	☐ County ☐ HC ☐ Reinvestment
Family Support Services	☐	☐ County ☐ HC ☐ Reinvestment
Peer Support Services	☐	☐ County ☐ HC ☐ Reinvestment
Consumer Driven Services	☐	☐ County ☐ HC ☐ Reinvestment
Community Services	☐	☐ County ☐ HC ☐ Reinvestment
Mobile Mental Health Treatment	☐	☐ County ☐ HC ☐ Reinvestment
BHRS for Children and Adolescents	☐	☐ County ☐ HC ☐ Reinvestment
Inpatient D&A (Detoxification and Rehabilitation)	☐	☐ County ☐ HC ☐ Reinvestment
Outpatient D&A Services	☐	☐ County ☐ HC ☐ Reinvestment
Methadone Maintenance	☐	☐ County ☐ HC ☐ Reinvestment
Clozapine Support Services	☐	☐ County ☐ HC ☐ Reinvestment
Additional Services (Specify – add rows as needed)	☐	☐ County ☐ HC ☐ Reinvestment

*HC= HealthChoices

f) <u>Evidence Based Practices Survey:</u>

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								
Supportive Housing								
Supported Employment								Include # Employed
Integrated Treatment for Co-occurring Disorders (MH/SA)								
Illness Management/ Recovery								
Medication Management (MedTEAM)								
Therapeutic Foster Care								
Multisystemic Therapy								
Functional Family Therapy								
Family Psycho-Education								

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

To access SAMHSA's EBP toolkits:

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

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

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

*Please include both County and Medicaid/HealthChoices funded services.
**Do not include numbers served counted in Supported Employment on Evidenced Based Practices Survey above [table (f)]

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

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

h) Certified Peer Specialist Employment Survey:

"Certified Peer Specialist" (CPS) is defined as:

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

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

- case management
- inpatient settings
- psychiatric rehabilitation centers
- intensive outpatient programs
- drop-in centers

- Medicaid-funded peer support programs
- consumer-run organizations
- residential settings
- ACT, PACT, or FACT teams

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

INTELLECTUAL DISABILITY SERVICES

The Office of Developmental Programs (ODP), in partnership with the county programs, is committed to ensuring that individuals with an intellectual disability live rich and fulfilling lives in their community. It is important to also ensure that the families and other stakeholders have access to the information and support needed to help be positive members of the individuals' teams.

This year, we are asking you to focus more in depth on the areas of the county plan that will help us achieve the goal of an Everyday Life for all individuals.

With that in mind, describe the continuum of services to enrolled individuals with an intellectual disability within the county. In a narrative format, please include the strategies that will be utilized for all individuals registered with the county, regardless of the funding stream. In completing the chart below, regarding estimated numbers of individuals, please include only those individuals for whom base or block grant funds have or will be expended. Appendix C should reflect only base or block grant funds except for the Administration category. Administrative expenditures should be included for both base/block grant and waiver administrative funds.

JOINDER STATEMENT

Columbia, Montour, Snyder and Union County Commissioners and County Agency staff were included in the development of the Mental Health, Intellectually Disabilities and Drug and Alcohol portions of this Plan. They were included in the planning process for each service category, and the complete information can be found in the submitting County's Plan. Columbia, Montour, Snyder and Union County is in agreement with the information submitted in this plan.

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

Individuals Served

	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				
Pre-Vocational				
Adult Training Facility				
Base Funded Supports Coordination				
Residential (6400)/unlicensed				
Life sharing (6500)/unlicensed				
PDS/AWC				
PDS/VF				
Family Driven Family Support Services				

Supported Employment: "Employment First" is the policy of all commonwealth executive branch agencies under the jurisdiction of the governor. Therefore, ODP is strongly committed to Community Integrated Employment for all.

- Please describe the services that are currently available in your county such as discovery, customized employment, etc.
- Identify changes in your county practices that are proposed for the current year that will support growth in this area and ways that ODP may assist the county in establishing employment growth activities.
- Please add specifics regarding the Employment Pilot if your county is a participant.

Supports Coordination:

- Describe how the county will assist the supports coordination organization to engage individuals and families in a conversation to explore natural support available to anyone in the community.
- Describe how the county will assist supports coordinators to effectively plan for individuals on the waiting list.
- Describe how the county will assist the supports coordination organizations to develop ISPs that maximize community integration and Community Integrated Employment.

Lifesharing Options:
- Describe how the county will support the growth of Lifesharing as an option.
- What are the barriers to the growth of Lifesharing in your county?
- What have you found to be successful in expanding Lifesharing in your county despite the barriers?
- How can ODP be of assistance to you in expanding and growing Lifesharing as an option in your county?

Cross Systems Communications and Training:
- Describe how the county will use funding, whether it is block grant or base, to increase the capacity of your community providers to more fully support individuals with multiple needs.
- Describe how the county will support effective communication and collaboration with local school districts in order to engage individuals and families at an early age.
- Describe how the county will communicate and collaborate with local children and youth agencies, the Area Agency on Aging and the mental health system to ensure individuals and families are provided with the information they need to access needed community resources as well as formalized services and supports through ODP.

Emergency Supports:
- Describe how individuals in an emergency situation will be supported in the community (regardless of availability of county funding or waiver capacity).
- Provide details on your county's emergency response plan including:
  - Does your county reserve any base or block grant funds to meet emergency needs?
  - What is your county's emergency plan in the event an individual needs emergency services, residential or otherwise, whether within or outside of normal working hours?
  - Does your county provide mobile crisis?
  - If your county does provide mobile crisis, have the staff been trained to work with individuals who have an ID and/or Autism diagnosis?
  - What is the composition of your mobile crisis team?
  - Do staff who work as part of the mobile crisis team have a background in ID and/or Autism?
  - Is there training available for staff who are part of the mobile crisis team?
  - If your county does not have a mobile crisis team, what is your plan to create one within your county's infrastructure?
- Please submit the county 24-hour Emergency Response Plan as required under the Mental Health and Intellectual Disabilities Act of 1966.

Administrative Funding: ODP has engaged the PA Family Network to provide support and training in the community. The PA Family Network will be providing individuals who are person centered thinking trainers.

- Describe how the county will utilize the trainers with individuals, families, providers, and county staff.
- Describe other strategies you will utilize at the local level to provide discovery and navigation (information, education, skill building) and connecting and networking (peer support) for individuals and families.
- What kinds of support do you need from ODP to accomplish the above?
- Describe how the county will engage with the Health Care Quality Units (HCQU) to improve the quality of life for the individuals in your community.
- Describe how the county will use the data generated by the HCQU as part of the Quality Management Plan process.
- Describe how the county will engage the local Independent Monitoring for Quality (IM4Q) Program to improve the quality of life for individuals in your program.
- Describe how the county will use the data generated by the IM4Q process as part of your Quality Management Plan.
- Are there ways that ODP can partner with you to utilize data more fully?
- Describe how the county will support local providers to increase their competency and capacity to support individuals who present with higher levels of need related to: aging, physical health, behavioral health, communication, etc.
- How can ODP assist the county's support efforts of local providers?
- Describe what Risk Management approaches your county will utilize to ensure a high-quality of life for individuals.
- Describe how the county will interact with individuals, families, providers, advocates and the community at large in relation to risk management activities.
- How can ODP assist the county in interacting with stakeholders in relation to risk management activities?
- Describe how you will utilize the county housing coordinator for people with an intellectual disability.
- Describe how the county will engage providers of service in the development of an Emergency Preparedness Plan.

Participant Directed Services (PDS):
- Describe how your county will promote PDS services.
- Describe the barriers and challenges to increasing the use of Agency with Choice.
- Describe the barriers and challenges to increasing the use of VF/EA.
- Describe how the county will support the provision of training to individuals and families.

- Are there ways that ODP can assist you in promoting/increasing PDS services?

Community for All: ODP has provided you with the data regarding the number of individuals receiving services in congregate settings.

- Describe how the county will enable these individuals to return to the community.

HOMELESS ASSISTANCE SERVICES

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

Bridge Housing:

- Please describe the Bridge Housing services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of Bridge Housing services?
- Please describe any proposed changes to Bridge Housing services for FY 17-18.
- If Bridge Housing services are not offered, please provide an explanation of why services are not offered.

Bridge Housing services are not offered due to limited resources.

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

CAA provides case management services to help the homeless and near homeless determine and secure in a timely manner the services needed to prevent the reoccurrence of homelessness. Case management is provided by CAA staff through a combination of HAP and other funding. Case management focuses on goal setting, dealing with crises, managing finances, skill building, and connection to supportive services to promote long term housing stabilization. Case management utilizes a respectful, strength based approach in working with families, helping them to deal with the emotional toll of homelessness and to identify and implement a goal plan that builds on their strengths in addressing challenges to self-reliance. The program is coordinated with other organizations to generate additional funding and skill building support. Connections to disability support, veteran's services, daycare, transportation, drug and alcohol, mental health and health services are provided as needed.

CAA continues to improve homeless case management services to more effectively help families build skills and achieve success. We provide ongoing strengths based training that helps staff and partners to work effectively with families and individuals. Our services include a skill building requirement that participants complete financial management workshops and training. We are more effectively coordinating services through strengthening collaborations with other providers, including

the county Housing Authority, United Way, Veterans, and shelters. This includes referral and support for drug and alcohol and mental health issues, and for those leaving the prison system.

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

Participant progress is measured through ongoing recordkeeping and review. Results are evaluated, and include outcomes-progress towards set goals. Measurement of progress includes whether the participant maintains safe and stable housing, and as needed identifies and secures needed services and skill building.

- **Please describe any proposed changes to Case Management services for FY 17-18.**

No changes are proposed.

- **If Case Management services are not offered, please provide an explanation of why services are not offered**.

NOT APPLICABLE

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

Rental assistance services include payments for rent, rental costs for trailer and trailer lots, security deposits, and utilities to prevent and/or end homelessness or possible eviction by maintaining individuals and families in their own residences.

CAA is consistently successful in focusing on how to best operate efficiently and effectively, providing the most essential and effective services in a cost effective manner to those most in need. Our services improved in 2016-2017 through the addition of a part time Housing Coordinator (funded through a combination of funding sources) to focus on providing HAP eligibility, rental assistance, and strengths based case management. We have strengthened our service provision collaborations within the county, through the newly formed task force, and through refining the referral process and the coordinated use of funds (Section 8, County Assistance Office, United Way).

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

Participant and program progress are measured through program and fiscal recordkeeping and review. Results are evaluated, and include progress towards goals including obtaining/maintaining safe and stable housing, and participation in budget management instruction. We evaluate cost effectiveness through monitoring and reviewing numbers served, costs, and outcomes. We solicit feedback by participants, rental unit owners, staff, and other providers. Program outcome reports are generated at least quarterly to facilitate monitoring of progress, achievement of outcomes, and program effectiveness.

- **Please describe any proposed changes to Rental Assistance services for FY 17-18.**
  No changes in Rental Assistance are proposed

- **If Rental Assistance services are not offered, please provide an explanation of why services are not offered.**
  NOT APPLICABLE

Emergency Shelter:

- Please describe the Emergency Shelter services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps
- How does the county evaluate the efficacy of Emergency Shelter services?
- Please describe any proposed changes to Emergency Shelter services for FY 17-18.
- If Emergency Shelter services are not offered, please provide an explanation of why services are not offered.

Emergency shelter services are not provided, as these services are sufficiently available through shelter slots at other organizations in neighboring counties.

Other Housing Supports:

- **Please describe the Other Housing Supports services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps**
- **How does the county evaluate the efficacy of Other Housing Supports services?**
- **Please describe any proposed changes to Other Housing Supports services for FY 2017-2018.**
- **If Other Housing Supports services are not offered, please provide an explanation of why services are not offered.**

Other Housing Supports are not provided through HAP, but are provided by other Transitions (Domestic Violence Shelter for Women), Haven Ministries, By Grace Homeless Shelter,Union & Snyder Housing Authorities. CAA continues to seek housing funding through alternate sources when available.

Homeless Management Information Systems:

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

CAA, Homeless Assistance Provider, enters HUD county data into the statewide HMIS system on a timely basis.

<u>SUBSTANCE USE DISORDER SERVICES</u> (Limit of 10 pages for entire section)

This section should describe the entire substance use disorder service system available to all county residents that is provided through all funding sources, including state allocations, county funds, federal grants, HealthChoices, reinvestment funds, etc.

This overview should include:

1. Waiting list information (time frames, number of individuals, etc.) for:

    - Detoxification services
    - Non-hospital rehabilitation services
    - Medication Assisted treatment
    - Halfway House Services
    - Partial Hospitalization
    - Outpatient

2. Barriers to accessing any level of care.

3. Narcan resources available in the county.

4. Resources developed to address the opioid epidemic such as warm hand-off protocols, use of CRS, 24/7 Case management services, use of toll free hotline, coordination with local emergency departments, police, EMS, etc.

5. Treatment Services expansion including the development of any new services or resources to meet local needs.

6. Any emerging substance use trends that will impact the ability of the county to provide substance use services.

This overview should not include the DHS-issued guidelines for the use of Act 152 or BHSI funds. The focus should be a comprehensive overview of the substance use services and supports provided by the SCA and any challenges to providing services.

JOINDER STATEMENT
Columbia, Montour, Snyder and Union County Commissioners and County Agency staff were included in the development of the Mental Health, Intellectually Disabilities and Drug and Alcohol portions of this Plan. They were included in the planning process for each service category, and the complete information can be found in the submitting County's Plan. Columbia, Montour, Snyder and Union County is in agreement with the information submitted in this plan.

Target Populations

Please identify the county resources to meet the service needs for the following populations:

- **Adults (including older adults, transition age youth, ages 18 and above)**
- **Adolescents (under 18)**
- **Individuals with Co-Occurring Psychiatric and Substance Use Disorders**
- **Women with Children**
- **Overdose survivors**
- **County's identified priority populations**

Recovery –Oriented Services

Describe the current recovery support services including CRS services available in the county including any proposed recovery support services being developed to enhance the existing system. Do not include information on independently affiliated 12 step programs (AA,NA,etc).

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).

Copy and paste the template for each service offered under each categorical, ensuring each service aligns with the service category when utilizing Adult, Aging, Children and Youth, or Generic Services.

NOTE: Aging, Children and Youth, and Specialized Services not offered through HSDF.

Adult Services:
Program Name: Housing
Description of Services: Housing services supplement efforts in the CoC Rapid Rehousing program. The funds are not utilized to pay for housing costs but are utilized to provide assistance in helping the family or individual in a housing crisis to move through a continuum of needs and make sound decisions and changes that will support stable housing.

Service Category: Housing - Activities to enable persons to obtain and retain adequate housing. The cost of room and board is not covered.

Generic Services:
Program Name: Self Sufficiency Casemanagement

Description of Services: CAA case management services help the low income individual assess needs and make arrangements for appropriate support (such as child abuse prevention, family functioning, money management, housing, transportation for essential services) through existing programs (federal, state, private, local), addressing emergency/priority needs first. Follow-up is provided, as needed. The case manager and the participant conduct a strengths based assessment and develop an individualized goal plan.

Goals can include both family and family member goals, such as employment and related skills, budget management, free tax preparation, parenting, family literacy, addressing a crisis (housing, health, transportation), affordable housing. The case coordinator oversees the plan, coordinates services with other providers, provides strength based support and guidance, and monitors progress.

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

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

☑ Adult   ☑ Aging ☑ CYS ☑ SUD ☑ MH ☑ ID ☑ HAP

Generic Services:

Program Name: Self Sufficiency Skill Building

Description of Services: Skill Building helps participants learn effective ways to achieve independence through managing home, family and work. Topics include managing a tight budget to meet basic needs and save costs, debt management, managing transportation costs, conserving home energy, avoiding identity theft and predatory lenders, anger management, effective parenting and family management, home safety, and tenant and landlord responsibilities and relations. Funds are combined with other sources of funding to provide classroom, workshop and individualized training to help participants gain life management skills essential for self-sufficient living.

Service Category: Life Skills Education - Provides to persons the practical education and training in skills needed to perform safely the activities of daily living. The term does not include job readiness training, instruction in a language, or remedial education.

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

☑ Adult   ☑ Aging ☑ CYS ☐ SUD ☑ MH ☑ ID ☑ HAP

Generic Services:

Program Name: Information and Referral

Description of Services: Services are provided through phone calls, walkins, and handouts. CAA provides information on Community Resources and links individuals in need of resources with the appropriate service providers. CAA maintains this information through the Human Services Directory found in the blue pages of the phone book. CAA offers monthly online service updates and a quarterly newsletter, the Community Bulletin, which provide agencies and customers with current service and agency updates and practical tips. CAA also provides a Decoding List of agencies and services in PA, a need identified through the Community Needs Assessment process. Staff conduct research to identify services for unique situations, thus building the directory of available services. Follow-up is provided when needed to determine if there is additional need for assistance.

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

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.).**

Funding will support the compensation of Community Action staff providing interagency coordination planning and management activities, focusing on improving the effectiveness of categorical human services. Funding may also be spent, as available, conducting needs assessments, and providing supplies for events designed to improve collaboration and skills of workers and volunteers in the human services delivery system.

- **how the activities will impact and improve the human services delivery system.**

- The facilitation of four task forces developed through the 2016 Community Needs Assessment process addresses local issues of drug and alcohol abuse, homelessness, parents managing families, and early childhood/care. The task forces focus on strategies to meet gaps in service, improve collaborations and effectiveness of services, increase awareness of existing services, and educate people to help understand issues.
- The provision of skill training for county human service staff strengthens the delivery of services. Skill training includes an annual family services conference, training workshops in topics such as Trauma Informed Care, Motivational Interviewing, Outcomes Based Accountability and Measurement, and the Strengths Based Family Workers 80 hour certification program.
- Representation on Greater Susquehanna Valley United Way work groups, health care intitiatives, university human services research projects, and other coordinated efforts, including a regional Transportation Task Force, support formal collaborative assessment of local needs and identification of new options that can address critical needs.
- CAA takes the lead in promoting partnerships to improve the county's continuum of care plan that addresses issues of homelessness. This includes serving as the coordinator of the Local Housing Options Team. The partnerships focus on innovation and commitment in developing solutions for individuals and families with persistent housing issues. Partners include Children and Youth, CMSU Behavioral Health, Aging, Housing Authority, United Way, local shelters, Red Cross, and other public, private/faith based, and advocacy groups.
- CAA works with Children and Youth to facilitate the Union-Snyder Integrated Family Services Council (Council), which provides essential advisory functions for the categorical programs that serve children, youth and families. The Council facilitates collaboration and improvement in the design and delivery of services that promote the healthy development and safety of children, youth, and families. Council members include Children and Youth, County Assistance, CMSU Behavioral Health, Court System, CAA, SUM Child Development, Nurse Family Partnership, school districts, foster parents, and community organizations.
- As a collaborative partner agency with PA Link to Aging and Disability Services, CAA coordinates services and follow protocols that are aimed at providing individuals over age 60 and adults with disabilities with linkage to long-term living services and other services. We participate in

Collaborative Committee meetings and Community Resource Teams, cross training sessions, and outreach. CAA also serves on the Aging Advisory Board.
- CAA provides technical and operational support for the Central Susquehanna Valley Mediation Center, Inc., which trains and utilizes mediators to help people resolve disputes without going to court, sparing expense for the public and for the people involved. The Executive Director is a trained mediator.

Other HSDF Expenditures – <u>Non-Block Grant Counties Only</u>

NOT APPLICABLE

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	
Intellectual Disabilities	
Homeless Assistance	
Substance Use Disorder	

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

SNYDER HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED

County: SNYDER	1. ESTIMATED INDIVIDUALS SERVED	2. DHS ALLOCATION (STATE & FEDERAL)	3. PLANNED EXPENDITURES (STATE & FEDERAL)	4. COUNTY MATCH	5. OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES					
ACT and CTT					
Administrative Management					
Administrator's Office					
Adult Developmental Training					
Children's Evidence Based Practices					
Children's Psychosocial Rehabilitation					
Community Employment					
Community Residential Services					
Community Services					
Consumer-Driven Services					
Emergency Services					
Facility Based Vocational Rehabilitation					
Family Based Mental Health Services					
Family Support Services					
Housing Support Services					
Mental Health Crisis Intervention					
Other					
Outpatient					
Partial Hospitalization					
Peer Support Services					
Psychiatric Inpatient Hospitalization					
Psychiatric Rehabilitation					
Social Rehabilitation Services					
Targeted Case Management					
Transitional and Community Integration					
TOTAL MENTAL HEALTH SERVICES	-		$ -	$ -	$ -

Please enter the MH allocation above (unless your county is a non-submitting joinder county).

INTELLECTUAL DISABILITIES SERVICES					
Administrator's Office					
Case Management					
Community-Based Services					
Community Residential Services					
Other					
TOTAL INTELLECTUAL DISABILITIES SERVICES	-		$ -	$ -	$ -

Please enter the ID allocation above (unless your county is a non-submitting joinder county).

SNYDER HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED

County: SNYDER	1. ESTIMATED INDIVIDUALS SERVED	2. DHS ALLOCATION (STATE & FEDERAL)	3. PLANNED EXPENDITURES (STATE & FEDERAL)	4. COUNTY MATCH	5. OTHER PLANNED EXPENDITURES
HOMELESS ASSISTANCE SERVICES					
Bridge Housing					
Case Management	110		$ 13,244		
Rental Assistance	110		$ 19,494		
Emergency Shelter					
Other Housing Supports					
Administration			$ 3,637		
TOTAL HOMELESS ASSISTANCE SERVICES	220	$ 36,375	$ 36,375		$ -
SUBSTANCE USE DISORDER SERVICES					
Act 152 Inpatient Non-Hospital					
Act 152 Administration					
BHSI Administration					
BHSI Case/Care Management					
BHSI Inpatient Hospital					
BHSI Inpatient Non-Hospital					
BHSI Medication Assisted Therapy					
BHSI Other Intervention					
BHSI Outpatient/IOP					
BHSI Partial Hospitalization					
BHSI Recovery Support Services					
TOTAL SUBSTANCE USE DISORDER SERVICES	-		$ -	$ -	$ -

Please enter the SUD allocation above (unless your county is a non-submitting joinder county).

	1.	2.	3.	4.	5.
HUMAN SERVICES DEVELOPMENT FUND					
Adult Services	10		$ 12,910		
Aging Services					
Children and Youth Services					
Generic Services	1,000		$ 19,590		
Specialized Services					
Interagency Coordination			$ 13,000		
Administration			$ 4,500		
TOTAL HUMAN SERVICES DEVELOPMENT FUND	1,010	$ 50,000	$ 50,000		$ -

Please note any utilization of HSDF funds in other categoricals and include: categorical and cost center, estimated individuals, estimated expenditures.				
GRAND TOTAL	1,230	$ 86,375	$ 86,375	$ -	$ -