

Appendix B **County Human Services Plan Template**

The County Human Services Plan (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 instructed in the Bulletin 2020-01.

PART I: COUNTY PLANNING PROCESS (Limit of 3 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.

AND

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

Crawford County has multiple planning groups that operate throughout the county. Most of the teams are comprised of individuals who represent other systems. Consumer membership continues to be problematic. We actively try to recruit stakeholders to participate in planning activities, but are not always successful in getting consumers involved or consistent with their attendance. We have a core group of a few consumers that appear to be vested in planning projects and who tend to routinely volunteer to be a part of groups and meetings. However, efforts to get new individuals involved do not usually result in increased stakeholder input. We attempted to recruit consumers to participate in our Human Services Block Grant (HSBG) Planning meetings by advertising in the local paper. Although this resulted in a few new members in attendance, they did not continue to consistently participate. Crawford County will continue to outreach to consumers within the county to attempt to engage them more in the planning process.

Outlined below are the current Planning Meetings that are held within the county for each human service system. These groups continue to meet regularly to collaborate on identifying unmet needs, brainstorming solutions and monitoring processes within Crawford County.

Mental Health (MH) Planning Teams – Crawford County's current Human Services Block Grant (HSBG) Planning Team has moved to meeting on a bi-monthly basis and is comprised of a variety of planning partners. The goal of these planning meetings is to discuss strengths and needs within our community, and to develop plans for addressing service gaps within our current system of care. We have also brought in community partners to educate members on what services and resources they have available for consumers. The committee consists of representatives from Women's Services, local homeless shelters, Active Aging, housing support programs, counseling agencies, consumers, the local Consumer Satisfaction Team (CST), Drug and Alcohol, Veterans Affairs, Bethesda Children's Home, the local food banks, Meadville Medical Center, Drop-in Center, Family Advocates, Blended Case Management (BCM), Transitional Housing, Intellectual Disabilities (ID), the Office of Vocational

Rehabilitation (OVR) and the Resource Coordinator from the Titusville area. We would like to continue to expand our team further over the next year.

Intellectual Disabilities (ID) Planning Teams - Crawford County utilizes a variety of existing ID committees to review data, usage, and brainstorm ideas for future HSBG use.

Supports Coordination Organization (SCO) / Administrative Entity (AE) Review Committee – AE meets weekly with SCO to review HSBG individual service requests. This meeting is also utilized to discuss programmatic issues, individual / provider trends, individual concerns, and miscellaneous field changes or quality improvement topics. Service Coordinators (SC's) meet regularly with individuals / families to bring their concerns / ideas / thoughts to AE's attention.

HSBG Program Funded Services Review Committee – AE and The Arc have contact on a monthly basis regarding HSBG service usage and individual needs. The Arc submits monthly individualized usage reports for each of their HSBG funded services. Usage reports are reviewed by AE and SCO monthly for monitoring and coordinating purposes.

ID / MH Year-End Projections Committee – AE ID staff, MH staff and fiscal staff coordinate together at least annually to identify potentially available year end HSBG funding. This meeting is designed to prioritize individual / provider need that has not been addressed throughout the fiscal year with HSBG funding, and identify how HSBG funding can possibly assist with requests. Many individuals eligible for ID also utilize MH services. Coordinating ID and MH funding with requests is a collaborative effort between ID and MH.

Drug and Alcohol (D/A) Planning Teams – Crawford County Drug & Alcohol Executive Commission, Inc. (CCDAEC) serves on numerous advisory boards, steering committees, and community coalitions. CCDAEC collaborates with the Crawford County Baby Baskets Committee, Crawford County Criminal Justice Advisory Board, Crawford County Children's Advisory Council (CAC), Elder Abuse Taskforce, Human Trafficking Taskforce, Northwest PA Regional Neonatal Abstinence Syndrome (NAS) Coalition, Titusville Coordinated School Health Council, Safe Kids, Suicide Task Force, Crawford County and Titusville Community Councils, and Crawford Health Improvement Council (CHIC) associated with State Health Improvement Plan (SHIP) Committee, Systems of Care Board, Peace4Crawford, Volunteer Emergency Medical Services Association of Crawford County (VEMSACC), Not One More (NOM), and Commonwealth Prevention Alliance (CPA). CCDAEC continues to facilitate the Crawford County Overdose Prevention Coalition (CCOPC) and most recently, leads a grant-centered consortium on rural opioid response efforts. This consortium includes the local hospital system, PA Office of Rural Health, an adult education provider, and the county essential services nonprofit organization.

3. Please list the advisory boards that participated in the planning process.

Crawford County does not have a dedicated “advisory board” per se. The county's main team that involves system partners in the planning process is our HSBG Planning Meeting. Over the last year we have continued to transition our Mental Health Planning Meeting to focus on making members an integral part of our Block Grant Planning Process and include more system partners. This meeting is held bi-monthly and includes members from the county office, community agencies, consumers and others from the professional community. The goal of the meeting is to discuss and plan for how to best meet the needs of the residents of our county. Our professional group members are very active in providing feedback to the group regarding their area of expertise. Over the last year we have attempted to grow our

membership in this group particularly in the area of consumers / family members. We continue to promote involvement in this group by mentioning it at other county meetings and asking members to invite individuals who they think would be beneficial to the team. Attempts at advertising in our local newspaper were not as successful as we had hoped. Although we were able to engage a couple of new consumers / families, they did not remain consistent in attendance. We would like to continue to focus on improving stakeholder membership and voice in these meetings over the next year so that it can be more indicative of an actual advisory board.

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.

Crawford County is committed to serving community members by attempting to meet individual needs in the least restrictive setting. Being a part of the Human Service Block Grant has been beneficial in this endeavor by providing us with the ability to shift funds within categorical line items and across categoricals. This flexibility with funds allows our county to fund services where the needs are rather than having to return unspent funds that were designated solely for a specific service and / or consumer population.

Child and Adolescent Service System Program (CASSP) meetings are held with families, providers and schools to work collaboratively regarding children who have the most intense needs. We also have complex care management meetings that can be utilized to team the most complex cases with our Managed Care Organization (MCO). MH representatives participate in CYS weekly placement reduction meetings. These meetings are designed to research options for keeping families together and decreasing placements.

The goal of all of the above meetings is to develop a plan to offer least restrictive services in an attempt to avoid out of home placement. The focus is on ensuring that movement along the continuum of care is tried before placement is sought. The format and principle of these meetings are also used in team meetings for adult MH consumers on an as needed basis. Our Adult MH Program Specialist and our CASSP Coordinator continue to work collaboratively to help transition age youth connect and move successfully from the children's system to the adult system.

Crawford County continues to be a participant in the Community Hospital Integration Projects Program (CHIPP). This has enabled us to develop more community supports which are intended to allow consumers to remain in a home environment while increasing the level of supports they receive. We have creatively used these funds for several individuals over the last year to keep them in the community, which avoided them necessitating a more restrictive level of care.

Crawford County Human Services partners with a provider in the community to provide Acute Partial for children ages 5-11 and an Adolescent Partial Program. Within the last year we have identified a need in the Acute Partial for increased capacity and were able to fund an additional ten slots. The goal of the programs is to keep children in their natural school environment while also allowing providers accessibility to evaluate and make appropriate

treatment recommendations. Our in-county Residential Treatment Facility (RTF) is also seeing the need for increased capacity and is requesting funding for eight more beds.

Two years ago Crawford County's Titusville School District reported a gap in services for children and families with unmet needs in areas such as housing, unpaid bills and transportation. The county and a community provider created a Resource Coordinator (RC) position. Over the last two years we have worked closely with the provider and the school district to evaluate the effectiveness of the program. This program continues to develop as new needs and areas of concern are identified. We continue to work closely with the school and provider to ensure that key elements of the program are addressed in an effective manner.

We have begun the process of assessing needs with the other school districts in our area through conversations during our Human Services Block Grant meetings and with the use of surveys.

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

The following are changes which have occurred since last year's submission of our Human Services Block Grant Plan:

- Crawford County utilized reinvestment funds to renovate a building for future use as a new 15 bed PCBH. The renovations were completed and we are awaiting final licensure approval. We currently have three individuals living there, which is allowable without the license. We are looking forward to obtaining the license soon and have targeted potential consumers for referral to the program.
- We have a local agency that began offering Peer Support services for transitional age youth and are preparing to offer Site-Based Psych Rehab. Program developments are reportedly going well.
- Our in county RTF and Children's Partial Program have reported a need for increased capacity and are going through an expansion.
- In order to better support our children, we continue to utilize Complex Care Management, promote the usage of respite monies and have begun a school needs based assessment.
- Care Coordination meetings were taking place via phone monthly to discuss difficult, shared cases. These were interrupted with the COVID-19 Pandemic.
- We were in the process of planning a Housing training and an Infant Mental Health training with funds earmarked through the HSBG. However, these plans were also interrupted by the COVID-19 Pandemic. The end date on the expected expenditure of these funds has been extended.
- Crawford County has worked closely with local providers regarding the transition from BHRS to IBHS services. We held several virtual trainings with our agency, providers and families regarding the changes and what to expect in the future as the transition takes place.
- We continue to work on implementing our Forensic Plan. We have hired a Boundary Spanner position, are in the final stages of developing a Mobile Competency Restoration Team and are working collaboratively with other counties to find appropriate sites for a possible Forensic LTSR and Forensic PCBH.

- In March 2020, Crawford County System of Care (SOC), acting through its Peace4Crawford trauma-informed communities committee, and Women's Services, Inc. launched a "warm line" in response to the COVID-19 pandemic.

All of these changes will be discussed further within the body of our plan.

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 needed for non-block grant counties.

1. Proof of publication;
 - a. Please attach a copy of the actual newspaper advertisement(s) for the public hearing(s). Actual newspaper ads are attached.
 - b. When was the ad published? Ads were published in the Meadville Tribune and the Titusville Herald for the first public hearing, which was held June 29, 2020. Dates of publication for the first public hearing were 6-22-20 and 6-25-20 for the Meadville Tribune and 6-23-20 and 6-25-20 for the Titusville Herald.
 - c. When was the second ad published (if applicable)? Ads were published in the Meadville Tribune and the Titusville Herald for the second public hearing, which was held July 2, 2020. Dates of publication for the second public hearing were 6-22-20 and 6-25-20 for the Meadville Tribune and 6-23-20 and 6-25-20 for the Titusville Herald.

2. Please submit a summary and/or sign-in sheet of each public hearing.

The two public hearings that were scheduled were held as Skype for Business Meetings. The links for the meetings were advertised on the Crawford County website. Newspaper ads directed individuals to the website to obtain the link.

- The first public hearing was held on June 29, 2020 at 10AM.
- The second public hearing was held on July 2, 2020 at 2:00PM.
- A copy of the summary and / or sign in sheets for both of these hearings are attached.

NOTE: The public hearing notice for counties participating in local collaborative arrangements (LCA) should be made known to residents of all counties. Please ensure that the notice is publicized in each county participating in the LCA.

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

For each of the following, please explain how the county works collaboratively across the human services programs; how the county intends to leverage funds to link residents to existing opportunities and/or to generate new opportunities; and provide any updates to the county's collaborative efforts and any new efforts planned for the coming year.

Crawford County is a Human Services model where both Mental Health (MH) and Intellectual Disability (ID) programs fall under the county umbrella. This provides us with a unique opportunity to collaborate quickly and efficiently when an area of need is identified. We routinely encourage staff members to obtain an agency release of information and engage in cross system team meetings so that information can be shared across systems and efforts of staff are non-duplicative. We also have a Drug and Alcohol employee embedded within our Children and Youth Services (CYS) department, which provides an opportunity for increased collaboration. This employee can be accessed for MH or ID individuals who require assessment and case management services or Drug and Alcohol education. Crawford County Human Services (CCHS) and our Drug and Alcohol Provider co-jointly meet regularly to discuss the utilization of this particular position.

Crawford County values team relationships and collaborative efforts to serve all of the individuals within our county. We continue to look for ways to increase our outreach to an outlying city (Titusville) within our county that has been perceived as underserved. Through collaborative efforts we continue to try to be more inclusive in our planning efforts to ensure that individuals in that area have similar opportunities and membership in meetings as individuals in other areas of the county. We also attempt to participate in community events, when possible, in an effort to bring awareness to the services available in the county. These activities also provide opportunities for our staff to interact with individuals/families in a non-threatening manner.

In 2013, the Crawford County System of Care partnership formed and quickly committed to creating a trauma informed county as a cornerstone of its work. The child-serving system leaders, family members and youth of the SOC county leadership team recognized that the impact of childhood trauma and adversities was shared across society, and required a community response. The response began with awareness trainings for service professionals and community members. In 2015, the task of guiding the county's trauma informed movement officially organized as a committee of the Crawford SOC, Peace4Crawford.

Peace4Crawford reflects the System of Care philosophy of a partnership of service professionals, family members and youth who meet regularly to develop and support training, programming and leadership for Crawford County's trauma informed initiatives. Its work includes providing introductory and advanced trainings, as well as an annual regional trauma conference at Edinboro University. Other areas of focus of Peace4Crawford are organizational trauma informed self-assessments, improved treatment capacity, advocacy and trauma informed community development.

Under Part 1: County Planning Process, we listed planning meetings held specifically to discuss HSBG planning and funding. Below is a list of other planning group meetings where collaboration about county strengths and needs occurs:

Provider Meetings - Crawford County holds quarterly Provider meetings where county staff and the Directors and/or staff representatives from all of our Provider agencies are invited to attend. This meeting is used to provide updates to each other on new initiatives or changes to the agency, receive trainings, or discuss and collaborate over mutual issues or potential problems.

Titusville Housing Coalition Meetings – Crawford County Human Services attends Housing Coalition Meetings in Titusville. This allows us to keep up to date on the unique housing issues of this outlying city in our county, and to be involved in collaborative efforts to address their individual needs.

Crawford County System of Care (SOC) Partnership - The Crawford County SOC is comprised of representatives from community provider agencies as well as adult family members, youth members and community organization partners. The group is responsible for implementation of the PA SOC Partnership Standards: Youth Driven, Family Driven, Leadership Teams, Integrated Child-Serving Systems, Natural and Community Supports, and Cultural and Linguistic Competence. In 2017 Pennsylvania was awarded a 12 million dollar, four year SAMHSA SOC Expansion and Sustainability grant. Crawford and York County SOC serve as partners with the state as learning labs to assist new SOC implementation counties. In 2019-20 SOC was able to assist community partners in numerous programs including: evidence based trauma services; community trauma informed development support; and Crawford County Area Transportation Authority, bus line service to underserved communities to assist with mental health access.

Forensic Re-entry Committee – This committee meets bi-monthly and includes core members from providers within the county. The Committee meets to discuss systemic changes and updates, facilitate communication across disciplines dealing with people coming out of corrections, and to create solutions for identified problems and gaps in services. The Committee sends out minutes to members of the Criminal Justice Advisory Board (CJAB) to keep them informed and updated on issues addressed by the group.

Provider / Educator Meeting- Crawford County Human Services CASSP Coordinator holds a Provider / Educator meeting every other month when school is in session. This meeting is designed to collaborate with the community providers and educators in our county in order to share information and to address any issues within the two systems. The meetings this fiscal year have mainly focused on the change from BHRS to IBHS. Beacon Health Options personnel and the NWMH Oversight personnel have been attending the meetings to help with questions on changes. We have had speakers from community agencies do presentations to help educate the schools and other provider agencies on what is available for children and families.

Crawford County Suicide Task Force - Crawford County Human Services is a member of the Crawford County Suicide Task Force. The group meets monthly to further its mission to help children, teens and adults at risk for suicide, as well as families and communities affected by suicide, through education, advocacy and support. The task force also sponsors the Support for Survivors of Suicide Loss (SOS) group in Crawford County. This is a support group for those individuals that have lost loved ones to suicide. The facilitators are peers who have experienced loss by suicide and want to help others cope with the loss of loved ones.

Local Community Support Program (CSP) – Our local CSP is a coalition of mental health consumers, family members and professionals who work together to help adults with mental illness live successfully in the community. The goal of CSP is to ensure that consumers and families, in collaboration with professionals, play a major decision-making role in the design, development, implementation, provision, monitoring and evaluation of mental health treatment, services, and supports in Pennsylvania.

Member Oversight - The NW3 member's oversight committee is comprised of representation from each of the three county offices as well as various consumer and family voting members. Meetings occur monthly and include a review of statistical data to monitor for outlying trends in the various levels of care. Monthly data is reviewed from each county CST to determine if consumers and families are satisfied with the supports they are receiving. Committee members are provided with upcoming relevant trainings to share with individuals in their home county who may be interested in attending.

Provider Program Specialists and SCO Trainings / Meetings – AE meets with SCO and Provider Program Specialists on an as needed basis to review changing field topics, address misconceptions, discuss improvement strategies, examine current usage of service, and develop ideas for ongoing improvement.

Crawford County Quality Council – The Administrative Entity (AE) meets quarterly with Crawford County ID providers, Independent Monitoring for Quality (IM4Q), and Health Care Quality Unit (HCQU) representatives to review programming issues, quality trends, miscellaneous field changes, and potential needs for the Crawford County area.

Crawford County Human Services offers extensive training opportunities to the providers in our county. When possible, we invite providers to attend trainings that take place in our office, and we have reached out to provide trainings at their agencies as well. We have staff within our agency that are certified to train on numerous topics. Since Children and Youth Services also falls under the umbrella of Crawford County Human Services, and we have a dedicated training supervisor, we have access to numerous outside trainings that we routinely open to outside providers as well.

Crawford County, along with members of provider agencies and the community, have joined together in an attempt to become more aware of the effects of trauma on those individuals we serve. As our collective awareness has increased it has impacted the overall way we approach and deal with our consumers. Becoming more trauma informed has allowed us to validate the trauma people have experienced in their past and begin discussions about how it is impacting on their present. It also has given us, as providers and community members, a common language to use when collaborating about our individuals and their needs.

Crawford County SOC co-hosted the Sixth Annual Trauma Informed and Resilient Communities Conference, *Relationships: the Power to Heal*, at Edinboro University of Pennsylvania. Two national keynote speakers engaged the audience on the importance of relationships for healing trauma and fostering resilience. A diverse audience of 300 clinicians, educators, judicial system representatives, social services staff and family members attended the day-long event that also included a variety of 18 workshops.

Employment:

Crawford County continues to work with consumers on increasing work readiness and pursuing job opportunities. There are several mental health providers that assist individuals with this. In support of the Employment First Act (House Bill 1641) many providers, as well as the County Blended Case Managers (BCM's), collaborate with community partners such as Office of Vocational Rehabilitation (OVR), Career Link and local area businesses to ensure placement opportunities at competitive integrated employment positions. Representatives from Crawford County Human Services attend annual job fairs and are linked with the local Career and Technical School.

The Challenge Center operates under the Psychiatric Rehabilitation model where consumers are encouraged to follow through with seeking job opportunities and education to further support their employment and education goals. The Challenge Center also employs mental health consumers within their facility.

Employment is a significant focus of the Journey Center Clubhouse. In Fiscal Year 2019-2020, the Journey Center provided support to 42 members employed at various local businesses within the County. Various employment options are offered, including Supported Employment, Independent Employment and Transitional Employment. Members are given the opportunity to have the level of staff support needed to ensure their success. As an integral part of the Clubhouse Model, Journey

Center utilizes many of the concepts in the Individual Placement and Support Model (IPS) and is exploring the implementation of this evidenced-based employment model to enhance outcomes of the existing program. In addition, CHAPS, the agency overseeing the Journey Center Clubhouse, continues to work on establishing a new program to serve Transition Age Youth (TAY). This program, which will be known as Pathfinders, is a Site-Based Psychiatric Rehabilitation Program for 16-17 year olds (and 18 year olds if still enrolled in high school).

Child to Family Connections (CFC) currently holds a mental health contract with the county to offer eligible transitional age individuals a reduced cost in housing, provided the person is aggressively working on job readiness skills and / or is employed.

There are two Drop in Centers in Crawford County. Both of the centers are consumer run and directed.

Crawford County holds a very small contract with a sheltered workshop agency. This contract was put in place to mainly support individuals who are returning to the community from Warren State Hospital (WSH) and are interested in doing work that is comparable to what they did while at the hospital

Housing:

Crawford County continues to work with Hand in Hand Christian Counseling to obtain a license for the 15 bed Personal Care Boarding Home (PCBH) in Crawford County. This home will be enhanced with mental health supports and have a focus on helping each resident meet their individual potential.

Dom Care in Crawford County has expanded ever so slightly due to the closure of two Personal Care Boarding Homes. To date there are eleven people enrolled in the Dom Care program.

Over the years Crawford County Human Services has worked to collaborate with contracted providers and community partners, which has resulted in the expansion in housing options available to people.

Crawford County Human Services continues to be involved with the Housing Coalition Meetings in Titusville and Meadville. This allows us to keep up to date on housing issues and to be involved in collaborative efforts.

Crawford County Human Services received a housing related training scholarship this fiscal year (19/20). Due to the COVID19 outbreak, the intended training will take place during FY 20/21.

The county Forensic plan calls for a Forensic Boundary Spanner. The Boundary Spanner is responsible to help transition mentally ill individuals out of the State Correctional Institutes into the community. A re-occurring theme for the majority of individuals re-entering the community is lack of funds to secure housing. Built within the Forensic Plan are a limited amount of funds to pay first month rent and security deposit to financially assist individuals who do not have these funds.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

The discussion 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, and other funding.

a) Program Highlights: (Limit of 6 pages)

Please highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY19-20.

Crawford County Human Services continues to work with the State licensing agency and provider to open the 15 bed Renewed Life Haven Personal Care Boarding Home. Currently there are only three residents living there. This home will be enhanced with mental health supports and have a focus on recovery and the philosophy to help each resident reach their fullest potential.

Due to the outbreak of COVID19, the Housing related training has been postponed until fiscal year 2020-2021.

Crawford County Human Services continues to move forward with implementing all the components of its forensic plan. The Forensic Boundary Spanner has been hired and is starting to take on more duties. The other features of the plan are still in the planning or implementation phase.

Planning for the implementation of the Transitional Age Site-Based Psychiatric Rehab Program (16-18 years old) continues.

Crawford County has been collaborating with Beacon Health Options and Northwest Behavioral Health Management, Inc. in getting information to providers and families regarding the new regulations and changes from BHRS to IBHS. The CASSP coordinator, with the Assistance of Beacon Health Options and the NWMH Oversight team, have provided updates and changes from BHRS to IBHS to the Provider / Educator meeting members.

Crawford County Human Services partnered with Janice Meinert of the Pennsylvania Health Law Project to provide an informational training on the upcoming changes related to Intensive Behavioral Health Services "What professionals need to know." This training was provided through a Zoom application due to the COVID-19 pandemic. There were three different sessions conducted to discuss the changes. The first session was offered to Children and Youth Services, Juvenile Probation, Blended Case Management, Early Intervention, and Intellectual Disabilities. The second session was offered to BHRS Providers, Educators, and Headstart / Daycare staff. The third session was offered to the parents that are currently receiving BHRS services or may be referred to IBHS services in the future.

Crawford County collaborated with Bethesda Lutheran Services to add 10 more slots to their Partial Program and 8 more beds to increase the capacity of their RTF program in the future.

The CASSP coordinator has been utilizing the Youth Advocate Program (YAP) Homemaking and Chore program with families that would not otherwise be eligible for this type of programming. This

option is helpful for families because they would normally have to be open with CYS to receive this type of service.

Crawford County has been utilizing internal teaming within Human Services when reviewing cases. A process was developed to transfer cases from intake CYS to ongoing CYS in an attempt to make this a smoother transition for families and caseworkers. The County has found during this process that CYS families are typically connected to multiple systems. Thus, the core team now involves mental health staff to offer a different perspective to families with a mental health diagnosis. They also are involving mental health staff in their placement reduction meetings to help with keeping families together and decreasing placements.

Over the past year the County has been focusing on researching new evidence based programs specifically geared towards children / families. The County has hit barriers when coming up with new programming due to funding issues. Either the HMO does not fund the programs or county funding is not available.

A new child psychiatrist, Dr. Abby Reineck, was hired at Meadville Community Health Center-Behavioral Health (MCHCBH).

CHAPS Youth Peer Support program (COMPASS) continues to deliver services to young adults to help them successfully transition into adulthood. The program continues to grow its membership.

Crawford County continues to utilize Beacon Health Options complex care meetings to develop comprehensive plans for our more complex families and children.

Crawford County has been working with SPROUT Center for Emotional Growth and Development, LLC. to provide a training on Infant Mental Health. Crawford County had planned to use extra funding from the Block Grant for this training. The training was in the process of being scheduled and had to be cancelled due to the COVID-19 pandemic. The deadline for the use of these funds was extended as a result. CCHS will re-schedule this training within the next year.

In March 2020, Crawford County System of Care, acting through its Peace4Crawford trauma-informed communities committee, and Women's Services, Inc. launched a "warm line". This service provided telephonic access to compassionate and informed volunteers to help individuals with important, non-emergency challenges as a result of the spread and impact of the COVID-19 virus. This service will continue to be provided through September 2020.

In the fall of 2019, Human Services and Conneaut School District agreed to collaborate to identify and address student mental and behavioral health needs in the district. Beacon Behavioral Health Options has assisted in the ongoing project through creation of a district staff survey of services and supports for students. More than 100 of Conneaut's school staff participated in a comprehensive survey during the academic year. The survey will help guide the continuing district and agency efforts. The plan is to use this survey method in the future with the other school districts within Crawford County.

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

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

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

Strengths:

• **Integrated Intake Unit –**

An Integrated Intake worker has been cross trained to evaluate an individual's need by completing a bio-psychosocial assessment. Appropriate recommendations and referrals to supports are made as a result of this assessment. The worker in this program can perform assessments in the community if needed. The worker may also assess individuals in the local jail. We have a dedicated Administrative Case Manager (ACM) who is responsible for following the individual through the course of their services and assuring continuity of care. This program has supported 95 base funded older adults in fiscal year 2019-2020.

• **Representative Payee Service / Money Management –**

Crawford County contracts with two agencies to offer payee services to individuals who are mandated by the Social Security office to have a Representative Payee or who voluntarily want help with money management skills. This program has supported 57 older adults in fiscal year 2019-2020. This support is only funded by base funds.

• **Psychiatric Rehabilitation (Mobile and Site-Based) –**

Crawford County contracts with two providers to offer Site-Based Psychiatric Rehabilitation (SBR). Of the contracted providers, one also provides Mobile Psychiatric Rehabilitation (MPR). Psychiatric Rehabilitation support service has supported 13 older base funded adults in fiscal year 2019-2020.

• **Mobile Psychiatric Nursing (MPN) –**

This program assists individuals with becoming more educated about their medications, monitor for side effects, complete wellness checks at each encounter and serves as a liaison with the prescribing doctor. Individual need dictates how often the nurse meets with a person. This program has supported 39 older adults in the 2019-2020 fiscal year. This number represents VBH and base-funded people.

• **Drop In Center (DIC) –**

There are two adult Drop-In Centers in Crawford County. The Drop-In Centers have supported approximately 459 adults (18+) in fiscal year 2019-2020. A break down by age group is not available. This support is only funded by base funds.

• **Warm Line –**

The Warm-Line is non-crisis telephone support to individuals living with mental illness. The Warm-Line has received 1,449 calls in fiscal year 2019-2020. Please note that this may be a duplicative number as the Warm-Line can be a confidential call. This support is only funded by base funds.

- **Certified Peer Specialist (CPS) –**

This is a support available to eligible individuals in Crawford County. CPS has supported 6 base funded older adults in fiscal year 2019-2020.

- **Community Satisfaction Team (CST) -**

CST is an active organization in our community and offers individuals the opportunity to express their opinions about services. CST is also contracted to provide focus groups to the community it serves. Consumer Satisfaction Team has interviewed 353 individuals in fiscal year 2019-2020. In addition to surveys, Crawford County had scheduled several focus groups in the community, but due to COVID19 they all had to be cancelled. This number represents VBH and base-funded individuals.

- **Community Education and Outreach (CEO) –**

This support offers information, speakers, and connections to resources on mental illness, self-advocacy, and other pertinent mental health topics. An essential part of the CEO program includes NAMI Support Groups and Education Programs. Community Education and Outreach has been very active in the community and hosted several support groups throughout fiscal year 2019-2020. This includes hosting 20 Peer Support groups, 33 Family Support groups, 11 Schizophrenia Alliance Support groups, 27 Mental Health Inpatient Education support groups and 3 Stepping Stones Outreach Support groups (this is a D/A based group). 42 community events were sponsored by the CEO program in the fiscal year.

- **Blended Case Management (BCM) –**

Blended Case Management has supported 22 base funded older adults in fiscal year 2019-2020.

- **Family Case Management (FCM) –**

Family Case Management is available to any family that is open with Children and Youth Services and is struggling with addressing a family member's mental health. The dually trained case manager is able to address the CYS and MH concerns within the family. No older adults have been supported in this program in fiscal year 2019-2020.

- **Medication support –**

Crawford County Human Services has a safety net in place to assist individuals with no way of paying for their medications. This is a short term program that acts as a stop gap needed between an individual returning to the community and the time it takes to activate insurance. Medication support has helped 1 older adult in fiscal year 2019-2020. This support is only funded by base funds.

- **Outpatient Medication Management and/or Therapy –**

This is an office-based treatment that is provided in an individual, family or group format that can include psychiatric evaluation, psychological evaluation, and psychotherapy and medication management. There are many providers that offer this particular service in Crawford County. Crawford County only contracts with one provider for this service.

- **Crisis services –**

Eighty older adults have been supported with either phone crisis intervention or mobile crisis intervention during FY 2019-2020.

- **Inpatient Mental Health (IPMH) –**

Crawford County has one Inpatient Mental Health (IPMH) treatment facility in our county. This facility accepts individuals 14 years old and older. Because of the age restriction, our community depends on surrounding Inpatient facilities for treatment options.

- **Long Term Structured Rehabilitation (LTSR) –**

Crawford County has contracts with three LTSR's. Our county has found this level of support to be beneficial to individuals who are in need of extra support in order to return to the community and continue to work towards mental health recovery. Our county liaison is very involved at each stage of care, from pre-admission to post-discharge. LTSR has served 0 older adults in fiscal year 2019-2020.

- **Housing Support Services (Green Street apartment, 2 Fair-Weather Lodges, 4 Bridges Apartments and McKinney Vouchers) –**

Housing support focuses on the needs of homeless or near homeless individuals. This is accomplished through housing advocacy, housing development and supportive housing. Services offered include homeless outreach, housing advocacy, landlord mediation and access to emergency housing and affordable housing. These programs also foster connections to community supports. Housing Support Services have supported 18 older adults in fiscal year 2019-2020.

- **Domiciliary Care Respite (Dom Care) –**

Crawford County residents are fortunate to have the Dom Care living option available to them. Although this support is limited in capacity, it is recognized as being a vital part of the housing continuum and respite for the Dom care provider is also provided. Our county has seen success with people living in Dom Care. The county mental health department would like to see this program expand. Six older adults with mental health are residing in Dom Care in fiscal year 2019-2020. This support is only funded by base funds.

- **Diversions Housing and Community Supports –**

In recent years Crawford County was able to discharge individuals from Warren State Hospital to the community utilizing CHIPP funding. These funds created housing opportunities, with limited staff support, for the individuals returning to the community. Along with this housing opportunity the funding is also able to support a limited number of individuals in the community. Diversions Housing and Community Supports have supported 8 older adults in fiscal year 2019-2020. This program is only funded by base funding.

- **Projects for Assistance in Transition from Homelessness (PATH) –**

Crawford County is a recipient of PATH funding. This is a program that is designed to support the outreach, engagement and delivery of services to eligible persons who are homeless / near homeless and have serious mental illnesses and / or co-occurring substance abuse disorder. PATH has supported 4 older adults in fiscal year 2019-2020.

- **Emergency Mobile Community Outreach / Crisis –**

This support is available to Crawford County residents who may have experienced a MH crisis, trauma or personal loss and are in need of immediate assistance until more formal support can be put into place. This response team has responded to multiple events during fiscal year 2019-2020.

- **Companion Care –**

This support was modeled after the ID service description of HAB and fits in to the continuum of community supports available to individuals living with a mental illness in our community. There are two providers in Crawford County that provide this support to individuals with a mental health diagnosis. This program has supported 3 older adults in fiscal year 2019-2020. This support is only funded by base funds.

- **Homemaker and CHORE –**

This support is available to help teach and assist adults with a mental illness in maintaining their home in a safe, sanitary condition. This program has supported 1 older adult in fiscal year 2019-2020.

- **Emergency Services (Constable) –**

Crawford County Human Services has contracts with several PA State Constables to assist the Mobile Crisis team when there is a petition for a 302 evaluation. The constable also assists in transporting when someone is under a 304 or 305 commitment. This program has supported 0 older adults in fiscal year 2019-2020. This support is only funded by base funds.

- **Drug and Alcohol Case Management –**

The Drug and Alcohol counselor imbedded within the Crawford County Human Services office meets with individuals to provide screening and to schedule assessments. Goals are established and case coordination is provided to achieve these goals. Case coordination is also provided to support the client in getting admitted to, and following through with, recommended treatment. The case manager also has the ability to refer to other support agencies in the community.

Needs:

Continue to collaborate and network with agencies and supports that work with older adults. There seems to have been an increase in the number of older adults who are struggling with mental illness.

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

Strengths:

- **Integrated Intake Unit –**

An Integrated Intake worker has been cross trained to evaluate an individual's need by completing a bio-psychosocial assessment. Appropriate recommendations and referrals to supports are made as a result of this assessment. Worker in this program can perform assessments in the community if needed. Workers also assess individuals in the local jail. We have a dedicated Administrative Case Manager (ACM) who is responsible for following the individual through the course of their services and assuring continuity of care. This program has supported 200 base funded adults in fiscal year 2019-2020.

- **Representative Payee Service / Money Management –**

Crawford County contracts with two agencies to offer payee services to individuals who are mandated by the Social Security office to have a Representative Payee or who voluntarily

want help with money management skills. This program has supported 131 adults in fiscal year 2019-2020. This support is only funded by base funds.

- **Psychiatric Rehabilitation (Mobile and Site-Based) –**

Crawford County contracts with two providers to offer Site-Based Psychiatric Rehabilitation (SBR). Of the contracted providers, one also provides Mobile Psychiatric Rehabilitation (MPR). Psychiatric Rehabilitation support service has supported 30 base funded adults in fiscal year 2019-2020. These numbers represent VBH and base-funded people.

- **Mobile Psychiatric Nursing (MPN) –**

This program assists individuals with becoming more educated about their medications, monitor for side effects, complete wellness checks at each encounter and serves as a liaison with the prescribing doctor. Individual need dictates how often the nurse meets with a person. This program has served 66 adults in fiscal year 2019-2020. This number represents VBH and base-funded people.

- **Drop In Center (DIC) –**

There are two adult Drop-In Centers in Crawford County. The Drop-In Centers have supported approximately 459 adults 18+ in fiscal year 2019-2020. A break down by age is not available. This support is only funded by base funds.

- **Warm Line –**

The Warm-Line is non-crisis telephone support to individuals living with mental illness. The Warm-Line has received 1,449 calls in fiscal year 2019-2020. Please note that this may be a duplicative number as the Warm-Line can be a confidential call. This support is only funded by base funds.

- **Certified Peer Specialist (CPS) –**

This is a support available to eligible individuals in Crawford County. CPS has supported 4 base funded adults in fiscal year 2019-2020.

- **Community Satisfaction Team (CST) -**

CST is an active organization in our community and offers individuals the opportunity to express their opinions about services. CST is also contracted to provide focus groups to the community it serves. Consumer Satisfaction Team has interviewed 353 individuals in fiscal year 2019-2020. In addition to surveys, Crawford County had scheduled several focus groups in the community, but due to COVID19 they all had to be cancelled. This number represents VBH and base-funded individuals.

- **Community Education and Outreach (CEO) –**

This support offers information, speakers, and connections to resources on mental illness, self-advocacy, and other pertinent mental health topics. An essential part of the CEO program includes NAMI Support Groups and Education Programs. Community Education and Outreach has been very active in the community and hosted several support groups throughout fiscal year 2019-2020. This includes hosting 20 Peer Support groups, 33 Family Support groups, 11 Schizophrenia Alliance Support groups, 27 Mental Health Inpatient Education support groups and 3 Stepping Stones Outreach Support groups (this is a D/A based group). Forty-two community events were sponsored by the CEO program in the fiscal year.

- **Blended Case Management (BCM) –**

Blended Case Management has supported 156 base funded adults in fiscal year 2019-2020.

- **Family Case Management (FCM) –**

Family Case Management is available to any family that is open with Children and Youth Services and is struggling with addressing a family member's mental health. The dually trained case manager is able to address the CYS and MH concerns within the family. Five adults have been supported in this program in fiscal year 2019-2020.

- **Medication Support –**

Crawford County Human Services has a safety net in place to assist individuals with no way of paying for their medications. This is a short term program that acts as a stop gap needed between an individual returning to the community and the time it takes to activate insurance. Medication support has helped 4 adults in fiscal year 2019-2020. This support is only funded by base funds.

- **Outpatient Medication Management and/or Therapy –**

This is an office-based treatment that is provided in an individual, family or group format that can include psychiatric evaluation, psychological evaluation, and psychotherapy and medication management. There are many providers that offer this particular service in Crawford County. Crawford County only contracts with one provider for this service.

- **Crisis Services –**

Two hundred and forty-one adults have been supported with either phone crisis intervention or mobile crisis intervention during FY 2019-2020.

- **Inpatient Mental Health (IPMH) –**

Crawford County has one Inpatient Mental Health treatment facility in our county. This facility accepts individuals 14 years old and older. Because of the age restriction, our community depends on surrounding Inpatient facilities for treatment options.

- **Housing Support Services (Green Street apartment, 2 Fair-Weather Lodges, 4 Bridges Apartments and McKinney Vouchers)**

Housing support focuses on the needs of homeless or near homeless individuals. This is accomplished through housing advocacy, housing development and supportive housing. Services offered include homeless outreach, housing advocacy, landlord mediation and access to emergency housing and affordable housing. These programs also foster connections to community supports. Housing Support Services have supported 168 adults in fiscal year 2019-2020.

- **Long Term Structured Rehabilitation (LTSR) –**

Crawford County has contracts with three LTSR's. Our county has found this level of support to be beneficial to individuals who are in need of extra support in order to return to the community and continue to work towards mental health recovery. Our county liaison is very involved at each stage of care, from pre-admission to post-discharge. LTSR has served 1 adult in fiscal year 2019-2020.

- **Domiciliary Care Respite (Dom Care) –**

Crawford County residents are fortunate to have the Dom Care living option available to them. Although this support is limited in capacity it is recognized as being a vital part of the housing continuum and respite for the Dom Care provider is also provided. Our county has seen success with people living in Dom Care. The county mental health department would like to see this program expand. There were 0 adults with mental health residing in Dom Care in fiscal year 2019-2020. This support is only funded by base funds.

- **Diversions Housing and Community Supports –**

In recent years Crawford County was able to discharge individuals from Warren State Hospital to the community utilizing CHIPP funding. These funds created housing opportunities, with limited staff support, for the individuals returning to the community. Along with this housing opportunity the funding is also able to support a limited number of individuals in the community. Diversions Housing and Community Supports have supported 21 adults in fiscal year 2019-2020. This program is only funded by base funding.

- **Projects for Assistance in Transition from Homelessness (PATH) -**

Crawford County is a recipient of PATH funding. This is a program that is designed to support the outreach, engagement and delivery of services to eligible persons who are homeless / near homeless and have serious mental illnesses and / or co-occurring substance abuse disorder. PATH has supported 40 adults in fiscal year 2019-2020. This is a federally funded program.

- **Emergency Mobile Community Outreach / Crisis –**

This support is available to Crawford County residents who may have experienced a MH crisis, trauma or personal loss and are in need of immediate assistance until more formal support can be put into place. This response team has responded to multiple events during fiscal year 2019-2020.

- **Companion Care –**

This support was modeled after the ID service description of HAB and fits in to the continuum of community supports available to individuals living with a mental illness in our community. Many individuals with mental illness have benefited from this level of support. This program has supported 3 adults in fiscal year 2019-2020. This support is only funded by base funds.

- **Homemaker and CHORE–**

This support is available to help teach and assist adults with a mental illness in maintaining their home in safe, sanitary condition. This program has supported 6 adults in fiscal year 2019-2020. This support is only funded by base funds.

- **Emergency Services (Constable) –**

Crawford County Human Services has contracts with several PA State Constables to assist the Mobile Crisis team when there is a petition for a 302 evaluation. The constable also assists in transporting when someone is under a 304 or 305 commitment. This program has supported 8 adults in fiscal year 2019-2020. This support is only funded by base funds.

- **Drug and Alcohol Case Management –**

The Drug and Alcohol counselor imbedded within the Crawford County Human Services office meets with individuals to provide screening and schedule assessments. Goals are

established and case coordination is provided to achieve these goals. Case coordination is also provided to support the client in getting admitted to, and following through with, recommended treatment. The case manager also has the ability to refer to other support agencies in the community.

Needs: Transportation for this, and all populations, is a continuing need.

- **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:

- **Integrated Intake Unit –**

An Integrated Intake worker has been cross trained to evaluate an individual's need by completing a bio-psychosocial assessment. Appropriate recommendations and referrals to supports are made as a result of this assessment. The worker in this program can perform assessments in the community if needed. The worker can also assess individuals in the local jail. We have a dedicated Administrative Case Manager (ACM) who is responsible for following the individual through the course of their services and assuring continuity of care. This program has supported 102 base funded transitional age youth in fiscal year 2019-2020.

- **Representative Payee Service / Money Management –**

Crawford County contracts with two agencies to offer payee services to individuals who are mandated by the Social Security office to have a Representative Payee or who voluntarily want help with money management skills. This program has supported 6 transition age adults in fiscal year 2019-2020. This support is only funded by base funds.

- **Psychiatric Rehabilitation (Mobile and Site-Based) –**

Crawford County contracts with two providers to offer Site-Based Psychiatric Rehabilitation (SBR). Of the contracted providers, one also provides Mobile Psychiatric Rehabilitation (MPR). Psychiatric Rehabilitation support service has supported 0 base funded transition age adults in fiscal year 2019-2020. These numbers represent VBH and base-funded people.

- **Mobile Psychiatric Nursing (MPN) –**

This program assists individuals with becoming more educated about their medications, monitor for side effects, complete wellness checks at each encounter and serves as a liaison with the prescribing doctor. Individual need dictates how often the nurse meets with a person. This program has supported 67 transition age adults in fiscal year 2019-2020. This number represents VBH and base-funded people.

- **Drop In Center (DIC) –**

There are two adult Drop-In Centers in Crawford County. The Drop-In Centers have supported approximately 459 individuals 18+ in fiscal year 2019-2020. This support is only funded by base funds.

- **Warm Line –**

The Warm-Line is non-crisis telephone support to individuals living with mental illness. The Warm-Line has received 1,449 calls in fiscal year 2019-2020. Please note that this may be a duplicative number as the Warm-Line can be a confidential call. This support is only funded by base funds.

- **Certified Peer Specialist (CPS) –**

This is a support available to eligible individuals in Crawford County. CPS has supported 0 base funded transition age adults in fiscal year 2019-2020.

- **Community Satisfaction Team (CST) –**

CST is an active organization in our community and offers individuals the opportunity to express their opinion about services. CST is also contracted to provide focus groups to the community it serves. Consumer Satisfaction Team has interviewed 353 individuals in fiscal year 2019-2020. In addition to surveys, Crawford County had scheduled several focus groups in the community but due to COVID19 they all had to be cancelled. This number represents VBH and base-funded individuals.

- **Community Education and Outreach (CEO) –**

This support offers information, speakers, and connections to resources on mental illness, self-advocacy, and other pertinent mental health topics. An essential part of the CEO program includes NAMI Support Groups and Education Programs. Community Education and Outreach has been very active in the community and hosted of several support groups throughout fiscal year 2019-2020. This includes hosting 20 Peer Support groups, 33 Family Support groups, 11 Schizophrenia Alliance Support groups, 27 Mental Health Inpatient Education support groups and 3 Stepping Stones Outreach Support groups (this is a D/A based group). Forty-two community events were sponsored by the CEO program in the fiscal year.

- **Blended Case Management (BCM) –**

Blended Case Management has supported 43 base funded transitional age adults in fiscal year 2019-2020.

- **Family Case Management (FCM) –**

Family Case Management is available to any family that is open with Children and Youth Services and is struggling with addressing a family member's mental health. The dually trained case manager is able to address the CYS and MH concerns within the family. No transitional age youth have been supported in this program in fiscal year 2019-2020.

- **Medication Support –**

Crawford County Human Services has a safety net in place to assist individuals with no way of paying for their medications. This is a short term program that acts as a stop gap needed between an individual returning to the community and the time it takes to activate insurance. Medication support has helped 1 transitional age adults in fiscal year 2019-2020. This support is only funded by base funds.

- **Outpatient Medication Management and/or Therapy –**

This is an office-based treatment that is provided in an individual, family or group format that can include psychiatric evaluation, psychological evaluation, and psychotherapy and

medication management. There are many providers that offer this particular service in Crawford County. Crawford County only contracts with one provider for this service.

- **Crisis Services -**

Eighty-six transitional aged adults have been supported with either phone crisis intervention or mobile crisis intervention during FY 2019-2020.

- **Inpatient Mental Health (IPMH) –**

Crawford County has one Inpatient Mental Health treatment facility in our county. This facility accepts individuals 14 years old and older. Because of the age restriction, our community depends on surrounding Inpatient facilities for treatment options.

- **Long Term Structured Rehabilitation (LTSR) –**

Crawford County has contracts with three LTSR's. Our county has found this level of support to be beneficial to individuals who are in need of extra support in order to return to the community and continue to work towards mental health recovery. Our county liaison is very involved at each stage of care, from pre-admission to post-discharge. LTSR has served 0 transition age adults in fiscal year 2019-2020.

- **Housing Support Services (Green Street Apartment, 2 Fair-Weather Lodges, 4 Bridges Apartments and McKinney Vouchers) –**

Housing support focuses on the needs of homeless or near homeless individuals. This is accomplished through housing advocacy, housing development and supportive housing. Services offered include homeless outreach, housing advocacy, landlord mediation and access to emergency housing and affordable housing. These programs also foster connections to community supports. Housing Support Services have supported 16 transition age adults in fiscal year 2019-2020.

- **Transitional Living Program (TLP) through Child to Family Connections –**

This program serves youth 18-26 who are homeless, at risk of homelessness or residing in an unsafe situation. The program is short term (6-12 months) and is designed to provide the young adult with opportunities to learn independence skills. TLP has supported 3 transitional age adults in fiscal year 2019-2020.

- **Domiciliary Care Respite (Dom Care) –**

Crawford County residents are fortunate to have the Dom Care living option available to them. Although this support is limited in capacity it is recognized as being a vital part of the housing continuum and respite for the Dom Care provider is also provided. Our county has seen success with people living in Dom Care. The county mental health department would like to see this program expand. There have been 0 transition age adults with mental health are residing in Dom Care in fiscal year 2019-2020. This support is only funded by base funds.

- **Diversions Housing and Community Supports –**

In recent years Crawford County was able to discharge individuals from Warren State Hospital to the community utilizing CHIPP funding. These funds created housing opportunities, with limited staff support, for the individuals returning to the community. Along with this housing opportunity the funding is also able to support a limited number of individuals in the community. Diversions Housing and Community Supports have supported 0 transition age adults in fiscal year 2019-2020. This program is only funded by base funding.

- **Projects for Assistance in Transition from Homelessness (PATH) –**

Crawford County is a recipient of PATH funding. This is a program that is designed to support the outreach, engagement and delivery of services to eligible persons who are homeless / near homeless and have serious mental illnesses and / or co-occurring substance abuse disorder. PATH has supported 5 transition age adults in fiscal year 2019-2020. This is a federally funded program.

- **Emergency Mobile Community Outreach / Crisis –**

This support is available to Crawford County residents who may have experienced a MH crisis, trauma or personal loss and are in need of immediate assistance until more formal support can be put into place. This response team has responded to multiple events during fiscal year 2019-2020.

- **Companion Care –**

This support was modeled after the ID service description of HAB and fits in to the continuum of community supports available to individuals living with a mental illness in our community. Many individuals with mental illness have benefited from this level of support. This program has supported 1 transition age adult in fiscal year 2019-2020. This support is only funded by base funds.

- **Homemaker and CHORE –**

This support is available to help teach and assist adults with a mental illness in maintaining their home in safe, sanitary condition. This program has supported 2 transition age adults in fiscal year 2019-2020.

- **Emergency Services (Constable) –**

Crawford County Human Services has contracts with several PA State Constables to assist the Mobile Crisis team when there is a petition for a 302 evaluation. The constable also assists in transporting when someone is under a 304 or 305 commitment. This program has supported 0 transition age adults in fiscal year 2019-2020. This support is only funded by base funds.

- **Drug and Alcohol Case Management –**

The Drug and Alcohol counselor imbedded within the Crawford County Human Services office meets with individuals to provide screening and schedule assessments. Goals are established and case coordination is provided to achieve these goals. Case coordination is also provided to support the client in getting admitted to, and following through with, recommended treatment. The case manager also has the ability to refer to other support agencies in the community.

Needs:

Need to continue the amount of mental health supports that can bridge the gap between services geared towards children and adult supports.

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

Strengths:

Crawford County holds a Provider / Educator meeting bi-monthly. The purpose of the meeting is to bring service providers together with schools to brainstorm ways to conquer challenges within the system, and to communicate changes and happenings in our community.

Crawford County offers mental health respite for children who have a mental health diagnosis. The county contracts with a local agency and provides the funding to pay for the respite services.

Crawford County strives to provide all families and children with least restrictive services. The County CASSP Coordinator focuses on making sure that families and children have community based and in-home services when possible in an attempt to deter placements.

The Crawford County Student Assistance Program (SAP) consists of a mental health liaison and a drug and alcohol liaison. The program collaborates with each secondary school in Crawford County to assess and refer children / adolescents to appropriate services. The SAP liaisons screen each child/adolescent to determine the necessity of making in school or community based recommendations. SAP is conducting ACE Surveys in conjunction with the SAP screening to help determine appropriate treatment or services for each child / adolescent.

Crawford County has the following services/programs available to children/adolescents:

- **Child and Adolescent Service System Program (CASSP) –**

Crawford County utilizes a CASSP Coordinator to conduct meetings designed to develop a comprehensive, coordinated and collaborative system of care for children / adolescents and their families with multi-system needs. There were 33 meetings facilitated by CASSP during the 19/20 FY.

- **Outpatient Mental Health-**

This is an office-based treatment that is provided in an individual, family or group format that can include psychiatric evaluation, psychological evaluation, psychotherapy and medication management. There are many providers that offer this particular service in Crawford County.

- **Multi Systemic Therapy (MST) –**

This level of care is evidence-based and is able to serve the target population of 10-17 year old incorrigible youth in the hopes of keeping them stabilized and out of more restrictive placement. Family Services of NW PA served 20 children in the 19/20 FY.

- **Behavioral Health Rehabilitative Services (BHRS) –**

These services can be delivered in the home, school and community. This service is meant to help provide the family and child with the needed skills to keep the family together as a unit and to prevent more restrictive services. BHRS services were provided to 776 children in the 19/20 FY by 9 agencies.

- **Family Based Mental Health-**

FBMH is the most intensive and comprehensive in-home service that is offered to children who are “at risk” of placement. Family Services of Northwest PA served 27 families and The Achievement Center served 66 families during the 19/20 FY.

- **Trauma-Focused Cognitive Behavioral Therapy –**

Over the past 5 years, Crawford County has been working to make our community more Trauma Informed. Many agencies in Crawford County offer Trauma Focused Cognitive Behavioral Therapy.

- **Student Assistance Program (SAP) –**

The Student Assistance Program is a systematic process composed of professionals from various disciplines within the school districts and liaisons from community agencies. SAP served 201 children during FY 19/20.

- **School-Based Mental Health –**

School-Based Mental Health programs serve children in grades K-7 who are MA eligible and meet the required medical necessity for behavioral health rehabilitation services. Penncrest (SOAR / ROAR) offers two programs and Crawford Central (SMART) offers three programs in their school districts. SOAR/ROAR served 34 children during the 19/20 FY. SMART served 60 children during the 19/20 FY.

- **School-Based Outpatient –**

Outpatient school-based services work with students who may require one or more of the following: Occasional mental health therapy, drug and alcohol counseling, individual, family and / or group therapy or medication management. Regional Counseling in Titusville served 73 children in the Titusville schools during the 19/20 FY. Parkside Psychological Associates served 99 in 9 schools in Crawford County to treat trauma during the 19/20 FY.

- **Community Resources Coordinator –**

The Community Resource Coordinator (RC) provides supportive casework to children and their families. The RC assists families in gaining access to community resources; collaborates with school personnel, parents, and community services regarding areas that impact the students learning; and collaborates with community agencies and organizations to help

families with their basic needs. Community Resource Coordinator served 323 students and their families during the 19/20 FY.

- **Child and Adolescent Psychiatric Partial Hospitalization-**

Treatment received while at partial is comprehensive and includes psychiatric care and individual / family therapy. Bethesda Children's Home served 109 Non- Acute and 12 Acute children during the 19/20 FY.

- **Mental Health Respite-**

Crawford County Human Services offers short term respite for families who may need time to unwind from tending to their children with mental health diagnoses. YAP served 5 families and the ARC served 1 family during the 19/20 FY.

- **Therapeutic Family Care (Community Residential Rehabilitation – CRR) –**

CRR is the provision of support services 24 hours a day to children/adolescents in an appropriately licensed home with highly trained adults who have been specifically trained to care for children with serious emotional disorders. There were 2 children placed in CRR in 19/20 FY.

- **Residential Treatment Facility –**

This is the most restrictive form of treatment available for children who cannot remain in their home due to severe mental health and behavioral needs. There were a total of 13 children placed in RTF during the 19/20 FY.

- **Specialized Therapy-**

Crawford County offers many different therapy treatment modalities that address specific mental health needs of a child such as RAD (Reactive Attachment Disorder) and Autism Spectrum Disorders.

- **Family Case Management (FCM) –**

Family Case Management is available to any family that is open with Children and Youth Services and is struggling with addressing a family member's mental health. The dually trained case manager is able to address the CYS and MH concerns within the family. Eighteen youth have been supported in this program during the 19/20 FY.

- **Blended Case Management (BCM) –**

Blended Case Management has supported 54 children during the 19/20 FY.

- **Integrated Intake Unit –**

An Integrated Intake worker has been cross trained to evaluate an individual's need by completing a bio-psychosocial assessment. Appropriate recommendations and referrals to supports are made as a result of this assessment. The worker in this program can perform assessments in the community if needed. The worker can also assess individuals in the local jail. We have a dedicated Administrative Case Manager (ACM) who is responsible for following the individual through the course of their services and assuring continuity of care. This program has supported 9 base funded youth during the 19/20 FY.

- **Certified Peer Specialist (CPS) –**

COMPASS is a Transitional Age Youth Certified Peer Specialist Program. This is a support available to eligible individuals in Crawford County. COMPASS has supported 8 base funded adolescents ages 14-18 in fiscal year 2019-2020.

Needs:

- Crawford County Continues to have difficulties locating RTF's for our children with more complex and challenging needs. Lacking specialized RTF's for children with Autism, specialized medical conditions and aggressive behaviors becomes a barrier in treatment for children, and a hardship for families.
- Crawford County providers continue to have difficulties with staffing positions. This appears to be the case across all provider agencies. This causes barriers with families getting services in a timely manner. The lack of staff results in lack of services, which means possible referrals to higher levels of care.

Please identify the strengths and needs of the county/joiner service system (including any health disparities) specific to each of the following special or 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 from state hospitals**

Strengths: A new 15 bed Personal Care Boarding Home opened in March of 2020. This home has a focus on supporting individuals who have a mental illness and need support to achieve their life goals. The Home continues to work towards licensure while three residents live there. Once licensed, more intense life learning skills can be offered.

Needs: Although we are making some progress with providing different levels of housing and housing support to meet individualized needs, we will continue to be creative and responsive to the need in the community.

- Crawford County had 6 admissions to WSH in FY 2019-2020. Of this number, 2 had been previously admitted to Warren State Hospital. Although 33% re-admission rate could be viewed as alarming, it is important to keep in mind the struggle these two individuals have in

the community because of the lack of mandated structure and routine that they rely on while in the hospital. There are no community supports that could have diverted these individuals.

- Recently there has been a notable lag time in MA benefits restarting when someone is discharged from the state hospital. In the past two instances, this has resulted in the county paying out of base funds for needed services and medication.

- **Individuals with co-occurring mental health/substance use disorder**

Strengths: Three Certified Recovery Specialists (CRS) were recently hired through the Drug and Alcohol Executive Commission office. The CRS' are working mainly with CYS cases, persons receiving MAT (medication assisted therapy), and for a more community based approach to services. Any of the clients that can be dually diagnosed though that fit also within the other categories.

Needs: Crawford County Drug and alcohol relies heavily on grants to support various programs. If those are reduced, eliminated or have a narrower focus then there may be future unmet needs.

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

Strengths: Crawford county Human Services recently hired a Forensic Boundary Spanner. This individual will be focusing on individuals being released from the State Correctional Institutes and returning to the community, facilitating competency evaluations and providing support to individuals assigned to caseload. The intent is to possibly expand the responsibilities of the Forensic Boundary Spanner to include those in the county jail population with more complex needs. This will be developed as needed.

- The Mobile Competency Restoration Team (MCRT) contract has been awarded and is in the very initial stages of startup.
- The Forensic Long Term Structured Residential facility is in the initial stages of startup.

Needs: Implementation of the entire forensic plan, which included a forensic Personal Care Boarding Home.

- **Veterans**

Strengths: Crawford County collaborates closely with the local Veterans Administration for support. We have a Community Employment Coordinator from the US Department of Veterans Affairs Erie VA Medical Center who attends, and is an active member, on our block grant committee.

The County is collaborating with Tony Pedone, a local psychologist, to provide a training regarding complex trauma and veterans. Mr. Pedone, along with his wife Marsha, are the owners and operators of Lilac Springs. Lilac Springs is 68 acres of fertile grass, ponds, trails, a labyrinth and pure relaxation. Located about four miles south of Meadville, PA, Lilac Springs is a 501(c) (3) nonprofit organization that provides three day breakaways for combat veterans and their partners. Lilac Springs is designed to be a resort for veterans and their families. "RECOURSE" is the motto for the organization because the property has served as a recourse to combat veterans and their loved ones. Since 2008, it has been a place where veterans can feel at peace because they can escape from reality. It offers veterans a place of safety, support and understanding. While there, individuals are able to re-integrate spiritually, physically, psychologically, socially, emotionally. The County is partnering with Mr. Pedone to offer a training to staff at Human Services and will also be exploring offering the same training to providers and the community in 2021.

Needs: Continued collaboration and cross system training.

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

Strengths: The Drop in Centers hold informal LGBTQI support groups.

Needs: Continuous education and understanding of the LGBTQI population.

- **Racial/Ethnic/Linguistic Minorities (RELM) including individuals with Limited English Proficiency (LEP)**

Strengths: All staff at Crawford County Human Services is trained and practice a trauma informed care approach to the delivery of services. This training and education is passed onto providers.

Needs: Continuing training on awareness and need.

- **Other (specify), if any** (including tribal groups, people living with HIV/AIDS or other chronic diseases or impairments, acquired brain injury, fetal alcohol spectrum disorders)

- Strengths:
- Needs:

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

Yes No

If yes, please describe the CLC training being used, including training content/topics covered, frequency with which training is offered, and vendor utilized (if applicable). If no, counties may include descriptions of plans to implement CLC trainings in FY 20-21. (Limit of 1 page)

Crawford County Human Services is a member of the Crawford County System of Care (SOC) Partnership, and a participant in the PA SOC, Cultural and Linguistic Competency (CLC) program. This year the committee began a process of assessing public facilities for CLC. The Courthouse was the first to participate with other locations planned. The dedicated members of the committee are working closely with the PA state Cultural and Linguistic Competency Coordinator.

Does the county currently have any suicide prevention initiatives?

Yes No

If yes, please describe the initiatives. If no, counties may describe plans to implement future initiatives in the coming fiscal year. (Limit of 1 page)

The County utilizes Block Grant funds to supplement the fundraising efforts of the Crawford County Suicide Task Force. The Task Force has been in existence since 2011, and is comprised of County staff as well as community professionals and general population members across two membership venues – Steering Committee and General Membership. Over the past nine years, the Task Force has had a presence at countless community events including: Annual Mental Health and Wellness Fairs, annual Recovery Day Celebrations, numerous middle and high school events across five local school districts, annual Trauma Informed Care Conferences at Edinboro University, annual information fairs at the local Active Aging agency, and many, many others. The Task Force provides information and support to those who have experienced loss by suicide, those who are personally struggling with their mental health and wish to find support, and the general public to increase awareness, understanding and compassion. The Task Force sponsors a monthly support group for survivors of suicide loss which meets at a local café and is led by trained facilitators. The Task Force coordinates with the county coroner, local funeral homes, churches and mental health providers to ensure that families and friends who have lost loved ones to suicide are well wrapped in supportive outreach efforts and connected to appropriate resources. The Task Force also sponsors a website and manages a Facebook page to increase awareness and outreach about mental health and suicide prevention resources and connections.

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

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

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

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

If an individual is receiving BCM services, their treatment plans are tailored to suit the individual's stated goals. Detailed assessments are conducted which include the areas of level of education, vocational history and aptitudes. These assessments are utilized when determining goals for employment. If they are suitable / eligible for these services, and they express a desire to be connected to them, appropriate referrals / connections are made as directed by the Individual Service Plan.

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

The most common issues reported regarding connecting with CareerLink are: 1) The individual has no internet access to register with Careerlink. 2) They had been registered with CareerLink but cannot retrieve their password / login. 3) Connecting solely by internet for CareerLink makes assessing for a higher level of need more difficult due to no face-to-face contact.

We recently became aware of a new grant through CareerLink that will be available to county residents. The Pennsylvania Department of Labor and Industry has awarded our Workforce Development Area a Community Connections Youth Re-entry demonstration grant. The grant is designed to help assist out-of-school youth (Ages 18 to under the age of 25) with career pathway exploration, leading to meaningful employment and reduced recidivism. The grant is aimed at youth who have previously been engaged with the justice system, not only those who have been incarcerated. A critical component of this grant is the formation of a mentoring team that will create a holistic plan to deal with a youth's individual needs in a comprehensive fashion. Educational, housing, and transportation needs along with employment skills and training, will be planned jointly with all partners who may have a stake in a youth's long term success. Our county has been approached by the coordinator of this program to start engagement in this process.

The most common issues reported regarding connecting with OVR are: 1) The intake process takes a long time and individuals often lose interest or become discouraged when working with OVR. 2) Communication with OVR is often difficult with calls not being returned or individuals being referred back to case management. 3) In the past, paper applications were often never processed. 4) During COVID-19, a number of consumers have heard nothing from OVR, even though they still want the service. 5) If an individual is connected with vocational training, the trainers reportedly often don't show up, only connect with a limited number of employers not indicated as an interest by the consumers, or have a high turnover rate. There is also no physical site in Crawford County.

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

Based on the review of vocational plans, available services are located, coordinated and monitored by case management workers. This can include OVR, WIOA, CareerLink, etc. County staff participate in Transition Council meetings with the school districts to review cases and provide information and resources as necessary.

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

Yes No

c) Supportive Housing:

DHS’ five- year housing strategy, [Supporting Pennsylvanians through Housing](#), is a comprehensive plan to connect Pennsylvanians to affordable, integrated and supportive housing.

This comprehensive strategy aligns well with the Office of Mental Health and Substance Abuse Services (OMHSAS) planning efforts, and OMHSAS is an integral partner in its implementation.

Supportive housing is a successful, cost-effective combination of affordable housing with services that helps people live more stable, productive lives. Supportive housing works well for people who face the most complex challenges—individuals and families who have very low incomes and serious, persistent issues that may include substance use, mental illness, and HIV/AIDS; and may also be, or at risk of, experiencing homelessness.

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

| 1. Capital Projects for Behavioral Health | | | | <input type="checkbox"/> Check if available in the county and complete the section. | | | | | |
|---|---|--|--|---|--|-----------------------------|---|--|----------------------------|
| Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15-30 year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e., an apartment building or apartment complex). | | | | | | | | | |
| Project Name | Funding Sources by Type (include grants, federal, state & local sources) | Total \$ Amount for FY18-19 (only County MH/ID dedicated funds) | Projected \$ Amount for FY20-21 (only County MH/ID dedicated funds) | Actual or Estimated Number Served in FY18-19 | Projected Number to be Served in FY20-21 | Number of Targeted BH Units | Term of Targeted BH Units (e.g., 30 years) | | Year Project first started |
| | | | | | | | | | |
| Notes: | | | | | | | | | |

| 2. Bridge Rental Subsidy Program for Behavioral Health | | | | <input checked="" type="checkbox"/> Check if available in the county and complete the section. | | | | | |
|---|--|-----------------------------|---------------------------------|--|--|---------------------------------------|---|--|----------------------------|
| Short-term tenant-based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers. | | | | | | | | | |
| | Funding Sources by Type (include grants, federal, state & local sources) | Total \$ Amount for FY18-19 | Projected \$ Amount for FY20-21 | Actual or Estimated Number Served in FY18-19 | Projected Number to be Served in FY20-21 | Number of Bridge Subsidies in FY18-19 | Average Monthly Subsidy Amount in FY18-19 | Number of Individuals Transitioned to another Subsidy in FY18-19 | Year Project first started |
| Child to Family Connections Transitional Apartments | County and State | 43,502.54 | 54,332.00 | 6 Actual | 6 | N/A | N/A | 0 | 2016 |
| CHIPP Diversionary Housing* | CHIPP and County | 186,488.64 | 186,488.64 | 22 | 25 | N/A | Unknown | 2 | 2014 |
| Green Street Transitional Apartment | CHIPP and County | 12,530.45 | 12,530.45 | 7 | 7 | N/A | Unknown | 3 | 2001 |
| Bridges Temporary Apartments | County and State | 54,904.50 | 54,904.50 | 16 | 16 | N/A | Unknown | 10 | 2016 |
| NW3 CHIPP House on Elm Street | CHIPP and County | 70,576.42 | 61,631.81 | 1 | 1 | 0 | N/A | 0 | 2015 |

| | | | | | | | | | |
|--|---|------------|------------|---|----|---|-----|---|------|
| 3 County Shared House on Prospect Street | County and State | 49,496.57 | 58,955.57 | 1 | 1 | 0 | N/A | 0 | 2019 |
| **Personal Care Boarding Home+ | County, State and Reinvestment | 165,335.08 | 181,000.00 | 0 | 15 | 0 | 0 | 0 | 2019 |
| Notes: | *The CHIPP diversionary housing project funding amount includes the staff support provided in the project as well as to those living in a private residence but still have a need for ongoing support to avoid a more restrictive living situation. | | | | | | | | |
| | ** Renovations and startup costs. | | | | | | | | |

| 3. Master Leasing (ML) Program for Behavioral Health | | | | <input checked="" type="checkbox"/> Check if available in the county and complete the section. | | | | | |
|--|---|-----------------------------|---------------------------------|--|--|--|---|-----------------------------------|----------------------------|
| Leasing units from private owners and then subleasing and subsidizing these units to consumers. | | | | | | | | | |
| | Funding Source by Type (include grants, federal, state & local sources) | Total \$ Amount for FY18-19 | Projected \$ Amount for FY20-21 | Actual or Estimated Number Served in FY18-19 | Projected Number to be Served in FY20-21 | Number of Owners/ Projects Currently Leasing | Number of Units Assisted with Master Leasing in FY18-19 | Average Subsidy Amount in FY18-19 | Year Project first started |
| MH Reinvestment Master Lease Apartment | Reinvestment funds from the NW Behavioral Health Partnership | 7,795.00 | 0.00 | 3 | 0 | 1 | 0 | Unknown | 2018 |
| | | | | | | | | | |
| Notes: | | | | | | | | | |

| | | | | | | | | | |
|---|---|-----------------------------|---------------------------------|---|--|--|--|---------------------------------|----------------------------|
| 4. Housing Clearinghouse for Behavioral Health | | | | <input type="checkbox"/> Check if available in the county and complete the section. | | | | | |
| An agency that coordinates and manages permanent supportive housing opportunities. | | | | | | | | | |
| | Funding Source by Type (include grants, federal, state & local sources) | Total \$ Amount for FY18-19 | Projected \$ Amount for FY20-21 | Actual or Estimated Number Served in FY18-19 | Projected Number to be Served in FY20-21 | | | Number of Staff FTEs in FY18-19 | Year Project first started |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Notes: | | | | | | | | | |

| | | | | | | | | | |
|--|--|-----------------------------|---------------------------------|--|--|--|--|---------------------------------|----------------------------|
| 5. Housing Support Services (HSS) for Behavioral Health | | | | <input checked="" type="checkbox"/> Check if available in the county and complete the section. | | | | | |
| HSS are used to assist consumers in transitions to supportive housing or services needed to assist individuals in sustaining their housing after move-in. | | | | | | | | | |
| | Funding Sources by Type (include grants, federal, state & local sources) | Total \$ Amount for FY18-19 | Projected \$ Amount for FY20-21 | Actual or Estimated Number Served in FY18-19 | Projected Number to be Served in FY20-21 | | | Number of Staff FTEs in FY18-19 | Year Project first started |
| Homeless Support Services | County, State And Federal | 78,485.95 | 78,485.95 | 174 | 160 | | | 2.25 | 1999 |
| *Diversion Beds | CHIPP and County | 1,941.10 | 0 | 6 | 0 | | | Unknown | 2001 |

| | | | | | | | | | |
|---|--|----------|----------|---|---|--|--|-----|------|
| Dom Care Respite | CHIPP and County | 400.00 | 3,000.00 | 1 | 6 | | | .25 | 2015 |
| ** Master Lease Homeless Support Services | Reinvestment funds from the NW Behavioral Health Partnership | 5,931.00 | 0 | 2 | 0 | | | .08 | 2018 |
| Notes: | *Facility closed in Mar 2019. ** This grant ended at the end of FY 2018-2019. | | | | | | | | |

| | | | | | | | | | |
|--|---|-----------------------------|---------------------------------|--|--|--|--|---------------------------------------|----------------------------|
| 6. Housing Contingency Funds for Behavioral Health | | | | <input checked="" type="checkbox"/> Check if available in the county and complete the section. | | | | | |
| Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings, and other allowable costs. | | | | | | | | | |
| | Funding Sources by Type (include grants, federal, state & local sources) | Total \$ Amount for FY18-19 | Projected \$ Amount for FY20-21 | Actual or Estimated Number Served in FY18-19 | Projected Number to be Served in FY20-21 | | | Average Contingency Amount per person | Year Project first started |
| *MH Reinvestment contingency funds for the United Way of the Titusville Region | Reinvestment funds from the NW Behavioral Health Partnership | 32,305.50 | 0 | 36 | 0 | | | 897.38 | 2018 |

| | | | | | | | | | |
|---|--|-----------|---------|----|---|--|--|--------|------|
| *MH Reinvestment contingency funds for the United Way of Crawford County | Reinvestment funds from the NW Behavioral Health Partnership | 32,305.50 | 0 | 84 | 0 | | | 384.59 | 2018 |
| *MH Reinvestment contingency funds for CHAPS | Reinvestment funds from the NW Behavioral Health Partnership | 7,000.00 | 0 | 35 | 0 | | | 200.00 | 2018 |
| **Housing funds to support (short term) individuals being released from incarceration | CHIPP | 0 | 0 | 0 | 0 | | | 0 | 2017 |
| **Housing funds to support (short term) individuals being released from incarceration | Forensic Grant | 0 | 3000.00 | 0 | 5 | | | 600.00 | 2020 |
| Notes: | <p>*This grant ended at the end of FY 2018-2019.</p> <p>** CHIPP Housing funds to support short term individuals being released from incarceration is being replaced with funds from the Forensic Grant.</p> | | | | | | | | |

| 7. Other: Identify the Program for Behavioral Health | | | | <input checked="" type="checkbox"/> Check if available in the county and complete the section. | | | | |
|---|--|-----------------------------|---------------------------------|--|--|--|--|----------------------------|
| <p>Project Based Operating Assistance (PBOA) is a partnership program with the Pennsylvania Housing Finance Agency in which the county provides operating or rental assistance to specific units then leased to eligible persons; Fairweather Lodge (FWL) is an Evidenced-Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness; CRR Conversion (as described in the CRR Conversion Protocol), other.</p> | | | | | | | | |
| Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.) | Funding Sources by Type (include grants, federal, state & local sources) | Total \$ Amount for FY18-19 | Projected \$ Amount for FY20-21 | Actual or Estimated Number Served in FY18-19 | Projected Number to be Served in FY20-21 | | | Year Project first started |
| PATH | County, State and Federal | 62,783.00 | 62,783.00 | 36 | 54 | | | 2003 |
| Notes: | | | | | | | | |

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

1. Provide a brief summary of the progress made on the priorities listed in the FY 19-20 plan.
 - a. **Priority 1: Transitioning individuals from the State hospital to the community.**
The Personal Care Boarding Home (Renewed Life Haven) is working with the State on licensing. Once a license is obtained and COVID19 restrictions are lifted, individuals can begin to transition from the state hospital to the new facility.
 - b. **Priority 2: Implementation of the County Forensic Plan.**
The Forensic Boundary Spanner has been hired and is taking on cases. The other components of the forensic plan are targeted to be addressed in the upcoming fiscal year.
 - c. **Priority 3: Keeping families together with least restrictive services-**The County has been collaborating with Beacon Health Options to hold complex care meetings for our children and families with more complex needs. Crawford County Human Services has developed a team to brainstorm different options for families to reduce placement outside of the home. Human Services has added a mental health component to the core team to help CYS in thinking outside of the scope of CYS services.
 - d. **Priority 4: Increasing Evidence Based programming availability-**The CASSP Coordinator has reached out to Beacon Health Options, Northwest Behavioral Health Management, Inc. and other counties and providers to research program options that we may not be utilizing in our county. The CASSP Coordinator has presented the findings to the Block Grant committee and Human Services Administration. There is currently no funding available to add to our current array of programming options.

2. Based on the strengths and needs reported in section (b), please identify the top three to five priorities for recovery-oriented system transformation efforts the county plans to address in FY 20-21 at current funding levels. For **each** transformation priority, please provide:
 - A brief narrative description of the priority including action steps for the current fiscal year.
 - A timeline to accomplish the transformation priority including approximate dates for progress steps and priority completion.
 - Information on the fiscal and other resources needed to implement the priority. How much the county plans to utilize from state allocations, county funds, grants, HealthChoices, reinvestment funds, other funding and any non-financial resources.
 - A plan mechanism for tracking implementation of the priorities.

1. Individuals transitioning from the State Hospital to the Community

Continuing from prior year New Priority

Narrative including action steps:

The big project that we started to focus on last fiscal year was the licensing of a 15 bed Personal Care Boarding Home that would be enhanced with mental health supports. With the closure of two homes in the county who regularly accepted individuals with a mental illness that need extra support, the County recognized this important housing option was needed to provide for a continuum of care. At this time there are three individuals residing at the new personal care home. There is also a plan to incorporate Psychiatric Rehabilitation within the home. This will most likely occur once the home is at or near full capacity.

Timeline: Once the home is licensed, we expect the home to fill up rather quickly since there is a waiting list. The Administrator of the Home has been doing outreach with interested residents.

Fiscal and Other Resources: Funding for this project is currently coming from the Northwest Behavioral Health re-investment funds.

Tracking Mechanism: Crawford County Human Services is in daily contact with the Personal Care Boarding Home administrator and agency director.

2. Implementation of the County Forensic Plan

Continuing from prior year New Priority

Narrative including action steps: Crawford County Human Services is actively working on implementing forensic supports in the community to reduce and / or eliminate incarceration and criminal recidivism. This forensic plan involves new supports that will be available to eligible individuals with mental health and criminal justice involvement; Long Term Structured Residential (LTSR) unit, Mobile Competency Restoration Team (MCRT), a Forensic Personal Care Boarding Home (PCBH) and a Boundary Spanner case management component. In the past year, the majority of the plan focus has been on hiring a county Forensic Boundary Spanner and developing the MCRT. This Boundary Spanner has been hired and recently started taking on more responsibilities related to the case management position. This person plays a large role in the coordination of services between the behavioral health system and the criminal justice system. This person also provides case coordination to eligible individuals over the continuum of their involvement with the criminal justice system, pre incarceration to post. At this time the boundary spanner's main focus is working with individuals being released from the State Correctional Institutes, with the guidance of the criminal justice system. The MCRT contract has been awarded and the program director is beginning to get to know the counties, their individual needs and how best to roll out the program. This team will provide county jail inmates and / or community based restoration services to individuals deemed incompetent to stand trial.

Timeline: Completion of all prongs of the forensic plan are ongoing. Pertinent players are involved in monthly phone contact to keep abreast of any new progress.

Fiscal and Other Resources: The above forensic support will be financed through a combination of avenues including HealthChoices, base funding and re-investment funds.

Tracking Mechanism: Individuals in each level of care in the plan will be followed from the time they enter the program to post discharge from the program. This tracking is needed to determine if the program that they were supported in was helpful to prevent future involvement with the criminal justice system and to identify any gaps / barriers to success.

3. Training regarding complex trauma and veterans:

Continuing from prior year New Priority

Narrative including action steps: Crawford County is aware that it is vital to educate professionals and the community on issues specific to the veteran population. Crawford County collaborates closely with the local Veterans Administration for support. We have a Community Employment Coordinator

from the US Department of Veterans Affairs Erie VA Medical Center who attends, and is an active participant on, our block grant committee. The County is collaborating with Tony Pedone through Lilac Springs to offer a training next year to staff at Human Services on complex trauma and veterans. We will also be exploring offering the same training to providers, and the community in the following year, 2022.

Timeline: Training by Tony Pedone is being planned for April 2021.

Fiscal and Other Resources: This training will cost 1880.00.

Tracking Mechanism: The County will have participants complete an evaluation at the completion of the training. The evaluation will help to determine knowledge learned, and interest for future training and education.

e) Existing County Mental Health Services:

Please indicate all currently available services and the funding source(s) utilized.

| Services By Category | Currently Offered | Funding Source (Check all that apply) |
|--|-------------------------------------|---|
| Outpatient Mental Health | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Psychiatric Inpatient Hospitalization | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Partial Hospitalization - Adult | <input type="checkbox"/> | <input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Partial Hospitalization - Child/Youth | <input checked="" type="checkbox"/> | <input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Family-Based Mental Health Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Assertive Community Treatment (ACT) or Community Treatment Team (CTT) | <input type="checkbox"/> | <input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Children's Evidence-Based Practices | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Crisis Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Telephone Crisis Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Walk-in Crisis Services | <input type="checkbox"/> | <input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Mobile Crisis Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Crisis Residential Services | <input type="checkbox"/> | <input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Crisis In-Home Support Services | <input type="checkbox"/> | <input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Emergency Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Targeted Case Management | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Administrative Management | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Transitional and Community Integration Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Community Employment/Employment-Related Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Community Residential Rehabilitation Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Psychiatric Rehabilitation | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Children's Psychosocial Rehabilitation | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Adult Developmental Training | <input type="checkbox"/> | <input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Facility-Based Vocational Rehabilitation | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Social Rehabilitation Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Administrator's Office | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Housing Support Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Family Support Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Peer Support Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Consumer-Driven Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Community Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Mobile Mental Health Treatment | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Behavioral Health Rehabilitation Services for Children and Adolescents | <input checked="" type="checkbox"/> | <input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Inpatient Drug & Alcohol (Detoxification and Rehabilitation) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Outpatient Drug & Alcohol Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Methadone Maintenance | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Clozapine Support Services | <input type="checkbox"/> | <input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Additional Services (Specify – add rows as needed) | <input type="checkbox"/> | <input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment |

Note: HC= HealthChoices

f) Evidence-Based Practices (EBP) Survey*:

| 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 | No | | | | | | | |
| Supportive Housing | Yes | 89 | None | County and agency | Annually | Yes, as a guideline | No | |
| Supported Employment | Yes | 42 | Clubhouse, which is modeled after the SAMHSA EBP toolkit | County, Agency and PATH | Annually | Yes, as a guideline | Yes | Include # Employed 42 |
| Integrated Treatment for Co-occurring Disorders (Mental Health/SUD) | No | | | | | | | |
| Illness Management/ Recovery | No | | | | | | | |
| Medication Management (MedTEAM) | No | | | | | | | |
| Therapeutic Foster Care | Yes | 2 | | State, MCO | | | CRR agencies get specialized training and meet different qualifications than a regular Foster Care home. | |
| Multisystemic Therapy | Yes | 20 | TAM- Therapist Adherence Measurement, CAM- Consultant Measurement and Program implementation Review occurs quarterly | The Agency Adelphoi Village, our Partner with MST experts MSTI Institute PA EpisCenter OHMSAS Value | | Yes | Staff attend a week long MST training and supervisors attend additional supervisory trainings. Receive quarterly booster trainings. Receive weekly consultation with Adelphoi's MST expert | |
| Functional Family Therapy | No | | | | | | | |
| Family Psycho-Education | No | | | | | | | |

*Please include both county and HealthChoices funded services.

To access SAMHSA's EBP toolkits visit:

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

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

| Recovery-Oriented and Promising Practices | Service Provided (Yes/No) | Current Number Served (Approximate) | Additional Information and Comments |
|---|---------------------------|-------------------------------------|---|
| Consumer/Family Satisfaction Team | Yes | 353 surveys | |
| Compeer | No | | |
| Fairweather Lodge | Yes | 13 | |
| MA Funded Certified Peer Specialist (CPS)- Total** | Yes | 82 | |
| CPS Services for Transition Age Youth (TAY) | Yes | 8 | Age range 14-18 |
| CPS Services for Older Adults (OAs) | Yes | 6 | Age range 60 and older |
| Other Funded CPS- Total** | Yes | 10 | |
| CPS Services for TAY | Yes | 0 | |
| CPS Services for OAs | Yes | 6 | |
| Dialectical Behavioral Therapy | Yes | Unknown | Available in the county, but not funded through HSBG. |
| Mobile Medication | Yes | 172 | |
| Wellness Recovery Action Plan (WRAP) | Yes | 10 | |
| High Fidelity Wrap Around | Yes | Unknown | Available in the county, but not funded through HSBG. |
| Shared Decision Making | No | | |
| Psychiatric Rehabilitation Services (including clubhouse) | Yes | 43 | |
| Self-Directed Care | No | | |
| Supported Education | No | | |
| Treatment of Depression in OAs | No | | |
| Consumer-Operated Services | Yes | 459 | Two Drop In Centers |
| Parent Child Interaction Therapy | Yes | Unknown | Available in the county, but not funded through HSBG. |
| Sanctuary | No | | |
| Trauma-Focused Cognitive Behavioral Therapy | Yes | | Unable to determine |
| Eye Movement Desensitization and Reprocessing (EMDR) | Yes | Unknown | Available in the county, but not funded through HSBG. |
| First Episode Psychosis Coordinated Specialty Care | No | | |
| Other (Specify) | | | |

*Please include both county and HealthChoices funded services.

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

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

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

h) Certified Peer Specialist Employment Survey:

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

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

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

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

| | |
|--|----------|
| Total Number of CPSs Employed | 8 |
| Number Full Time (30 hours or more) | 4 |
| Number Part Time (Under 30 hours) | 4 |

i) Involuntary Mental Health Treatment

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

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

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

3. If the County/Joinder chose to opt-out of providing AOT services for all or a portion of CY2019:
- How many written petitions for AOT services were received during the opt-out period?

 - How many individuals did the county identify who would have met the criteria for AOT under Section 301(c) of the Mental Health Procedures Act (MHPA) (50 P.S. § 7301(c))?

| | AOT | IOT |
|--|-----|------------|
| Number of individuals subject to involuntary treatment in CY2019 | | 3 |
| Inpatient hospitalizations following an involuntary outpatient treatment for CY2019 | | 0 |
| Number of AOT modification hearings in CY2019 | | |
| Number of 180-day extended orders in CY2019 | | 3 |
| Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY2019 | | \$4,301.15 |

INTELLECTUAL DISABILITY SERVICES

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

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

With that in mind, please describe the continuum of services to registered individuals with an intellectual disability and autism 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 individuals for whom Base or HSBG funds have been or will be expended. Appendix C should reflect only Base or HSBG

funds except for the Administration category. Administrative expenditures should be included for both base and HSBG and waiver administrative funds.

The 2020-2021 Human Service Block Grant (HSBG) will allow Crawford County to provide a continuum of service to meet the needs of our ID population. The Center for Medicaid Services (CMS) approved the Medicaid Waiver Agreement, effective 07/01/2017, with subsequent amendments in effect on 11/01/2018, 01/01/2019, & 10/01/2019. Within the Waiver Agreement, the Office of Developmental Programs (ODP) included eligibility criteria to cover ID; Autism Spectrum Disorders (ASD); and Children under 9 years of age with developmental disabilities with a high probability of being intellectually disabled or on the Autism Spectrum (DD). Individuals who meet eligibility criteria for ID, and/or ASD, or DD, become eligible for Person/Family Directed Service (PFDS), Consolidated Waiver or the new Community Living Waiver through the Office Developmental Programs.

It is our understanding that the MH/MR Act of 1966 limits ID categorical state funding to be used for ID only. However, we have verbal confirmation from ODP representatives that counties may use base funding for individuals diagnosed with ASD only at our discretion. Individuals eligible for DD will NOT be eligible to receive HSBG funding until a confirmed ID diagnosis is obtained. Crawford has not opened any individuals with DD.

HSBG-funded services will provide individuals eligible for ID/ASD, regardless of their funding stream, with available support to meet their urgent or emergency health and safety needs as situations arise throughout the year. HSBG-funded support will be used in conjunction with other community-based services and/or financial assistance programs to support individuals experiencing urgent or emergency situations, either temporary or long term, based upon need.

HSBG funding provides eligible individuals with a sense of belonging, self-worth, and self-improvement by offering a wide variety of service. In turn, individuals have the support they require to be successful within in their homes/communities and are less likely to become involved in other service systems (Judicial, Children and Youth, Mental Health, or Drug & Alcohol.) HSBG-funded services allow individuals to achieve “Everyday Lives”, fulfill “Community of Practice” principles, and maintain success in the least restrictive environment possible.

The Crawford County ID program offers a variety of existing services through the HSBG. All HSBG approved service is contingent upon a formal or informal assessed need and is based upon individual need and funding availability. All HSBG-funded services are available to all individuals who are eligible for ID/A, including but not limited to: children, young adults leaving high school, Early Periodic Screening and Diagnostic Treatment (EPSDT) recipients, inmates, Residential Treatment Facility (RTF) residents, Adult Protective Service placements, Children and Youth recipients, nursing home residents, as well as individuals being discharged from private and state Intermediate Care Facility (ICF)/Intellectual Disability (ID) centers.

Crawford County supports a total of 492 unduplicated individuals with ID/A. This includes individuals partially served in the fiscal year who have since transferred to another county, closed with our services, and new individuals who have not yet been assigned a Supports Coordinator. Closures include individuals who have rejected our service, moved out of state, have been deemed ineligible, or have passed. We initially anticipated a large influx of new individuals due to the addition of the autism and DD target groups in the waiver renewal. In FY17-18, Crawford opened seven individuals with an ASD only diagnosis. In FY18-19, Crawford opened thirteen individuals with an ASD diagnosis. In FY 19-20, we opened six individuals with ASD only diagnosis. With this level of new ASD only intakes, Crawford County has been able to successfully serve these individuals without delay.

The following chart identifies the HSBG-funded services that ODP has identified to help achieve the goal of an Everyday Life for all individuals:

FY19-20 TOTAL UNDUPLICATED ID/ASD/DD INDIVIDUALS SERVED IN CRAWFORD COUNTY:
492

| Service | Individuals served 492 in FY19-20: | | Projected Individuals to be 500 served in FY19-20: | |
|--|--|--|---|---|
| | Individuals served in HSBG in FY 19-20 | % of total individuals served in HSBG in FY19-20 | Projected individuals to be served in HSBG FY20-21 | % of total individuals to be served in HSBG FY20-21 |
| Supported Employment | 0 | 0 % | 1 | < .1 % |
| CPS at a 2390 licensed facility (formerly pre-vocational) | 3 | < 1% | 4 | < 1% |
| CPS at a 2380 licensed facility (formerly Adult Training Facility) | 0 | 0 % | 1 | < 1% |
| ***Base-Funded Supports Coordination | 39 | < 8% | 40 | 8% |
| Residential (6400)/unlicensed | 0 | 0 % | 0 | 0 % |
| Life Sharing (6500)/unlicensed | 0 | 0 % | 0 | 0 % |
| PDS/AwC | 0 | 0% | 1 | < .1% |
| PDS/VF | 0 | 0 % | 0 | 0 % |
| **Family Driven Family Support Service (Sitter/Respite) | 41 | 8 % | 45 | 9 % |

The below chart identifies additional HSBG funded service that is utilized/available in Crawford County for eligible ID individuals:

FY19-20 TOTAL UNDUPLICATED ID/ASD/DD INDIVIDUALS SERVED IN CRAWFORD COUNTY: 492

| Service | Individuals served in 492 FY19-20 | | Projected Individuals to be 500 served in FY20-21: | |
|--|--------------------------------------|--|---|--|
| | Individuals served in FY19-20 | % of total individuals served in FY19-20 | Projected individuals to be served in FY20-21 | % of total individuals to be served in FY20-21 |
| In-Home and Community Support (unlicensed) | 20 | 4% | 28 | 5.6 % |

| | | | | |
|--|-------------------------|----------------|------------------------|---------------|
| **Drop-In Center through The Arc of Crawford County | 134 | 27% | 140 | 28 % |
| **OASIS Club through The Arc of Crawford County | 146 | <30% | 150 | 30 % |
| ****Quality Living Center (PCBH) Group - CLOSED 06/2019 | — | — | — | — |
| Domiciliary Care | 13 | 2.6% | 14 | 2.8% |
| Rep Payee Services (via Base Not Otherwise Specified) | 73 | 14.8 % | 78 | 15.6 % |
| Recreation/Leisure Time Activities (camps) | 20 | 4 % | 25 | 5 % |
| Companion Service | 3 | < 1 % | 3 | < 1 % |
| Assistive Technology (non-medical) | 2 | < 1 % | 1 | < 1% |
| Home Accessibility Adaptation | 0 | 0 % | 0 | 0 % |
| Vehicle Accessibility Adaptation | 1 | < 1 % | 0 | 0 % |
| Behavior Support | 0 | 0 % | 0 | 0 % |
| Family Aide | 0 | 0 % | 0 | 0 % |
| Daily Respite | 0 | 0 % | 0 | 0% |
| Support (Medical Environment) | 7 | 1.4 % | 5 | 1 % |
| Transportation (Zone, mile, public) | 0 | 0 % | 0 | 0% |
| Admin Fees for processing purchases of camps, assistive technology, vehicle modifications, etc.) | 6 | 1.2 % | 5 | 1% |
| Determination of Eligibility (testing or obtaining from SS) | 2 | < .2 % | 0 | 0 % |
| Court Ordered Competency Evaluations | 0 | 0 % | 0 | 0 % |
| Safety Evaluations | 0 | 0 % | 0 | 0 % |
| Court Hearings | 0 | 0 % | 0 | 0 % |
| Specialized Consultation from Dr. Ruth Ryan/Myers for complicated/challenging individuals | 0 | 0 % | 0 | 0 % |
| Emergency Support (residential or otherwise) due to unanticipated death of caregiver, neglect/abuse/exploitation, etc. | 0 | 0 % | 0 | 0 % |
| Language Translation (American Sign Language (ASL) & other languages) | language – 1 ASL - 6 | < 1 % 1.2 % | Language -2 ASL – 8 | < 1% 1.6 % |
| *HCQU Trainings and Technical Assistance | Est. 300 | N/A | Est. 300 | N/A |

* HSBG monies for Health Care Quality Units (HCQU) do not stream through Crawford County Administrative Entity (AE) and are not identified on Crawford AE's HSBG allocation. HCQUs are funded through Butler AE and service 9 Western Region Counties (Butler, Crawford, Mercer, Venango, Clarion, Armstrong, Indiana, Lawrence and Beaver.) The reported count in the above graph includes Crawford County individuals only (individuals may be duplicated.) Provider staff attendance is not captured. Individuals and staff greatly benefit from the HSBG-funded HCQU service and training.

** Programs utilize a "use-it or lose-it" philosophy. After an individual has NOT utilized HSBG program funded service for a full fiscal year, they lose their authorization for the next fiscal year and must go thru their Supports Coordinator (SC) to request the service again. The numbers represent a duplicated count as individuals may receive more than one of the identified services. Due

to COVID19, The “use-it or lose-it” philosophy was not applied to FY19-20. It will resume in FY20-21 barring any resurgence of COVID19 or some other unanticipated crisis/pandemic.

**** Base funding is used for SC travel associated with all 492 eligible and active ID/A individuals as well as all SC service delivered to individuals in hospitals & temporary nursing home placements. (The number shown in the first graph above shows individuals receiving SC Only service on a long term basis (not eligible for Targeted Service Management (TSM) service - such as long term nursing home, all ICF/ID placements and/or individuals not eligible for medical assistance.)*

***** The PCBH located in Crawford County (Quality Living Center) was formally closed at the end of June 2019. Between January 2019 and June 2019, all individuals moved to other locations.*

**Please note that under Person-Directed Supports (PDS), 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.*

Supported Employment: “Employment First” is the policy of all commonwealth executive branch agencies under the jurisdiction of the governor. ODP is strongly committed to competitive integrated employment for all.

- Please describe the services that are currently available in the county such as discovery, customized employment, and other services.
- Please identify changes in the 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 the county is a participant.

In FY 19-20, Forty-eight (48) unduplicated individuals, 10% of all eligible individuals, receive a form of employment service or work competitively in the community. Out of the 48 individuals, eighteen (38%) are competitively employed and do not require supports to maintain their employment status. Twenty-nine of the 48 Crawford individuals (60%) utilized the components of Supported Employment: Career Assessment, Job Find/Job Development, and Job Support. All twenty-nine individuals receive waiver funding. Of the 29, three individuals used Career Assessment, twenty-two individuals utilized Job Find/Job Development and twenty-one used Job Support. This is a duplicated count as some individuals used more than one component of supported employment during the fiscal year. Overall 40 out of the 48 unduplicated individuals currently receive waiver services. The other eight individuals are competitively employed and do not require HSBG funding to support their employment.

Eligible Crawford County individuals have not presented a need for HSBG-funded Supported Employment within the past year. Crawford County strives first to ensure health/safety with limited HSBG funding. “Employment First” is a crucial part of individual’s lives; however, employment is a secondary concern after health/safety needs. In order to promote growth in competitive employment, Crawford completes a specific process when individuals express a desire for employment. First, an OVR referral is submitted to initiate a vocational assessment. If OVR accepts the individual, job training commences with OVR. When OVR fades their support and the individual presents an ongoing need for supported employment, the individual’s Prioritization of Urgency of Needs (PUNS) is updated to reflect the need. HSBG-funded supported employment may be requested to help support the individual in maintaining their employment until long-term waiver funding can be obtained. Since OVR’s decision to close the order of selection process, Crawford County did not receive any requests for HSBG funding

for Supported Employment. HSBG funding follows the waiver-funded Supported Employment guidelines in that an individual must follow through with the OVR assessment and OVR training before Crawford County will consider offering HSBG funded Supported Employment. During OVR's Order of Selection closure, the interim ODP guidance has been utilized.

Four of Crawford County's local providers have become certified to provide Supported Employment (which includes Career Assessment, Job Find/Development, and Job Coaching/Job Support.) Our providers indicate the existing barrier to finding qualified staff lies in the struggle that staff have to complete the ACRES certification process. Crawford County's local providers are also considering offering Advanced Supported Employment (which includes Discovery, Job Acquisition, and Job retention) but their staff must meet all of ODP's certification and educational standards before this service can be offered. This training is more intense and staff are not able to complete the process to meet ODP qualifying standards. At present, none of Crawford County's providers meet the eligibility components to offer Advanced Supported Employment. With consideration of the Supported Employment and Advanced Supported Employment state-set reimbursement rates, HSBG funding would be able to offer minimal support. Long term or full-time support would not be able to be sustained using HSBG funding. Crawford County is not an employment pilot but does strive to incorporate "Everyday Lives" and "Employment First" to meet individual's ongoing needs as funding allows.

Through OVR's Early Reach Initiative, OVR meets with all school students to talk about interview skills, how to dress for interviews, job availability, job skills, etc. Over the past year OVR experienced a staffing shortage and was not able to fully realize this program. This greatly reduced the amount of time OVR's was able to spend with students and work on skills such as work dress, conduct, responsibilities, resumes, and communication. In addition, the early closure of schools due to COVID-19 also played a role in the reduction of time students were provided with OVR services.

The Education Department offers the Segway Program which helps prepare students to transition to community employment by offering hands-on practice at a variety of local businesses as a group. They practice job skills as well as have guidance regarding work dress, conduct, responsibilities, communication, etc. Two of Crawford County's school districts hosted Transition Fairs where a variety of local businesses, colleges, providers and Crawford's Supports Coordination Organization (SCO) attend to meet/greet with soon-to-be Crawford graduates and underclassmen. The remaining district invited AE's, SCO's and providers to attend their open house and speak to families that showed interest in services. This allows for ample time to plan for graduates aging out of the school programs.

In May 2019, Crawford County initiated an Employment Coalition with OVR, SCO and local providers. Since that time the Transition Coordinators, from the 3 school districts within Crawford County, as well as one of the Pennsylvania State Representatives have participated in the meetings. This Coalition anticipates and encourages local businesses to join efforts in an attempt to improve employment options within Crawford County for our eligible ID/A population. As part of this group, OVR has agreed to research the possibility of bringing "Project Search" into Crawford County. Project Search would allow transition age students to work with an OVR contracted local business in Crawford County with the intent for permanent employment upon graduation. The Employment Coalition also plans to hold an event families can attend to learn about the benefits of their son/daughter being employed and how it will affect their benefits, students will learn some important skills needed for job searching/interviewing and a job fair for business's to look for perspective employees.

Supports Coordination:

- Please describe how the county will assist the supports coordination organization (SCO) to engage individuals and families to explore the communities of practice/supporting families model using the life course tools to link individuals to resources available in the community.
- Please describe how the county will assist supports coordinators to effectively engage and plan for individuals on the waiting list.
- Please describe the collaborative efforts the county will utilize to assist SCOs with promoting self-direction.

Thirty-nine non-duplicated individuals benefit from HSBG-funded Supports Coordination service. SC service includes locating, coordinating, and monitoring services/supports for individuals who are not eligible for waiver services or targeted case management coverage due to their financial resources, or residential placements (i.e. nursing facilities, hospitalizations, jail, state centers, and private ICF/ID centers). Most HSBG funding is utilized during transition times out of facilities and includes SC functions such as planning meetings, community visits with potential providers, and provider review and selection processes. These SC responsibilities will continue to occur as needs arise and will continue to be funded with HSBG monies, as needed, unless individual circumstances allow for TSM/SCO back billing for transition activities conducted during a billable window. There are occasions when individuals have not been deemed eligible for medical assistance (MA) upon opening with SC services, and there are periods of ineligibility for individuals due to the lack of individual/family follow-through during the Department of Human Services (DHS) reapplication process. The SC does assist the individual/family with the application/reapplication processes but lapses in coverage still occur and are covered with HSBG funding. Until the individual is deemed eligible for medical assistance, all SC functions are funded by the Human Service Block Grant. All SC Travel for individuals open with ID/A service is covered by the HSBG. SC Travel on behalf of the 492 eligible individuals is not captured in the above tables. No changes in SC HSBG-funded service delivery are anticipated for FY 20-21. SC services will continue to meet the needs of ID/A eligible individuals not eligible for Waiver Supports Coordination or Targeted Service Management (TSM).

Crawford County encourages Supports Coordination Organizations (SCO) to communicate with families about the importance of finding natural supports within the community (churches, businesses, neighborhood events, other community resources, etc.) rather than relying only on paid supports. When paid supports are needed, SC's are required to ensure individual's needs are identified on Prioritization of Urgency of Needs (PUNS) and updated as needed, at least annually. Crawford County management and Program Specialists meet regularly (weekly or monthly) with local SCO supervisors to identify urgent needs, issues/concerns, and prioritize individuals identified on the PUNS waiting list, etc.. As individuals are identified to enroll into waiver vacancies, SCs discuss service options with individuals/families that include traditional agency services as well as Participant Directed Services such as Agency With Choice Financial Management Services (FMS) and Vendor Fiscal Financial Management Services. As families express interest in FMS services, Crawford AE and/or the FMS provider can be included in team meetings as seen fit to assist the individual/family in making a service delivery choice.

Crawford County has met with SCs and providers on multiple occasions over the past few years in order to ensure all staff are focused on being person-centered, community based, and that the new CMS Waiver Agreement, effective July 1, 2017, and all corresponding amendments are being followed accurately. Crawford AE meets with SCO staff at least monthly to review systemic changes, conduct

training opportunities, and bring in guest community speakers to allow for SCO growth and expand community resource knowledge base. These meetings typically review new changes but also are opportunities to reiterate information in the ISP Manual (which includes Service Definitions, Everyday Lives Information, Community of Practice Information, daily SC functions, etc.) SCs and providers have been encouraged to promote community integration as well as community integrated employment.

Crawford County provides information about Everyday Lives, Community of Practice and a variety of community resources to new individuals/families at intake (as well as information on EPSDT, ASERT, Active Aging, Bureau of Autism, Blind and Deaf Services, Everybody Communicates flyer, MH services, housing services, support groups, READ Program, local events, community resources, motor voter registration, etc.) The Community of Practice process, website, and AE expectations for SCs to use the Community of Practice process for new individuals, have all been reviewed with SCs and are reiterated at the twice monthly meetings/trainings. As SCs meet with new individuals/families, the Community of Practice process is explored, Everyday Lives is reviewed, and the ISP is created. Crawford County encourages SCs to use the Community of Practice process with all individuals on their caseloads but stresses the process for new individuals.

Lifesharing and Supported Living:

- Please describe how the county will support the growth of Lifesharing and Supported Living as an option.
- Please describe the barriers to the growth of Lifesharing and Supported Living in the county.
- Please describe the actions the county found to be successful in expanding Lifesharing and Supported Living in the county despite the barriers.
- Please explain how ODP can be of assistance to the county in expanding and growing Lifesharing and Supported Living as an option in the county.

Eligible Crawford County individuals have not presented a need for HSBG-funded Residential supports within the past year. Out of 492 eligible and unduplicated individuals who were active in the Intellectual Disability/Autism department in FY19-20, 123 (25%) are presently supported in a residential setting suited to fit their individualized health/safety needs. All receive Consolidated or PFDS Waiver. 67 out of 123 (55%) are in group homes of various sizes. This is considered to be the most restrictive residential support. 48 out of 123 (39%) are in life sharing homes. 8 individuals (7%) currently living in Dom Care. Crawford County's history with lifesharing confirms that individuals requiring lifesharing support also have many other high-level needs making them excellent candidates for the waiver program. Therefore, Crawford does not plan to use HSBG funding to create long-term lifesharing placements. HSBG-funded lifesharing would only be considered when an individual's emergency needs are not able to be met with existing natural supports, community resources such as Personal Care Boarding Homes (PCBH), Domiciliary Care placements, or short-term respite support. As need arises, future growth with Lifesharing is encouraged. Crawford County seeks to maintain individuals in the least restrictive environment and, depending upon the situation, will attempt to use a variety of resources to maintain individuals in their own or family homes. When residential emergencies occur, an informal assessment will be conducted, situations reviewed and services identified to ensure the individual's health and safety within the community. If appropriate for an individual's needs, community resources (i.e. PCBH & Domiciliary Care homes) will be sought. HSBG funding is available to provide temporary relief for emergency situations by providing respite support until long term funding can be

located. Existing lifesharing homes are possible respite options that could lead to long-term placements. Only in cases of emergency (abuse/neglect by caregiver), would a more restrictive level of placement be sought.

No individuals in Crawford County currently receive Supported Living. Supported Living is a new service effective July 1, 2017, and no need has arisen to utilize this service to date. HSBG-funded Supported Living would only be considered when an individual's emergency needs are not able to be met with existing, natural supports, community resources such as Personal Care Boarding Homes (PCBH) or Domiciliary Care placements, or short-term respite support. Additionally, Supported Living would be considered only if the individual was assessed and deemed to be potentially successful in this type of living situation. Crawford County's HSBG funding would not be able sustain a long-term Supported Living arrangement. In emergency circumstances, Supported Living could be explored as an option for temporary support while waiver funding was pursued.

HSBG Financial limitations, limited Consolidated and Community Living waiver capacity, and the financial cap for the Community Living Waiver (CLW) are three of the greatest barriers to increasing Life sharing and adding Supported Living residential options. Using the Community Living Waiver (CLW) for life sharing and or supported Living is a nice new option for individuals. However, with the CLW financial cap, if either life sharing or supported living is utilized, very little CLW funding remains for day program support.

Cross-Systems Communications and Training:

- Please describe how the county will use funding, whether it is HSBG or Base funding, to increase the capacity of the county's community providers to more fully support individuals with multiple needs, especially medical needs.
- Please 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 and promote the life course/supporting families paradigm.
- Please 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 enable individuals and families to access community resources, as well as formalized services and supports through ODP.

Thirteen provider agencies currently have offices located in Crawford County and provide ID/A services to Crawford County individuals. There are 255 unduplicated individuals who are considered to be low/no risk for a higher level of service because they utilize the HSBG-funded programs currently in place. Programs such as unlicensed In-Home and Community Support, CPS in licensed 2390 setting, CPS in community settings, Companion, Domiciliary Care, the Arc's weekend OASIS Club, the Arc's after-hours Drop-In Center, rep payee program, Support in Medical Environment, and Recreation/Leisure all provide support for individuals in safe and structured environments while also increasing skill levels. HSBG-funded In-Home and Community Support serves to provide maintenance and growth opportunities in daily living skills and maintain or increase health levels by encouraging doctor visits, proper nutrition, exercise, appropriate social interactions, being aware of exploitation, etc. This service helps individuals remain active in their community and be successful in their own homes or in their family homes. Without this support, individuals would likely require a higher level of residential support such as life sharing or licensed community residential placements. CPS in a

licensed 2390 setting provides individuals with a means to develop their community employment skills and work towards a higher skill level and ultimately, towards competitive employment. CPS in the community offers individuals a means to work on daily living skills as well as employment skills to prepare the individuals for everyday life involvement in the community. Companion service offers support for individuals during times when only supervision is required to solely meet health/safety needs. This could be a period during a mental health episode or other traumatizing event where health/safety needs are more pronounced and require supervision. Our Domiciliary Care program works in conjunction with our local Active Aging Office to find homes for individuals who require a less restrictive environment than required in an ODP lifesharing setting. The OASIS and the Drop-In Center programs run weekly, Monday thru Saturday in the evenings. These programs offer social and learning opportunities in a safe and structured environment. Rep Payee support offers the individuals with sound financial advice to help reduce their risk of financial exploitation. Support in medical environments provides assistance to individuals to help them interact/communicate positively with medical personnel and assist the individual during their physical recovery in hospitals and/or nursing facilities. Support during and following medical procedures aids with the healing process and ensures that individuals understand and appropriately apply medical recommendations safely. Recreation and Leisure offers children, teens, and some adults the opportunity to immerse themselves in fun social events which also builds self-confidence, provides needed exercise, and allows the individuals to make and maintain friendships within a safe and structured environment. Interpretation service is required for individuals whose primary language is not English. This service ensures that individuals understand when plans and decisions are being made and that they are active participants in their everyday life. Without these crucial social, skill-building and financial services, individuals may seek social opportunities, entertainment, and advice in dangerous arenas within the community; potentially resulting in police intervention, incarceration, Drug and Alcohol involvement, financial exploitation, and physical/sexual/emotional abuse. Ultimately, the purpose of the above identified services is to improve individual's quality of life, allow them an "Everyday Life" and reduce the risk of higher level facility admissions. Crawford's local providers are willing and able to provide these services in order to fully support individual's multiple needs within the private home and community.

Crawford County Human Services (CCHS) offers a Dialectical Behavior Therapy (DBT) skills group tailored to individuals with an intellectual disability. DBT is designed to help individuals suffering from mood disorders or those who need to change patterns of behavior that are not helpful, such as self-harm, suicidal ideation, substance abuse, etc. The approach works towards helping individuals increase their emotional and cognitive regulation by learning about the triggers that lead to reactive states and helping to assess which coping skills to apply. The series of classes includes active participation, peer/facilitator conversation/feedback, homework, etc. Each class builds upon skills developed in prior classes; the importance of attendance and completion of the program is a crucial part of the program's success. Typically, individuals and their staff attend the program together which has proven to be of great benefit. Skills learned in the DBT class are reiterated by their staff throughout daily routines. Individual's attendance in this program has not been tracked as it is solely a voluntary program.

Crawford County attends the cross systems forum (LINK) at the local area active aging office where regular topics of discussion are scheduled and trainings are shared amongst a variety of service realms and providers (ID, MH, Aging, D&A, APS, Public Transportation, etc.). Crawford County also works closely with Children and Youth (CYS), the Mental Health department and participates in the Transition Council facilitated by our local school districts to ensure ID children transitioning into adulthood and their families are identified, informed and plan for future needs. Crawford's newly developed Employment Coalition is made up county government representatives and local businesses

to talk about and promote employment opportunities for Crawford County ID/A individuals. All of the above-mentioned meetings help maintain and promote an open dialogue between Crawford County Human Services, school personnel, local business and families. In addition, SCs encourage families to ask for SC representation at Individual Education Plan (IEP) meetings. SC involvement with the IEP process encourages conversation with teachers and has led to referrals to human services for needed support for families. SCs are presenting the Community of Practice Life Course process to all new individuals/families and are encouraged to use the Life Course tools with all eligible individuals. Many of the new individuals are school-aged children and older individuals diagnosed with ASD. As a result, the Life Course process is reviewed and developed with the individuals, their families and, when applicable, school personnel at IEP meetings which also aids in the overall development of the ISP. All of these forums assist to identify areas of potential risk which are then presented at the Crawford County Quality Council and considered for the Risk Management process.

Crawford County Human Services is comprised of Intellectual Disability/Autism Services, Mental Health Services, Children and Youth Services, and Early Intervention services. Although permission from the individual/family is required to share specific information across departments, the ease of making referrals and/or brainstorming ideas for a variety of situations has been invaluable. Other Departments such as Drug and Alcohol, Adult Probation, Active Aging, public transportation, etc. are active participants in quality improvement projects, which makes department personnel available and approachable for referrals and/or guidance. This benefits individuals/families in experiencing smooth transitions into requested/needed new services.

Historically, Crawford County has utilized the Positive Practice Resource Team (PPRT) process and has used HSBG funding to bring highly qualified consultants in to assist with complicated individuals. These processes have helped avoid pursuing ICF/ID and/or state hospital admissions. With the exception of SC Service, none of the current ICF/ID individuals utilize HSBG-funded service. The location of state centers is not conducive to the individuals residing there using HSBG-funded programs that are based in Crawford County. However, recent movement of individuals (via the Benjamin Settlement) back into the local community would allow HSBG-funded programs to be accessible for these individuals, too.

Emergency Supports:

- Please describe how individuals in an emergency situation will be supported in the community (regardless of availability of county funding or waiver capacity).
- Please provide details on the county's emergency response plan including:
 - Does the county reserve any base or HSBG funds to meet emergency needs?
 - What is the county's emergency plan in the event an individual needs emergency services, residential or otherwise, whether within or outside of normal working hours?
 - Does the county provide mobile crisis services?
 - If the county does provide mobile crisis services, have the staff been trained to work with individuals who have an ID and/or autism diagnosis?
 - Do staff who work as part of the mobile crisis team have a background in ID and/or autism?
 - Is training available for staff who are part of the mobile crisis team?

- If the county does not have a mobile crisis team, what is the county's plan to create one within the county's infrastructure?
- Please submit the county 24-hour emergency crisis plan as required under the Mental Health and Intellectual Disabilities Act of 1966.

In the event of any individual emergency, CCHS does not specifically “reserve” monies for emergency situations. Instead, CCHS has existing contracts/rates with local providers in anticipation of emergency situations. HSBG funding is used when necessary. When emergency situations arise, CCHS's first priority is to ensure the immediate health/safety of the individual within a temporary setting that meets the individual's emergency need. Temporary residential settings may include respite at licensed or unlicensed homes. After the individual is safe and all health needs are met, research commences immediately (during normal work hours) to find the most appropriate long-term supports & funding to best fit the individual's long-term needs.

Crawford County does provide Mobile Crisis services to all residents of Crawford County. Mobile Crisis is available 24 hours/day, 7 days/week. Their staff are trained to deal with any individual in crisis. Whether the individual has no diagnosis, has an existing mental health diagnosis, has autism, presents with an intellectual disability or is dually diagnosed, the Crisis Team assesses each situation to determine future care and placement. Mobile Crisis is comprised of four full-time staff and two per diem staff. All are degreed and attend extensive training. Specific staff training includes suggested online or webinar training opportunities that staff can choose to attend. Mobile Crisis staff are aware of the training opportunities offered by the Milestone HCQU and plans to review and make recommendations for their Mobile Crisis staff. Typically, only one mobile crisis staff responds to crisis calls; however, if a situation is known and requires two staff, or multiple people are in crisis, or it is a potential night-time liability, two staff are sent or police support is obtained. The Crisis Team evaluates each situation and responds accordingly. The Crisis team tracks local data in an attempt to track possible patterns so that staffing can somewhat prepare accordingly.

In conjunction with Mobile Crisis, Crawford County Human Services also offers after-hour emergency contact. When emergencies arise, CCHS is available via an on-call process shared with County Control (911), hospitals, crisis, police and Adult Protective Services (APS). Entities call County Control and ask for the CCHS on-call delegate. County Control contacts Crawford County Human Services' on-call personnel to speak directly to the caller. CCHS first ensures emergency health and safety concerns are addressed immediately. Research then follows to find long-term services/funding within all departments (ID, MH, CYS, community, emergency waiver capacity, etc.) as deemed most appropriate, using HSBG funding as needed.

The Crawford County 24-hour Emergency Contact Response Plan (as required under the MH and ID Act of 1966):

Individuals experiencing an emergency:

- Call 911 or MH Crisis line at anytime

For Providers, Staff, Businesses, Departments experiencing an emergency requiring contact with a Crawford County Supports Coordinator:

Regular Business Hours Contact (Monday – Friday, 8:30am – 4:30pm)

- Call (814) 724-8380 - Main Crawford County Human Services Switchboard
- Ask for ID department or ID staff.

After-Hours Contact (Friday after 4:30pm, weekends, and Holidays)

- Call (814) 724-2545 – Crawford County Control
- Ask for Crawford County Human Services On-Call personnel.
- Caller identifies self as provider, staff, business, APS, Bureau of Autism, etc.
- County Control will contact Crawford County On-Call personnel for you.

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 trainers.

- Please describe the county's interaction with PA Family Network to utilize the network trainers with individuals, families, providers, and county staff.
- Please describe other strategies the county will utilize at the local level to provide discovery and navigation services (information, education, skill building) and connecting and networking services (peer support) for individuals and families.
- Please describe the kinds of support the county needs from ODP to accomplish the above.
- Please describe how the county will engage with the Health Care Quality Units (HCQUs) to improve the quality of life for individuals in the county's program.
- Please describe how the county will use the data generated by the HCQU as part of the Quality Management Plan process.
- Please describe how the county will engage the local Independent Monitoring for Quality (IM4Q) Program to improve the quality of life for individuals and families.
- Please 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, and other reasons.
- Please describe how ODP can assist the county's support efforts of local providers.
- Please describe what risk management approaches the county will utilize to ensure a high quality of life for individuals and families.
- Please describe how the county will interact with individuals, families, providers, advocates and the community at large in relation to risk management activities.
- Please describe how ODP can assist the county in interacting with stakeholders in relation to risk management activities.
- Please describe how the county will utilize the county housing coordinator for people with autism and intellectual disabilities.
- Please describe how the county will engage providers of service in the development of an Emergency Preparedness Plan.

Crawford County will collaborate with local Providers, SC's, and community partners in working together to support the Person Centered Thinking Trainers from PA Family Network. Crawford County will encourage all interested parties to attend trainings offered by the Department of Human Services and/or PA Family Network in order to help individuals and families in our community connect with each other and plan for a full and meaningful life.

Crawford County ensures that discovery information and education about the ID department and associated ID services are presented within our communities at various venues. When Crawford County (as well as several of the local ID providers) presents at venues such as local school job fairs,

Crawford County Fair, local school provider fairs, mental health fair, etc., networking between all commences and brochures and pamphlets are available. Questions from individuals, families and general public are fielded and interested families are directed to contact the Crawford County Human Services office to begin the process to obtain a Supports Coordinator. Past surveys from families indicated little interest in networking with other families or support groups. However, networking is available through local providers.

The HCQU estimates 300 Crawford individuals attended HCQU facilitated trainings over the past year. This is a duplicated count as an unduplicated count is not able to be obtained by the HCQU. Crawford County engages with the HCQU to offer trainings and intensive technical support to consumers, provider agencies, and direct care staff on any topic to assist in the improvement of quality of life for our individuals. The HCQU reaches out and offers a multitude of trainings such as “mental health first aide” to emergency responders and community members so they may better understand the individuals we support in a crisis/emergency situation. The HCQU presents group trainings being offered to Crawford County’s Quality Council. Crawford County will gather training topics offered during the year and cross reference them with incidents that have been reported to ensure the Quality Management Plan addresses topics where individuals are most at risk.

Data generated by the Independent Monitoring for Quality (IM4Q) process will be used as part of the quality management plan through considerations reported by the individuals we support. Topics with a high number of considerations will be addressed in the Quality Management Plan and follow-up will occur to ensure the considerations are being addressed in a manner that satisfies the consumer and meets the consumer’s needs. Crawford County will comply with the current IM4Q protocol and guidelines and maintain a written procedure for implementing the IM4Q “closing the loop” process in HCSIS.

Crawford County supports 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, and communication. Crawford County hosts quarterly Quality Council meetings with local providers. Providers are encouraged to discuss any challenges they may be having with individuals as well as successes. The Quality Council/Providers share ideas that may be helpful in providing assistance to all providers when faced with challenges. Crawford County always encourages local providers and SC’s to utilize our HCQU to provide technical assistance as well as training to providers in order to offer the best quality of life to individuals and families in our community. When individuals are faced with significant behavioral challenges, Crawford County offers training/guidance via the Positive Practices Resource Team (PPRT) – the current working status of this group is unknown as Crawford County has not shown a need for their level of expertise in several years - and/or reaching out to the OCY Complex Case Management Team and/or through specialized consultation with Dr. Ruth Ryan-Myers. These options are voluntary and are not a requirement of our providers.

Crawford County strives to ensure a high quality of life for all individuals. Crawford attends Regional Quality/Risk Management meetings on a quarterly basis and receives new and/or updated information surrounding prevention and risk mitigation strategies to share with SC’s, local Providers and community members. Crawford County will continue to review all incidents entered into the Enterprise Incident Management System (EIMS) and offer technical assistance to any individual, family or Provider as needed in order to address any concerns/issues that may decrease risks to those individuals living in Crawford County. Crawford County continues to engage in all training opportunities offered by ODP, HCQU or local organizations to ensure high quality of life for individuals in our county. On at least an annual basis, individuals/families are provided with information regarding neglect abuse

and exploitation and encouraged to talk about presenting concerns/issues in their lives. In severe Risk Mitigation cases, Crawford County works closely with the Adult Protective Services (APS) and the local Area Active Aging Office in order to ensure health and safety.

A specific “County Housing Coordinator” position does not exist in Crawford County. However, Crawford County utilizes a variety of resources when searching for the housing needs of the eligible ID and ASD individuals whom we serve. We seek first and foremost to provide the least restrictive residential setting to support the individual’s needs. We search within their own homes or family homes to determine if non-traditional day program may help and allow the individual to remain in their own/family home. If that is not possible, we reach out to our community providers of independent living programs, Domiciliary Care and Personal Care Boarding Homes to determine the appropriateness of these settings. Typically, in emergency situations where individuals require a higher level of residential support, we seek lifesharing first, followed by licensed community residential placements. In these situations, individuals typically exhibit greater needs that necessitate a higher level of support. Crawford County does seek emergency waiver supports through the Regional ODP Office as Crawford’s limited HSBG funding could not fund a residential setting on a long-term basis.

Crawford County has developed a team (membership from – ID, MH, CY, Probation, Crawford Administration, etc.) to participate in the Pennsylvania Disaster Crisis Outreach and Referral Team (DCORT) for the entire county population. Crawford County members of DCORT provide assistance to the general populous during a crisis, disaster, or emotional trauma. Specifically, DCORT assists individuals who have been impacted by crisis or disaster by providing emotional support and therapeutic activities to ease stress, foster a compassionate presence, and to aid in community resilience. Any person who is willing and able may join DCORT as long as they complete the training requirements and participate in the annual live disaster drills. Provider staff are encouraged to join DCORT but it is not a requirement of providers. Providers are required to have an emergency disaster response plan at their agency in order to address individual safety/protection, communications. All providers have policies/procedures to aide staff in responding to crises as well as individual health and behavioral emergencies. From past review of provider information, all Crawford providers have created an Emergency Preparedness Plan.

Crawford County will adhere to the current AE Operating Agreement conditions regarding the General Scope of the operating agreement, Administrative functions, financial administration Requirements, meeting the needs of the ID/ASD/DD participants, provider recruitment and enrollment, and training/technical assistance.

Participant Directed Services (PDS):

- Please describe how the county will promote PDS (AWC, VF/EA) including challenges and solutions.
- Please describe how the county will support the provision of training to SCOs, individuals and families on self-direction.
- Are there ways that ODP can assist the county in promoting or increasing self-direction?

Crawford County encourages and promotes PDS services via the Supports Coordination Organizations at an individual’s ISP creation, annual ISP meetings, and throughout the year as needs arise. There are currently 47 out of 492 (9.5%) eligible Crawford County individuals utilizing Agency

with Choice (AwC) PDS services. All 48 PDS participants receive waiver funding. As a means to further promote PDS services, Crawford County utilizes a Supports Broker to work with individuals and/or their designated surrogate with the employer-related functions required of the AwC PDS managing employer. The managing process can be confusing and causes more stress than most individuals/families are willing to take on. In the first year of using Supports Broker Services, Crawford County heard from families using the service that they are relieved and feel less concern regarding their competency to self-direct. Unfortunately, the Supports Broker staff has been a high turn-over position. As needed to off-set times when broker staff are not available, the AwC provider hosts group family meetings to help facilitate Managing Employer's questions.

Most families utilizing Agency with Choice (AwC) PDS services have existing relationships formed with the staff who they choose to hire and do not express any challenges or barriers. In the 2019-2020 AwC Annual Survey Results, 63% of AwC PDS Managing Employers surveyed express frustration with finding responsible and reliable staff, even with AwC assistance. Finding good staff is a challenge that all human services providers face and as families begin to identify with this unfortunate fact, a few have chosen to switch back to traditional agency programming for their loved one. One Managing Employer indicated the need for additional monies to pay direct service professionals. However, this is a defined barrier as the AwC Provider must adhere to the state-identified wage ranges for PDS services.

Eligible Crawford County individuals have not presented a need for Vendor/Fiscal (VF) PDS Services. When VF PDS is presented, most families express discomfort with being identified as the "employer of record" and also prefer dealing with a local provider.

Crawford County will support Individual and family decisions to self-direct services. Via the individual's Supports Coordinator, a variety of training opportunities available thru the HCQU, PA Family Network, ODP and other local resources will be shared with individuals/families in order to foster structured training opportunities that promote Everyday Lives, Employment First, the Community of Practice Life Course process and quality of life. Training opportunities offered are voluntary for PDS participants and not a requirement to self-direct services.

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

- Please describe how the county will enable individuals in congregate settings to return to the community.

Crawford County reviews the Benjamin Settlement site quarterly to ensure all individuals wanting to move into the community are identified for Crawford County. In FY19-20, Polk State Center has been identified to close within the next several years. The State Center is notifying the families, several in-person meetings have been held for families to meet prospective providers. As individuals are identified to move to a community setting, families are contacted and the planning process begins. The Benjamin website is being utilized to showcase an individual's needs. Crawford County reaches out to local and state-wide providers to alert and determine provider interest in supporting the identified individual.

OTHER HSBG-FUNDED SUPPORTS:

Crawford County reviews each service request for HSBG funding during weekly CCHS Review Committee meetings. Priority is given to emergency situations, followed by services requested for individuals with short-term medical recovery needs (in hospitals/nursing homes,) and/or services requested for individuals struggling to live independently or families struggling to keep their loved one at home.

Crawford County plans to maintain the present frequency and duration of all existing services for currently enrolled individuals and programs. With the flexibility of the Human Services Block Grant, Crawford County will expand the number of individuals able to participate in the above-mentioned programs as needs arise. Crawford does anticipate additional need in the area of transitioning from school to adult life for both ID and ASD target groups. Meeting with providers and other interested individuals on an ongoing basis will concentrate on maintaining existing service and identifying future need in the Crawford County area.

HOMELESS ASSISTANCE PROGRAM SERVICES

Please describe the continuum of services to individuals and families within the county who are experiencing homelessness 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.

According to recent 211 data, over 40% of calls received for Crawford County were for housing/shelter (23.8%) and help with utilities (18.4%). Of the calls received for housing/shelter 35.1% were requests for rental assistance, 23% for low cost housing and 22% for shelters. Of the calls received for help with utilities 61.6% were for electric bills and 22.7% were for gas bills.

Families / individuals that are homeless or facing eviction may benefit from case management, rental assistance and emergency shelter services in Crawford County. Bus passes are also available to ensure quality, reliable and safe transportation for persons at or near homelessness who are receiving human services related programming. It is clear that we must do more to discover and address the reasons why people are homeless, rather than just continually offer temporary and nominal supports. When the reasons are addressed, people will be more empowered and better capable of seeking and maintaining their own stable housing. These are areas that are addressed during our Monthly HSBG Planning meetings.

Bridge Housing Services:

- Please describe the bridge housing services offered. Include achievements and improvements in services to families at risk or experiencing homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of bridge housing services? Please provide a brief summary of bridge housing services results.
- Please describe any proposed changes to bridge housing services for FY 20-21.
- If bridge housing services are not offered, please provide an explanation of why services are not offered.

Bridge Housing is provided by the Crawford County Coalition on Housing Needs (CCCHN), Inc. as Liberty House. Liberty House is Crawford County's first and only transitional housing project for homeless families. Tenants must be income eligible and have at least one dependent child. These families need to demonstrate a willingness to break the cycle of homelessness through hard work and counseling. This program also targets families who are unable to access other affordable housing options due to barriers such as poor credit history and lack of landlord references. The maximum length of stay is 18 months. The county monitors these case management services on an ongoing basis, and through an annual audit of program outcomes and fiscal adherence. There are no proposed changes planned for FY 20-21.

As the only in county shelter that provides services to families, CCCHN reports that there is definitely a need for additional family shelters in our area.

Case Management:

- Please describe the case management services offered. Include achievements and improvements in services to families at risk or experiencing homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of case management services? Please provide a brief summary of case management services results.
- Please describe any proposed changes to case management services for FY 20-21.
- If case management services are not offered, please provide an explanation of why services are not offered.

Case Management, which is partially funded through HAP, is provided by four providers in Crawford County. Women's Services, Inc. provides assistance specifically to women and children by offering programming, education, mentoring, advocacy and other supports to help them reestablish and maintain safe and affordable housing. Crawford County Mental Health Awareness Program, Inc. (CHAPS), the YWCA in Titusville and the Center for Family Services (CFS) offer support to improve living situations for anyone who is homeless or near homeless. The county monitors these case management services on an ongoing basis, and through an annual audit of program outcomes and fiscal adherence. There are no proposed changes planned for FY 20-21.

Although not funded through HSBG or HSDF / HAP, it is notable to mention that CFS was awarded a grant for a re-entry program. This program is designed to provide housing assistance and case management services to individuals being released from our local jail. The impact this will have on other HSDF / HAP services is that it will provide an alternate funding source for those individuals who meet the criteria for participation in the program—freeing up HSDF / HAP monies for use with other individuals. The grant funds for the re-entry program are very limited. This past fiscal year the program only provided services to 5 individuals and CFS has not been notified yet whether next year's request will be approved.

Our provider's report that limited number of staff and available funding continue to be the major unmet needs or gaps in this area. They report that it is getting harder to meet the high demands for case management services for those who do not qualify for rental assistance. The numbers of individuals suffering from housing instability caused by drug addiction issues continues to increase. Case managers struggle to meet the needs that exist in our county, since homelessness is traumatic and the consumer's needs at the onset are intensive and time sensitive. There is a need for

diversion and discretionary funds designed to benefit the homeless or near homeless population of Crawford County. Examples of types of funding would include rental assistance to pay debt to public housing agencies, laundry assistance, furniture assistance, and pest removal and extermination. The aforementioned are often barriers to obtain and/or maintain decent housing.

Women's Services reports seeing all of the usual barriers to obtaining housing (lack of job skills and job readiness, prior convictions, debt load and poor payment history, no income, poor rental history, health issues, etc.). The biggest issues, however, continue to be ones involving Mental Health and Substance Use/Abuse. Too many housing clients are not in a good position to care for themselves due to past and current traumas.

CHAPS reports that their Housing Advocates are seeing an increase in Transition Age Youth, along with individuals with serious Mental Health and Drug and Alcohol challenges, which require more extensive housing and case management services. Also, there continues to be significant challenges with bed bug infestations, and very limited resources to access support for this problem.

CFS and the YWCA in Titusville both report that hoarding issues, debt from utilities and back landlord payments continue to be issues within our county. They have also found that there is often a need to help people move in to places when they are leaving shelter and have no transportation. These individuals also may have things in a storage unit or at a friend/ family's home. Staff members, at times, have utilized their own time and vehicle to help in these situations.

Through the county block grant funds CFS attempts to distribute funds according to where the need is greatest. As with the other agencies, they are seeing an increased need for case management funds due to the opioid epidemic and all the problems associated with addiction. The homeless population is rising as those with addiction issues lose housing due to bad choices, property neglect / damage, money mismanagement etc. Most such individuals do not qualify for subsidized housing because of previous evictions and / or felony drug records. In addition, they have burnt bridges with most local landlords and are unhouseable. As a result of all these barriers, hours are spent on case management that allotted funds do not cover. Additional hours are spent working with individuals for the above reasons and case management becomes very important in assuring concerns are identified and addressed appropriately.

The effects of the COVID pandemic on local programs and services is unknown at this time. We are anticipating that needs for shelter and rental assistance will become more critical once the waiver for evictions is lifted.

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.
- How does the county evaluate the efficacy of rental assistance services? Please provide a brief summary of rental assistance services results.

- Please describe any proposed changes to rental assistance services for FY 20-21.
- If rental assistance services are not offered, please provide an explanation of why services are not offered.

Rental Assistance, which is partially funded through HAP, is provided by two providers in Crawford County. Titusville YWCA and the Center for Family Services screen applicants to ensure that they are homeless or near homeless, and then provide financial help to acquire housing or other related needs. The county monitors these rental assistance services on an ongoing basis, and through an annual audit of program outcomes and fiscal adherence. There are no proposed changes planned for FY 20-21.

Our providers continue to report that available funding is the major unmet need or gap in this area as well. There appears to be an increase in need above the funding that is available for disbursement. Rent costs are increasing but funding for rental assistance services is not. Thus, this results in fewer people being served under the rental assistance services. These individuals are being shifted to case management services which results in their numbers of people to serve increasing as well.

The effects of COVID-19 on the Rental Assistance programs is unknown at this time. However, it is assumed that the current pandemic is going to have a dramatic impact on individuals and families given the unemployment rate and the temporary moratorium on evictions. We are anticipating that once the moratorium is lifted that there will be greater numbers of individuals who will be in need of assistance as they struggle to manage their fiscal responsibilities.

According to 211 data, there was a 5% unmet need of the requests for rental assistance.

Emergency Shelter:

- Please describe the emergency shelter services offered. Include achievements and improvements in services to families at risk or experiencing homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of emergency shelter services? Please provide a brief summary of emergency shelter services results.
- Please describe any proposed changes to emergency shelter services for FY 20-21.
- If emergency shelter services are not offered, please provide an explanation of why services are not offered.

Emergency Shelter, which is partially funded through HAP, is provided by three providers in Crawford County. Titusville YWCA Saint James Shelter and Women's Services offer emergency shelter to women and children only, while the Crawford County Coalition on Housing Needs, Inc. offers emergency shelter to anyone who is homeless or near homeless. The goal of these programs is to help individuals to become self-sufficient by securing permanent living arrangements and developing a continuum of services to support them after they leave the shelter. The county monitors these emergency shelter services on an ongoing basis, and through an annual audit of program outcomes and fiscal adherence. There are no proposed changes planned for FY 20-21.

All emergency shelters report that the need for shelter services often surpasses the availability of our current shelter services. There are times when waiting lists need to be created because we are unable to meet the needs of everyone who qualifies for these services.

The effects of COVID-19 on Emergency Shelter capacity is unknown at this time. However, it is assumed that the current pandemic is going to have a dramatic impact on individuals and families given the unemployment rate and the temporary moratorium on evictions. We are anticipating that once the moratorium is lifted that there will be greater numbers of individuals who will be in need of housing options.

According to 211 data, there was a 4% unmet need of the requests for shelter services.

Innovative Supportive Housing Services:

- 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 provide a brief summary of other housing supports services results.
- Please describe any proposed changes to other housing supports services for FY 20-21.
- If other housing supports services are not offered, please provide an explanation of why services are not offered.

Through the Innovative Supportive Housing Services category of HAP, bus passes have been funded through our local bus transportation system (CATA). The partner agencies identify those individuals at or near homelessness who are receiving human services related programming and who are not able to access basic life functions due to a lack of transportation. The agencies provide the individuals with a CATA referral voucher so that the individual can obtain a bus pass. The goal in issuing bus passes is to eliminate the barrier of transportation to help individuals move towards obtaining self-sufficiency. CATA has provided safe, reliable public transportation in Crawford County since 1979. The county monitors these innovative supportive housing services on an ongoing basis, and through an annual audit of program outcomes and fiscal adherence. There are no proposed changes planned for FY 20-21.

During FY 18-19, CATA issued 174 passes. In comparison, 74 passes have been issued through the third quarter of FY19-20. No passes were issued during the end of the third quarter and beginning of the fourth quarter due to CATA's temporary "Free Fare" services which became available during the COVID-19 pandemic.

Homeless Management Information Systems:

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

The Homeless Management Information System (HMIS) is a state wide information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Each Continuum of Care

(C.o.C.) is responsible for selecting an HMIS software solution that complies with HUD's data collect, management, and reporting standards.

One of our local MH Providers, CHAPS, follows all the C.o.C.'s requirements for maintaining all of their housing programs in the HMIS system. The following is a list of all the housing grants that CHAPS' oversees and inputs into HMIS:

- Emergency Solutions Grant for Veterans (ESG)
- Fairweather Lodge Program
- CHAPS' PATH Program
- Shelter Plus Care Program
- Housing Now
- Family Housing Program
- McKinney Housing Advocacy Program
- Crawford County H.A.P. Program
- Emergency Solutions Grant (ESG)

CHAPS' also oversees the HMIS program for the Crawford County Coalition on Housing Needs (CCCHN) with the following programs:

- CCCHN Emergency Shelter
- CCCHN Liberty House Program

CHAPS is currently working with the St. James' Men's Emergency Shelter so in the future, their information will be inputted into HMIS as well.

Women's Services also inputs information into HMIS for their shelter services.

The YWCA Saint James Shelter in Titusville and Center for Family Services are not currently using the HMIS system. They have utilized it in the past when they were receiving funding through the Homelessness Prevention and Rapid Re-Housing Program (HPRP).

In addition to HMIS, in order for homeless individuals / households in Crawford County to be eligible for any HUD funded housing programs, their information must be entered into the Coordinated Entry System for a 20 county Continuum of Care region. Coordinated Entry is a process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed, referred and connected to housing and assistance based on their strengths and needs. CHAPS began utilizing this process in January 2018 for Crawford County. CHAPS is considered the General Assessment Center for Crawford County, unless the individual is fleeing domestic violence. In that case, Women's Services would be responsible for assessing and entering the person into the system. The use of the Coordinated Entry System is resulting in difficulties with movement through the system. CHAPS continues to advocate for changes to the current system, which would better help serve the mental health consumers within our county.

SUBSTANCE USE DISORDER SERVICES (Limit of 10 pages for entire section)

This section should describe the entire substance use service system available to all county residents regardless of funding sources.

Crawford County Drug & Alcohol Executive Commission, Inc. (CCDAEC) is the Single County Authority (SCA) and provides directly or makes available to the public a full array of drug and alcohol services including prevention, recovery support, outpatient/IOP/intervention, partial hospitalization, inpatient hospital, and inpatient non-hospital treatment. Clients seeking treatment may access services at CCDAEC or present directly to a licensed drug and alcohol treatment provider. Protocols are established between the provider and CCDAEC to coordinate care and provide funding of services for eligible clients when needed.

Overview of Drug and Alcohol Services:

CCDAEC's prevention program is its least restrictive approach to services. The Prevention Department provides programming in the community, at schools, and onsite. Staff strive to create an environment that supports behavioral health and minimizes societal challenges. Prevention services, especially among youth, can promote resilience and minimize the risk of individuals developing a behavioral health problem. A component of Prevention is the Student Assistance Program which offers screenings and consultations for students and teachers in area schools, and school-based follow-up education/intervention for students identified as at-risk for developing substance misuse problems. Providing intervention services in the schools helps bolster attendance at the sessions and promotes a unified approach to services.

The prevention department provides evidence-based programming for youth and families in schools and the community. Evidence-based programs instructed in the past year include the Strengthening Families Program 10-14, Healthy Alternatives for Little Ones, Too Good for Drugs, Creating Opportunities for Personal Empowerment, Education Leading to Employment & Career Training, the Underage Drinking Program, and Teen Intervene. Prevention Specialists spend considerable time engaging with the public through health promotions and education. Summers are spent engaging with diverse audiences at events throughout the county. In the age of COVID-19, prevention staff are serving meals through nonprofit, faith-based, and school-based lunch and meal delivery programs to disseminate vital information about ongoing agency services.

The Crawford County Overdose Prevention Coalition meets the second Monday of each month from 9:00 to 10:30 at Vernon Place (second floor). CCDAEC prevention staff remain central to the planning and facilitation of this group. The group's mission is to be a catalyst of change for a healthier community by bridging the gap between addiction and society, decreasing substance abuse and death caused by overdose through education and action. The CCOPC includes representation from law enforcement, educators, drug and alcohol treatment providers, social service providers, medical professionals, people in recovery, and concerned citizens. The CCOPC continues its collaboration with the PA Heroin Overdose Prevention/Reduction Technical Assistance Center (TAC). The TAC is based out of the Program Evaluation and Research Unit (PERU) at the University of Pittsburgh's School of Pharmacy. Recent topics of discussion and action from the group include harm reduction, infectious disease prevention, and family-based trauma-informed care for substance use disorders. Currently, the coalition is planning a second iteration of its stigma survey to assess community understanding of substance use disorder and evidence-based interventions.

The Prevention Department staff and supervisor continue to work on a Prevention Needs Assessment through the Department of Drug & Alcohol Programs. This work strives to mitigate the impacts of four major substance use concerns for area youth and adults by promoting protective factors and reducing risk factors. The four areas of concern center on youth vaping/e-cigarette and marijuana use and adult heroin/polysubstance use and substance use among pregnant women. This work will guide prevention strategic planning and data collection for the next decade. In the coming year, the prevention department seeks to pursue additional environmental strategies to strive for community policy and cultural changes.

Crawford County Drug & Alcohol Executive Commission, Inc. (CCDAEC) employs four Certified Recovery Specialists to provide recovery support services. In prior year applications, CCDAEC identified a goal to expand recovery services in the community. For the coming fiscal year, CCDAEC will have the funds to support five recovery staff. Currently, CCDAEC seeks to hire one additional Certified Recovery Specialist (CRS). Recovery support services are non-clinical services which CCDAEC provides to assist individuals and their families to recover from alcohol and other drug problems. These services emphasize outreach, engagement, and other strategies and interventions to assist people in recovery in gaining the skills and resources needed to initiate, maintain, and sustain long-term recovery. Recovery support services are not a substitute for necessary clinical services.

Recovery support is offered to all persons seeking services through CCDAEC. Recovery support services provide peer mentoring to adults struggling with addiction issues or co-occurring substance abuse and mental health issues in need of outreach at all stages of the recovery process. Individuals involved with CYS, the criminal justice system, and those re-entering the community after release from jail, especially, can benefit from recovery support. Recovery Specialists visit local inpatient facilities in an attempt to engage patients prior to their step down in treatment. Coming back to the community engaged with recovery supports can add a welcomed layer of protection for individuals struggling with addiction. With an increasing number of patients with access to medication-assisted treatment, Certified Recovery Specialists offer support for an intervention surrounded by stigma within the traditional recovery community. During COVID-19, recovery support services moved seamlessly to virtual formats, including individual recovery sessions and mutual aid fellowship convenings. CRS staff continue to travel to client homes to provide recovery resources when needed.

Case Management offers Drug and Alcohol Level of Care Assessments and Drug and Alcohol Case Coordination. Drug and Alcohol Level of Care Assessment includes a face-to-face evaluation of the client to ascertain treatment needs based upon the degree and severity of alcohol and other drug use, as well as the social, physical, and psychological effects of substance use. The drug and alcohol level of care assessment identifies the strengths and needs of the client in order to determine the appropriate service and/or treatment modality. Drug and Alcohol Case Coordination is an individualized, client-care service designed for individuals with addictive disorders who have ancillary needs. The purpose of Case Coordination is to provide assistance in accessing needed services and resources, as well as support and advocacy. Activities include assessment/evaluation of the client's strengths and challenges, linking/referral to community services and supports and, when appropriate, service planning and goal setting, assisting the client to develop a positive support network, advocating if services and resources are not readily available, and following up to ensure the client's needs were

adequately addressed. This may be a person's first step in their recovery and it is a critical component of treatment services.

Case Management services are both site- and community-based and, in addition to providing level of care assessments, assist clients in coordinating care across systems. The Case Manager helps to navigate the various systems, provides education on the benefits of system collaboration to the client, and obtains consents to release information to the appropriate agencies to allow this to occur. Care Coordination is a function of case management through which CCDAEC ensures that the individual's treatment and non-treatment needs are addressed (adult and adolescent). Non-treatment needs are needs the individual may have that do not directly impact level of care and placement decisions; however, they are issues that need to be addressed as part of the individual's recovery process. Non-treatment needs are needs the individual may have in the following areas (Client's non treatment needs may not be limited to these specific needs and may include other non-treatment needs as well.): Education/vocation, employment, physical health, emotional/mental health, family/social, living arrangements/housing, legal status, basic needs (food, clothing, transportation), and life skills.

In order to assist clients in the management of their recovery, it is necessary to ensure that resources to address the clients' needs are in place, and that those resources are made available to all clients (adult and adolescent) at the time the needs are identified. Case Coordination will facilitate the identification of services offered to and utilized by the client. In the past fiscal year, the case management unit began tracking z-codes, indicating those areas of client basic need intervention to more accurately track their ability to create change in these areas for clients. Case managers offered entirely virtual assessments and case coordination during COVID-19, including the implementation of electronic signature and telehealth applications. While assessments slowed during the crisis, case coordination appointments increased substantially and remained consistently high engagement over the period.

Providing funding for Case Management services and treatment, Crawford County has been awarded an Intermediate Punishment/Drug and Alcohol Restrictive Intermediate Program (IP/D&A RIP) PCCD grant. Clients accessing IP/D&A RIP funds are level 3 and 4 offenders court-ordered to the program in lieu of incarceration. These dollars supplant Human Service Block Grant funds for eligible clients. Should the grant not be available to the County, client services would need to be reduced by a minimum of 20%, harming many clients, their families and the community in the process. CCDAEC is supported for the next fiscal year to continue its expanded case coordination services, as requested by the Department of Drug and Alcohol Programs. This expansion is being completed in the pursuit of more community-based services and the service of special populations. Case coordinators will be more mobile throughout the county in an attempt to help others outside the Meadville (county seat) area.

Drug and alcohol treatment is provided to clients as determined by their level of care assessments. Treatment may include a full continuum of care from hospital-based treatment to outpatient care, and when appropriate, will be provided to clients through the SCA (CCDAEC) and its subcontracted providers. The SCA subcontracts with nearly eighty different licensed treatment provider facilities throughout the state to ensure the diverse clinical needs of these individuals can be met. All outpatient and residential providers are licensed through the Department of Drug and Alcohol Programs.

Treatment providers within the county include Stepping Stones, offering hospital-based detox and rehabilitation (4A and 4B) and outpatient (1A) services. Stepping Stones is a key player in the county's warm hand off process and is located in the central portion of the county. Alpine Springs is in the western portion of the county and provides rehab (3A and 3B). Greenfield is a methadone clinic located in the central portion of the county. Family Services and Children's Aid Society is licensed to provide outpatient treatment in the eastern segment of the county.

In addition to the methadone clinic, vivitrol is provided by Positive Recovery Solutions utilizing a mobile van that visits once a month. Historically, many patients accessing suboxone services traveled out of the county or were seen by doctors with limited concern for their patients' recovery. The local community health center continues to collaborate with CCDAEC for a suboxone program committed to balancing medication-assisted treatment, biopsychosocial therapy, and case coordination. In the past year, with assistance from the University of Pittsburgh Rural Access to Medication-Assisted Treatment in PA (RAMP) project, two additional providers, one physician and one physician's assistant, obtained DATA 2000 waivers to prescribe. Previously, one physician offered maintenance appointments on Monday afternoon/evening. CCDAEC continues to work with the health center and RAMP to create continuous quality improvement processes for data-driven decision-making and to create protocols to create a smooth onboarding for these two new providers.

A large population of substance abusers, in spite of available services, is incarcerated. In order to address this need, programming at the Crawford County Correctional Facility (CCCF) began in March of 2004 to better serve the SUD needs of the county's 200 to 250 inmates. The inmate population is made up of people awaiting bail or trial, inmates serving county sentences of up to 24 months minus one day, inmates awaiting transfer to other correctional facilities, and county probation violators. Inmates can serve as little as a few days or as much as twenty-four months, less one day. The target population of the jail program consists of inmates in the pre-contemplation or contemplation stages of recovery. The program provides intervention services and offers an outpatient level of care consisting of a series of process and topical process groups. This series of groups cycles approximately once every four months. Groups are run in all the major housing units and are open to any inmate who wishes to attend on a voluntarily basis. Individual counseling is provided as appropriate. CCDAEC's goal is to provide interventions designed to motivate our jail clients to seek recovery from chemical addiction and by both professional organizations and self-help groups to aid them in becoming productive citizens when they are released back into society.

A counselor, trained as an art therapist is integrating these tools into the jail intervention program. Expressive therapies may be less threatening than traditional therapies (talk) and give the participant a different way to communicate effectively and authentically. CCDAEC recently partnered with the Center for Family Services family education department to provide support groups to men and women in the correctional facility aimed at improving family outcomes and reducing substance misuse. Counselors at CCDAEC also provide drumming as an alternative expressive therapy. Adding the use of drumming techniques to a therapy session can empower an individual to express what words alone may not.

The CCDAEC Treatment Department is partnering with the Department of Drug and Alcohol Programs and the Cognitive Behavioral Institute for a pilot program to utilize a new Cognitive Behavioral Therapy training. Currently, CCDAEC clinicians and providers from other county agencies are in stage 2 of the 4-phase program incorporating remote learning, role playing, and

ongoing technical implementation assistance. When the success of the pilot is measured through improved clinical outcomes, it will serve as a model for other single county authority and treatment providers across the state.

CCDAEC outpatient treatment appointments moved to almost entirely virtual during the peak of the COVID-19 first wave crisis in Pennsylvania. Clients required extra services and support during this time due to the isolation and other trauma associated with the pandemic. This led to people staying engaged in treatment in longer intervals than pre-COVID-19 conditions. CCDAEC seeks to hire one additional treatment counselor to meet the growing need linked to increasing engagement.

Please provide the following information:

1. Waiting List Information:

| Services | # of Individuals* | Wait Time (days)** |
|---|-------------------|--------------------|
| Withdrawal Management | 0 | 0 |
| Medically-Managed Intensive Inpatient Services | 0 | 0 |
| Opioid Treatment Services (OTS) | 0 | 0 |
| Clinically-Managed, High-Intensity Residential Services | 0 | 0 |
| Partial Hospitalization Program (PHP) Services | 0 | 0 |
| Outpatient Services | 0 | 0 |
| Other (specify) | | |

*Average weekly number of individuals

**Average weekly wait time

Drug and alcohol treatment services have been made available to individuals in less time than the seven days required by regulations for an assessment and fourteen days required by regulations for treatment (shorter time frames for pregnant women and IDU clients). Clients recommended for detox or residential services are more apt to follow through with entering treatment if they are able to access services when first seeking treatment. Having contracts with a number of facilities has allowed case management staff the ability to locate beds with minimal difficulty when a referral is needed. The client may not always have access to the first choice in facilities in this time frame but an appropriate bed has generally been available. Waiting lists tend to fluctuate from morning to afternoon. While case management is able to find beds most days, the time commitment to do so is often 1-2 hours or more.

Medication Assisted treatment (MAT) is usually funded through Medicaid and individuals seeking these services tend to access them directly through the MAT provider and not through the SCA or its sub-contracted providers.

Halfway house treatment is an underutilized level of care, in part because there are no facilities within the county. Partial hospitalization is seldom recommended.

Intensive outpatient and outpatient services have been near capacity. Crawford County Drug & Alcohol added a second intensive outpatient treatment tract less than three years ago and has been able to maintain sufficient capacity with this increased service to date. Family Services and Children's Aid Society opened over two years ago in the eastern part of the county. They have been unable to sustain in intensive outpatient clinic due to lack of need and they are currently operating an outpatient clinic only.

2. **Overdose Survivors' Data:** Please describe the SCA plan for offering overdose survivors direct referral to treatment 24/7 in the county. Please indicate if a specific model is used and provide the following data for the State Fiscal Year 2018-2019.

DDAP (Department of Drug and Alcohol Programs) defines an overdose as a situation in which an individual is in a state requiring emergency medical intervention as a result of the use of drugs or alcohol. Specific examples may be seen in the International Classification of Disease (ICD-10) diagnosis codes for substance overdose or poisoning.

It is the policy of Crawford County Drug & Alcohol Executive Commission, Inc. (CCDAEC) to ensure expedient, appropriate and seamless care for an individual (adult or adolescent) who has overdosed. CCDAEC and Meadville Medical Center (MMC)/Stepping Stones (a hospital-based detox and rehab attached to the hospital) provides screening, assessment and referral services to the local area hospital Emergency Departments (EDs) for individual who have survived a recent overdose. CCDAEC has a current MOU (Memorandum of Understanding) with MMC for referrals.

Procedure:

- If an overdose survivor presents in the Emergency Department (ED), the ED will screen for emergent services and address emergent needs immediately. For the individual admitted directly to the ICU/hospital, MMC/ED will request a consultation with Stepping Stones (4A/4B), specifically their recovery services navigator. SS staff will meet with the individuals showing a willingness for further services and offer admission into their program as appropriate. SS will also make direct treatment referrals to non-hospital detox/inpatient as well as call CCDAEC for screening, assessment and referral services with the patient's consent.
- If an overdose survivor presents in the ED and is not admitted to the ICU/hospital, the ED/hospital with patient consent will contact CCDAEC's Case Manager (814-724-4100) to assist with referral to services for the client. This warm hand off process is most typical for persons not needing hospital-based care and appropriate for non-hospital treatment. Patients refusing services will be provided with a list of treatment facilities and encouraged to follow through with additional services.
- During regular business hours, an available Case Manager will conduct screening, assessment and referral services to the overdose survivor. The Case Manager assists the client is expeditiously completing applications for insurance coverage when needed.
- During after business hours, the agency number will be forwarded to a designated On Call Case Manager. The On Call Case Manager will coordinate a referral from the hospital to a contracted after-hours provider, if the need for detox has been determined. If no need for detox has been

determined, the client will be schedule for a level of care assessment for the following business day.

DDAP counts the number of overdose survivors referred directly from the ED to into a substance abuse treatment program. The majority of persons seen at the ED for an overdose situation are admitted to the hospital’s ICU department for close medical monitoring prior to being referred for substance abuse treatment. The treatment facility meets with them in the hospital to arrange a transfer into drug and alcohol treatment; however, these numbers are **not counted** as recipients of warm hand off services since they receive medical treatment first.

The numbers in the chart for the number of overdose survivors, number referred to treatment and number refused treatment is reflective of the 2018-2019 fiscal year. The deaths from overdoses is the number reported by the local coroner for the same period.

| # of Overdose Survivors | # Referred to Treatment | Referral method(s) | # Refused Treatment |
|-------------------------|-------------------------|--|---------------------|
| 107 | 76 | All hospital emergency department warm handoff to 24-hour case management SCA support. | 31 |

3. **Levels of Care (LOC):** Please provide the following information for the county’s contracted providers.

| LOC American Society of Addiction Medicine (ASAM) Criteria | # of Providers | # of Providers Located In-County | # of Co-Occurring/Enhanced Programs |
|--|----------------|----------------------------------|-------------------------------------|
| 4 WM | 1 | 1 | 0 |
| 4 | 1 | 1 | 0 |
| 3.7 WM | 15 | 0 | 3 |
| 3.7 | 0 | 0 | 0 |
| 3.5 | 38 | 1 | 10 |
| 3.1 | 20 | 0 | 3 |
| 2.5 | 6 | 0 | 0 |
| 2.1 | 1 | 1 | 0 |
| 1 | 3 | 3 | 0 |

4. **Treatment Services Needed in County:** Please provide a brief overview of the services needed in the county to afford access to appropriate clinical treatment services. Include any expansion or enhancement plans for existing providers and any use of HealthChoices reinvestment funds to develop new services.

CCDAEC is in the process of expanding its outpatient/intensive outpatient and case management programs. CCDAEC continues to collaborate with the Meadville Medical Center to expand the availability of appointments for suboxone maintenance with DATA 2000-waivered clinicians as stated above. In the past year, the sole physician saw 139 patients for suboxone induction and maintenance. By bringing two new providers into the joint program, one goal is to encourage more bridge prescriptions of suboxone to be ordered by emergency department staff to assist opioid overdose survivors. The current provider worked with CCDAEC to consider the prescription of Sublocade, or extended-release buprenorphine, but the use remains cost-prohibitive for patients.

CCDAEC also seeks to expand its outpatient treatment programs by integrating services with a mid-level primary healthcare provider. This provider will complete physical assessments for clients, working to curb the incidence of sexual transmitted diseases, hepatitis, endocarditis, and other conditions that those with substance use disorders are vulnerable for transmitting. There are intentions to fill this position, but the conditions of COVID-19 halted the progress for the initiation of in-office exams to be completed.

CCDAEC seeks to increase the number of clients referred for assessment from primary care providers to move additional individuals down the pipeline to reduce the number of individuals engaged in the criminal justice system at the time of treatment. The University of Pittsburgh RAMP team provided Screening, Brief Intervention, and Referral to Treatment training to county providers. However, this event included very minimal participation from the physical health sector due to lack of availability despite the training venue at the hospital. CCDAEC seeks to do targeted SBIRT outreach to primary care offices.

CCDAEC seeks to continue to provide telehealth services to clients most at-risk of COVID-19, those with access barriers, and those seeking to engage via this format. CCDAEC saw a marked increase in engagement for both case coordination and inpatient treatment services during the COVID-19 stay-at-home phase. CCDAEC recognizes the value of telehealth and seeks to learn more from patients about their experience through a telehealth patient satisfaction survey.

There are no plans to utilize HealthChoices reinvestment dollars for expansion in the coming year.

5. **Access to and Use of Narcan in County:** Please describe the entities that have access to Narcan, any training or education done by the SCA and coordination with other agencies to provide Narcan.

CCDAEC is the CCE (Centralized Coordinating Entity) for the distribution of Narcan to first responders in the county. Entities provided Narcan through this program include: Venango QRS/VFD, Bloomfield VFD, West Mead #1 VFD, Titusville Fire Department, Mercy House of Meadville, Inc., Vernon Township VFD, Meadville Area Ambulance Service, Titusville Police Department, Women's Services, Crawford County Coroner's office, East Mead VFD, Cambridge Springs Municipal Police, Emergycare Ambulance Service, Summit VFD, CCDAEC, Greenwood VFD, Benson Memorial Library, Hydetown VFD, Titusville Area School District, Cochran VFD, Crawford County Adult Probation, Jamestown VFD, Pleasantville VFD, Chapmanville VFD, CCDAEC Medical Director Dr. Tom Turner, University of Pittsburgh – Titusville Police, Acute Precision Aerospace, Meadville Medical Center, County Constables, Juvenile Probation,

Centerville VFD, Cambridge Springs Public Library, the county correctional facility, Pymatuning State Park, and West Mead #2 VFD. Thirty-eight (38) kits were distributed in the first quarter of 2020. Recipients of the Narcan are taking the online training provided through the Department of Health. The CCE follows up with the entity asking if they have questions or a need for additional training. CCDAEC recently re-applied in an effort to continue its CCE duties for the 2020-2021 fiscal year and was awarded a continuation contact to provide the service to first responders.

The Pennsylvania Department of Health held a free naloxone distribution day utilizing its local offices. CCDAEC participated in this event as it did in the previous year. For the first time, CCDAEC worked with the Meadville Medical Center Emergency Department to provide naloxone to an overdose survivor to take home after their hospital-based care. Other hospital departments agreed to write orders for naloxone to be filled by the hospital pharmacy. CCDAEC also had funding through the Department of Drug and Alcohol Programs and the State Opioid Response Program to provide naloxone to people use drugs directly. Certified Recovery Specialists are available to provide overdose prevention education to those individuals obtaining Narcan kits.

6. **County Warm Handoff Process:** Please provide a brief overview of the current warm handoff protocols established by the county including challenges with the warm handoff process implementation.

CCDAEC and Meadville Medical Center continue to collaborate on the implementation of SBIRT and early identification and prescription for the medication-assisted treatment that may impact our warm handoff process in the future.

Procedure:

- If an overdose survivor presents in the Emergency Department (ED), the ED will screen for emergent services and address emergent needs immediately. For the individual admitted directly to the ICU/hospital, MMC/ED will request a consultation with Stepping Stones (4A/4B), specifically their Recovery Services Navigator. SS staff will meet with the individuals showing a willingness for further services and offer admission into their program as appropriate. SS will also make direct treatment referrals to non-hospital detox/inpatient as well as call CCDAEC for screening, assessment and referral services with the patient's consent.
- If an overdose survivor presents in the ED and is not admitted to the ICU/hospital, the ED/hospital with patient consent will contact CCDAEC's Case Manager (814-724-4100) to assist with referral to services for the client. This warm hand off process is most typical for persons not needing hospital based care and appropriate for non-hospital treatment. Patients refusing services will be provided with a list of treatment facilities and encouraged to follow through with additional services.
- During regular business hours, an available Case Manager will conduct screening, assessment and referral services to the overdose survivor.

- During after business hours, the agency number will be forwarded to a designated On Call Case Manager. The On Call Case Manager will coordinate a referral from the hospital to a contracted after-hours provider, if the need for detox has been determined. If no need for detox has been determined, the client will be schedule for a level of care assessment for the following business day.

DDAP counts the number of overdose survivors referred directly from the ED to into a substance abuse treatment program. The majority of persons seen at the ED for an overdose situation are admitted to the hospital's ICU department for close medical monitoring prior to being referred for substance abuse treatment. The treatment facility meets with them in the hospital to arrange a transfer into drug and alcohol treatment; however, these numbers are **not counted** as recipients of warm hand off services since they receive medical treatment first.

The numbers in the chart for the number of overdose survivors, number referred to treatment and number refused treatment is reflective of the time period from August 2018 through July 2019.

Transportation remains a challenge for implementation. CCDAEC staff cannot always get transportation for a client to a non-hospital facility after hours or on weekends

Warm Handoff Data:

| | |
|--|-----------|
| # of Individuals Contacted | 73 |
| # of Individuals who Entered Treatment | 34 |
| # of individuals who have Completed Treatment | 18 |

** There were limitations that did not allow for the collection of data from July 2018 and to be able to subtract data from July 2019 to align with the fiscal year as requested under Number 2 above. Therefore, data from the warm handoff process is featured in both, but the timeline for collection differs slightly.

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND (HSDF)

Please use the fields and dropdowns to describe how the county intends to utilize HSDF funds on allowable expenditures for the following categories. (Please refer to the HSDF Instructions and Requirements for more detail.)

Dropdown menu may be viewed by clicking on "Please choose an item." Under each service category.

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.

Adult Services: Please provide the following:
Program Name:

Description of Services:

Service Category: Please choose an item.

Aging Services: Please provide the following:

Program Name:

Description of Services:

Service Category: Please choose an item.

Children and Youth Services: Please provide the following:

Program Name:

Description of Services:

Service Category: Please choose an item.

Generic Services: Please provide the following:

Program Name:

Description of Services:

Service Category: Please choose an item.

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

Adult Aging CYS SUD MH ID HAP

Specialized Services: Please provide the following: (Limit 1 paragraph per service description)

Program Name:

Description of Services:

Program Name: Crawford Area Transportation Authority (CATA)

Description of Services: This program provides bus passes to eligible clients of Human Service agencies. The goal of the program is to eliminate the barrier of transportation for low income persons / families as they work towards obtaining self-sufficiency. CATA works with partner agencies to identify the persons who cannot access basic life functions or services due to a lack of transportation. Clients are referred by, and approved for, passes through the Human Service agencies with which they are working. CATA works closely with the Human Service agencies to ensure that clients are being provided efficient, effective service. CATA holds multiple public meetings per year to review services and solicit input from riders and community partners.

Program Name: Crawford County Court Appointed Special Advocate Program (CASA)

Description of Services: This program provides compassionate, highly trained volunteers who are empowered by the courts to provide best interest advocacy for abused and neglected children involved with Children and Youth Services and/or Juvenile Probation Services. CASA is dedicated to ensuring that children have a safe, permanent and nurturing home in the shortest time frame possible. A CASA volunteer is assigned until a child has reached permanency, either by returning safely home, being adopted or when another permanent goal has been achieved.

Program Name: Crawford County Drug and Alcohol Executive Commission, Inc. – D&A Prevention Program

Description of Services: This program provides in-school drug and alcohol prevention / intervention programming through educational groups and referral services to students initially identified through the Student Assistance Program (SAP). The SAP Liaison completes a screening with the student and

possibly the parent. If the student meets criteria for behaviors and/or mental health indicators that put them at risk for potentially harmful consequences due to drug and/or alcohol usage and/or as a child of a substance abuser (COSA) they are referred to the Prevention Specialist group sessions. Many students referred to the D & A Prevention Program have violated their school's policy regarding use of tobacco, alcohol or other drugs on school grounds or coming to school under the influence of a substance.

Program Name: Titusville Regional Literacy Council (TRLIC)

Description of Services: This program consists of three parts. Adult Education includes Adult Literacy, GED and High School Diploma programs. The adult meets with a volunteer or in a small group to work on improving a basic skill and/or prepare for an exam. Family Literacy is available for any adult who has an educational need, but who also requires childcare for children eight years of age or younger. While parents study, the children work on building skills of their own. Family literacy also involves “parenting” and “parent and child together time”. TRLIC also conducts Community Outreach. TRLIC staff are present at numerous community and regional events with the intent of spreading information about literacy as well as recruiting adults and families to join the program. They also reach out to the community through “Family Fun Night” events. Each month the event has a central theme and includes activities, games and crafts geared towards children from toddlers to third grade. The whole family is encouraged to participate in the activities together.

Program Name: Titusville YMCA – Tiny Footsteps and Round Two Programs

Description of Services: The pre-K Tiny Footsteps Program focuses on Pre-school readiness and Round Two focuses on after school and summer enrichment. Both programs are state licensed under the Department of Human Services and a part of Keystone Stars Initiative and have attained a Star 3 rating. The goal of both the Tiny Footsteps and Round Two programs is to provide high quality academic, social, cultural, nutritional and physical well-being services to children in a high-risk population. Other components will include technology education, STEM projects and parent engagement through parent workshops and family nights. Monitoring and evaluation by the PA Department of Education, the United Way of the Titusville Region and the Pennsylvania Department of Human Services also ensure quality programming.

Program Name: United Way of Titusville / Center for Financial Independence

Description of Services: This program is designed to help individuals / families get on the road to financial stability and try to lessen their reliance on human service agencies during times of financial crisis. The goal is to help determine the underlying causes of financial crisis so that future stability can be maintained. This is done through helping to guide them through solving the issues that contributed to the emergency situation. CFI provides a location for families to receive guidance and referrals on numerous issues that affect financial stability.

Program Name: Women's Services, Inc. – Child Abuse Awareness Program (CAAP)

Description of Services: This program provides a mechanism in the school system for the early identification of children who are being physically and/or sexually abused. It also teaches children the skills that will enable them to safely respond to potentially dangerous situations. CAAP includes age-appropriate curricula presented to children in their classrooms from September through May. Presentations (utilizing a mix of puppets, videos, role plays, and discussion) focus on naming situations where children may be vulnerable to violence, assisting students in developing age appropriate strategies to lower their risk of victimization, and identifying trustworthy adults to whom violence may be disclosed. Following individual classroom presentations, students are afforded an opportunity to

meet privately and voluntarily with trained Women’s Services’ personnel concerning questions or concerns they may have about the material presented (“Quiet Time”).

Interagency Coordination: (Limit of 1 page)

If the county utilizes funds for Interagency Coordination, please 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, and other allowable costs).
- how the activities will impact and improve the human services delivery system.

Other HSDF Expenditures – Non-Block Grant Counties Only

If the county plans to utilize HSDF funds for Mental Health, Intellectual Disabilities, Homeless Assistance, or Substance Use Disorder services, 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 Planned Expenditures directions at the top of Appendix C-2 for reporting instructions (applicable to non-block grant counties only).

Appendix D

Eligible Human Services Cost Centers

Mental Health

For further detail refer to Cost Centers for County Based Mental Health Services Bulletin (OMHSAS-12-02), effective July 1, 2012.

Administrative Management

Activities and administrative functions undertaken by staff in order to ensure intake into the county mental health system and the appropriate and timely use of available resources and specialized services to best address the needs of individuals seeking assistance.

Administrator's Office

Activities and services provided by the Administrator's Office of the County Mental Health (MH) Program.

Adult Development Training (ADT)

Community-based programs designed to facilitate the acquisition of prevocational, behavioral activities of daily living, and independent living skills.

Assertive Community Treatment (ACT) Teams and Community Treatment Teams (CTT)

ACT is a SAMHSA-recognized Evidence Based Practice (EBP) delivered to individuals with Serious Mental Illness (SMI) who meet multiple specific eligibility criteria such as psychiatric hospitalizations, co-occurring mental health and substance use disorders, being at risk for or having a history of criminal justice involvement, and at risk for or having a history of experiencing homelessness. CTT services merge clinical, rehabilitation and support staff expertise within one delivery team.

Children's Evidence Based Practices

Practices for children and adolescents that by virtue of strong scientific proof are known to produce favorable outcomes. A hallmark of these practices is that there is sufficient evidence that supports their effectiveness.

Children's Psychosocial Rehabilitation Services

Activities designed to assist a child or adolescent (e.g., a person aged birth through 17, or through age 21 if enrolled in a special education service) to develop stability and improve capacity to function in family, school and community settings. Services may be delivered to the child or adolescent in the home, school, community or a residential care setting.

Community Employment and Employment-Related Services

Employment in a community setting or employment-related programs, which may combine vocational evaluation, vocational training and employment in a non-specialized setting such as a business or industry.

Community Residential Services

Care, treatment, rehabilitation, habilitation, and social and personal development services provided to persons in a community-based residential program which is a DHS-licensed or approved community residential agency or home.

Community Services

Programs and activities made available to community human service agencies, professional personnel, and the general public concerning the mental health service delivery system and mental health disorders, in order to increase general awareness or knowledge of same.

Consumer-Driven Services

Services that do not meet the licensure requirements for psychiatric rehabilitation programs, but which are consumer-driven and extend beyond social rehabilitation services.

Emergency Services

Emergency-related activities and administrative functions undertaken to proceed after a petition for voluntary or involuntary commitment has been completed, including any involvement by staff of the County Administrator's Office in this process.

Facility-Based Vocational Rehabilitation Services

Programs designed to provide paid development and vocational training within a community-based, specialized facility using work as the primary modality.

Family-Based Mental Health Services

Comprehensive services designed to assist families in caring for their children or adolescents with emotional disturbances at home.

Family Support Services

Services designed to enable persons with SMI, children and adolescents with or at risk of Serious Emotional Disturbance (SED), and their families, to be maintained at home with minimal disruption to the family unit.

Housing Support Services

Services provided to mental health consumers which enable the recipient to access and retain permanent, decent, affordable housing, acceptable to them.

Mental Health Crisis Intervention Services

Crisis-oriented services designed to ameliorate or resolve precipitating stress, which are provided to adults or children and adolescents and their families who exhibit an acute problem of disturbed thought, behavior, mood or social relationships.

Other Services

Activities or miscellaneous programs which could not be appropriately included in any of the cited cost centers.

Outpatient Treatment-oriented services provided to a consumer who is not admitted to a hospital, institution, or community mental health facility for twenty-four hour a day service.

Partial Hospitalization

Non-residential treatment services licensed by the Office of Mental Health & Substance Abuse Services (OMHSAS) for persons with moderate to severe mental illness and children and adolescents with SED who require less than twenty-four hour continuous care but require more intensive and comprehensive services than are offered in outpatient treatment.

Peer Support Services

Refers specifically to the Peer Support Services which meet the qualifications for peer support services as set forth in the Peer Support Services Bulletin (OMHSAS 08-07-09), effective November 1, 2006.

Psychiatric Inpatient Hospitalization

Treatment or services provided an individual in need of twenty-four hours of continuous psychiatric hospitalization.

Psychiatric Rehabilitation

Services that assist persons with long-term psychiatric disabilities in developing, enhancing, and/or retaining: psychiatric stability, social competencies, personal and emotional adjustment and/or independent living competencies so that they may experience more success and satisfaction in the environment of their choice, and can function as independently as possible.

Social Rehabilitation Services

Programs or activities designed to teach or improve self-care, personal behavior and social adjustment for adults with mental illness.

Targeted Case Management

Services that provide assistance to persons with SMI and children diagnosed with or at risk of SED in gaining access to needed medical, social, educational, and other services through natural supports, generic community resources and specialized mental health treatment, rehabilitation and support services.

Transitional and Community Integration Services

Services that are provided to individuals who are residing in a facility or institution as well as individuals who are incarcerated, diversion programs for consumers at risk of incarceration or institutionalization, adult outreach services, and homeless outreach services.

Intellectual Disabilities

Administrator's Office

Activities and services provided by the Administrator's Office of the County Program. The Administrator's Office cost center includes the services provided relative to the Administrative Entity Agreement, Health Care Quality Units (HCQU) and Independent Monitoring for Quality (IM4Q).

Case Management

Coordinated activities to determine with the individual what services are needed and to coordinate their timely provision by the provider and other resources.

Community Residential Services

Residential habilitation programs in community settings for individuals with intellectual disabilities or autism.

Community-Based Services

Community-based services are provided to individuals with intellectual disabilities or autism who need assistance in the acquisition, retention, or improvement of skills related to living and working in the community and to prevent institutionalization.

Other

Activities or miscellaneous programs which could not be appropriately included in any of the cited cost centers.

Homeless Assistance Program

Bridge Housing

Transitional services that allow individuals who are in temporary housing to move to supportive long-term living arrangements while preparing to live independently.

Case Management

Case management is designed to provide a series of coordinated activities to determine, with each individual, what services are needed to prevent the reoccurrence of experiencing homelessness and to coordinate timely provision of services by the administering agency and community resources.

Rental Assistance

Payments 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 possible eviction by maintaining individuals and families in their own residences.

Emergency Shelter

Refuge and care services to persons who are in immediate need and are experiencing homelessness; e.g., have no permanent legal residence of their own.

Innovative Supportive Housing Services

Other supportive housing services outside the scope of existing Homeless Assistance Program components for individuals and families who are experiencing homelessness 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.

Substance Use Disorder

Care/Case Management

A collaborative process, targeted to individuals diagnosed with substance use disorders or co-occurring psychiatric disorders, which assesses, plans, implements, coordinates, monitors, and evaluates the options and services to meet an individual's health needs to promote self-sufficiency and recovery.

Inpatient Non-Hospital

Inpatient Non-Hospital Treatment and Rehabilitation

A licensed residential facility that provides 24-hour professionally directed evaluation, care, and treatment for individuals with substance use disorder in acute distress, whose addiction symptomatology is demonstrated by moderate impairment of social, occupation, or school functioning. Rehabilitation is a key treatment goal.

Inpatient Non-Hospital Detoxification

A licensed residential facility that provides a 24-hour professionally directed evaluation and detoxification of an individual with a substance use disorder.

Inpatient Non-Hospital Halfway House

A licensed community-based residential treatment and rehabilitation facility that provides services for individuals to increase self-sufficiency through counseling, employment and other services. This is a live in/work out environment.

Inpatient Hospital

Inpatient Hospital Detoxification

A licensed inpatient health care facility that provides 24-hour medically directed evaluation and detoxification of individuals diagnosed with substance use disorders in an acute care setting.

Inpatient Hospital Treatment and Rehabilitation

A licensed inpatient health care facility that provides 24-hour medically directed evaluation, care and treatment for individuals with substance use disorder with co-existing biomedical, psychiatric and/or behavioral conditions which require immediate and consistent medical care.

Outpatient/Intensive Outpatient

Outpatient

A licensed organized, non-residential treatment service providing psychotherapy and substance use/disorder education. Services are usually provided in regularly scheduled treatment sessions for a maximum of five hours per week.

Intensive Outpatient

An organized non-residential treatment service providing structured psychotherapy and stability through increased periods of staff intervention. Services are provided in regularly scheduled sessions at least three days per week for at least five hours (but less than ten).

Partial Hospitalization

Services designed for those individuals who would benefit from more intensive services than are offered in outpatient treatment programs, but do not require 24-hour inpatient care. Treatment consists of the provision of psychiatric, psychological and other types of therapies on a planned and regularly scheduled basis at least three days per week with a minimum of ten hours per week.

Prevention

The use of social, economic, legal, medical or psychological measures aimed at minimizing the use of potentially addictive substances, lowering the dependence risk in susceptible individuals, or minimizing other adverse consequences of psychoactive substance use.

Medication Assisted Therapy (MAT)

Any treatment for addiction that includes a medication approved by the U.S. Food and Drug Administration for opioid addiction detoxification or maintenance treatment. This may include methadone, buprenorphine, naltrexone, or vivitrol.

Recovery Support Services

Services designed and delivered by individuals who have experience with substance-related disorders and recovery to help others initiate, stabilize, and sustain recovery from substance use disorder. These services are forms of social support not clinical interventions. This does not include traditional 12 step programs.

Recovery Specialist

An individual in recovery from a substance-related disorder that assists individuals in gaining access to needed community resources to support their recovery on a peer-to-peer basis.

Recovery Centers

A location where a full range of Recovery Support Services are available and delivered on a peer to peer basis.

Recovery Housing

A democratically run, self-sustaining and drug-free group home for individuals in recovery from substance related disorders.

Human Services Development Fund

Administration

Activities and services provided by the Administrator’s Office of the Human Services Department.

Interagency Coordination

Planning and management activities designed to improve the effectiveness of county human services.

Adult Services

Services for adults (persons who are at least 18 years of age and under the age of 60, or persons under 18 years of age who are the 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 services approved by DHS.

Aging

Services for older adults (persons who are 60 years of age or older) include: adult day service, assessments, attendant care, care management, congregate meals, counseling, employment, home delivered meals, home support, information and referral, overnight shelter, personal assistance service, personal care, protective services, socialization/recreation/education/health promotion, transportation (passenger), volunteer services or other services approved by DHS.

Children and Youth

Services for individuals under the age of 18 years, under the age of 21 years who committed an act of delinquency before reaching the age of 18 years, or under the age of 21 years who was adjudicated dependent before reaching the age of 18 years, and requests retention in the court's jurisdiction until treatment is complete. Services to these individuals and their families include: adoption services, counseling/intervention, day care, day treatment, emergency placement services, foster family services (except room & board), homemaker, information and referral, life skills education, protective services and service planning.

Generic Services

Services for individuals that meet the needs of two or more populations include: adult day care, adult placement, centralized information and referral, chore, counseling, employment, homemaker, life skills education, service planning/case management, and transportation services.

Specialized Services

New services or a combination of services designed to meet the unique needs of a specific population that are difficult to meet within the current categorical programs.