CLARION COUNTY HUMAN SERVICES PLAN

2016-17
PART I: COUNTY PLANNING PROCESS

The formal Clarion County Planning Team includes the Clarion County Commissioners, MH/DD Administrator Nancy Jeannerat, MH Deputy Administrator Ashley Benson, DD Deputy Administrator Barb Cherico, MH/DD Fiscal Officer Mary Lutz, Armstrong-Indiana-Clarion Drug & Alcohol Commission Executive Director Kami Anderson, and DHS Director/C&Y Administrator Kay Rupert. This team meets formally and informally on an ongoing basis to discuss and determine the best way to structure, fund and deliver human services to meet the needs of residents of the county. This team works as the hub of information gleaned through their and their staff’s participation in meetings with consumers, family members, and partners in Clarion County’s Human Service delivery partnership.

Clarion County’s collaborative approach to service planning has been ongoing practice for over 20 years and occurs on a year round basis. Input is solicited and received throughout the year through the following:

- Advisory Boards for the categorical programs include public and private providers, community members, consumers, and family members. Meetings are held throughout the year and input from those meetings and the numerous boards and councils upon which the Planning Team members serve contribute to the decisions on how to deliver human services to the county residents.

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

- Clarion County Family Net Collaborative Board serves as the planning team for services provided to children, youth, and their families and is the established single point of contact for children’s services planning. This Board is comprised of both public and private providers, family members, community members, and a representative from the youth council which is active in all 7 school districts in the County. The Collaborative Board is also instrumental in identifying needs and developing community-based services
to both prevent placement and help with successful returns home, educating public and private human services providers on services available, building collaborative partnerships with individuals who provide those services, and preventing duplication of services which helps to ensure that available funding can be used to expand or develop new services for unmet needs.

- A collaborative approach to Systems of Care is currently proposed for development under a grant for which the Behavioral Health Alliance of Rural Pennsylvania has applied. The goal is to have a team consisting of 25% consumer participation, 25% consumer family participation, and the remaining 50% of professionals and service providers. As part of the comprehensive community wide assessment, adult and youth surveys have been and will be conducted at 3 community-wide events – Fun in the Sun, Family Celebration Day, and Summer Family Fest. We anticipate, based on prior years’ attendance at these events, to have several hundred community members complete these surveys which should provide important information about access to services, identifying gaps in services, and future service planning for the County’s Human Service system. This information will be used to determine programmatic and/or funding changes in future years.

- Expanding Supported Housing for up to 20 persons, Trauma Informed Care in outpatient, Broadening of Children’s Service Coordination, MH OP in elementary schools, and DBT group therapy in the County Prison are goals for 2016-2017. The Regional and State offices are closely involved with the approval and planning of the concepts for these transitional and diversionary programs.

- Clarion County Commissioners have consistently declined to request Block Grant status for Human Services. However, they are open to discussions related to benefit, relevance, and interest as new information is available.
PART II: PUBLIC HEARING NOTICE

STATE OF PENNSYLVANIA

COUNTY OF VENANGO

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

10th of June, 2016

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

COPY OF NOTICE OF PUBLICATION

A public hearing on the 2016-17 Clarion County Human Services Plan will be held Wednesday, June 20, 2016 at 10:00 AM in the 1st floor conference room of the Human Services Building, 214 S. 7th Avenue, Clarion. If accommodations are needed due to a disability, please call 814-266-9200 in advance. Equal Opportunity Agency.

Sworn to and subscribed before me this 10th day of June, 2016.

MICHIGE M. SCHWAB, NOTARY PUBLIC

OIL CITY, VENANGO COUNTY

MY COMMISSION EXPIRES DECEMBER 8, 2018

STATEMENT OF ADVERTISING COST

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

The VENANGO NEWSPAPERS, Dr.
Agent for The Derrick
For publishing the notice or publication attached hereto on the above dates

87.60

11.00

98.60

Publisher's Receipt for Advertising Costs

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

By ____________________________________
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<thead>
<tr>
<th>Name</th>
<th>Representing</th>
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<tr>
<td>Kay Rupert</td>
<td>Clarion County DHS/CYS</td>
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<tr>
<td>Marc Schiffhauer</td>
<td>Clarion Co MH - CASSP</td>
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<tr>
<td>Lindsay Meyer</td>
<td>Clarion Co DD</td>
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<tr>
<td>Mary Lutz</td>
<td>Clarion Co. MH/DD/Transportation</td>
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</tbody>
</table>
PART III: MINIMUM EXPENDITURE LEVEL
(Applicable only to Block Grant Counties)

N/A
PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

Clarion County Mental Health Administration contracts with a diverse set of providers to ensure that appropriate services are available for persons with serious mental illness throughout the county. Utilization history is the primary driver for determination of need, however timely updates and changes are made to programs and services based on availability of state funding and federal grants, services under medical spend, consumer feedback, accessibility of providers, stakeholder input, and managed care reinvestment opportunities.

Although Clarion County is not a Block Grant funded county, every effort is made to maximize the use of its public dollars through cooperative and collaborative efforts across the human services systems. A cross systems collaborative approach addresses the needs of those who are dually diagnosed, lack stable housing, have forensic issues, or who are aging, or medically at risk.

Currently, Clarion County contracts with the following mental health treatment and support services providers:

Center for Community Resources
- Base Service Unit
  - PATH Housing Coordinator
  - SAP Liaison
  - Hospital Liaison
  - Hospital/Forensic Liaison
  - Supported Housing Coordinator
  - Intake and Referral Case Management
- Representative Payee
- Drop In Center
- Emergency Housing Apartment
- Supported Housing Unit
- Crisis Intervention Services (Walk In, Mobile and Phone)

Service Access and Management, Inc.
- Blended Case Management
- Certified Peer Support
Family Psychological Associates, Inc.
- Outpatient Services
  - Medication Management
  - Individual, Family, & Group Counseling Services
  - Wellness Nurse
  - PCIT
- Blended Case Management
- Wrap Around

Roads to Recovery
- Peer Support Services
- CFST

Community Guidance Center
- Mobile and Site Based Psychiatric Rehabilitation

Clarion Vocational Services (ISO)
- Supported Employment
- Respite

The ARC of Clarion and Venango Counties
- Respite Services

Shamrock Solutions
- Family Based
- Wrap Around

Misty Isle Bridges
- Family Based
## Funding Streams

<table>
<thead>
<tr>
<th>Health Choices</th>
<th>Outpatient Services</th>
<th>Blended Case Management</th>
<th>Peer Support Services</th>
<th>Psychiatric Rehabilitation</th>
<th>Family Based</th>
<th>Children’s RTF and CRR</th>
<th>Crisis Walk-In</th>
</tr>
</thead>
<tbody>
<tr>
<td>State and Federal Allocation and County Match</td>
<td>Base Service Unit</td>
<td>Representative Payee</td>
<td>Crisis Intervention Services</td>
<td>Outpatient and Intensive Outpatient</td>
<td>Blended Case Management</td>
<td>Peer Support</td>
<td>Psychiatric Rehabilitation</td>
</tr>
<tr>
<td>CHIPP</td>
<td>Drop In Center</td>
<td>Emergency and Supported Housing</td>
<td>Hospital/Forensic Case Management</td>
<td>Prescription Gap Coverage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reinvestment Funds</td>
<td>Housing for persons not eligible for Section 8 (HUD)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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In 2016 the local NAMI chapter joined the Butler County chapter to support families of those affected by SMI and to strengthen the waning Clarion group. No stipend is assigned in 2016-2017. Center for Community Resources, provider of Base Services, was instrumental in helping with the merger.

The following is a list of privately operated services, not contracted through MH, but which county residents have access to:

- Clarion Psychiatric Center (Inpatient Psychiatric Services, Adolescent Partial Program)
- MARS Home for Youth (Multi-systemic Therapy)
- Justice Works (School and Truancy)
- Primary Health Network FQHC (Outpatient Services)
- Passages (Rape Crisis)
- SAFE (Domestic Abuse)
- Project Point of Light (Sex Offender Treatment, Victim/Trauma Treatment)
a) Program Highlights:

The Drop in Center (DIC), which completed its first full year of operation in FY15/16, continues to be a stigma free, community based setting for persons seeking support and guidance in their recovery. The DIC allows for socialization, recreation, and sharing of resources and information through a variety of activities and classes, including art therapy, cooking, recovery groups, scrapbooking and wellness. Limited transportation is available to consumers who wish to attend or participate in outings. Lunch is served on the days they are open. DIC consumers have started doing their own outreach at community events and have organized fundraisers for additional outings and activities. The mental health DIC is funded by CHIPP monies.

State supplied PATH funds are used for those who are at risk of eviction and homelessness. These funds provide for a PATH Housing Coordinator and nearly $10,000 is used for rental assistance, consumer supplies and security deposits. This program will continue through 2016-2017. The Housing Coordinator continues to do extensive outreach into the community and plays a critical role in the Homeless Task Force, which continues to explore emergency housing solutions. The Task Force, in partnership with Bridge Builders, also fundraises for initiatives to further decrease and eliminate homelessness.

The Emergency Apartment, which became available in September 2014, has been a huge asset to Clarion County MH and was in steady use in FY15/16. The unit can accommodate an individual or a small family for up to 3 months until appropriate, permanent housing can be established. For consumers utilizing the apartment, additional supports are in place to assist the consumer with addressing their needs. These supports include referrals for emergent mental health services, weekly oversight team meetings, and assistance from the Housing Coordinator. An increased presence at the apartments is planned in 2016-2017 by putting an office on site. To date, this program has served 12 individuals.

b) Strengths and Needs

- Older Adults (ages 60 and above)
  - Strengths: Older Adults have access to a broad range of psychiatric services in Clarion County including Inpatient, Outpatient, Case Management, Peer and Psych Rehab services. Numerous private outpatient providers are equipped to
serve the specific needs of this age-range. Penn Highlands Senior Transitions, in neighboring Jefferson County, is also available for geriatric behavioral health treatment.

There are three Senior Centers in Clarion County which provide social, educational, and volunteer activities. It is run by the Area Agency on Aging and also provides a wealth of resources including Meals On Wheels, tax preparation, and Farmers’ Market vouchers.

- **Needs:** Determining which agency should assume the lead in the case of an aging individual with DD or MH issues and who is in need of Nursing Home or Personal Care Home placement is a challenge. Older adults who wish to access therapeutic providers of their choice are often turned down due to lack of Medicare participation with the provider. Guardianship, and related matters for our aging population who have no family, must be established before there is a health crisis, when it is more likely that the Nursing home and hospital will attempt to force Mental Health Administration into the role.

- **Adults (ages 18 and above)**
  - **Strengths:** Adult consumers have choice of Outpatient treatment providers, Case Management, and Peer services. Intake, Referral, Crisis services, Housing assistance, Rep Payee, and Family Support are provided by the Base Service Unit for persons with identified mental health illnesses. Psych Rehab is located in the same building as Admin and the BSU and serves the SMI population with skills training. Monthly budgeting classes, special interest groups, and social activities are conducted at the Drop In Center. Providers of services and supports are encouraged to coordinate and conduct workshops and share consumer-related information there as well.

CHIPP funds, new to the county in 2013-14, have allowed for the construction of Psych Rehab facility and transportation for those who do not qualify. Supported Housing, Prescription Drug Coverage, and BCM services in the prison prior to a person’s release date. Housing is utilized thoroughly and affords assistance to tenants in locating permanent housing.

There is healthy linkage between MH and other community support/advocacy groups. Drug and Alcohol Services, Area Agency on Aging, Domestic Violence (SAFE), Rape Crisis Center (PASSAGES), MH Supported Employment, Housing Authority, DPW, Adult Probation, Community Resources for Independence and law enforcement and legal authorities.
• **Needs:** Transportation is a ubiquitous concern in this rural county. Although sympathetic to the need, transportation for consumers who live outside the borough bus route, or who do not qualify for public transportation, are addressed primarily through natural supports.

Unemployment in Clarion County is currently at 5.7%, up slightly from last year, but down considerably from 12.1% in 2011. Nevertheless, meaningful employment for persons affected by SMI is still beyond reach for many consumers. OVR’s regional effort to create employment opportunities may have some bearing but is primarily targeted to persons with IDD.

Clarion is often in need of an LTSR or EPCH as an intermediary placement for folks coming out of the hospital with complex physical and behavioral concerns. The closest facilities are located in neighboring or distance counties and are usually full.

The cost of representing consumers at MH Review Hearings is a growing concern for our judicial system as the county is home Clarion Psychiatric Center, a 74-bed inpatient hospital with plans to expand to 110.

• **Transition-age Youth (ages 18-26)**
  
  **Strengths:** An Independent Living Program for qualifying transition age youth (TAY) is provided by Clarion County Children and Youth Services. MH Supported Housing is available to TAY who can succeed with Case Management instead of close supervision. A full array of mental health treatment is available as well as access to the Drop In Center for socialization and some enrichment of living skills.

Psychiatric Rehabilitation (PR) is available to those who are 18 and older. PR focuses on the development of skills rather than on corrective therapy. Cooking, cleaning, balancing a checkbook, filling out employment or educational applications, increasing confidence with respect to community relationships, improving health and wellness, developing artistic interests and networking for supports are common goals in the program.

The Clarion County Coalition for Suicide Prevention has attracted the attention of many community members and organizations who wish raise the collective community conscientious regarding suicide among young adults. The group has sponsored professional speakers, distributed information, and is planning a second annual walk to raise money for its support to schools and community.
• **Needs:** At best, only limited opportunities for healthy activities exist in Clarion for this age group who identify as having serious mental illness. A collaborative between MH and IDD Administrations, CASSP, CYS, Blended Case Management and Supports Coordination would to address the unique needs of TAY is a goal for 16-17.

• **Children (under 18)**
  
  • **Strengths:** From birth through 3, children are served under the EI Waiver. As development of behavioral and mental health supports become apparent, children and their families are opened in Family Based services with choice of two providers in the county. In 2016 Clarion’s longtime CASSP Coordinator retired and an equally capable coordinator was hired. Services are coordinated through age 21 if deemed necessary and agreeable with the consumer.

  The Student Assistance Program (SAP) is active in all seven county school districts at the high school level. SAP to the Elementary School (E-SAP) is available in two southern county schools; however SAP consultation, referral and assistance are available to all schools public and parochial. SAP Liaison identifies and addresses student mental health needs and assists with referrals, parent education, and linking the student and their family to appropriate supports and services. A summer recreational and educational program was under development until the budget impasse last year put it on hold. It will be reconsidered as funding allows for the summer of 2017.

  Strengths: The Student Assistance Program (SAP) is run through the Base Service Unit. SAMP is active in all seven county school districts at the high school level. SAP to the Elementary School (E-SAP) is currently available in two southern county schools. Additional elementary schools are being considered for the fall of 2016. SAP supports including consultation, referral, and assistance are available to all schools, public and parochial. The SAP Liaison identifies and addresses student mental health needs and assists with referrals, parent education, and linking the student and their family to appropriate supports and services. A summer recreational and educational program was under development until the budget impasse last year put it on hold. It will be reconsidered for the summer of 2017 as funding allows.

Outpatient Counseling Services are available during the school day in all seven public schools in the county, thanks to the addition of the last two districts this year by Family Psychological Associates. Also in process for the fall of 2106-17 Academic year are the addition of Outpatient satellites in three elementary schools in the county. The in-school therapy improves participation and extends the counselor's therapeutic availability to the student recipients. Parent Child
Interaction Therapy is also available to Clarion through Family Psychological Associates. It requires commitment and participation by the parents in a therapeutic setting and is another treatment option available for addressing mental health and behavioral issues in very young children.

Clarion County maintains a CASSP Coordinator within the Clarion County MH/DD/EI Administration. This position coordinates supportive services for families who are in need of mental health services for their child(ren). It links the family to appropriate services including residential treatment services and therapeutic foster care. The CASSP Coordinator brings service systems together to develop effective, cross systems service planning that is in the best interest of the child and their family. The family, child, mental health support service providers, juvenile probation and Children and Youth Services are all brought together for treatment planning. There is constant growing need for family supports, therapies, and placements.

There continues to be strong Family Based Therapy Services, Multi-Systemic Therapy Services, and Behavioral Health Rehabilitation Services (BHRS) to support families and their children in managing mental health issues and behavioral issues. There are also two respite providers to assist families in need of respite services.

Clarion County MH Admin has joined as a Tier Two County in the Trauma Informed Care trainings through the System of Care Project at the Behavioral Health Administrators of Rural PA (BHARP). Eight to ten therapists and case managers will from Family Psychological Associates are being trained in 16-17 in Trauma Informed Care (TIC), which is an evidenced based treatment model for children who have been abused and traumatized. TIC has proven to be effective in addressing posttraumatic stress disorder (PTSD), depression, anxiety, externalizing behaviors, sexualized behaviors, feelings of shame, and mistrust in children. TIC is appropriate for children who have experienced a single trauma or multiple traumas. Through this treatment modality, children and parents learn new skills to help process thoughts and feelings related to traumatic life events; manage and resolve distressing thoughts, feelings, and behaviors related traumatic life events; and enhance safety, growth, parenting skills, and family communication.

- **Needs:** Completion of the summer SAP program is a priority in 16-17 to fill the service gap created by summer recess from school. Access to additional staff or staff time necessary to ensure immediate attention when SAP demands are highest would be a plus.
The ever-needed additional "children's doc time" is must for the needs list. CASSP will be working with Administrators to determine a prudent and judicious use of a small amount of respite money.

- **Individuals transitioning out of state hospitals**
  - **Strengths:** Clarion is better positioned to serve persons discharging from the state hospital since the opening of several MH apartments supported by community services and therapies. Clarion County is fortunate to have a very low census at Warren State Hospital. Our maximum is now seven persons. Because of recent CHIPP awards, we have been able to open and maintain Transitional and Supported Housing Apartments, Mental Health Drop in Center, Peer Services, transportation to Psych Rehab, gap coverage for prescriptions and a full-time hospital liaison. Clarion Psych Center has agreed to increase support to adults and has planned advanced alternative treatments for severe and unrelenting depression.

Clarion is afforded the best psychiatric team the county has seen for quite some time. The use of tele-psychiatry is minimal as it has not been embraced as well by our constituents as once it was thought would be.

- **Needs:** Some individuals recently discharging from the State Hospital would benefit from in-home medication administration. Outpatient commitments are very helpful but once missed in the transition out of the hospital, it is very difficult to put into place without a subsequent placement pending.

- **Co-occurring Mental Health/Substance Abuse**
  - **Strengths:** Clarion County has an active Drug Treatment Court. The BSU’s Forensic Liaison is part of the Clarion Treatment Court Team. Qualifying participants of treatment court have access to treatment for both their substance abuse and mental health needs through the coordination of this court.

Roads to Recovery is a provider of Certified Peer Specialists who are familiar with the elements of both substance abuse and mental health recovery. This allows consumers to work on the recovery with the guidance and support of a peer who is trained and familiar with their specific struggles.

The Drug and Alcohol treatment provider (ARC Manor), and Armstrong-Indiana-Clarion Drug and Alcohol Commission, (AICDAC), the Administrative D&A Case Management Provider, treat and serve individuals with co-occurring
conditions. The Forensic Liaison has experience in serving this population and works closely with ARC Manor, AICDAC staff and the criminal justice system in identifying the needs of these consumers and linking them to the most appropriate supports, services and treatment.

AICDAC has also added a second treatment provider, CenClear, who began providing substance abuse treatment services in the fall of 2015, offering an additional choice to Clarion residents seeking treatment. CenClear will provide partial hospitalization, intensive outpatient, group and individual therapy.

Recently a dual diagnosis recovery meeting was established in Clarion. The support group meets weekly to discuss both mental health and substance abuse recovery.

AICDAC participates actively in the 23-county BHARP administration oversight process which promotes a close knit collaboration with Mental Health services in Clarion County.

- **Needs:** Adequate and appropriate inpatient beds for the co-occurring population are definitely lacking across the area. Timely engagement by D&A supports in the event of a crisis involving substance intoxication is warranted. The task of dealing with a person who is in crisis and under the influence of substances would not be left solely to the Mental Health Crisis responders.

- **Justice-involved individuals**
  - **Strengths:** The Forensic Liaison focuses on diversion and reintegration back into the community. This Liaison works closely with the Treatment Court Team, County Jail, Probation and the Court system to divert justice involved individuals and to assist them in reintegration into the community and into appropriate treatment avenues following incarceration.

County MH Admin has just approved the installation of a series of 8 week long DBT Groups in the county prison to begin in July 2016 and run consecutively through June 2017. We believe the groups will bring positive behavioral changes.

Initiatives put into place last year include expanded Blended Case Management and Certified Peer Support Services to those that are incarcerated, psychiatric prescription coverage for those being released from jail and supported housing options for those transitioning from the jail setting. They have been immensely successful with respect to maintaining a support system although it is difficult to


gauge whether re-incarcerations are down as the jail is currently at more than 150% of its intended population.

- **Needs:** A Mental Health Treatment Court would still be valuable to Clarion County. Developing a broader Assisted Out-Patient has been discussed. Lack of Doc time and cost are prohibitive.

- **Veterans:**
  - **Strengths:** Although not operated by MH, Clarion County has benefited this year by the opening of a Veteran’s Administration OP Clinic in town. Two local churches are offering support groups for vets. Trauma Care initiatives will assist providers in better understanding the treatment issues for vets who have been traumatized. There have been several housing opportunities for Vets only. Though not treatment, there has been some therapeutic value in the county’s participation in public events that honor our Vets. Clarion County veterans can also access Soldier On and Supportive Services for Veteran Families (SSVF). These programs can offer specialized services to veterans that include housing services, financial assistance, and case management.
  
  - **Needs:** Employment, housing, and further preparing therapeutic and case management staff to work with this specialize population are ongoing needs.

- **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) consumers**
  - **Strengths:** Clarion University is this community’s greatest resource for support to the LGBTQI population. "Allies," which is a student run organization of LGBTQI members that functions as both a support group and an activist group, addresses LGBTQI issues, rights, and concerns. This group is open to both students and all members of the Clarion community. All providers agencies are equipped to provide resources and sensitivities to the LGBTQI population. A larger therapeutic and support community is located at PERSED in Pittsburgh.
  
  - **Needs:** Compiling a resource list for the LGBTQI population and distributing the list at key functions would benefit. Promoting MH awareness in general on the college campus would likely benefit this group as well.

- **Racial/Ethnic/Linguistic minorities**
  - **Strengths:** Pockets of racial/ethnic/linguistic minorities are small in Clarion County and tend to evolve from the student population at the university. All efforts made to serve cultural needs as they arise. Clarion University offers a variety of racial and ethnic clubs and organizations, many of which are open to the
community, and provide social and educational events within the Clarion Community.

• **Needs:** Bilingual staff (Spanish and Chinese, primarily) would be beneficial within the mental health system. Interpreters may be available through the University or through family/community members.

• **Other, if any (please specify)** None

• **Strengths:**

• **Needs:**

c) **Recovery-Oriented Systems Transformation Priorities:**

**#1 System of Care: Trauma Informed Care Training**

Clarion County is participating in the 2016-2017 BHARP System of Care initiative to provide practitioners skilled in the use of trauma focused treatments. Family Psychological Associates has been identified and has agreed to train sufficient staff to provide the Evidence Based Practice. Three trainings are scheduled for the coming fiscal year. Vicarious Trauma and Screening and Assessment for Trauma is a one-day training. Seeking Safety Model is a 2-day training and the Trauma Focused Cognitive Behavioral Model is a separate 3-day training. FPA has committed 8 – 10 practitioners for each of the trainings.

Funding for this training will be the federal Systems of Care granted to the BHAU in 2015. State provided base funds will pay for training expenses. Monitoring of progress will be conducted jointly with the BHAU and the SOC Director, Chris Minich. Family Psychological Associates will contribute to this effort by permitting therapeutic staff to vacate their duties to attend training.

*July 28 or 29, 2016 – Vicarious Trauma Training; Screening and Assessment for Trauma*

*August 15-16 or 17-18, 2016 – Seeking Safety Model Training*

*TBA – Trauma Focused Cognitive Behavioral Model Training*

**#2 Enhancements to Supported Housing**

Clarion’s Supported Housing project, funded with CHIPP monies, is completed and currently the apartments are at full utilization. The project consists of two adjacent houses that have been renovated by the Center for Community Resources into apartments and shared living space.
This housing is available for an occupant for up to one year while participated in stabilizing treatments, search for permanent housing, and employment opportunities, as necessary. Center for Community Resources will collect a portion of income from program participants and set it aside to pay for initial expenses once permanent housing is acquired. Staff time was created to add supervision to the homes via an office onsite.

CHIPP funding will be used to purchase the housing and the support for this program. Monitoring will be conducted at the regular program oversight visits. Participants will contribute financially to the successful move to permanent housing.

- June 2016 – hired staff to supervise Supported Housing
- July 2016 – train staff and furnish a small office onsite
- August 2016 – begin regular meetings with occupants to oversee the use of MH therapies, community supports, and assurance of compliances with housing agreement.

#3 Expand CASSP Coordination to Children’s Resource Coordination

Clarion County MH has begun to see the expected outcome resulting, in part, from changes to the Child Protective Services laws. Service requests are on the rise in all levels of care. Out of home placements for children are up 300% in the last two years. CASSP coordination is in high demand. School districts have asked for greater MH supports for students of all ages, particularly for elementary age students. With a recent change in Children’s Administrative staff due to the retirement of a 23-year seasoned CASSP Coordinator, the program is in catch up mode. The newly hired staff is completing training and acclimating to the service system requirements to put the necessary and sought after treatments in place. This requires a great broadening of participation for a former Children’s Case Worker to now coordinate MH, Juvenile Justice, CYS, Family Based Providers, School systems, and Managed Care in the decision making processes on behalf of children and families in Clarion County. In 2016-17, the focus of this program will shift from CASSP to Children’s Resource Coordination and will expand to include county participation in the development of children’s services and the delivery of coordination for the services locally. Replacing the MH Deputy Administrator (vacant since March 2016) will complete the supervisory facet of this position.

State and federal base funds for Children’s programming is used to pay for this position and its administration. The coordinator will be supervised and the services monitored by the MH Deputy Administrator and the County Administrator. Services to children are reimbursable by Health Choices and base funds, which are matched by 10% county contribution.

- July 2016 – Complete training by the former CASSP Coordinator and the MCO
Attend Trauma Informed Care training

Support the System of Care initiative

August 2016 – Attend and participate in Children’s Workgroup (at the Behavioral Health Administration Unit)

September 2016 – Become involved in Children’s Round Table, Human Services Soup

October 2016 – Hire Deputy Mental Health Administrator (will oversee this position)

#4 Expand MH OP to Elementary Schools

MH outpatient services have been available in all seven of the Clarion County public school districts for the past two years. This has proved to be a huge benefit to students whose families find it very challenging to participate regularly in OP therapies. This has solved the transportation issue and the issue of a limited amount of therapist time during after-school hours. The services are operated as satellite sites for Family Psychological Associates. Recently there have been requests for OP services to be located in the elementary schools. FPA has applied for satellite office licenses in four elementary schools in the county, including Redbank, Keystone, Clarion, and Union.

This is a Health Choices funded service. Private pay insurance will be billed for students who are privately insured, with responsible parties making appropriate copays. Uninsured and underinsured students will be supported by base funds as necessary. The program will be monitored during the regular monitoring process for the Outpatient provider

July 2016 – complete application for satellite offices in four elementary schools

August 2016 – prepare additional staff at FPA to provide MH OP in elementary schools

September 2016 – implement OP services in elementary school satellite offices

December 2016 – monitor for effectiveness of initiative

#5 Conduct DBT Group Therapy in the Clarion County Prison

Clarion County Prison is currently over saturated with persons incarcerated. Nearly half have an identified mental illness. Therapies in the prison make excellent use of resources as persons often have built-in motivation to participate, time to attend, and no need for transportation. Clarion County MH Admin recently engaged Family Psychological Associates to provide Dialectical Behavioral Therapy in a group setting to the prison. Four courses of psycho-education and skill building, each 8 weeks long, will be conducted in the prison on a weekly
The groups are designed to correct emotion dysregulation, improve interpersonal skills, raise empathic conscientiousness, and appropriate social behaviors.

This service is entirely funded by CHIPP monies and will be monitored in the regular oversight and monitoring process by the MH Deputy Administrator.

July 1, 2016 – contract with FPA for DBT Group Therapy

July – September 2016 – conduct Round 1 of DBT Group in the prison

October – December 2016 – conduct Round 2 of DBT Group in the prison

January – March 2017 – conduct Round 3 of DBT Group in the prison

April -- June 2017 – conduct Round 4 of DBT Group in the prison
### Evidence Based Practices Survey: *Please include both county and Medicaid/HealthChoices funded services.*

<table>
<thead>
<tr>
<th>Evidenced Based Practice</th>
<th>Is the service available in the County/Joinder? (Y/N)</th>
<th>Number served in the County/Joinder (Approx)</th>
<th>What fidelity measure is used?</th>
<th>Who measures fidelity? (agency, county, MCO, or state)</th>
<th>How often is fidelity measured?</th>
<th>Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)</th>
<th>Is staff specifically trained to implement the EBP? (Y/N)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assertive Community Treatment</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Supportive Housing</td>
<td>Yes</td>
<td>20</td>
<td>County guideline</td>
<td>County oversight</td>
<td>3X a year</td>
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<td>No</td>
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<tr>
<td>Supported Employment</td>
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<td>6</td>
<td>County guideline</td>
<td>County oversight</td>
<td>3X a year</td>
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<tr>
<td>Integrated Treatment for Co-occurring Disorders (MH/SA)</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Illness Management/Recovery</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication Management (MedTEAM)</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapeutic Foster Care</td>
<td>Yes</td>
<td>12</td>
<td>B&amp;HLS -- LicensingOC YF -- LicensingCC BH -- QWuality Review NHS Internal Quality and Compliance review</td>
<td>B&amp;HSL OCYF CCBH</td>
<td></td>
<td>BHSL &amp; OCYF -- Annually; CBH -- Annually, as requested; NHS Internal -- Quarterly, Monthly, Annually</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>Multisystemic Therapy</td>
<td>Yes</td>
<td>10</td>
<td>CAM, SAM, TAM</td>
<td>MST Institute</td>
<td>every 30-60 days</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>Functional Family Therapy</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Psycho-Education</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## b) Recovery Oriented and Promising Practices Survey:

<table>
<thead>
<tr>
<th>Recovery Oriented and Promising Practices</th>
<th>Service Provided (Yes/No)</th>
<th>Number Served (Approximate)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumer Satisfaction Team</td>
<td>Yes</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>Family Satisfaction Team</td>
<td>Yes</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>Compeer</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fairweather Lodge</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MA Funded Certified Peer Specialist</td>
<td>Yes</td>
<td>112</td>
<td></td>
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<tr>
<td>Other Funded Certified Peer Specialist</td>
<td>Yes</td>
<td>30</td>
<td></td>
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<tr>
<td>Dialectical Behavioral Therapy</td>
<td>Yes</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Mobile Services/In Home Meds</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wellness Recovery Action Plan (WRAP)</td>
<td>Yes</td>
<td>142</td>
<td></td>
</tr>
<tr>
<td>Shared Decision Making</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric Rehabilitation Services (including clubhouse)</td>
<td>Yes</td>
<td>21</td>
<td>Site based and Mobile</td>
</tr>
<tr>
<td>Self-Directed Care</td>
<td>Yes</td>
<td>1200</td>
<td></td>
</tr>
<tr>
<td>Supported Education</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment of Depression in Older Adults</td>
<td>Yes</td>
<td>150</td>
<td></td>
</tr>
<tr>
<td>Consumer Operated Services</td>
<td>Yes</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>Parent Child Interaction Therapy</td>
<td>Yes</td>
<td>3</td>
<td></td>
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<tr>
<td>Sanctuary</td>
<td>Yes</td>
<td>21</td>
<td>Company-wide practice</td>
</tr>
<tr>
<td>Trauma Focused Cognitive Behavioral Therapy</td>
<td>Yes</td>
<td>200</td>
<td>Currently being trained</td>
</tr>
<tr>
<td>Eye Movement Desensitization And Reprocessing (EMDR)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Please include both County and Medicaid/HealthChoices funded services.*
INTELLECTUAL DISABILITY SERVICES

CLARION COUNTY DEVELOPMENTAL DISABILITIES PROGRAM OVERVIEW

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

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

Intake and Eligibility:

Intake and eligibility for services remain solely an AE function. Referrals are received from a number of sources including self-referrals, other human service agencies, other Pennsylvania counties, community members, the justice system, school officials and families.

Clarion County continues to experience a large number of referrals or eligibility determination requests at an average rate of two per month. That number doubles in volume during the last three months of the fiscal year as high school graduates faced with imminent loss of their educational support structure apply for community services and in some cases residential supports. The AE Staff are engaged in seeking referrals for school aged students much earlier than graduation year. Efforts on community education and team building with the Intermediate Unit and other human service agencies focus on the need for early referrals. This provides the DD program the ability to include that younger population earlier in their lives for planning purposes. Focus is also on the importance of supports coordination in seeking not only ODP paid services but community and natural supports through person centered planning.

Clarion County has been fortunate in planning for services throughout the past several years. Most if not all of those who need services also have been eligible for the Medicaid Waiver. Base funding including SSBG are utilized by the AE for consumers who are in but not limited to one of the following categories.

1. Individuals eligible for service coordination but not eligible for medical assistance, therefore not eligible for waiver funding.
2. Waiver Eligible Individuals who are in need of services that impact health and safety but are on a wait list for waiver funding.
3. Persons on PFDS waiver who require essential adaptations or services necessary for the preservation of health and safety but have reached the cap limit of $30,000.
4. Children who are eligible for EPSDT or another Childhood specific service but require physical adaptations, respite or other services not covered by the EPSDT funding.
5. Any individual eligible for services from the DD office but are on a waiting list, PUNS or pending the eligibility for Medicaid waiver, contingent on the availability of Base funds.

Clarion County DD also uses Base funding for outreach and training in the community. In 2016/17 Clarion County proposes to utilize Base Funding for scholarships for families and individuals to attend the Everyday Lives Conference. The uncertainty of state budget and legislative stalemates has made it difficult for the AE to offer and sustain ongoing services. Base funding is used judiciously and is based on highest need and health/safety concerns for non-waiver individuals and most importantly based on the available funding. Base funding is also used for non-service encumbrances to support the administration of the developmental disabilities program and contracted support staff for the program.

<table>
<thead>
<tr>
<th>Estimated Individuals served in FY 15-16</th>
<th>Percent of total Individuals Served</th>
<th>Projected Individuals to be served in FY 16-17</th>
<th>Percent of total Individuals Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supported Employment</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Pre-Vocational</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adult Training Facility</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Base Funded Supports Coordination</td>
<td>40</td>
<td>20%</td>
<td>55</td>
</tr>
<tr>
<td>Residential (6400)/unlicensed</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Life sharing (6500)/unlicensed</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PDS/AWC</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PDS/VF</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Family Driven Family Support Services</td>
<td>20</td>
<td>10%</td>
<td>35</td>
</tr>
</tbody>
</table>
**Supported Employment:** “Employment First”

Clarion County is not an “Employment Pilot” participant. Persons with employment goals are often more comfortable (as are their families) with sheltered workshops or adult training facilities for day activities in place of competitive employment.

The AE plans to address the use of pre-vocational and transitional as an ongoing service instead of the temporary vehicle it was intended to be. Beginning July 1, 2016, the AE is requiring teams for persons in Transitional work programs to have outcomes and transition plans for competitive employment. The AE proposes to focus on competitive employment in three ways.

1. Hold “town meetings” for individuals and their families to discuss the financial benefits to competitive employment. Discussion on how the increase in income does reduce the SSI payment as the income increases but it does not remove the eligibility for medical assistance.
2. Include OVR in quarterly provider meetings, stressing the partnership between OVR and ODP and the need to focus on referrals and support for employment searches.
3. Outreach to local employers through a semi-annual breakfast to discuss and seek input on how they might accommodate the idea of ID consumers as valuable and reliable employees.

**Supports Coordination:**

The AE currently includes all SCOs in quarterly provider network meetings. Providers new to offering services in the county are invited to speak and discuss their programs. Business partners such as the HCQU and IM4Q are also present to discuss and share their experiences for discussion and consideration.

An SCO/AE forum on incident management, community integration and network building will be held semi-annually. The AE will provide regional and local representatives to work with the SCOs individually or in concert as available to expand and “think outside the box” in offering community opportunities that are interesting and safe for individuals and families. The best approach to person centered planning is a “back to basics” discussion. The AE will use the semi-annual forum to provide trainings on areas of interest as well as an intimate discussion of concerns and challenges that the SCs find in the day to day execution of their duties.
Lifesharing Options:

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

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

A new point person for this initiative was appointed in the 2015/16 fiscal year. The life sharing point has been active in learning the specifics of this specialized service by attending both local and state life sharing meetings and trainings. Networking and attendance at regional and state meetings will assist the point in learning new ideas for marketing and growing this service.

Cross Systems Communications and Training:

The county will continue to participate in local human service meetings. The AE will also actively participate in the Intermediate Unit 6 Transition Council. This will assist educators on the value of supports coordination as a service for younger individuals. Often families are overwhelmed by the inclusion of yet another agency at the IEP table. By engaging the IU 6 Transition Council, this barrier may be breached and thoughtful and thorough planning for adult services can occur. The MH/DD advisory board has also included a local special education educator who is eager to assist in bridging the gaps in understanding the essential need for early planning for service delivery.

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

Clarion County AE is a member of the LINK and participates in local meetings. Training funding has been used to offer team building and information sharing to better understand the services that can be provided across the Aging and DD systems. Clarion County also provides a point person to interact with aging optioning for both MH and DD consumers. The AE will also provide staff the opportunity to learn more about how systems interact by sending representatives to the annual Building Bridges Conference.

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

A local outpatient psychiatric clinic has now enlisted one of the treating physicians from Clarion Psychiatric Center as an option for the DD population. The AE will utilize the HCQU to educate and inform the local treating physicians on the value of using the ISP and group home staff to effectively assist in treating consumers in acute inpatient care. The aforementioned HCQU ITA or Intensive Technical Assistance service has been valuable and will be used to provide both behavioral and medical reviews to assist in better service to individuals and families. This will, we hope, assist in greater and swifter acceptance of the DD consumer for necessary emergency acute care.

Emergency Supports:

Clarion County Deputy Administrator is available by phone 24/7 to providers who may have an emergent need. The SSBG grant is used for emergency needs of Clarion county residents. Expenditures in the past have included various forms to meet the needs of the consumer.

The AE works closely with providers and the local provider network to provide quick response to emergency housing needs. SSBG and Base funding is used to provide emergency housing in local motels with support staff if necessary. Securing a safe egress to a home including bathroom adaptations to support physical needs following illness are time sensitive. The AE has been fortunate to have established local provider and vendor partnerships to move swiftly when an emergency need presents.

Clarion County Crisis Intervention Services are always available through the mental health system. Persons contacting this resource are given immediate attention, usually through the local hospital Emergency Room, where they are triaged and appropriate contacts are alerted.

Each residential provider has an established emergency backup plan which is monitored by the AE on the two year Provider Monitoring cycle.
Administrative Funding:

The AE is welcoming of the possibility of training from various sources. There have been concerns over the 2015 Outcome training and various viewpoints on interpretation of the appearance of a solid supportive outcome. Clarion has asked for clarification from the regional ODP office in dispelling the myth that a person only requires one outcome. As people have multiple needs, so do they have multiple dreams and ideas of what their life should be. Person Centered Thinking and training to the person centered process is valuable and requires a new approach. The turnover in agencies and supports coordinators has not always been considered in the training on this valuable tool. As mentioned a “back to basics” approach needs to be taken when training teams and supporting families. Common sense and individual dreams need to be the first consideration. Correcting the misconception that the ISP needs to match each service to an outcome has been challenging. ODP needs to target the Providers of supports and services together with the SCOs to assist in the cohesive person oriented ISP. The PA Family Network will certainly be a welcomed business partner and Clarion will host any efforts to strengthen supports. Holding information sharing and trainings when families can attend on weekends or evenings are essential and will be used to accommodate families.

HCQU

Clarion County is a member of the Milestone West HCQU located in Butler. Members of the administration attend quarterly board meetings and distribute all information through emails and training brochures. These are made available to SCOs and Providers as well as families. The HCQU is also an active member of the quarterly Provider Network meeting. HCQU data and ITA results are used in planning for training and informational meetings. The Quality/Risk Manager for Clarion County works closely with the HCQU on training and ITA sessions. The HCQU is also working closely with the AE to assist in education of local medical and psychiatric physicians and facilities to broaden the awareness of the needs of the DD consumer.

Quality Management Plan

The Quality Management plan is a fluent document with current trends looking consistent with the needs presented by a number of sources.

This AE has a full time Quality/Risk manager who also manages the IM4Q process within Clarion County. Data from the HCQU and the IM4Q considerations are considered equally with incident management and HCSIS generated reports to formulate the County Quality Management plan. This plan is reviewed by the Administrative team quarterly and updated to reflect current trends. The highest need for Clarion County is the reduction of restraints. IM4Q considerations assist in giving an objective look at consumer satisfaction or unmet needs to be considered for quality improvement.
Assessing Risk and abatement of that risk is essential for good mental and physical health. The AE has continued to work in concert with the regional office of ODP and the Regional Program Manager to assess the trends and address the changing needs of the persons we serve. The regional office has provided a formula for review of incidents to assess the need for risk management intervention from the AE. In the hopes to being proactive and with the largest need remaining restraints, the AE has taken the score for risk intervention for restraints to number lower than the state. For example, for the State/Regional Incident manager to consider restraints as a measure of need, their target is 15 restraints within a 6 month period. The consumer with 15 restraints or more within a 6 month period requires evidence of an AE risk management intervention. The Clarion Risk Manager uses a 10 in 6 month measure to be proactive and create a bridge between the provider, team and AE with a formal risk management meeting and template creation. This has resulted in at least 50% of the individuals reducing or preventing restraints prior to meeting the State measure. A better quality of life and a proactive measure expected by the AE has been productive and successful. Engaging the team earlier, locating existing resources, or looking for new solutions has been a benefit to the consumers at risk.

**Participant Directed Services (PDS):**

In Clarion County, the Agency with choice model has been successful in providing welcome control for families and individuals in the delivery of service. AWC has been successful in assisting families in maintaining consistency in direct care workers. Agency turnover and substation of staff from traditional agencies for sometimes highly personal needs has led many to seek this more individualized model. The families who utilize the AWC seem well satisfied with the AWC model. Families enjoy not only the ability to hire people they know and trust to care for their family member but they welcome the AWC administrative functions such as training, hiring, timesheets, and payroll disbursement.

In contrast, the Vendor Fiscal (VF) model has not been chosen by local families and individuals due to the reasons families like the AWC. Although the packet for VF model is made available and explained with families, without exception, families seem to resist the idea of managing the “paperwork” independently. ODP may wish to hold regional VF meetings to promote the VF process.

**Community for All:**

Clarion County residents living in congregate settings was received and reviewed by the AE. Clarion County is active with one individual in the provider search through the Benjamin
process. Clarion AE has also identified a young man in a nursing home who wishes to move to a community setting.

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

Also on the congregate setting list is a 34 year old man who currently lives in a nursing home. Originally chosen by the family as more desirable than residential setting, this young man has been living with people twice his age for over 8 years. Although developmentally challenged from birth, he found himself in nursing home care due to an aneurism in his 20's. To his credit, he has now convinced his family that he longs for a home in the community where he can be with peers and experience more in his life. Two providers initially identified an interest in this young man but due to the need to adapt their residents declined to proceed. Now we are happy to report that a third agency with an adapted home has an opening and in the 2016/17 fiscal year this man will have his community inclusion become a reality.

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

Those who reside in nursing facilities have complex medical needs. Clarion will continue to assess through Supports Coordination and the recommendations of the Area Agency on Aging for the ability for community reintegration.
HOMELESS ASSISTANCE SERVICES

Describe the continuum of services to individuals and families within the county who are homeless or facing eviction. 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.

Clarion County has an active Emergency Food and Shelter Board that meets at least twice a year and a Shelter Task Force that meets every month. Members include homeless service providers, public and private human service providers, housing providers, consumers, and faith-based organizations. Rental Assistance and Emergency Shelter services are coordinated with other public and private agencies, local non-profits, and faith-based organizations that also provide assistance to County residents to prevent abuse of funds and duplication of services. Direct services (case management and rental assistance) are provided by the County through a part-time caseworker for the Homeless Assistance Program and include budgeting services for anyone receiving financial assistance.

There is a strong collaborative relationship between the caseworker providing homeless assistance case management services funded through HAP and the MH housing caseworker (PATH), the caseworkers and Independent Living Program Specialist through CYS, Clarion County Housing Authority, SAFE (provides Bridge Housing), the County Assistance office, Community Action (men’s shelter), and the local Ministerium (provides emergency shelter funds for homeless). Final decision regarding the allocation of funds through the Homeless Assistance Program rests with the Board of County Commissioners.

<table>
<thead>
<tr>
<th></th>
<th>Estimated Individuals served in FY 15-16</th>
<th>Projected Individuals to be served in FY 16-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bridge Housing</td>
<td>12</td>
<td>10</td>
</tr>
<tr>
<td>Case Management</td>
<td>182</td>
<td>211</td>
</tr>
<tr>
<td>Rental Assistance</td>
<td>114</td>
<td>117</td>
</tr>
<tr>
<td>Emergency Shelter</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Other Housing Supports</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

For each of the following categories, describe the services provided, how the county evaluates the efficacy of those services, and changes proposed for the current year, or an explanation of why this service is not provided:

- Bridge Housing - Clarion County’s Bridge House services are provided through a contract with SAFE, Inc. Bridge Housing is a transitional service that allows clients who are in temporary housing to move to supportive long-term living arrangements while
preparing to live independently. While in this program, clients must receive case management and supportive services and must have a service plan that describes how the program will assist clients for up to 18 months with the goal of returning clients to the most independent life situation possible. This component is designed to “bridge” the gap between Emergency Shelter and stable long-term housing. The client is eligible to remain in the program for 12 months; however, the county may permit the service provider to extend a client’s length of stay from 12 to 18 months without Department approval. The county must request a waiver from the Department to extend a client’s stay beyond 18 months. The required justification must include an explanation of the client’s circumstances and proposed goal plan. An annual Bridge House program and facility evaluation is conducted by the County. We saw an increase in the number of adults and children served in 15-16.

The County performs a program and facility evaluation on site at the Bridge House location on at least an annual basis. This evaluation includes review of the client files for the service year, including signed and appropriate case plan goals, case/progress notes, etc. as well as a physical inspection of the facility and any recent upgrades and/or repairs completed and if there are any facility needs to be included in the next year.

- Case Management -
Case management services are provided through Clarion County Adult Services and provide a series of coordinated activities to determine, with the client, what services are needed to prevent the reoccurrence of homelessness or near-homelessness and to coordinate their timely provision by administering agency and community resources. The Adult Services caseworker completes the Common Information Form developed through the Collaborative with each of the consumers served to assist in identifying needed services and a service plan is developed with the consumer. The income calculation forms are completed in conjunction with the application for HAP financial assistance. This caseworker also provides budgeting services and participates in the County’s Shelter Task Force working closely with the Housing caseworker from Mental Health, Clarion County United Way which has historically received the County’s Emergency Food and Shelter monies, local housing authority, landlords, utility companies, the local ministerium, local non-profits and caseworkers throughout the Human Services system. Families with children who are not eligible for HAP assistance are referred to Children and Youth for possible assistance through their Housing grant if no other funding is available to them.
Effectiveness of case management services is evaluated through case file reviews and individual supervision. All case notes are reviewed and signed off by supervisor.

- **Rental Assistance** -
  Funding is provided to eligible applicants for rent, mortgage arrearage for home and trailer owners, rental costs for trailers and trailer lots, security deposits, and utilities to prevent and/or end homelessness or near homelessness by maintaining individuals and families in their own residences. The HAP caseworker meets with applicants and completes a standardized application form to determine eligibility and gathered required documentation. If funds are provided, case management and budgeting services are required. We continue to see an increase in the number of new applicants who have never requested assistance before. We have seen positive participation in these budgeting sessions and have seen fewer requests for financial assistance from repeat clients (less than 10% of those receiving funding). However, the budgeting needs of those served have increased and often the case management and budgeting services last 6 months to help consumers get back on track, requiring more case management time to prevent repeat consumers.

Each applicant completes an application and, if not eligible for HAP, the case worker indicates in case notes where they were referred for assistance. All applications are reviewed and signed off by the supervisor, who is responsible for sending correspondence of eligibility determination to the applicant.

Each applicant approved for funding has a client file that contains their application and all supporting documentation, correspondence, case notes, budgeting questionnaire, budgeting session reports, etc. Budgeting services are provided (including a bill organizer) and case noted in the client file – a progress note that identifies case plan goals, tasks assigned, and progress is completed for each session and is signed by the client, case worker and supervisor.

All approved financial assistance is tracked by client name and monitored for maximum allowable assistance as well as re-entry with 24 months and completion of budgeting services. Clients who do not complete the required budgeting must contribute at least 25% of any future request for assistance for which they are eligible.
Emergency Shelter –

A maximum of 3 days stay in a local hotel is provided to individuals and/or families who are homeless and for whom all other possible resources and funding streams has been exhausted. Clarion County does not have any shelters, but this is a need identified and the Shelter Task Force has continued planning and fund raising to bring a shelter to our county. We did serve 3 individuals with emergency shelter during 15-16 after not needing this service in 14-15.

Emergency shelter services funded through HAP is considered a last resort and used only in the rare situations where there are no other resources available to provide shelter. Those working with the homeless and near homeless are very resourceful and the County has been able to minimize the use of HAP funds in hotels. When it is necessary to do so, the clients utilizing this cost center are tracked for repeat episodes of homelessness and near homelessness.
Here is a list of shelters utilized in emergency situations:

- **Community Action**: Hotline number 1-800-648-3381 (Will assist with finding shelters) (Assistance is available over the weekend)
  Domestic Violence Shelter in Punxy through Community Action- (women/children only) 814-938-3580
  Community Action Men’s Shelter in Clarion- (Men only, No sex offenders) 814-226-4785
  Ex: 203, must speak with Sheryl Craft or Amanda
  Community Action- (help during business hours) 814-938-3302 ex:239 or 215, (after hours) 814-938-3580 (will page staff to help)
  Punxy 30 day Emergency Shelter (men only) off the street shelter 814-938-3580
- **Good Samaritan Shelter**, Clearfield-814-768-7229
- **Just for Jesus**: off the street shelter, will pick up (family shelter, Brookville) 814-265-0243
- **Microtel**: Clarion, will have to meet HAP criteria and funds approved during business hours through proper channels. (Kay Rupert and Jen Krouse, *DHS, Adult Services*) 814-226-9280, ext. 164. Not accessible on weekends or evenings.
- **SAFE**: 814-782-3048 (Shannon, bridge house, application process involved, do not have to be abused) & 814-226-8481 (main office, Donna Keller, SAFE: battered and abused shelter open anytime)
- **Marian house**: 814-765-5646 Clearfield, women and children only
- **Ministerial Transient lodging**: This is for consumers “stuck” in Clarion and just passing through. Funding approved by First United Methodist church 226-6660 (will pay for one night hotel, taxi (possibly) to return to proper county/home town, food, and gas to get back)
- **Indiana County Housing Consortium and Family Promise**: will take pregnant women alone, a mother or father with a single child, or a couple with a child or children, can be from other counties as space allows. Individuals seeking shelter need to have a way to get there and a desire to seek housing and employment in Indiana County. 724-464-5220
- **Salvation Army**: Has assistance for hotel stay, can be accessed on the weekends or evenings. Emergency only. Annette Hoover (814-221-3317) will make final determination of acceptance.
- **CYS**: Can assist with family in crisis. Call 911 after hours
- **Bethlehem Haven**
  412-391-1348
  Melissa Doll ext. 144
  Allegheny County, Women’s shelter, will take out of county

*Typically if a consumer calls into crisis after hours we can either suggest that they go to one of the following shelters or they stay somewhere safe until regular business hours ensue.*
• Other Housing Supports –
  no additional housing supports are funded through the Homeless Assistance
  Program grant.

The Housing Coordinator and PATH liaison for SAM, Inc., one of Clarion County’s mental
health providers, is a member of the Shelter Task Force and inputs Clarion County’s data
into the HMIS system for all mental health consumers.
CHILDREN and YOUTH SERVICES

Please refer to the special grants plan in the Needs Based Plan and Budget for Fiscal Year 2016-2017.
DRUG and ALCOHOL SERVICES

Clarion County was included in the planning process for this service category, the complete information can be found in the Armstrong County Plan, and Clarion County is in agreement with the information contained in the plan.
**Adult Services**

Services for adults (a person who is at least 18 years of age and under the age of 60, or a person under 18 years of age who is head of an independent household) include: adult day care, adult placement, chore, counseling, employment, home delivered meals, homemaker, housing, information and referral, life skills education, protective, service planning/case management, transportation, or other service approved by DHS.

<table>
<thead>
<tr>
<th></th>
<th>Estimated Individuals Served in FY 15-16</th>
<th>Projected Individuals to be Served in FY 16-17</th>
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</thead>
<tbody>
<tr>
<td>Adult Services</td>
<td>51</td>
<td>58</td>
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<tr>
<td>Aging Services</td>
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<tr>
<td>Generic Services</td>
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</tr>
<tr>
<td>Specialized Services</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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

Program Name/ Description: Clarion County Adult Services – Service Planning/Case Management; Information & Referral
Changes in Service Delivery from Previous Year: slight increase in case management hours and operating costs from 15-16.
Specific Service(s): – Service Planning/Case Management; Information & Referral - assessment, eligibility determination, case management, assistance with rent rebates, and information and referral services for consumers between the ages 18 and 60. These services are provided in the consumer's home, the community, and the office by the adult services caseworker. Re-evaluation of eligibility and need are made at least every 6 months.

Planned Expenditures: $ 23,100

Program Name/ Description: Home Delivered Meals
Changes in Service Delivery from Previous Year: none from 15-16 estimated actuals
Specific Service(s): home delivered meals – meals prepared in a central location and delivered to consumers. Three different categories of meals are provided – hot, frozen and special. We contract with our local Area Agency on Aging for this service to ensure that the meals meet all required guidelines. Re-evaluation of eligibility and need are made at least every 6 months.

Planned Expenditures: $5300
**Program Name/ Description:** Homemaker Services  
**Changes in Service Delivery from Previous Year:** none from 15-16 estimated actuals  
**Specific Service(s):** Homemaker Services - services provided in the home to consumers by a trained caregiver when there is no family member or other responsible person available. Services include Activities of Daily Living such as light housekeeping, laundry and personal care. We contract with 2 local providers for this service. Re-evaluation of eligibility and need are made at least every 6 months.

**Planned Expenditures:** $7000

**Program Name/ Description:** Transportation  
**County transportation/taxi service/gas cards** — Clarion County is a rural county with public transportation limited to the immediate Clarion area, and that is not handicapped accessible. The County transportation program also has a limited radius for services. Consumers in need of assistance to reach physician’s appointments are provided gas cards or a local taxi company bills the agency; handicapped accessible transportation for non-MA eligible consumers is purchased through County transportation; proof of appointment is required to be submitted to the agency for verification.  
**Changes in Service Delivery from Previous Year:** increase for 16-17 to reflect increased need served in 15-16. none from 15-16 estimated actuals  
**Specific Service(s):** transportation  
**Planned Expenditures:** $5000

**Interagency Coordination:** Funds from this cost center are used to support a percentage of the service coordination activities of the County Human Services Director

The activities of the Human Services Director funded with HSDF include participation on numerous Boards and Committees of the public and private Human Service providers in the county in order to accomplish one of the duties identified on the job description “Establishes linkages to other human service programs in the County to achieve maximum coordination among agencies and programs, including coordination of planning effort”. The current Director is a member and/or chair of the following: Family Net Collaborative Board, Health and Dental Task Force, Service Access and Management Advisory Board, Emergency Food and Shelter Board, MH/DD and CYS Advisory Boards, among others. These are all multi-system boards and committees that include public and private providers as well as community members and enable the Director to participate in cross-systems needs assessments and planning. A very small percentage of the Human Services Director’s time is charged to this cost center in HSDF.

**Planned Expenditures:** $4600
# APPENDIX C-2: NON BLOCK GRANT COUNTIES
## HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED

**Directions:** Using this format, please provide the county plan for expenditures funded by the Department of Human Services (DHS) and proposed numbers of individuals to be served in each of the eligible program areas.

| 1. Estimated Individuals: | Please provide an estimate in each cost center of the number of individuals to be served. An estimate must be entered for each cost center with associated expenditures. |
| 2. DHS Allocation: | Please enter the county's total state and federal DHS allocation for each program area (MH, ID, HAP, D&A, and HSDF). |
| 3. Planned Expenditures: | Please enter the county's planned expenditures for DHS state and federal funds in the applicable cost centers. For each program area, the expenditures should equal the allocation. If you are utilizing HSDF dollars for another program categorical, please provide a footnote in the HSDF area explaining where funds are utilized, the estimated number of individuals, and expenditures. |
| 4. County Match: | Please enter the county's planned match amount in the applicable cost centers for MH and ID only. |
| 5. Other Planned Expenditures: | Please enter in the applicable cost centers, the county's planned expenditures not included in the DHS allocation (such as grants, reinvestment, etc.). (Completion of this column is optional.) |

**NOTE:** Fields that are greyed out are to be left blank.

- Please use FY 15-16 primary allocation less the one-time Community Mental Health Services Block Grant funding for the Housing Initiative to complete the budget. Please note that Intellectual Disabilities primary allocations should exclude TSM (Medicaid Eligible State/Federal Supports Coordination) and TSM Administration (State/Federal).
- The department will request your county to submit a revised budget if, based on the budget enacted by the General Assembly, the allocations for FY 16-17 are significantly different than FY 15-16. In addition, the county should submit a revised budget if and when funding is moved between cost centers/service categories in excess of the current re-budget procedures for each program covered in the Plan.
<table>
<thead>
<tr>
<th>County:</th>
<th>Clarion</th>
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<tbody>
<tr>
<td>1. ESTIMATED INDIVIDUALS SERVED</td>
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<td>Children's Psychosocial Rehabilitation</td>
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## APPENDIX C-2: NON BLOCK GRANT COUNTIES
### HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED

<table>
<thead>
<tr>
<th>County: Clarion</th>
<th>1. ESTIMATED INDIVIDUALS SERVED</th>
<th>2. DHS ALLOCATION (STATE &amp; FEDERAL)</th>
<th>3. PLANNED EXPENDITURES (STATE &amp; FEDERAL)</th>
<th>4. COUNTY MATCH</th>
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## APPENDIX C-2: NON BLOCK GRANT COUNTIES
### HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED

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<th>County:</th>
<th>Clarion</th>
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<table>
<thead>
<tr>
<th>1. ESTIMATED INDIVIDUALS SERVED</th>
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<th>3. PLANNED EXPENDITURES (STATE &amp; FEDERAL)</th>
<th>4. COUNTY MATCH</th>
<th>5. OTHER PLANNED EXPENDITURES</th>
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<tr>
<td><strong>DRUG AND ALCOHOL SERVICES</strong></td>
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<td>BHSI Administration</td>
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<td>BHSI Case/Care Management</td>
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<td>BHSI Medication Assisted Therapy</td>
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<td>BHSI Other Intervention</td>
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<tr>
<td>BHSI Outpatient/IOP</td>
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<td>BHSI Partial Hospitalization</td>
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<td>BHSI Recovery Support Services</td>
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</table>

Note any utilization of HSDF funds in other categoricals and include: where utilized, estimated number of individuals, and estimated expenditures.

<table>
<thead>
<tr>
<th>GRAND TOTAL</th>
<th><strong>3705</strong></th>
<th><strong>1994811.6</strong></th>
<th><strong>2146048</strong></th>
<th><strong>151236.4</strong></th>
<th><strong>0</strong></th>
</tr>
</thead>
</table>


The Director of Human Services is a Department Head and is responsible for programs relating to Adult Services, Children and Youth Services, Homeless Assistance Program, Mental Health/Developmental Disabilities/Early Intervention Services and any other duties, programs, services or functions that may be assigned by the County Commissioners.

**Essential Duties and Responsibilities:**

- Oversees the administration of such offices and human service programs as are assigned to the department.
- Develops a structural organization for human services delivery in the County which provides a comprehensive and collaborative continuum of services to individuals and families.
- Participates in cross-systems needs assessments and identification of service gaps.
- Establishes linkages to other human service programs in the County to achieve maximum coordination among agencies and programs, including coordination of planning effort.
- Prepares and submits annual plans and budgets for Adult Services and Homeless Assistance Plan.
- Reviews annual plans and budget estimates of Children and Youth Services and Mental Health/Developmental Disabilities/Early Intervention and any other agencies and programs of the department and make such changes, comments, and recommendations to the County Commissioners as are deemed appropriate.
- Prepares long and short-range goals, programs, policies and schedules; develops management implementation policies and practices.
- Recommends budget, staffing, and other administrative needs for human service programs assigned to the department.
- Identifies funding and other resources; prepares, reviews and approves grant proposal packages.
- Confers with and advises County human service program staff on program and operational plans, progress and performance.
- Reviews subordinate work, plans, reports, budget, staffing and other administrative information submitted by management staff and makes appropriate recommendations to the County Commissioners.
- Confers with the County Commissioners on matters concerning major departmental activities; provides advice and assistance on human services problems and complaints; recommends actions, policies and procedures affecting departmental issues and/or other matters discussed.
- Attends and participates in administrative, legislative and other decision-making sessions, providing information and recommendations on topics under consideration; attends civic organization, professional, and other meetings, representing County administration.
- Performs related work as required.
Knowledge, Skills and Abilities:

- Comprehensive knowledge of the public administration principles and practices commonly employed in the planning, direction and control of an organization providing diverse human services
- Thorough knowledge of goals, objectives, methods and techniques applicable to the management human service programs
- Thorough knowledge of public and private organizations, operations, and functions affecting human service regulation, function and service provision at all government levels
- Thorough knowledge of supervisory principles and practices
- Ability to organize, direct and coordinate the activities of several organizational subdivisions engaged in separate human services functions
- Ability to establish and maintain effective working relationships with officials and representatives of other County and government agencies, advisory boards, community organizations, service-providers and the public
- Ability to express ideas and communicate County policy on human service and/or administrative subjects, both orally and in writing

Minimum Qualifications and Experience:

- Education equivalent to completion of a bachelor’s degree program with major course work in public administration or social services
- Extensive social service or public administration experience in an administrative or operational capacity, including three years in a supervisory position. Possession of a master’s degree in social work, sociology, psychology, public administration or a closely related field may be substituted for one year of the general experience requirement
- Any equivalent combination of acceptable training and experience which has provided the knowledge, skills and abilities cited above