

Clarion County Human Services Plan 2020-2021



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**Appendix A
Fiscal Year 2020-2021**

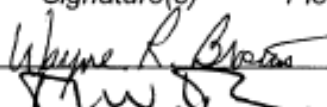
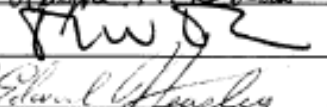
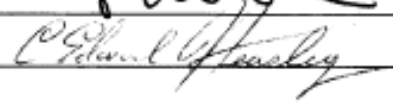
COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: CLARION

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

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signature(s)</i>	<i>Please Print Name(s)</i>	
	Wayne Brosius, Chair	Date: 7/28/20
	Theodore Tharan	Date:
	C. Edward Heasley	Date: 7/28/20

Appendix B

Clarion County Human Services Plan

PART I: COUNTY PLANNING PROCESS

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.*

Critical stakeholders in Clarion County are the foundation for development and delivery of Human Services in the county. Stakeholder groups include members covered by the Community Care Behavioral Health Organization North Central Health Choices Contract (CCBHO), consumers of base funded services, the Community Support Program (CSP), participants at the Drop In Center, individuals and family members who access the Center for Community Resources Base Service Unit programs, providers of Mental Health (MH), Intellectual and Developmental Disabilities and Autism Waiver services (DD, IDA), Early Intervention (EI) services, Transportation, Taxi Service, Substance Use Disorder (SUD) servicers, Consumer/Family Satisfaction Team, Housing Assistance Participants and persons receiving Representative Payee services. Stakeholders from other systems include the President Judge, District Attorney, Public Defender, Adult and Juvenile Probation Office, County Prison Warden, Housing and Urban Development, County Assistance Office, Clarion Area Agency on Aging, The Clarion County Coalition for Suicide Prevention, Clarion County School District Superintendents, the Intermediate Unit 6, Alliance for Nonprofit Resources (contracted staff), Nonprofit Development Corporation, Health Care Quality Unity (HCQU), Individual Monitoring for Quality (IM4Q) Community Stabilization and Reintegration Unit (CSRU), OMHSAS, ODP, OCDEL, MTM, , Warren State Hospital, Torrance State Hospital (Competency Evaluation), the Faith Community, and community members at large.

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

Regularly scheduled meetings with the program offices and on-going participation from agencies, consumers, and community members allows all parties the opportunity to provide input for planning. Six bi-monthly Advisory Board meetings are held each year with notification posted in the local newspaper preceding each meeting. Stakeholders are strongly encouraged and sometimes offered a stipend or incentive to give input, feedback, and constructive comment regarding programming for individuals living with mental illness, developmental disability, substance use disorders. Occasionally the Editorial Page in the local newspapers is a source for input from the public on matters related to Human Service delivery. Examples of opportunities to participate in planning include:

- Community/Family Satisfaction Team surveys
- Community Support Program (CSP) meetings
- County Plan public meeting
- Quarterly Provider Meetings
- Regional Service System Transformation Meetings
- Community Care Behavioral Health Organization – Member, Family, and Parent meetings
- Community Participation in Suicide Prevention Coalition
- PA Youth Survey (PAYS)

Youth Councils (in 7 school districts)
Human Services Council
Children's Round Table
Clarion Area Ministerium meetings
Annual Faith Symposium
Clarion Shelter Task Force
Criminal Justice Advisory Board
Quarterly Admin meetings with the Base Service Unit and Crisis Services
Early Intervention Council, Regional Leadership
Intermediate Unit 6 meetings
School District Superintendents
Drug Free Coalition meetings
Hospital Quarterly Meeting
Various specially called meetings:

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

Clarion County MH/DD/Transportation Advisory Board
County Administrators Advisory Committee (CAAC)
Pennsylvania Association of County Administrators of MH and DS (PACA MHDS)
Behavioral Health Alliance of Rural Pennsylvania (BHARP)
Provider Advisory Committee
Family Net Advisory Board
Area Agency on Aging
Armstrong/Indiana/Clarion Drug and Alcohol Commission Board of Directors

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

Use of county funding for services focuses on the strengths of the individual to inform the least restrictive treatment setting appropriate to the need. Supported housing, community socialization, and gap prescription coverage offer stabilizing measures in an unrestricted setting, often during a time of transition and are provided through Clarion County CHIPP dollars from the 2013-2014 award. Community reintegration services (which are initiated during one's incarceration) have proven effective in avoiding hospitalization or re-incarceration. These, too, are provided with a combination of CHIPP dollars and base funds. Behavioral Health Court is base funded service begun in part with HC Reinvestment funds and has proven the most successful in retention of individuals in community services. Blended Case Management, Psych Rehab, Peer Services, and Outpatient services (psychiatrist, group and individual counseling) are authorized immediately after a BSU intake and paid for with base funds in order to stabilize an individual and eliminating the need for hospitalization. All BSU supported individuals are required to apply for Medical Assistance upon intake to make the most judicious use of base dollars. Careful monitoring of the systems ensures enrollment in Medical Assistance when a person is eligible.

Emergency and supported housing, Case Management and Peers services, close monitoring by the Forensic/Hospital Liaison (Boundary Spanner), and the addition of the UPMC Extended Acute Care (EAC) facility to our provider complement has helped Clarion keep its census at the State Hospital low, usually around five individuals at a time. There is no in-county MH residential service currently.

Crisis Intervention phone, mobile, and walk-in services are base funded in Clarion, except for any billable encounters. Typically, a person's case manager, peer support, or outpatient staff is engaged by crisis staff to assist in a resolution, avoiding a trip to the ER for evaluation and placement in a restrictive setting. Use of one's natural supports is always examined when serving an individual in the community, and there are times when a psychiatric hospitalization is the least restrictive setting in which a person can safely be served.

Extended Acute Care (EAC) is available in a neighboring county to HC participants residing in Clarion County. EAC is a step-up from acute IP care and has been beneficial in helping individuals develop long-standing coping mechanisms that help them avoid acute episodes and the potential for state hospitalization. The EAC is covered by CCBHO.

The county provides CASSP services. BHRS, and Family Based services for children and adolescents are paid for with HC or PA CHIP dollars. TSS, School based therapy, and Wrap Around services are available with CCBH authorization. When necessary, CYS, MH, Juvenile Probation and CCBHO collaborate on a child or adolescent's placement in a therapeutic out of home setting. Each of those entities may be required to cover the cost of placement when the child or adolescent is involved with their system.

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

Overall, the cost of services in Clarion increased in FY19-20, as measured by expenses against contracts. Most notably, transportation and housing costs, which are not covered by medical assistance dollars, are in greater demand. Supporting those who require Peer or BCM services, but whose insurance, whether commercial or Medicare, doesn't cover the service, is also a cost-driver. Clarion is fortunate to be a participant in the NW9 Counties' LTSR build, paid for with ACLU settlement funds. That project will be open in the fall of the FY 20-21. A permanent, full-time Boundary Spanner (Forensic Liaison) has been added to the BSU complement to case manage the program and to work among all service systems on behalf of those with MH, DD, and forensic involvements, paid for with state funds from this project.

PART II: PUBLIC HEARING NOTICE

Public notice of the hearing was published in the local newspaper on June 11, 2020. The meeting information and log in for Zoom participation were posted on the county website for 2 weeks prior to the meeting. An email canvassing providers, Advisory Board members, and various stakeholders was issued on June 8, 2020.

A public hearing on the 2020-2021 Clarion County Human Services Plan will be held Wednesday, June 17, 2020 at 1:30 pm in the 1st Floor Mental Health conference room of the Human Services Building, 214 S. 7th Avenue, Clarion. ADA accommodations available upon request; call 814-226-4000, x1353 in advance. Limited onsite seating is contingent upon social distancing; call for availability. Masks are required and will be provided if needed. Virtual attendance by Zoom; details are on the county website, www.co.clarion.pa.us. Clarion County is an Equal Opportunity Agency
1T - 6/11 - 5820

Affidavit of Publication

State of Pennsylvania,
County of Clarion, SS:

Before me, a Notary Public in and for the county aforesaid, personally appeared Lorri Murray who being duly sworn according to law, doth depose and say that she is a classified advertising representative of the Clarion News, a newspaper of general circulation, published at Clarion, in Clarion County; that its said place of business was established in 1840; that the notice, of which the annexed clipping from one of said newspaper is a copy, was printed and published in the regular editions and issues of said newspaper on the following date(s):

June 11, 2020
that the affiant is not interested in the subject matter of the said advertisement; and that all of the allegations of this statement as to time, place and character of publications are true.

Lorri Murray
Signature of affiant

Sworn to and subscribed before me this 11th day of

June A.D. 2020

Mary Louise Logue
Notary Public

MY COMMISSION EXPIRES:

Commonwealth of Pennsylvania - Notary Seal
MARY LOUISE LOGUE, Notary Public
Clarion County
My Commission Expires March 4, 2023
Commission Number 1097128



Clarion County Human Services

214 South 7th Avenue
Clarion, PA 16214

Fax: 814-226-1085
Phone: 814-226-4000

Commissioners
Wayne R. Brosius
Theodore W. Tharan
C. Edward Heasley

Human Services Director
Jillian Stephens

MH/DD/EI Administrator
Nancy Jeannerat

Clarion County Human Services Plan Public Meeting

June 17, 2020

1:30 PM

Human Services Bldg

Sign-In		In person	Zoom
DAN GRUBER	MH County	X	
Kerry Kifer	community	X	
Susan LaBruzzo	CPC	X	
Diana Thorpe	Family Psych	X	
Kami Anderson	AICoAC	X	
Mike Blum	Probation		X
Taylor Kriebel	Chief Clerk		X
Jennifer Krouse	HAP/Adult Svc		X
Chris Luzier	Peer Program		X
Luanne Zacheral	The ARC		X
Sondra Nolf	Clarion Family Therapy		X
Joe Korney	BHARP		X
Valerie Snyder	BSU Director		X
Jillian Stephens	HS	X	
Wayne R. Brosius	Commissioner	X	
May HS	Transportation	X	

Zoom

Sandy Ion	Fiscal	X
Tricia Pezzuti	Primary Health Net	X
Ed Heasley	Commissioner	X
Nancy Jeannerat	MT/DD Admin.	X

PART III: CROSS-COLLABORATION OF SERVICES

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.

Employment

In FY 20/21, we anticipate greater challenges assisting individuals in meaningful, competitive employment due to the downturn in our economy, primarily because of COVID-19. However, employment remains a priority in serving those living with mental illness and developmental disabilities. All Clarion County BSU services make employment and employability a priority. In the transitional housing program, participants are encouraged to use basic job readiness skills to prepare resumes, apply for jobs, and prepare for interviews. Securing employment or education is a goal for participants in that program. Peer and BCM Services also assist with job search activities when listed as a goal for the individual. Persons living with MH and DD are employed with Clarion Vocational Services in the County Cuisine restaurant and the Grime Fighters custodial services.

Housing

Housing requests are up in all categories, especially in the forensically involved population. As Domestic abuse shelters, homeless shelters, and re-entry housing reach capacity, courts and services look to Mental Health to share resources. MH collaborated in FY 19/20 with BHARP and the Clarion Housing Authority in a NOFA application and successfully obtained 50 additional vouchers to be used in a 9-county consortium locally known as the NW9 counties. Clarion is in the process of completing the build of 3 Micro Houses, purchased with Reinvestment money. The 240-square-foot homes will provide independent housing for at least three persons at a time who do not do well with shared walls.

The MH Housing Coordinator, Homeless Assistance Program/Adult Services Worker, Clarion Housing Authority Director, and the Clarion Shelter Task Force work together to optimize housing opportunities. County residents living with mental illness find an advocate when past experiences interfere with securing adequate and stable housing. Individuals can be assisted with security deposits, first and last month's rent as well as help finding furnishings for their new home. A 30-day emergency shelter or transitional housing unit (up to 1 year) is also available to qualified individuals.

Lastly, but very importantly, there are several landlords in the area who are understanding of the needs and are diligent in making rentals available to the individuals who are served in the Human Services field.

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:

Please highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY 19-20.

Provider meetings and routine audits- MH Administration continues to provide regularly scheduled contact with providers for program support and audit of service delivery. The MH office lost their Deputy Administrator in May of 2019 and the position was left vacant until May of 2020. Covid-19 pushed many face-to-face meetings with providers to phone or virtual however with the advancement of electronic information sharing, many audits can be done in real time. Quarterly audits will continue into 20/21, monthly reviews of reports/notes and contracts will also continue. If the COVID restrictions lighten more face to meetings will occur, if the restrictions remain in place more virtual meetings will take place.

Resources in Education and Advocacy for Developing Youth (READY)- This program never developed as planned in 19/20. There were several obstacles that were too large to overcome. Therefore, the effort to build behavioral supports into the school districts in the coming year will change accordingly. With the implementation of the SOC grant, greater involvement with schools, service providers, students, and families is possible. The plan for 20/21 is 1.) to provide each elementary school with equipment to establish a calming room for students with outlying behaviors to learn to self-regulate, 2.) to provide Trauma Informed training to school and support personnel, and 3.) to train therapists and case workers in an EBT called Parenting with Love and Limits. County Administration is in the process of developing a Children's Resource Coordinator which will encompass CASSP, System of Care, and coordination of children's programming in the county.

Inpatient Hospital Expansion- Clarion Psychiatric Center (CPC) completed its expansion and now has a maximum capacity of 112 IP beds. As of this writing, CPC is at capacity treating 76, adjusting to COVID-19 and current staffing issues. CPC operates 2 adult units (18 and over) and one adolescent (10-17). Delivery of services through this expansion will be paid for through HealthChoices (in and out of state), private insurance, and self-pay.

Outpatient- Outpatient services are managing as well as can be expected with the typical and expected limitation in access to psychiatrist time experienced in rural areas. Extenders cover med checks; psych evaluation is limited. PCIT, DBT, EMDR and Trauma Informed Care are available in Clarion County. OP care is paid for with Medicare, Medicaid, private insurances, base funding and out of pocket payment by individuals. At least one OP provider showed interest in applying for a

\$50,000 grant through BHARP to attract and install a new psychiatrist; source of the grant is Reinvestment Funding.

Psych Rehab- Psych Rehab continues to be provided by the Community Guidance Center through Health Choices and some base funds. It is the only service this provider delivers in Clarion. Much of 19/20 was used to promote and build the program. COVID kept the program grounded with most of the contacts being done over the phone. Plans are to continue to grow and improve the service in 20/21. Lack of Transportation and non-participation by Medicare require base funded support for several participants.

BCM- SAM Inc. and Family Psychological Assoc. provide BCM services in Clarion County. This is the most widely used Mental Health funded service. Consider: This service is the highest utilizer of based funding in the county. Health Choices covers the majority of costs, except for Medicare covered individuals whose insurance does not cover this service. These companies were able to adequately and effectively serve their consumers during the Covid-19 pandemic, using both in person and telehealth means to connect.

Peer- Peer services are being provided by Roads to Recovery, SAM Inc, and Shamrock Solutions. For the individuals not covered by Health Choices, county funds are available to support this service. Peer services youth, transition age, older adults and those with substance abuse disorders. Roads to Recovery currently provides Youth and Young Adult (YAYA) peer support. During the COVID-19 pandemic virtual or telephone communication was used to supply services.

Crisis Intervention Services- CIS are provided to Clarion County by Center for Community Resources (CCR) with base funds. CCR provides 24/7 crisis coverage through a well-organized affiliation with the Base Service Unit (BSU). Crisis is handled through text, phone, walk-in and mobile services in the community. In 19-20, 32% of crisis calls came directly from schools in the county—nearly twice the percentage in the previous year. CIS provides phone, walk-in, and mobile interventions, assessment and recommendation for voluntary and involuntary hospitalization, short term counseling, screening, and referral services. During the COVID-19 pandemic the Call Center was able to handle several issues via the telephone. All situations involving a petition for involuntary hospitalization were handled with trained and skilled workers.

DCORT- This service continues to operate in Clarion County. It is partnered with Critical Incident Stress Management (CISM). CISM is used more frequently than DCORT. The county relies on state provided trainings and very little base funding is used for either program. Community volunteers typically make up both teams. Due to staffing changes and the COVID-19 pandemic this has been little movement. DCORT and CISM will continue to operate together in Clarion County until the state completes its development of new emergency response protocols and guidelines.

Rep Payee- Rep Payee is operated through the BSU and is for both MH and ID consumers. The position may look a little different heading into 20-21. CCR is losing a seasoned employee of that position who will be replaced by two trained employees. The new hires will have other duties assigned but will be cross trained in the Payee service. This will help eliminate gaps in services should one be absent from work. CCR is implementing the use of Debit/ATM style cards that can be loaded in accordance with the consumer's needs. This will eliminate the need for the consumer to make arrangements to pick up a check at the county office. It will also make it easier for consumers to purchase goods online.

Trauma Informed Care- In early 19-20 a local agency trained an employee in the "Train the Trainer" model, however that individual has since left that agency. The opportunity to retrain may be available through the System of Care Grant (SOC) or BHARP Reinvestment Funds. FY 20-21 will be the second year of a four-year SOC grant. Trauma Informed Care will be a central focal point for grant funding. The SOC Coordinator will assist two local elementary schools in developing and furnishing "Calming Rooms" for the students' benefit during the school day. Additional schools will be assisted in the following years of the SOC grant.

Intensive Outpatient- Intensive Out-Patient services were to be provided by one local agency. Clarion Family Therapy was to provide that service through funding from Health Choices. Due to lack of workforce capacity, this service has not yet been implemented. CFT is looking to revisit IOP with CCBHO in 20/21. CFT staffed two psychiatrists in FY19/20 and will look to replace one in FY 20/21. CFT has also agreed to partner with the SOC grant to provide Parenting with Love and Limits (PLL). PLL is an intense Family Based therapy.

Boundary Spanner and the LTSR – Clarion County is partnered with the NW9 counties in a project to build a Long Term Structured Residential facility intended to serve 16 adult males with mental illness and criminal justice involvement. The Boundary Spanner, a high-level forensic case manager, will provide all the linkages in services for individuals eligible for participation. Clarion shares the facility with Clearfield/Jefferson, Forest/Warren, Elk/Cameron, Potter and McKean Counties. The facility is currently under construction in Jefferson County and plans to be in operation by early fall 2020. It will provide competency evaluation and restoration services for the nine counties.

BSU

The following functions are performed in the Clarion County BSU.

SAP. Student Assistance Program (SAP) is currently being offered in 7 high schools and 6 elementary schools. One more elementary school is to be added in 20-21. With the development of a Children's Resource Coordinator, county administration will expand its role into supporting in-school services such as SAP. SAP workers will employ tele-service methods if schools are unable to open in the fall of 2020 due to COVID-19.

Housing. The Transitional Apartment (90 day stay) and the Hope Homes (up to 12 months stay) remain fully occupied most of the time. The Housing Coordinator is employed as part of the BSU and the funding sources for housing assistance are CHIPP, PATH, HUD, and if available BHARP dollars. Three tiny permanent support houses were constructed in 19-20 and should be ready for occupancy by 20-21. They were designed and constructed for persons with a Mental Health diagnosis who have difficulty living with shared walls and who receive Medical Assistance.

Behavioral Health Court Liaison. - Behavioral Health Court was started in 18-19 and had its first graduates in 2019. The liaison continues to work with Courts, Probation, Parole, and Mental Health systems in the county to assist those in the forensic system who have a mental health diagnosis. This service was begun in part with Reinvestment funds and will continue as a program funded service.

Drop In Center- DIC is a consumer run social activities center that operates six days a week. It is situated in Clarion Borough about a mile from the Base Service Unit. CCR staffs the DIC and employs 4 persons, including a van driver who provides transportation for persons to and from the center. The Center is open six days a week with programming and activities determined by the individuals who participate. The DIC is a CHIPP funded service. When COVID-19 shut down in-person operations, DIC staff maintained frequent phone contact with individuals to ensure proper mental health and self-care during the pandemic. They made and delivered hot lunches and created activities for 30-40 persons, five days a week. Social distancing and no-contact were used while delivering the meals and activities.

Intake and Authorization- I&A for county-funded services were revised to better ensure that base funds are used appropriately and those individuals who are eligible for HC have support to apply for that benefit. The BSU staff will be utilizing a Level of Service Indicator to determine what services the individuals are eligible for. BSU staff also assist in the completion of MA applications and have a strong rapport with the Medical Assistance Office. BSU staff ensure that county funds are the payer of last resort. Base and CHIPP funds are used to operate the BSU.

PATH and other Homelessness support- PATH is highly utilized and effective in the county. The county supplants that effort with a modest amount of funding to assist in emergency placement, diversion from homelessness and very basic items for housekeeping. Often these funds are used for security deposits, first/last month's rent or backed rent to avoid eviction. The funds become available on July 1 and are budgeted to last until June 30. Individuals must have a mental health diagnosis and be at-risk of becoming homeless to qualify.

Doc Time- Doctor time has always been an issue for rural Clarion County. However, agencies have reported that they are doing well and have adequate resources available to them. Agencies report that 20-21 looks promising and that Telehealth during the COVID-19 pandemic assisted in patients/providers maximize appointments and continuation of telehealth would likely prove very beneficial through a potential second wave of infection. Some agencies are utilizing Certified Nurse Practitioners to assist in services. Health Choices, Base funds, private insurance and individual out-of-pocket pays for psych treatment time.

System of Care (SOC)- The System of Care Grant was awarded to Clarion County as a Tier One County in FY 19/20. The funds are from SAMHSA at the federal level and dispersed from the joinder of Colombia/Montour/Snyder/Union Counties. Clarion County was awarded the money in partnership with BHARP. Monies from the grant will be used to improve the quality of life for those children suffering from Mental Health issues. Some of the projects that are planned for FY 20/21 are Calming Rooms in local schools, support of the Parenting with Love and Limits (PLL) programming, Cultural and Linguistics Competence (CLC) training, Trauma Informed Care training, as well as a County Leadership Team (CLT).

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

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

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

Strengths: Older Adults are afforded the same broad range of psychiatric services including Inpatient, Outpatient, Case Management, Peer and Psych Rehab services. Some of these opportunities are available through agencies in the private sector as well, and Penn Highlands Senior Transitions in neighboring Jefferson County provides inpatient geriatric behavioral health treatment. The acute mental health needs of older adults, especially nursing home residents, are more quickly and more adequately receiving an effective level of attention since the collaboration with MH CIS, the Area Agency on Aging, and Penn Highlands Senior Transitions (in neighboring Jefferson County) in April 2017.

Three Senior Centers in the county, operated by the Area Agency on Aging, offer social, educational, and volunteer activities for older adults along with a wealth of resources that include daily enrichment activities, social events, Meals on Wheels, tax preparation, and farmers' market vouchers.

Needs: Sufficient funding to provide:

1. Medical guardianship when family members are not able or willing to do so,
2. The need for Representative Payee for individuals who are not able to manage their finances or are targets for financial abuse, and
3. The unsustainable rate of Medicare reimbursement, which discourages providers from seeing older adults in MH therapies unless they can pay out of pocket.

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

Strengths: Clarion County provides adult-aged individuals who are living with and recovering from Mental Illness many options for support and treatment such as, outpatient treatment, case management and peer services. The Base Service Unit offers intakes, referrals, crisis services, housing assistance, representative payee and family support all for those individuals with identified mental illness. The Drop-In-Center affords social, educational and personal interest supports. In addition, the community at large has a domestic violence center, a sexual assault services center, a legal advocacy center, vocational supports, adult education and instruction center, and Mobile Career Link.

Needs: The greatest needs in this age group have remained consistent.

1. Affordable public transportation.
2. Adequate affordable permanent housing.
3. Employment with livable, sustaining income.

In the treatment arena, hiring and retaining psychiatrists and all levels of mental health and human services workers to provide consistent long-term association and care of individuals who use human services are needed.

- **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: In addition to the adult services listed above, an Independent Living Program is available for qualifying transition age youth (TAY). Clarion County CYS is bring the Independent Living Program back in house and will have an immediate impact on the county. Roads to Recovery has begun PEER services for the 14-year-old and above population. A growing Coalition for Suicide Prevention is capturing the attention of university students in this age range.

Needs: Referral and better engagement efforts with programs such as Psych Rehab, Case Management and Peer services may help TAY strengthen their trust and participation with the broad range of Mental Health services. More career opportunities and job training are needed for this age range. This population would also benefit from positive social activities in the community along with a better transportation network.

- **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: SAP Programming in the county is bursting at the seams. Schools have opened doors to collaboration and have readily accepted the work of SAP. Services are available in 7 high schools and 6 elementary school with another elementary school being added in the 20/21 year. CASSP Services have been in greater demand with the increase in behavioral issues in schools and the attention of a full-time coordinator. Utilization of Respite has increased in the last year as well. Outpatient services are available in 6 of the 7 county high schools, eliminating the needs for afterschool appointments, transportation, and parental consent (if over age 14). Family Based services, Behavioral Health Rehabilitation Services, Multi-Systemic Treatment and various Licensed Play Therapists in private practice are available to those under age 18. Specialized Trauma Informed Care training for clinicians has been offered and used broadly in practices throughout the county.

Needs: 1. Education, awareness, and support for parents whose children are identified as in need of MH supports and services may help close the gap between a school referral and the necessary evaluation to prescribe and initiate services.

2. More programmed activities for the TAY that are designed to improve skills in self-sufficiency and knowledge at each level of treatment, recovery, and/or life.

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: Individuals who are discharging from the State Hospital to Clarion County are supported by the Forensic Case Manager in the BSU. There is often ample time to coordinate housing into the Emergency Apartment or into private housing if the individual's last place of residence is not available to him or her. Case Management, supported housing, appointments for med checks, and outpatient services are overseen and tracked by BSU staff.

Needs: Step down care to Nursing Home or Personal Care Facility is very difficult to negotiate for persons discharging from the State Hospital with high physical acuity, history of criminal offenses, or mental illness with history of rapid decompensation. The CHIPPP Consortium is developing a concept for a regional forensic/competency placement. Plans are underway to build this facility in 2019-2020.

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

Strengths: Clarion's MH providers are increasingly aware of Substance Use Disorders (SUD). D&A provider's work address the SUD concerns with some awareness of MH. Each program staff participates in appropriate trainings on subject matters relating to the other treatment discipline. Armstrong-Indiana-Clarion Drug and Alcohol Commission and Clarion MH are generous with one another in sharing cross trainings.

Needs: Because SUD services are operated out of a joinder with Armstrong and Indiana Counties, there are challenges to the delivery of services for co-occurring individuals. There is no "dual diagnosis" treatment program per se in or near Clarion. Counselors practice within the scope of expertise and treatment reimbursement follows diagnostic parameters which tend to keep the focus of treatment in each setting within the licensing regulation.

- **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: An active CJAB has driven the recent implementation of a Behavioral Health Court. This program is proving successful for several individuals to date. Additional efforts to provide Peer and BCM services while transitioning into and out of county prison has become the norm. We anticipate a smoother and more local competency evaluation and restoration process with access to the LTSR in the coming year.

Needs: A clearer and less cumbersome approach to competency evaluation and follow up expectation for individuals with MH and DD issues who are criminally involved. Completion of the Forensic LTSR facility and utilization of the Boundary Spanner to assist MH and justice involved individuals who are not eligible for BH Court are needed in the coming fiscal year. Continued collaboration between the jail, Courts, Probation, Mental Health and BSU is a definite must.

- **Veterans**

Strengths: Clarion is proud to have a large veteran population. Veterans have accessed to the MH system for treatment by professionals trained in Trauma Informed Care strategies and therapies. In addition, Vets have some housing priority over non-vets in similar socio-economic need. There is an Outpatient VA Clinic for physical and behavioral health centrally located in Clarion, adjacent to the mall. Prior to that clinic opening, vets had to travel 50+ miles to Butler to access the next nearest VA Clinic. Soldier On and Supportive Services for Veteran Families (SSVF) through the Veterans Affairs Office provide additional supports. The local American Legion Posts are also excellent resources for veterans with specific need of financial assistance that MH services cannot provide.

Needs: One prominent need is to train new clinicians and recently hired staff in the treatment protocols for PTSD and Trauma in response to the lived experiences of battle and the transition back to civilian life.

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

Strengths: MH providers in Clarion are effectively serving the needs of the LGBTQI population. Clarion County DD and MH Departments have access to a licensed clinician for persons going through gender reassignment, required to have an evaluation and ongoing therapy during that transition. "Allies," a group primarily organized on the Clarion University Campus, is open to the public. A brochure identifying therapists, providers, and other services or resources has proven helpful in putting our LGBTQI individuals in touch with supports such as PERSAD, the second oldest counseling service in the nation for the LGBTQI community, located in Pittsburgh about 75 miles south of Clarion.

Needs: Cultural sensitivity for the rural community at large is a work in perpetuity for Human Service Agencies. Grass Roots agencies are limited in the county.

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

Strengths: The Non-English Speaking (NES) population in Clarion County remains very minimal in numbers. In the past, when persons with limited English proficiency enter human services, language experts at the college were asked to assist. However, web-based translation may be attempted first given cooperation from the individual.

Needs: Translation apps or adequate computer equipment may be necessary in the future.

- **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: Clarion University is the fiduciary for Northwest PA Rural AIDS Alliance providing Medical Case Management for persons living with HIV/AIDS. Recent trainings on Traumatic Brain Injury and Fetal Alcohol Spectrum D/O have been made available in the state. Lupus Foundation, Diabetes Foundation, and Cancer Survivor meetings are available to the community.

Needs: Ensure that MH case managers stay current with the existing opportunities for consumers. Encourage providers and administrative staff to participate in available training. Consider hosting a training in conjunction with contiguous counties on topics pertinent to special populations

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)

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)

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/joiner 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.

Clarion County is regionalized with Career Link and the Office of Vocational Services which are located in an adjacent county. BSU staff, BCM and Peer Providers give referral information and assistance for participants who are ready and willing to seek out employment.

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

Transportation for in-person visits at an out-of-county location are sometimes cited, but usually addressed as the need for transportation to and from work is necessary. Availability of local employment paying livable wages is a concern in Clarion.

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?

This is an area under development in the coming year as the newly formed Children's Resource Coordinator will include oversight of student services. At present, the (former) CASSP Coordinator, BCM providers, Youth and Young Adult Peer providers, and the Independent Living Program (operated by CYS) make this support available to students.

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 (CHIPPP), 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
Micro Homes (building to be completed by July 2020)	HC Reinvestment	\$75,000	\$0	0	6	3	30 years		2019

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

☐ 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

Notes:									

3. Master Leasing (ML) Program for Behavioral Health					<input type="checkbox"/> Check if available in the county and complete the section.				
Leasing units from private owners and then subleasing and subsidizing these units to consumers.									
	Funding Source by Type (include grants, federal, state & local sources)	<i>Total \$</i> 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
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,	<i>Total \$</i> Amount for FY18-19	Projected \$ Amount for FY20-21	Actual or Estimated Number	Projected Number to			Number of Staff FTEs in FY18-19	Year Project

	federal, state & local sources)			Served in FY18-19	be Served in FY20-21				first started
Notes:									

5. Housing Support Services (HSS) for Behavioral Health				<div><div></div> Check if available in the county and complete the section.</div>					
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
Hope Homes	CHIPP	\$145,136	127,534	40	45			1	2014
Emergency Housing	CHIPP	\$30,128	\$25,397	4	5			1	2014
Notes:									

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
BHARP	HC Reinvestment	\$29,574	\$0	38	0				2015
LTSR Housing	ACLU settlement funds	\$1,085	\$20,000	2	20				2019
Notes:									

7. Other: Identify the Program for Behavioral Health		<input 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
Notes:								

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

1. Regional Forensic LTSR (Competency Evaluation and Restoration)

X Continuing from prior year ☐ New Priority

Narrative including action steps: Clarion County partnered with the NW9 Counties (Clearfield/Jefferson, Elk/Cameron, Forest/Warren, McKean and Potter) to request use of ACLU Settlement funds to build and operate a Long-Term Structured Residential facility in Jefferson County for males only and expressly for the purpose of forensic evaluation and restoration.

Timeline: The project was proposed in 2018 and approved by OMHSAS. Land acquisition was made in 2019 and the building erected in 2020. The program is slated for opening in the fall of 2020 depending on site completion, licensing, and COVID-19 parameters.

Fiscal and Other Resources: This project is entirely funded with ACLU Settlement funds.

Tracking Mechanism: Steve Jasper, Clearfield/Jefferson Administrator, has taken the lead on the project on behalf of the 9 counties. He collects data, schedules meetings, and keeps records for the project. Each county contributes information regarding the use of funds from the project for Boundary Spanner and housing needs. That information is compiled and sent to the state monthly.

2. Behavioral Health Court

X Continuing from prior year ☐ New Priority

Narrative including action steps: BHC assists persons with Mental Illness and non-violent criminal offenses in navigating the service delivery system in the county in lieu of lengthy prison sentences. Referrals are typically made through the District Attorney's office or the Public Defender's office. Specific criteria for the program include a mental health diagnosis that contributed to a criminal offense, willingness to cooperate with program guidelines and participation in MH treatments, bi-weekly hearings on progress in front of the judge, and compliance with probation. There is no charge for this service to the consumer.

Timeline: This is an on-going program requiring 18 months' participation and progress in order to graduate.

Fiscal and Other Resources: This program was begun in part with Reinvestment dollars and once developed has become a function of the BSU.

Tracking Mechanism: Detailed records are kept by the BHC Liaison, who is employed by CCR.

3. Micro Homes Project (including Project Based Vouchers)

X Continuing from prior year ☐ New Priority

Narrative including action steps: This priority involves the building of three tiny homes for an individual or a couple occupancy. The houses are slated to be finished in the summer of 2020. We are attempting to have Project Based Vouchers assigned to the homes which were built to provide residents for persons who do not do well with shared walls and live with a MH diagnosis.

Timeline: Completion of homes by July 2020, occupied by August 2020. OMHSAS has requested a 30-year availability of the homes.

Fiscal and Other Resources: Reinvestment, HUD, BSU (support for persons living in the homes)

Tracking Mechanism: CCR Housing Coordinator will handle application, support for occupants, and tracking of all data related to this project. CCR CFO will track any rent payments, repairs and upgrades.

4. Calming Rooms in County Elementary Schools

☐ Continuing from prior year ☒ New Priority

Narrative including action steps: Clarion has become a Tier 1 County in the BHARP System of Care grant (federal). Our plan is to replicate sensory-like Calming Rooms in the elementary schools of two school districts per year for the next three years. There are 7 public schools in the county; this project would essentially give each elementary school an option for students with behavioral instabilities an immediate support while allowing the classroom to continue with instruction.

Timeline: Complete purchase of calming room elements for Keystone and North Clarion School Districts by September 30, 2020. Secure interest an additional two districts and implement the same in federal FY 20/21.

Fiscal and Other Resources: System of Care grant (SAMHSA through BHARP); participation by school districts

Tracking Mechanism: Each elementary school will track utilization and outcomes for the federal grant. Clarion County will track soft match and IPPS.

5. Transitional Age Youth

☒ Continuing from prior year ☐ New Priority

Narrative including action steps: This is an on-going collaboration between MH Adult, Children's services and CYS. Clarion County will undertake management of the Independent Living program as of July 1. MH is in the process of expanding oversight of Children and Adolescents' programming and will create a strong bond and working relationship with CYS, children's service providers - especially, the Peer Support Program, families, and stakeholders,

Timeline: July 1 (IL returns to the county), summer 2020 (CASSP expands to Children's Resource Coordinator), through June 2021 (supports are developed and implemented for TAY)

Fiscal and Other Resources: The service providers are enrolled in HealthChoices. When necessary, base funding will pay for therapeutic and peer services. Program Leadership is embedded in the county administration office, the Base Service Unit, and the office of CYS.

Tracking Mechanism: Each program involved will track its own work and in-put. Periodic meetings will review effectiveness of the programs.

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 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 type="checkbox"/>	<input type="checkbox"/> County <input 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"/>	
Walk-in Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" 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 type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrative Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Transitional and Community Integration Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Employment/Employment-Related Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Residential Rehabilitation Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children's Psychosocial Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Adult Developmental Training	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Facility-Based Vocational Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Social Rehabilitation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrator's Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Housing Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Family Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Peer Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Consumer-Driven Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Mental Health Treatment	<input checked="" type="checkbox"/>	<input 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 checked="" 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 type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Clozapine Support Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" 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:***Please include both county and HealthChoices funded services.**

Evidenced-Based Practice	Is the service available in the County/ Joinder? (Y/N)	Current number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Additional Information and Comments
Assertive Community Treatment	N	0						
Supportive Housing	Y	20	County Guidance	County	triennially	N	N	
Supported Employment	Y	3	County Guidance	County	triennially	N	N	Include # Employed 3
Integrated Treatment for Co-occurring Disorders (Mental Health/SUD)	N	0						
Illness Management/ Recovery	Y	200	CCBHO	County, MCO, OMHSAS	Annually	Y	Y	
Medication Management (MedTEAM)	N	0						
Therapeutic Foster Care	Y	2	OCYF, CCBHO	MCO, state	Annually	N	N	
Multisystemic Therapy	Y	2	CCBHO, CYS, MH	MCO	triennially	Y	Y	
Functional Family Therapy	Y	16	CCBH, County	MCO	Annually	N	N	
Family Psycho-Education	N	0						

To access SAMHSA's EBP toolkits visit:

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

2020-21 Clarion County Human Services Plan

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	74	
Compeer	No		
Fairweather Lodge	No		
MA Funded Certified Peer Specialist (CPS)- Total**	Yes	87	
CPS Services for Transition Age Youth (TAY)	Yes	26	
CPS Services for Older Adults (OAs)	Yes	49	
Other Funded CPS- Total**	Yes	13	
CPS Services for TAY	Yes	2	
CPS Services for OAs	Yes	8	
Dialectical Behavioral Therapy	Yes	6	
Mobile Medication	No		
Wellness Recovery Action Plan (WRAP)	Yes	12	
High Fidelity Wrap Around	No		
Shared Decision Making	No		
Psychiatric Rehabilitation Services (including clubhouse)	Yes	13	
Self-Directed Care	Yes		
Supported Education	No		
Treatment of Depression in OAs	Yes	24	
Consumer-Operated Services	Yes	90	
Parent Child Interaction Therapy	Yes	2	
Sanctuary	No		
Trauma-Focused Cognitive Behavioral Therapy	Yes	20	
Eye Movement Desensitization and Reprocessing (EMDR)	Yes	3	
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.

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	15
Number Full Time (30 hours or more)	5
Number Part Time (Under 30 hours)	10

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? 0
 - 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))? 0

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

INTELLECTUAL DISABILITY SERVICES**Individuals Served**

	<i>Estimated Number of Individuals served in FY 19-20</i>	<i>Percent of total Number of Individuals Served</i>	<i>Projected Number of Individuals to be Served in FY 20-21</i>	<i>Percent of total Number of Individuals Served</i>
Supported Employment	6	2%	8	3%
Pre-Vocational	0	0	0	0
Community participation	50	22%	34	15%
Base-Funded Supports Coordination	34	15%	36	16%
Residential (6400)/ unlicensed	88	40%	90	41%
Lifesharing (6500)/ unlicensed	7	3%	9	4%
PDS/AWC	29	13%	32	14%
PDS/VF	0	0	1	.001%
Family Driven Family Support Services	11	6%	11	6%

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.

Clarion County has 35 individuals receiving an employment service: 22 individuals in Small Group Employment, 5 individuals in Supported Employment and 8 individuals are competitively employed. One provider, Venango Training and Development Center has been trained and offers Discovery. UCIP is the only supported employment provider in Clarion County. Venango Training and Development Corporation and Goodwill Industries also provide supported employment for Clarion County. Clarion Vocational Services, Valley Advantages and Goodwill provides small group employment for Clarion County.

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.

Clarion County continues to participate in Employment First State Leadership Mentor Program Communities of Practice Webinars. Clarion County has established an Employment Collaborative with local providers, schools, IU6 and individuals served. The Collaborative meets at least quarterly to network and reach out to local businesses, and brainstorm about barriers that affect individuals in our county with respect to their employment opportunities. The Collaborative has invited individuals who are working in competitive employment, small group employment or community participation supports who are working towards competitive employment to network and promote self-advocacy of future employment opportunities. Due to COVID-19, these meetings are temporally suspended.

Please add specifics regarding the Employment Pilot if the county is a participant.

Clarion is not participating in an Employment Pilot currently.

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.

Clarion County is hosted a COP Life Course Training for all SCO's and Providers in August 2019. During intakes, the Waiver Coordinator goes over the Life Trajectory to see what the individuals' vision for a good life is. It is then shared with the chosen SCO. During our Clarion County Provider meetings, the Life Course materials have been distributed. This AE has strongly encouraged the SCO's to use the Life Course Tools in team meetings and when individuals are changing providers and services. The updated Life Course tool for employment is also suggested to be reviewed with individuals and their teams at least annually or as needed. All three of the SCO's in Clarion County are encouraged to use these tools either at the time of intake or throughout the year at quarterly or annual meetings with our individuals.

- Please describe how the county will assist supports coordinators to effectively engage and plan for individuals on the waiting list.

The Clarion AE reviews the monthly Prioritization of Urgency of Needs for Services (PUNS) management report and Supports Coordinator (SC)'s service notes to identify individuals who need services. Monthly meetings are held with the Supports Coordinator Organization (SCO)'s to discuss individual cases. If an individual would need services, Clarion County AE staff works collaboratively with our provider network to ensure the individual is getting the services they need. Base funding is used judiciously and is based on the highest need and an individual's health and safety. The Clarion County AE will assist SCO's and individuals with finding support within other social service organizations in Clarion County that are fitting to each case.

- Please describe the collaborative efforts the county will utilize to assist SCOs with promoting self-direction.

Clarion County DD has quarterly provider meetings with the three SCO's present in Clarion, existing providers, new providers and providers who are new to Clarion are invited to talk about what they offer in their programs. The Milestone HCQU attends to give updates on upcoming trainings, program updates and answers questions the SCO's and providers may have. A representative from IM4Q attends annually to go

over the program review and answers questions. Due to COVID-19, Clarion County had provider meetings bi-weekly

Lifesharing and Supported Living:

- Please describe how the county will support the growth of Lifesharing and Supported Living as an option.

The Lifesharing lead, Wendy Bundy (Waiver Coordinator), attends Regional Lifesharing Coalition Meetings. Lifesharing is discussed at Clarion County Provider meetings to update all SCO and providers. Clarion County AE takes part in the annual Lifesharing Conferences to network and promote Lifesharing. Lifesharing is part of Clarion County's quality management plan, service notes are reviewed to see if the option of Lifesharing is discussed at least annually with individuals served in Clarion.

- Please describe the barriers to the growth of Lifesharing and Supported Living in the county.

Clarion County does not have a provider willing to provide Supportive Living, likely due to the lower rate. Clarion County is a rural area therefore it is more difficult to find a willing and capable family to provide Lifesharing services.

Families will often choose Agency with Choice over life sharing due to the rates. Families often will not choose Lifesharing because it limits other services that an individual may have.

- Please describe the actions the county found to be successful in expanding Lifesharing and Supported Living in the county despite the barriers.

Clarion County currently has four Lifesharing providers, United Community Independence Programs (UCIP), Passavant, New Light and Merakey. These providers along with the individual they support are active promoters of Lifesharing. Clarion County is currently working with an individual and his team for his family to become Lifesharing providers.

- 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.

The ODP lead attends the Western Regional Lifesharing meetings and provides updates. Lifesharing is discussed during the intake process and SCO's are encouraged to discuss Lifesharing at least annually with all Clarion County individuals.

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. Clarion

County has had success with our providers supporting individuals with multiple needs either behavioral or medical. When needs have been identified providers or Supports Coordinators will contact the Clarion DD office, at this time action plans are developed based on what the current need is. Milestone HCQU West provides technical assistance and trainings for providers and individuals with medical and behavioral needs. The Dual Diagnosis Treatment Team (DDTT) has been a wonderful resource to consult with on complex cases to help teams identify and work on goals to address the current need. The Community Stabilization Reintegration Unit (CSRU) has been another available resource for teams with very complex cases. The DD Quality Risk Manager will also identify at risk individuals through EIM and reach out to the teams to aid in training or referrals to the CSRU, DDTT, or HCQU. Clarion County DD attends the Dual Diagnosis trainings and conferences.

Clarion County was able to support two individual and their families with vehicle adaptations due to the individual 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.

Clarion County DD met with the Clarion Area school district's special education department and presented the Life Course materials. The AE plans to contact the remainder of the county school districts over the next year. School-aged referrals are also made through the Student Assistance Program (SAP) liaison and Child and Adolescent Service System Program (CASSP) coordinator. Clarion County DD plans to present at an upcoming Human Services Council Meeting to promote DD services, date has not yet been set due to COVID-19.

- 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.

Our local Children and Youth agency and Area Agency on Aging make appropriate referrals when necessary. The Intake Coordinator contacts the individual who was referred to explain, offer services and request appropriate documentation. Referring agencies are made aware that services are voluntary and not all individuals are receptive to services. The point person for OBRA works with our local Area Agency on Aging to option individuals who are in the MH/DD system and need a higher level of care. The Quality/Risk manager tracks nursing home stays with the focus and desired outcome on participant-centered service planning and delivery. The OBRA point person reviews SC service notes to track appropriateness for the services these individuals receive.

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).

Clarion County DD has a four-bedroom respite home that is available to any individual who is identified as needing emergency housing due to factors such as fire, natural disasters, death of a caregiver, and cite closures.

- Please provide details on the county's emergency response plan including:
Does the county reserve any base or HSBG funds to meet emergency Needs?

Base funding is used judiciously and is determined on highest need, health and safety concerns. The respite home is available to anyone needing emergency housing and is supported in part with base funding.

- 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?

Clarion County has an emergency management on-call protocol to ensure the Deputy Administrator is available to Providers and SCO's in the event of an unanticipated emergency. The DD Deputy Administrator is available 24/7 to provide assistance if need be.

Clarion County Developmental Disabilities Emergency Management On-Call Protocol

Purpose:

In order to ensure that the Administrative Entity is available to Providers and Supports Coordinators at all times, Clarion County DD has implemented an on-call system. A designee of the Developmental Disabilities Administration will be on-call at all times to ensure prompt response in the event of an unanticipated emergency. Providers and Supports Coordinators should contact the Developmental Disabilities Administration to discuss questions, concerns or needs related to the management of Unanticipated Emergencies.

Procedures:

During business hours, the AE can be reached by office phone. After business hours, the AE can be reached by calling **Clarion County Crisis at 814-226-7223**. When calling after hours please identify that you are calling regarding Developmental Disability Services and need to speak with the County Developmental Disabilities Deputy Administrator, currently Lindsay Deibler. Providers and Supports Coordinators should only call the AE after hours if they need to immediately address an unanticipated emergency. All other concerns or issues should be addressed through a phone call during normal business hours.

The on-call system will be utilized for Unanticipated Emergencies only as defined by the following criteria:

- An individual is at immediate risk to his/her health and welfare due to illness or death of a caretaker.
- An individual living independently experiences a sudden loss of their home. Examples are fire or natural disaster.
- An individual loses the care of a relative or caretaker, without advance warning or planning.

- Does the county provide mobile crisis services? Clarion County has a robust crisis service, including mobile crisis services. New hires are given formal and informal trainings relative to individuals who have an ID/Autism diagnosis. The Deputy Administrator is available 24/7 to provide assistance as needed.
Emergency Supports - Continued: o Is training available for staff who are part of the mobile crisis team?

Mobile Crisis staff have monthly meetings to discuss previous cases and have trainings on various topics that are relevant to DD and MH. Outside trainings are encouraged and subject matter experts have been brought in to educate the mobile crisis workers. Training is provided through the BSU in conjunction with Crisis Services.

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.

Clarion County shares upcoming events held by the PA Family Network to our provider network. The PA Family Network attended our Communities of Practice Lifecourse training with Providers and SCO's in August 2019. Clarion County has shared our local PA Family Network representative contact information to individuals and families. SCO's are encouraged to share PA Family Network information with families.

- Please describe other strategies you will utilize at the local level to provide discovery and navigation (information, education, skill building) and connecting and networking (peer support) for individuals and families.

The AE shares all opportunities with our families and provider network for upcoming trainings and events. SCs are responsible to assist families and individuals in connecting and networking with those opportunities.

- Please describe the kinds of support the county needs from ODP to accomplish the above.

The AE list serve is a great source of information relating to trainings, conferences and events for providers and families. ODP supports counties with weekly new letters, bulletins and updates.

- 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. The Deputy Administrator participates in the Management Oversight Committee for the HCQU at these meeting the HCQU gives program updates, upcoming trainings for providers and individuals and we discuss current needs in our counties that the HCQU can assist in, due to COVID-19 these meetings have been temporally postponed. The Quality/ Risk Manager identifies individuals that have a high amount of restraints, hospitalizations and or emergency room visits and works with the provider and SC to request an Intensive Technical Assistance (ITA). After this is

completed the HCQU is able to give the provider and SC some risk mitigation strategies. The Deputy Administrator, Waiver Coordinator and Quality/ Risk Manager attend relevant trainings when they are available.

- Please describe how the county will use the data generated by the HCQU as part of the Quality Management Plan process.

The Quality/ Risk manager uses the data from the HCQU when attending meetings for individuals who are meeting the minimum requirements for Risk Management to make up action plans for the individuals and their teams. After ITA's the AE encourages the teams to follow recommendations they receive from the HCQU.

- 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.

Clarion County encourages families and SCO's to participate in the IM4Q monitoring program. Quality/ Risk Manager reviews considerations brought upon by the IM4Q interviews of the selected individuals and families. Quality/ Risk Manager ensures that the SC's are discussing the considerations appropriately with the individual and their team and then agrees or disagrees with the outcome of the consideration.

- 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.

The Deputy Administrator and Quality/ Risk Manager attend annual Dual Diagnosis Trainings/ Conferences this helps assist the providers that are serving complex individuals by bringing information to the team. Clarion County utilizes Milestone HCQU for resources and trainings to support not only the individual but also the provider. Clarion County has access to the Institute on Disabilities at Temple University to do communication assessments on individuals to see what the best form of assistive technology would meet their communication needs. The Dual Diagnosis Treatment team (DDTT) and the Community Stabilization Reintegration Unit (CSRU) are also helpful in supporting challenging individuals and providers.

- Please describe how ODP can assist the county's support efforts of local Providers.

ODP offers technical assistance when needed, however there are times

- Please describe what risk management approaches the county will utilize to ensure a high quality of life for individuals and families.

The Quality/ Risk Manager tracks individual incidents in the Enterprise Incident Management system (EIM). When an individual is deemed at risk by ODP standards the Quality/ Risk Manager participates in team meetings to ensure all possibilities of supports have been explored and to provide technical assistance as needed.

- Please describe how the county will interact with individuals, families, providers, advocates and the community at large in relation to risk management activities.

The Quality/ Risk Manager interacts with individuals, families and providers through team meetings. The Quality/ Risk Manager attends trainings to expand knowledge to be able to provide appropriate assistance to help teams focus on person centered planning.

- Please describe how ODP can assist the county in interacting with stakeholders in relation to risk management activities.

ODP holds Positive Practices meetings quarterly, and Quality/ Risk Management meetings every other month. At these meeting stakeholders can collectively hear what is new and discuss current struggles they are having. ODP has had weekly teleconference with AE and SCO during COVID-19.

- Please describe how the county will utilize the county housing coordinator for people with autism and intellectual disabilities.

In the event that an individual is in need of housing and they are not receiving residential services, the AE works with the housing coordinator to seek emergency housing. The housing Coordinator has been able to locate appropriate housing and set up other needed services in the community. Clarion County also has a four-bedroom respite house for individuals in need of emergency housing. Currently, the respite home is not wheelchair accessible, but a provider has been identified to start making the one-person basement apartment wheelchair accessible.

- Please describe how the county will engage providers of service in the development of an Emergency Preparedness Plan.

All providers are required to have Emergency Preparedness Plans. The County reviews these plans during their Quality Assurance and Improvement cycle.

Participant Directed Services (PDS):

- Please describe how the county will promote PDS (AWC, VF/EA) including challenges and solutions.

Clarion County AWC continues to show a steady increase due to word of mouth from families and individuals receiving the service. Clarion County has identified that families finding their own staff is challenging. Clarion County has contracted with a Supports Broker agency. The Supports Brooker will assist families to find appropriate qualified workers that are working with AWC services. We currently have an individual looking into VF/EA services.

- Please describe how the county will support the provision of training to SCOs, individuals and families on self-direction.

Clarion County is always open and welcoming to any training opportunity that is beneficial to SCO's, individuals and families. When topics of interest are identified by individuals, families or SCO's, Clarion does its best to bring in these trainings free of charge.

- Are there ways that ODP can assist the county in promoting or increasing self-Direction?

The Western Regional Lead for AWC attends these meetings and answers questions and provides service updates quarterly.

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

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.

In FY 19/20, Clarion County is working with one individual who is in a nursing facility to transition back into the community with a new provider beginning the new fiscal year 2020-2021. The provider is currently working on making his home handicap accessible.

Clarion County is active with one individual in the provider search through the Benjamin process. State Center representatives and his family have submitted documentation annually of his continued need for care at a level, effectively precluding potential providers. The previous, Deputy Administrator and Quality/ Risk Manager had visited him in order to become familiar with what his needs. Currently Clarion is seeking a provider who will assist him in building his dream to live in a community home near his family. This individual has many challenges, so the provider will need a solid background in working with challenging individuals. Many of the other individuals we serve on the congregant list are medically fragile.

The individuals living in a State Center category have family members/guardians who have legally provided the choice of only State Center living.

The primary reason given is that the State Center has been the individuals' home for many years, their needs are met, and they do not wish to leave the caregivers and peers whom they consider family. The AE continues to monitor and assess the needs and desires of these individuals.

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.

When an individual or family is experiencing homelessness, the County attempts to make sure that they are connected with services to help them in the most appropriate way. There is a great collaborative effort to meet the needs of individuals and families within the county who are experiencing homelessness or facing eviction. The County Homeless Assistance (HAP) caseworker works closely with the Housing caseworker from Mental Health (Center for Community Resources), caseworkers at Children and Youth, Aging, Drug & Alcohol, Clarion County United Way which has historically received the County's Emergency Food and Shelter monies, Salvation Army, our local housing authority, landlords, utility companies, the local ministerium, local non-profits and other workers throughout the Human Services system.

The HAP application which is signed by all applicants includes a release of information for Clarion County Department of Human Services (this includes Adult Services, CYS and MH/DD/EI), EFSP Programs, United Way, the County Assistance Office, and the vendor to whom they owe. This allows us to verify if the applicant has received financial assistance from others and/or eligible for assistance. We are often able to collaborate with other agencies/non-profits and work together to each provide a portion of the amount needed so that the consumer's needs can be adequately met.

The Human Services Program Specialist is now authorized to write vouchers for the Salvation Army funding and completes applications and secures documentation for EFSP funding as well, allowing for seamless transitions and funding approval processes.

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.

Bridge House Services include:

- Provide temporary housing up to one year, can be extended to 18 months with County Human Services approval
- Provide options and advocacy in securing permanent housing
- Assistance with everyday life skills training (cooking, cleaning, hygiene, etc.)
- Assistance, accompaniment and advocacy with all social services needed for each individual resident
- Options counseling
- Safety planning
- Goal planning with weekly follow up on goals.
- Assistance with good decision making and healthy relationships
- Transportation to appointments
- Assistance with budgeting
- Information and referral to other agencies as needed (ex. parenting, mental health, drug & alcohol)

While the staff and volunteers are often able to transport residents, transportation remains the biggest unmet need for most of the residents. Bridge House staff provide transportation to all the necessary appointments but are unable to get clients to work every day. The only bus service in the County is only in the immediate Clarion area and Bridge House is not located there. The taxi services only run until 10:00 pm and are costly. Anyone who gains employment and has to work evenings or a night shift and does not have a vehicle has no transportation.

There have been numerous successes at the Bridge House. Below is an example of an inspiring story from SAFE Bridge House 2020:

Stephanie (not her real name) came to SAFE's Bridge House program directly from prison. Being homeless and desperate, Stephanie intentionally set out to get herself arrested so she would be safe, in prison, from the street life. Her daughter went into foster care and Stephanie went to prison for five years.

Stephanie came straight to the SAFE office from prison, her only belongings literally the clothes on her back – her prison- issued tee shirt, shorts and shower shoes. Stephanie was determined not to return to prison and was determined to rebuild her life.

During her stay at bridge house, Stephanie signed up for tutoring and began to study, eventually passing the exam for her GED. She was so proud of herself, as were we! Stephanie's next step was finding a job, which she quickly did. She arranged with friends to get herself back and forth from work until she could find an apartment on the

bus line. Shortly after she began her job, Stephanie moved into her own apartment. It is safe, clean and affordable. She is now involved in a church group and attends counseling. She now sees her daughter on a regular basis.

Stephanie is the very definition of a survivor.

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

The Bridge House is constantly reviewing the program to see if there are any changes that may benefit the needs of the residents and the community. The Program Specialist completes an annual facility review and inspection in addition to frequent visits to assist with budgeting classes and other needs. This year, the Bridge House had a new roof installed as well as updated furnace vents. A new washer and dryer were purchased for the residents along with some new curtains, lamps, comforters and décor for the facility.

A total of 8 adults and 2 children were served this fiscal year. Some had transitioned from the domestic violence shelter program as they were still in need of safe and affordable housing. There are detailed goal plans that serve the needs of the individuals. The main goal is finding safe and affordable housing, but many other goals are included based on what the individual needs. Finding/ maintaining employment is also a main goal but there are many barriers that residents face due to lack of transportation. Information is available on parenting, health and safety, life skills and budgeting, along with information and referral to numerous community agencies as needed. Staff takes residents to social service appointments (DPW, Housing, WIC, etc.) as well as the local food banks and Charitable Deeds to obtain furniture/clothing.

Fire drills are conducted monthly and smoke detectors, carbon monoxide detectors and fire extinguishers are present. Pest control services from a professional company are provided quarterly and more frequently if needed. Medicines are locked up in personal lockers.

SAFE would benefit from continued outreach to community and human service agencies to ensure maximum utilization of the Bridge House program. The human service agencies all work together well to refer individuals in need to this beneficial county program.

- Please describe any proposed changes to bridge housing services for FY 20-21. There are no changes planned to bridge housing at this time.

- If bridge housing services are not offered, please provide an explanation of why services are not offered. n/a

Case Management:

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

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

Most of the individuals/families served are new to the HAP program, never having received assistance before. The budgeting services are provided for a minimum of 3 -6 months for households receiving assistance. These services are provided one-on-one in a structured format and include providing each participant with a 12-month budget planner to assist them in meeting the goal of being financially responsible and self-sufficient. We believe that this is one of the reasons we are seeing fewer consumers returning for assistance. The families/individuals who have returned again for help typically have experienced a life situation or setback causing them to get behind and are able to manage their finances once they get back on their feet.

The Clarion Shelter Task Force (L-HOT) has fundraisers throughout the year to raise diversion funds and awareness of rural homelessness. With the assistance of one exceptionally generous donation in particular, we have been able to use funding to meet housing gaps, such as helping individuals obtain Birth Certificates/ ID's/SS cards (needed to get into public housing), small repairs to homes, and assistance with education/employment expenses needed to obtain and maintain housing.

Homeless individuals and families are also referred to the following programs in emergency situations:

SAFE- 814.226.8481 (Domestic Violence Shelter for women and children; Bridge House- application process involved, do not have to be DV)

Community Action- 814.226.4785 (Transitional Housing for Men; Disabled Housing; Operation Safety for Motel Vouchers; ESRA funding for rent/utilities) Community Action also operates the Coordinated Entry List for Clarion County, allowing individuals to be placed on the prioritization list and receive additional opportunities to be housed appropriately.

Center For Community Resources (CCR)- 814.226.1080 (HOPE Homes and Emergency Housing above Drop in Center)

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

Salvation Army- Renee Vowinckle- 814.221.2261

CYS- Can assist with family in crisis. Call 911 after hours. They also partner with Community Action to operate the family transitional house for families involved in CYS system.

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

Effectiveness of case management services is evaluated through case file reviews and supervision. We provide budgeting services for at least 3 to 6 months to provide assistance in money management and closely monitor consumers served to ensure that the budgeting services provided are effective in preventing recurring need for assistance or dependence on the system. When necessary, budgeting services are provided in the home and

reminder letters sent if a budgeting appointment is missed. The County tracks all those who do and do not complete budgeting services. Individuals who do not complete the required budgeting and request future assistance are required to provide 25% of the amount requested through the Homeless Assistance Program in a money order made out to the vendor prior to being approved for additional assistance. Failure to complete budgeting a second time prevents them from receiving any future financial assistance until they complete budgeting services. Case management remains available to those individuals. The list of consumers served are also reviewed on an annual basis to ensure that the budgeting services provided are effective in preventing consumers from recurring need for assistance.

- Please describe any proposed changes to case management services for FY 20-21.

The Program Specialist will continue to offer Budgeting and Case Management in the home and office settings. With COVID-19 concerns, we are also adding a phone option for classes. PREP (Prepared Renters Education Program) Curriculum will be offered with incentives for those completing the program.

- If case management services are not offered, please provide an explanation of why services are not offered. n/a

Rental Assistance:

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

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

The greatest unmet need continues to be the individuals and families whose living costs continue to rise while their income remains the same. This includes individuals on SSI or SSD and seniors on a fixed income. We continue to see an increase in people

seeking assistance who are the “working poor”- often working 2 or 3 part-time jobs or low-paying full-time jobs.

With the COVID-19 pandemic occurring this fiscal year and the relating moratorium on evictions, foreclosures and utility shut-off notices, we did not see as high of a number of people who requested assistance as in previous years. We fully expect the need to explode after the moratorium is lifted.

The greatest gap in services continues to be quality, affordable housing for low income individuals and families. We continue to reach out to landlords and partner with those who are willing to provide positive housing opportunities for our county. We plan on having a Landlord Engagement workshop this year.

There have been numerous successes in this program. One example of a success story is as follows:

Jessica (not her real name) came to the County seeking help with an eviction notice. She was a young, single mother of a 2-year-old and worked 2 part-time jobs. Jessica had lost hours at her jobs and gotten behind on her rent. She was scared, overwhelmed and did not know what resources were available to help her. HAP funds were able to assist Jessica with her back rent and she and her son were able to remain living in their apartment.

Jessica successfully completed Budgeting classes and manages her money well. She stated that the classes were extremely helpful as her upbringing was unstable and she never learned how to manage money at home or in high school. She was promoted at her one job to assistant manager, giving her a raise and the ability to leave the other job. She is a wonderful mother. She maintains contact with the Program Specialist and reaches out when she has questions or needs a referral to a program. She is truly an inspiration.

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

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

- Please describe any proposed changes to rental assistance services for FY 20-21.
No changes are planned at this time.
- If rental assistance services are not offered, please provide an explanation of why services are not offered. n/a

Emergency Shelter:

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

Emergency shelter services are offered as a last resort for a 3-night maximum stay at a local motel. Individuals must be able to secure housing after this temporary crisis is resolved. As with rental assistance, we provide budgeting services for at least 3 months to provide assistance in money management and closely monitor consumers served to ensure that the budgeting services provided are effective in preventing recurring need for assistance or dependence on the system.

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

This funding is rarely utilized as there are other options available and utilized first as they are more appropriate. Only individuals who have a plan to secure housing after the 3 days permitted are granted assistance. Case management and budgeting are offered as part of receiving this funding.

- Please describe any proposed changes to emergency shelter services for FY 20-21.
There are no changes planned at this time.
- If emergency shelter services are not offered, please provide an explanation of why services are not offered. n/a

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.
The County does not offer any additional supportive services currently.
- How does the county evaluate the efficacy of other housing supports services?
Please provide a brief summary of other housing supports services results.
n/a
- Please describe any proposed changes to other housing supports services for FY 20-21.
n/a
- If other housing supports services are not offered, please provide an explanation of why services are not offered.
Without additional funds, the County is not able to add other housing services.

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?

Currently, the Housing Providers at Center for Community Resources and Community Action are the only agencies utilizing HMIS. If required by the state, other providers will use this software. Community Action is the designated Coordinated Entry site for the County.

SUBSTANCE USE DISORDER SERVICES

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

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

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

The SCA's Executive Director, Kami Anderson, is a member of the County Planning Team for each of the SCA's three Counties: Armstrong, Indiana, and Clarion. Planning meetings were held in May 2020. Public meetings are being held in compliance with the Public Notice requirements for each of the Counties to review the County plans, as well as this Drug and Alcohol service plan. Documentation regarding the public meetings can be found in each of the County plans.

The delivery of services will remain the same as in past years, with full cooperation and referrals made between all the agencies involved in the County plans. Funds will be used by the SCA to provide services to the residents of the three Counties in the least restrictive setting appropriate to their addiction needs. The total amount of funding for Clarion County for Act 152 and BHSI for drug and alcohol services for the fiscal year 2020/21 is projected at \$128,788. The SCA plans to utilize those funds to provide treatment services and agency administration costs as presented in Appendix C-2 to an estimated total of 101 clients (some may be duplicated between the levels of care). For the FY 20/21, recovery support services will be provided through a combination of federal grants, state grants, and BHSI funding in all three of the Counties.

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

Administrative staff responsible for insuring contractual compliance, reporting and fiscal operations include the Executive Director (Kami Anderson), Deputy Director (Amanda Schroeder), Prevention Director (Tamra McClafferty), Chief Fiscal Officer (Christina Howells), Fiscal Officer (Billie Kirkpatrick) and Fiscal Assistant (Tracy Stross). Administrative staff monitor the funding and verify that clients are eligible to be funded through the HealthChoices or Medical Assistance Fee for Service program. BHSI funds are used for clients that fall under the eligibility requirements for BHSI. Other sources of funding are also verified, such as private insurance, third party payers, and private income sources. The client liability guidelines issued through the Department of Drug and Alcohol Services are followed strictly for clients not eligible for Medical Assistance. Act 152 Funds are only utilized for clients eligible for Fee For Service Medical Assistance for the non-hospital residential categories of detox, rehabilitation, and halfway house. BHSI funds may be utilized for all categories of care, including residential and outpatient levels of care, as well as case management, recovery support, and administration costs. Since the implementation of the Medical Assistance Expansion, the clients funded under Act 152 and BHSI have dramatically decreased.

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

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

One of the Case Managers in each County serves as the drug and alcohol liaison for the SAP teams in their County, providing consultation and on-site assessments for students referred by the teams and other personnel. That Case Manager is also available to go to the Clarion Hospital if requested.

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

In September of 2015, the Commission added a Warm Hand-Off program in the three area hospitals called the Addiction Recovery Mobile Outreach Team (ARMOT). Two Case Managers (Steven Olish and Elica Shaw) and four CRS (Alex Jennings, Mario Forica, Ryan Hienrichs, and Mike Helsing) are employed by the Commission and are located in the hospitals to see patients referred for substance use disorders. Over 82% of the patients referred by the hospital are sent directly to residential rehab.

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

The SCA has offices at the following locations:

Armstrong/Indiana (Administrative Office):

10829 U.S. Route 422

P.O. Box 238
Shelocta, PA 15774
724-354-2746

Clarion County:

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

Armstrong County:

345 Vine Street

Kittanning, PA 16201
724-545-1614

Indiana County:

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

Case Management

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

Level of Care Assessment (LOC)
Case Coordination

Restrictive Intermediate Punishment Program (RIP)

Clarion County Treatment Court
Student Assistance Program (SAP)
Certified Recovery Specialist (CRS) Support Services

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

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

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

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

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

Treatment

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

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

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

The SCA and the Mental Health Administrators co-chaired the Armstrong-Indiana Co-Occurring Disorders Committee that included staff of all of the Substance Abuse and Mental Health provider agencies in the two-County area. The Committee met bi-monthly to discuss the

delivery of Co-Occurring Disorder services, specific complex cases, and methods of improving the system.

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

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

Adults (ages 18 to 60):

The Armstrong-Indiana-Clarion Drug and Alcohol Commission contracts with treatment agencies to provide the full continuum of care available for the adult population. These include outpatient, intensive outpatient, partial hospitalization, halfway house, non-hospital based residential treatment and detoxification, methadone maintenance, enhanced treatment to include medication assistance (such as buprenorphine and vivitrol) and hospital based residential treatment and detoxification. Outreach for this population is conducted at various locations throughout the three Counties, such as: Social Service agencies, such as Children and Youth; the college campuses for Indiana University of PA and Clarion University of PA; County Assistance Offices; Careerlink; Technical schools such as Wyotech; Health Fairs; Various Media outlets; County Hospitals; County Jails; etc. In the FY 2018/19, the Commission implemented a pilot for the PA Department of Drug and Alcohol Programs to require all residential treatment programs to provide all levels of MAT for their patients. Nurse Navigators were hired to coordinate patient medications and communication with Primary Care Physicians.

Transition-Age Youth (ages 18-26):

The Armstrong-Indiana-Clarion Drug and Alcohol Commission contracts with treatment agencies to provide the full continuum of care available for the transition-age youth population. These include outpatient, intensive outpatient, partial hospitalization, halfway house, non-hospital based residential treatment and detoxification, methadone maintenance, enhanced treatment to include medication assistance (such as buprenorphine) and hospital based residential treatment and detoxification. Outreach for this population is conducted at various locations throughout the three Counties, such as: the Independent Living Groups at Children and Youth Services, Justice Works, and Holy Family Institute; the college campuses for Indiana University of PA and Clarion University of PA; County Assistance Offices; Careerlink; Technical schools such as Wyotech; health fairs; other social service agencies; County hospitals; County Jails; etc.

Older Adults (ages 60 and above):

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

Adolescents (under 18):

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

Individuals with Co-Occurring psychiatric and substance use disorders:

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

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

Criminal Justice Involved Individuals:

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

In December 2012, the SCA started the Medical Assistance County Jail Pilot in Armstrong and Clarion Counties and expanded the program to Indiana County in May 2013. This pilot was started in response to a request from the PA Department of Drug and Alcohol Programs to provide level of care assessments in the County Jails and to help the inmate apply for Medical Assistance while in the County Jail and process COMPASS applications for the inmates within 7 days of their release from Jail, so that they are eligible for HealthChoices on the date of their release from Jail. Clients eligible for the program go directly from the County Jail to a residential rehab facility on the date of their release. Savings realized from the operation of the Medical Assistance Jail pilot have allowed the SCA to hire additional Criminal Justice Case Managers and to sub-contract with area outpatient facilities to provide outpatient therapy in the jails.

Veterans:

The Armstrong-Indiana-Clarion Drug and Alcohol Commission contracts with treatment agencies to provide the full continuum of care available for the Veteran adult population. These include outpatient, intensive outpatient, partial hospitalization, halfway house, non-hospital based residential treatment and detoxification, methadone maintenance, enhanced treatment to include medication assistance (such as buprenorphine) and hospital based residential treatment and detoxification. The Commission staff makes referrals for veterans that qualify for care at the VA. For the Veterans population that need addiction treatment but do not qualify for the VA program

or have been dishonorably discharged, their treatment services are paid for by the Commission according to their liability qualifications. Outreach for this population is conducted at various locations throughout the three Counties, such as: Social Service agencies; the Indiana County VA Outpatient Clinic; the Office of Veterans Affairs; Children and Youth; the college campuses for Indiana University of PA and Clarion University of PA; County Assistance Offices; Careerlink; Technical schools such as Wyotech; Health Fairs; Various Media outlets; County Hospitals; County Jails; etc.

Women with Children:

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

Overdose Survivors:

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

Recovery-Oriented Services:

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

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

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

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

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

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

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

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

Please provide the following information:

2. Waiting List Information:

	# of Individuals	Wait Time (days)**
Withdrawal Management	1	0
Medically Managed Intensive Inpatient Services	Rare	0
Opioid Treatment Services (OTS)	1	0
Clinically-Managed, High-Intensity Residential Services	3	0
Partial Hospitalization Program Services (PHP)	1	0
Outpatient Services	7	0
Other (specify)	0	0

**Use average weekly wait

time

3. **Overdose Survivors' Data:** Describe the SCA plan for offering overdose survivors direct referral to treatment 24/7 in your county. Indicate if a specific model is used.

# of Overdose Survivors	# Referred to Treatment	# Referral Methods	# Refused Treatment
17	6	Warm Hand-off	2

4. THESE NUMBERS ARE FOR CLARION COUNTY ONLY AND REPRESENT

A THREE YEAR PERIOD THAT CLARION HOSPITAL WAS INVOLVED IN ARMOT. AICDAC IS CONCENTRATING ON IMPROVING REFFERAL AT CLARION HOSPITAL IN THE FUTURE. AICDAC STAFF WERE ABLE TO PERSUADE CLARION HOSPITAL TO FOCUS ON ATOD DISORDERS OVER THE NEXT 3-4 YEARS.

The SCA provides a warm hand-off program called the Addiction Recovery Mobile Outreach

Team (ARMOT). A Case Manager and a Certified Recovery Specialist are available for the Clarion Hospital to call when a person is brought to their Emergency Department for an opioid overdose. Other patients identifying themselves as having a substance use disorder can be screened by the hospital and be referred to the ARMOT team. When the ARMOT team receives a referral from the Clarion Hospital, they offer to provide a Case Manager to perform a level of care assessment. Recovery Support services are also offered and can be provided with or without the level of care assessment. Many times, the Certified Recovery Specialist is able to discuss treatment options with the patient and/or family members and accept a referral for an assessment to treatment after meeting with the CRS. The SCA also provides a warm call transfer through the crisis program for Clarion County. If a first responder provides Narcan to an overdose victim and the overdose survivor refuses transport to the hospital or clinic, the first responder calls the County Crisis Line and asks for a CRS. The crisis line operator then connects the first responder with one of the SCA's CRS staff that are on call 24 hours each day.

6. **Levels of Care (LOC):** Please provide the following information for your contracted providers.

LOC ASAM	# of Providers	# of Providers Located In-County	# of Co-Occurring/Enhanced Programs
4WM	2	0	1
4	2	0	1
3.7WM	18	0	1
3.7	18	0	1
3.5	36	0	11
3.1	20	0	2
2.5	5	1	0
2.1	7	1	0
1	8	1	0

*** In this section, please identify if there is a specialized treatment track for any specific population in any of your*

levels of care. For example, a program specific for adolescents or individuals with a co-occurring mental health issue.

5. **Treatment Services Needed in County:** Provide a brief overview of the services needed in the county to ensure access to appropriate clinical treatment services. Include any expansion or enhancement plans for existing providers or any use of HealthChoices reinvestment funds for developing new services.

Due to the small population of Clarion County, there is currently only one outpatient treatment center (CenClear Services) operating in Clarion County. There were two

outpatient centers until May 31, 2018, when ARC Manor decided to close their Clarion Office.

CenClear has the following levels of service available: Partial, Intensive Outpatient, and Outpatient. CenClear also provides outpatient treatment in each of the school districts and at the Clarion County Jail.

As far as Medication Assisted Treatment (MAT) services available, Positive Recovery Solutions (PRS) is a mobile medical unit that comes to Clarion County twice monthly to provide Vivitrol shots. Vivitrol shots are also offered free of charge in the Clarion County Jail within 5 days of the inmate's release. Crossroads provides suboxone services. There are no methadone clinics in Clarion County.

The SCA maintains an office on East Main Street that provides Case Management and Recovery Support services. The SCA has contracts with CenClear and Positive Recovery Solutions. The SCA also provides a Criminal Justice Case Manager that works with the clients in the County Treatment Court. As referenced in Part 3, the SCA has contracts with a variety of providers in other counties that can provide services not offered in the County.

As far as expansion or enhancement plans, there are very little HealthChoices Reinvestment funds available to Clarion County (as part of the 23 County HC Consortium) to develop new services.

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

The Armstrong-Indiana-Clarion Drug and Alcohol Commission (AICDAC) is the Central Coordinating Entity (CCE) for the training and distribution of Narcan for Clarion County. All Police Departments, Fire Departments, EMS Agencies, Treatment Providers, School Districts, Clarion University, County Agencies and Human Service Agencies have access to Narcan if they so choose. The public also has access to Narcan through AICDAC as well upon completing a training and receiving a certificate.

AICDAC has collaborated with the following agencies in Clarion County to provide Narcan training and distribution: Primary Health Network, ARC Manor, Clarion University Police, Clarion Agency on Aging, Clarion County District Attorney, Children and Youth Services, CCR, Department of Human Services, Probation, Clarion University Rehab Science and Nursing Departments, Rimersburg Fire Department, and North Clarion School District. In the FY 2019/20, approximately 107 Narcan kits have been provided to individuals and families served through the AICDAC Case Management office in Clarion and approximately 37 kits have been distributed to the above agencies and through public trainings.

AICDAC offers on-site training to all area first responders and other groups that may request a formal group training. Each of AICDAC's four offices have staff that can do an individual training and have the trainee take the test. Once the trainee has the training certificate, AICDAC will give them a free box of Narcan. AICDAC provides incident report forms to each Narcan recipient. People with their training certificate can stop in at any of the offices for their free Narcan kit. During the fiscal year 2019/20, approximately 107 Narcan kits were provided to individuals and families served through the AICDAC Case Management office in Indiana and 37 kits have been distributed to the above agencies and through public trainings.

- 2. County Warm Handoff Process:** Please provide a brief overview of the current warm handoff protocols established by the county.

Warm Handoff Data:

Number of Individuals Served	18
Number Entering Treatment	8
Number Completing Treatment	4

Please identify Challenges with Warm Handoff Process Implementation:

In 2015, the Commission began a warm hand-off program called the Addiction Recovery Mobile Outreach Team (ARMOT) that provides a Case Manager and a Certified Recovery Specialist to each County hospital. Patients identified with a substance use disorder are asked by the hospital staff if they would like to speak with a member of the ARMOT team. Certified Recovery Specialists can screen the patient for their needs and refer to the Case Manager for a level of care assessment. If the patient agrees, transportation to treatment is coordinated and usually the patient goes that day to a residential detox or treatment facility. Of the patients that agree to see our staff, 82% are going to treatment the same day.

The ARMOT staff are available from 8:00 am to 11:00 pm daily. After 11:00 pm, a warmline has been established that is manned by our staff 24 hours a day. Staff can work with the nurses in the Emergency Department to coordinate a referral to treatment and the hospital keeps the patient until transportation can be provided.

The warmline is also used by first responders that have revived overdose survivors, especially when the overdose survivor refuses emergency treatment. The first responders call the local crisis hotline and ask to speak with a Certified Recovery Specialist. The crisis worker calls the AICDAC staff member on call and hands off the call to our staff, who then speak directly with the first responder and/or the patient and try to persuade them into going to the Emergency Department. If the patient still refuses care, AICDAC keeps open appointments every day at 9:00 am for patients who have used the warmline. In one month we had 15 calls in one county and 12 of them showed up the next morning for an assessment and went directly to treatment.

Challenges with the warm handoff process have included confidentiality regulations, direct patient access, and the costs associated with providing the ARMOT program 24 hours a day.

The "Substance Use Disorder Services" section of the Clarion County Plan narrative, and corresponding financial information on Appendix C-2 were submitted by Kami Anderson, Executive Director of the Armstrong/Indiana/Clarion Drug and Alcohol Commission.

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: Clarion County Adult Services

Description of Services: assessment, eligibility determination, case management, and assistance with rent rebates for consumers between the ages 18 and 59. These services are provided in the consumer's home, the community, and the office by the adult services caseworker. Re-evaluation of eligibility and need are made at least every 6 months.

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

Adult Services: Please provide the following:

Program Name: Clarion County Adult Services

Description of Services: information and referral services for consumers between the ages 18 and 59 in need of services that are not otherwise provided by Adult Services. These services are primarily provided over the phone and in the office by the adult services caseworker. The Adult Services Caseworker also provides follow-up services to ensure linkage for individuals referred to other services.

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

Adult Services: Please provide the following:

Program Name: Home Delivered Meals

Description of Services: meals prepared in a central location and delivered to consumers. Three different categories of meals are provided – hot, frozen and special. We contract with our local Area Agency on Aging for this service to ensure that the

meals meet all required guidelines. Re-evaluation of eligibility and need are made at least every six (6) months.

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

Adult Services: Please provide the following:

Program Name: Homemaker Services

Description of Services: services provided in the home to consumers by a trained caregiver when there is no family member or other responsible person available. Services include Activities of Daily Living such as light housekeeping, laundry and personal care. We contract with 1 local provider for this service. Re-evaluation of eligibility and need are made at least every six (6) months.

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

Adult Services: Please provide the following:

Program Name: County Transportation

Description of Services: Clarion County is a rural county with public transportation limited to the immediate Clarion area. Consumers who are totally without transportation or a natural support to transport them to reach physicians' appointments are aided through Clarion County Transportation. With prior approval of the agency, we assist those non-MA eligible consumers. Proof of the appointment is required to be submitted to the agency for verification.

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

Children and Youth Services: Please provide the following:

Program Name: Clarion County Children and Youth Adoption Services

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

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

Generic Services: Please provide the following:

Program Name: gas cards

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

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

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

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

Interagency Coordination: (Limit of 1 page)

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

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

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

Other HSDF Expenditures – Non-Block Grant Counties Only

If you plan 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	

APPENDIX C-2

Clarion County Human Services Plan

2020-21 Clarion County Human Services Plan

Directions:	Using this format, please provide the county plan for allocated human services expenditures and proposed numbers of individuals to be served in each of the eligible categories.
1. ESTIMATED INDIVIDUALS SERVED	Please provide an estimate in each cost center of the number of individuals to be served. An estimate must be entered for each cost center with associated expenditures.
2. DHS ALLOCATION	Please enter the county's total state and federal DHS allocations for each program area (MH, ID, HAP, SUD, ar
3. PLANNED EXPENDITURES	Please enter the county's planned expenditures of DHS state and federal funds in the applicable cost centers. For each program area, the expenditures should equal the allocation. If you are utilizing HSDF dollars for another program categorical, please provide a footnote in the HSDF area explaining where funds are utilized, the estimated number of individuals, and expenditures.
4. COUNTY MATCH	Please enter the county's planned match amount in the applicable cost centers for MH and ID only.
5. OTHER PLANNED EXPENDITURES	Please enter in the applicable cost centers, the county's planned expenditures not included in the DHS allocations (such as grants, reinvestment, and other non-DHS funding). Completion of this column is optional.
<p>Please use FY 19-20 primary allocations, less any one -time funding and less the MA-ID federal allocation (due to the implementation of the statewide RMTS). If the county received a supplemental CHIPP/forensic allocation during FY 19-20, include the annualized amount in the FY 20-21 budget.</p> <p>DHS will request your county to submit a revised budget if, based on the budget enacted by the General Assembly, the allocations for FY 20-21 are significantly different than FY 19-20. In addition, the county should submit a revised budget when funding is moved between cost centers or service categories in excess of the current re-budget procedures for each program covered in the Plan.</p>	

County:	1 ESTIMATED INDIVIDUALS SERVED	2 DHS ALLOCATION (STATE &	3 PLANNED EXPENDITURES (STATE & FEDERAL)	4 COUNTY MATCH	5 OTHER PLANNED EXPENDITURES
CLARION					
MENTAL HEALTH SERVICES					
ACT and CTT					
Administrative Management	40		\$ 200,000	\$ 20,000	
Administrator's Office			\$ 104,223	\$ 10,422	
Adult Developmental Training					
Children's Evidence-Based Practices					
Children's Psychosocial Rehabilitation					
Community Employment	5		\$ 42,577	\$ 4,258	
Community Residential Services	8		\$ 10,000	\$ 1,000	
Community Services	129		\$ 304,855	\$ 30,486	
Consumer-Driven Services					
Emergency Services					
Facility Based Vocational Rehabilitation					
Family Based Mental Health Services	5		\$ 11,896	\$ -	
Family Support Services	5		\$ 4,519	\$ 452	
Housing Support Services	12		\$ 46,419	\$ 4,642	
Mental Health Crisis Intervention	540		\$ 286,414	\$ -	
Other					
Outpatient	15		\$ 10,000	\$ 1,000	
Partial Hospitalization					
Peer Support Services	11		\$ 26,490	\$ -	
Psychiatric Inpatient Hospitalization					
Psychiatric Rehabilitation	6		\$ 47,500	\$ -	
Social Rehabilitation Services	14		\$ 47,876	\$ 4,788	
Targeted Case Management	81		\$ 180,000	\$ -	
Transitional and Community Integration					
TOTAL MENTAL HEALTH SERVICES	871	\$ 1,322,769	\$ 1,322,769	\$ 77,047	\$ -

2020-21 Clarion County Human Services Plan

INTELLECTUAL DISABILITIES SERVICES

Administrator's Office			\$ 154,817	\$ 15,482	
Case Management	208		\$ 40,500	\$ 4,050	
Community-Based Services	172		\$ 182,750	\$ 18,275	
Community Residential Services					
Other					
TOTAL INTELLECTUAL DISABILITIES SERVICES	380	\$ 378,067	\$ 378,067	\$ 37,807	\$ -

HOMELESS ASSISTANCE SERVICES

Bridge Housing	18		\$ 54,799		
Case Management	192		\$ 19,640		
Rental Assistance	81		\$ 24,750		
Emergency Shelter	3		\$ 250		
Innovative Supportive Housing Services					
Administration			\$ 7,000		
TOTAL HOMELESS ASSISTANCE SERVICES	294	\$ 106,439	\$ 106,439		\$ -

SUBSTANCE USE DISORDER SERVICES

Act 152 Inpatient Non-Hospital	8		\$ 28,328		
Act 152 Administration			\$ 3,150		
BHSI Administration			\$ 9,730		
BHSI Case/Care Management	12		\$ 20,410		
BHSI Inpatient Hospital	1		\$ 1,550		
BHSI Inpatient Non-Hospital	9		\$ 11,600		
BHSI Medication Assisted Therapy	2		\$ 925		
BHSI Other Intervention			\$ -		
BHSI Outpatient/IOP	65		\$ 40,790		
BHSI Partial Hospitalization	8		\$ 12,305		
BHSI Recovery Support Services			\$ -		
TOTAL SUBSTANCE USE DISORDER SERVICES	105	\$ 128,788	\$ 128,788	\$ -	\$ -

HUMAN SERVICES DEVELOPMENT FUND

Adult Services	58		\$ 41,500		
Aging Services			\$ -		
Children and Youth Services	4		\$ 500		
Generic Services					
Specialized Services					
Interagency Coordination			\$ 3,000		
Administration			\$ 5,000		
TOTAL HUMAN SERVICES DEVELOPMENT FUND	62	\$ 50,000	\$ 50,000		\$ -

If HSDF funds are being transferred to other categoricals, please list the categorical, cost center, amount, and client count for all funding moved into other categoricals below:

GRAND TOTAL	1,712	\$ 1,986,063	\$ 1,986,063	\$ 114,854	\$ -
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