

**WAYNE COUNTY HUMAN SERVICES PLAN - SFY 2016-17**

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Appendix A  
Fiscal Year 2016-2017

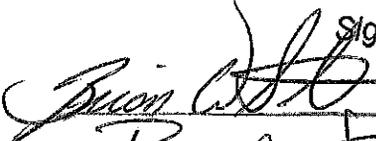
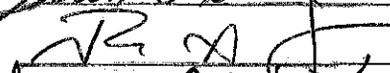
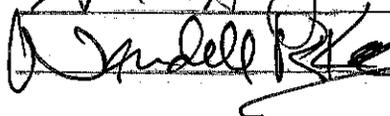
COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: WAYNE

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

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signatures</i>	<i>Please Print</i>	
	Brian W. Smith, Chairman	Date: July 14, 2016
	Jonathan A. Fritz, Vice-Chairman	Date: July 14, 2016
	Wendell R. Kay, Member	Date: July 14, 2016

**Appendix B**  
**Wayne County Human Services Plan - SFY 2016-17 (1.1) (Rev. 10/26/16)**

**PART I: COUNTY PLANNING PROCESS**

Describe the county planning and leadership team and the process utilized to develop the plan for the expenditure of human services funds. Counties should clearly identify:

1. **Critical stakeholder groups including individuals and their families, consumer groups, providers of human services, and partners from other systems:**

The HSA has created the Quality Council. Its membership reflects representation from consumers and/or their family members, local officials, all county and community social services agencies, housing entities, schools, private businesses, justice/law enforcement entities, the medical community and others. It is a leadership team for the PWHSBG Grant as well as for other initiatives. Consumers and their families are among the Council's membership. The PWHSBG Leadership Team resides in the Quality Council. The Council membership/representation and a list of standing sub-committees may be found in Part II – Public Hearing

of this document which lists name and association, (and also lists the signatures of those in attendance a one of our two public hearings.

2. **How these stakeholders were provided with an opportunity for participation in the planning process, including information on outreach and engagement:**

Council members work together to address social services issues in the community. The Human Services Quality Council meets quarterly on a regularly scheduled, basis. It enjoys large and enthusiastic attendance. This Council also serves as the Block Grant Leadership Team and therefore provides an opportunity to contribute ideas, reflections, alternate views, etc. on a regular basis – not just once a year, at “Block Grant time.” This work is carried on between ‘regular’ meetings through the Council's subcommittees and their work.

The Council has numerous subcommittees that meet continuously throughout the year, and much of their work is done by these smaller groups who focus exclusively on an issue. The subcommittees' deliberations are presented and discussed at full Council where discussion is held and consensus is sought on ideas and subsequent actions. In this way they inform the decisions that move the Council's efforts forward. Council scope and dimensions are as follows:

- a. **Council Mission:**

- (1) To bring the private and public sector (including consumers and families) in Wayne County together to create a healthier community and a better quality of life for Wayne County's most vulnerable residents;

- (2) To communicate, work closely and cooperatively with each other and our community's consumers/families

- (3) To eliminate barriers which prevent or impede consumers/families' journey to independence, self-sufficiency and resiliency so they may successfully and fully integrating and engage in their own community;

- b. Council Forum Dynamics: The Quality Council forum is a dynamic mechanism and a venue that allows for continuous filtering of information, on-going identification and prioritization of the needs of individuals and families in the Wayne County community;
- c. Council Responsiveness and Flexibility: The dynamic and responsive nature of the Quality Council is in its efforts to continually adjust its goals to reflect real-time events and status of community needs, synthesize opinion, reorder priorities and build consensus to move forward;
- d. Synergy of Council and the PWHSBG: Wayne county has chosen the Council format as a perfect match of the vehicle needed for PWHSBG planning because:
  - (1) It is dynamic and responsive;
  - (2) The broad range of current input, diverse viewpoints, and discussion generated through its many subcommittees and the Council itself is always current;
  - (3) Its flexibility to change the discussion by responding quickly to both crises and changing trends of identified needs; and
  - (4) It is an open and powerful mechanism for developing possible solutions and finding consensus and "buy-in" among all community stake-holders.

3. **How the county intends to use funds to provide services to its residents in the least restrictive setting appropriate to their needs. For those counties participating in the County Human Services Block Grant, funding can be shifted between categorical areas based on the determination of local need and within the parameters established for the Block Grant;**

a. Impacts affecting PWHSBG 2015-16 and 2016-17 budgets, due to the Commonwealth 2015-16 Budget Impasse:

Wayne County would like to note that funding for the 2015-16 PWHSBG Grant did not become available until late January 2016, due to the Commonwealth's unprecedented delay on budget passage. The Wayne County Human Services Agency (HSA) was forced to curtail, suspend and/or add individuals to wait lists during this time.

In fact, the week following notification that funding would finally be received seven months after the start of the 2015-16 year, the Wayne County Human Services Agency (HSA) was poised to shut down some services in accordance with its emergency plans and had notified certain consumers accordingly. Had it not been for the help of the County Administration, service providers, and dedicated staff, the (HSA) would not have even been able to provide even basic or emergent services.

- b. Due to the suppression of service provision during the seven month period, it became a practical challenge in terms of time to; (a.) perform updated assessments of consumers' needs, especially as the HSA was reluctant to fill staff vacancies for months prior to budget passage; and (b.) reinstate services particularly if there had been staff layoffs in small provider agencies. In addition, it was also a financial challenge to go ahead purchase planned for capital expenditure items, and still be within the timeframe of getting bids, renovating etc.;
- c. Since some planned and needed expenditures could not occur on a timely manner, Wayne County will be requesting to carry over in excess of the 3% allowance of Block Grant funding so that purchase that was impossible to be completed in the 2015-16 year items such as the renovation of housing

d. Guiding principles Wayne County's use of PWHSBG funds include:

- (1.) Maintenance of core services of essential human services established under pertinent sections of the Pennsylvania Code, and consistent with regulations thereof;
- (2.) Service to the most vulnerable in its county community by planning with individuals and families in the appropriate and least restrictive venue to meet their unique and individual needs to the extent that funds are available. Wayne County operational approach continues to be informed by a person-centered and person-philosophy.;
- (3.) Recognition that, for some consumers, health and safety factors and/or specialized needs, the consumer's temporary out-of-home or community placement may be the best and/or safest alternative. However, our view is that most individuals/families are best served and have the most chance of success in their own family setting and community, where a familiar environment, family, friends and other community supports contribute to their success, self-reliance and independence;
- (4.) Enhance existing community supports and creating new community supports and programs to meet the local needs and needs target populations as identified the planning process, including public hearings.( See PART II, below.), the Local Leadership Team, and its experiences in hearing consumers and serving them through its county sponsored agencies, as well as its contracted providers.

4. **Substantial programmatic and/or funding changes being made as a result of last year's outcomes:**

a. Drug and Alcohol Services:

(1.)Local On-Call Service:

As of 2014, Wayne County ranks fifth in the Commonwealth in Opioid overdose deaths. Both the Commonwealth's Governor and Legislative bodies have voiced their strong support to respond to substance abuse issues of this magnitude. DDAP has indicated that, as a part of their response, SCAs provide access to services to overdose survivors at our emergency room through a "24/7 On-Call" response. A full description of these school-based services is found under the Drug and Alcohol Services Section in Part III.

A portion of PWHSBG 2016-17 funding will be directed to supporting the on-call service provided through case management;

(2.)School Based D&A Assessment and Treatment:

Due to concerns with regard to access of Assessment and Treatment, as well as barriers to recovery among youth (1.) brought to us by youth in the HSA System of Care Initiative; (2.) the SCA school-based Prevention Specialists; (3.) the local school superintendent; and the President Judge, we convened a round table to focus on these issues. We created a successful partnership to address the issues. A full description of these school-based services is found under the Drug and Alcohol Services Section in Part III.

It is anticipated that the SCA will require a .50 FTE case manager to provide school-based Assessment Services. Based on the historic reimbursement ratios of

reimbursement through MA covered individuals, and those students not eligible for MA, it is anticipated that a portion of PWHSBG 2016-17 funding will be required to subsidize the Assessment Services expenditures for those students who do not qualify for Medical Assistance.

School-based Treatment services will be provided via an SCA contracted provider. However, based on the historic reimbursement ratios of Treatment Services, it is anticipated that some PWHSBG 2016-17 funding may be required to subsidize those students who do not qualify for Medical Assistance.

- (3.) D&A/CYS collaborative Recovery Support Services Program (Recovering Families: Reclaiming Your Strength; Reclaiming Your Life) to those CYS involved families whose children are or may be at risk of Placement directly due to parents' substance abuse disorders.

The creation of this new Program was conceived and designed by these categorical agencies as a result of the Wayne County HSA integrated planning model. Essentially, it provides intensive CRS services in the home of this identified target population in order to provide greater opportunity for success and avoid or lessen out-of-home days for children. A full description of these school-based services is found under Human Services and Supports/ Human Services Development Fund, Specialized Services Section in Part III of this document.

This Program will require an additional .50 FTE Certified Recovery Specialist position. Based on the historic reimbursement ratios of Certified Recovery Services (CRS), it is anticipated that a significant portion of PWHSBG 2016-17 funding will be required to subsidize the Certified Recovery Specialist's Services to those students who do not qualify for Medical Assistance

b. Housing:

- (1.) CHIPP Redesign Initiative:

During the 2015-16, under CHIPP guidelines, Wayne County was able to purchase a modest facility used as a physician's office. It was built recently enough to meet most current standards. Though such a purchase was anticipated (including any anticipated renovations) much earlier in the 2015-16 program year, the delay of the Commonwealth's budget put these plans on hold for the majority of the fiscal year. At the passage of the budget, the County renewed efforts to implement their redesign (more fully detailed in the Mental Health Services of this plan). A structure was located and ultimately purchased late in the 2015-16. However, renovations will have to be made in the upcoming year.

It is anticipated that the required renovations for this CHIPP Redesign Initiative will be funded in the approximate amount of \$18,000 through county designated PWHSBG 2016-17 CHIPP funding. Specific amounts for this cost center (MH Housing Supports) are detailed in Appendix C-1 of this document.

- (2.) Other Housing:

Housing needs as identified in the County's 2015-16 PWHSBG Plan continue to be a challenge. The community still lacks sufficient affordable safe, sanitary housing and/or handicapped accessible housing. With an 80% owner/occupancy rate, Wayne County has a very tight housing rental market. There is an eighteen to twenty-four (18-24) month wait for Section 8 housing vouchers with many on a wait list.

There is no emergency shelter located in the Wayne County. The nearest shelters are located 35 to 50 miles from the County seat of Honesdale. "Couch surfing" is particularly common among youth 18-25, some with very young children in tow. Difficulty finding and sustaining housing is often an overwhelming task for released inmates and those with behavioral issues and ID issues.

Wayne County again applied for an Emergency Solutions Grant (ESG) federal funding through the Commonwealth's Department of Community and Economic Development (DCED). These grants are highly competitive, and require 100% non-federal match. Again, Wayne County was fortunate to receive funding which is anticipated to last through the Spring of 2017. Though very helpful, the ESG funds are very restrictive in their use, resulting in consumers not fitting into eligibility requirements, and therefore unable to access these funds. That said, the ESG funding will alleviate the most severe need of a portion of those who are essentially homeless. It is important to note that PWHSBG 2016-17 funding, in part, will be used to match the federal ESG funds. Currently, the housing case load is about 36. As noted in the Homeless Assistance Services Section, below, for about 94% of consumers presenting, we were able to resolve their initial housing crisis and move those consumers on toward stability.

In its 2015-16 PWHSBG plan, Wayne County identified an apparent trend among homelessness in transition age youth (17 to 25). During 2016-17, Wayne County's identified need for housing among this population has grown stronger. This targeted population experiences homelessness or near homelessness due to their own behavioral, intellectual disability and/or mental health issues, parents and/or caregivers unable, ill equipped (or incarcerated) such that appropriate supervision and support is not provided. This target group is often shared across several Wayne County HSA Departments including: CYS, D&A, MH, ID, Housing, as well as with Adult and Juvenile Probation offices. Available PWHSBG funding will also be used to address the basic housing for those most vulnerable.

It is for this reason that Wayne County will increase funding for housing and supports to this group. To do this, the HSA will strengthen funding through the block grant as well as CYS and local funding to: (a) provide temporary housing efficiency apartments, which may also be used for a consumer temporary emergency; (b) staff support from the HSA Housing unit to assist with housing related needs; (c) appropriate categorical disciplines to follow-up, monitor services and support to these consumers.

(4.) Representation from all counties if participants of a Local Collaborative Arrangement (LCA;

**Not Applicable for Wayne County**

**END PART I**

## **PART II: PUBLIC HEARING NOTICE**

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

Please provide the following:

1. Proof of publication;
  - a. Actual newspaper ad
  - b. Date of publication
2. A summary and/or sign-in sheet of each public hearing. (This is required whether or not there is public attendance at the hearing)

**NOTE:** The public hearing notice for counties participating in local collaborative arrangements (LCA) should be made known to residents of both counties.

WAYNE COUNTY  
PENNSYLVANIA

MICHELLE FLEECE

Being duly sworn, according to law,  
deposes and says that she is

PUBLISHER

of THE WAYNE INDEPENDENT  
a newspaper of general circulation,  
established in 1878, and published  
daily in the Borough of Honesdale,  
Wayne County, Pennsylvania; and  
that the notice hereto annexed was  
published in said newspaper on the  
following dates:

5/17, 5/27

and that the affiant further declares  
that she is not interested in the  
subject matter of the notice and that  
all of the allegations as to the time,  
place and character of publication  
are true and correct.

*Michelle Fleece*  
Signature of Affiant

Sworn and subscribed before me this  
27 Day of May 2016

*Janice Klinkewicz*  
Notary

NOTICE  
Wayne County through its County  
Human Services Agency is seeking  
input and comments for the Wayne  
County Human Services Block Grant  
Plan (5/17/2016-2017) funded by the  
PA Department of Welfare. The pub-  
lic is invited to attend public hearings  
that are being held Thursday, June  
2nd at 4:00 pm at City Library and  
Thursday, June 9th at 11:30 am at  
Behavioral Health Conference Room.  
Both meetings located at the Park St.  
Complex, 640 Park Street, Hones-  
dale.

RECEIVED  
JUN 1 2016  
WAYNE COUNTY  
AREA AGENCY ON AGING

COMMONWEALTH OF PENNSYLVANIA  
NOTARIAL SEAL  
JANICE KLINKIEWICZ, Notary Public  
Cherry Ridge Twp., Wayne County  
My Commission Expires June 28, 2017

# The News Eagle

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## MICHELLE FLEECE

Being duly sworn, according to law, deposes and says that SHE is PUBLISHER of THE NEWS EAGLE,

a newspaper of general circulation, established in 1956, and published twice weekly in the Borough of Hawley, Wayne County, Pennsylvania; and that the advertising notice hereto annexed was published in said newspaper on the following dates:

05/28/2016

06/01/2016

And the affiant further declares that he is not interested in the subject matter of the notice, and that all of the allegations as to the time, place and character of publications are true and correct.

*Michelle Fleece*

Sworn to and subscribed before 3 me this 3 day

of June 2016

*Jamie Klinkenberg*

### NOTICE

Wayne County, through its County Human Services Agency, is seeking input and comments for the Wayne County Human Services Block Grant Plan (SFY 2016-2017) funded by the PA Department of Welfare. The public is invited to attend public hearings that are being held on Tuesday, June 2nd at 4:00 pm at the Public Library and Thursday, June 3rd at 10:00 am at the Board of Health Conference Room. The meetings are located at the Parkers Complex, 600 Park Street, Honesdale.

RECEIVED

JUN 10 2016

WAYNE COUNTY  
AREA AGENCY ON AGING

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

JAMIE KLINKENBERG, Notary Public  
CL 12010700, Wayne County  
My Commission Expires June 23, 2017

W. Co. Block  
Grant  
Public  
Hear

6/2/16  
4PM

NAME

Agency

<u>NAME</u>	<u>Agency</u>
Cindy Matthews	Wayne Administrative Center
Addison Matthews	Wayne Developmental Program
Jeff Jerehak	Wayne Co. Drug Alcohol
Michelle Valenski	WC BDPEI
Rosalyn Burke	WC CYS
Linda Conson	WCCYS
Cindy Batzel	WCCYS
Amy Bass	WCCYS
Lillian Doyle	W. O. of Hum. Srvs.

# Wayne County Human Services Quality Council Meeting

June 9, 2016

## Sign-In Sheets

<u>Name</u>	<u>Agency</u>	<u>Signature</u>
Altemier, Mandy	Wayne County Office of BH/ID/EI	
Alu, Nora	N. Campus Regional Coordinator	
Arnold, Jeanne	Wayne County Tick Illness Task Force	
Barrera, Marsha	Wayne County Tick Task Force	Marcia Barrera
Bates, Kay	NHS	Kay Bates
Baynard, Lisa	The Advocacy Alliance	
Berrios, Laura	Caregivers America	
Blasiewicz, Joe	Wayne County Housing Authority	
Brennan, Paula	Principal, Stourbridge Primary School	
Boettcher, Christina	Deputy of Advocacy & Community Services	
Burger, Cheryl	United Cerebral Palsy of NEPA	
Burke, Rozalyn	Wayne County Children & Youth Services	Rozalyn Burke
Calachino, Stefanie	Wayne County Office of BH/ID/EI	
Campbell, Dr. Michael	Wayne Memorial Hospital	
Catania, Jennifer	Care for People Plus	

**Name**

**Agency**

**Signature**

Chapman, James R. Wayne County Adult Probation

Chernin, Renee Western Wayne School District

Chieffallo, Lori KidsPeace

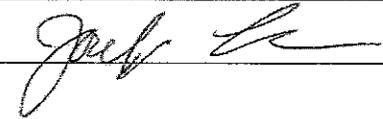
Cipelewski, Michael The Salvation Army

Coccodrill, Jamie Victim's Intervention Program

Cosgrove, Margie HRC

Constantini, Scott PATH

Cramer, Jocelyn SEEDS



Cummings, Ellen Northeastern Educational Intermediate Unit

Cusoff, Andy Step-By-Step

Decker, Donna WMH - Community Health

DeYoung, Gwen Wellness Community Support Services

Dirlam, Lindsey Wayne County Office of BH/ID/EI



Dombrosky, Madge NHS

Dominguez, Rebecca Community Care

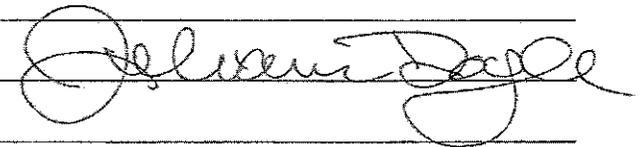
Rebecca Dominguez



Donnini, Tony Wayne Highlands School District

Dougherty, Charlene OMHSAS, Scranton Office

Doyle, Juliann Wayne County Office of Human Services



Drob, Sarah A. United Cerebral Palsy of NEPA

Name

Agency

Signature

Edwards, Lauren	Friendship House	
Emmet, Kim	Community Vocational Services	Kim Emmet
Ennis, Margaret	Administrator, Wayne County Office of BH/ID/EI	Margaret Ennis
Erb, Father Edward	Ministerium	
Erhardt, Sherry	Wayne County Office of BH/ID/EI	
Fairburn, Sharon	The Advocacy Alliance	
Falzone, Sharon	The Advocacy Alliance	Sharon Falzone HCSW Director
Ferraro, Richard	Wayne County AAA	
Fitzsimmons, Mary	Human Resources Center	
Fletcher, Christine	Peerstar	
Fofi, Sandy	Wayne County Juvenile Probation	
Follmer, Kim	Wayne County Office of BH/ID/EI	
Fonalledas, Theresa	Justice Works Youth Care	
Frisch, Susie	Heroin Task Force	
Fritz, Jonathan A.	Wayne County Commissioner	
Gardas, Kristen	Wayne County Office of BH/ID/EI	
Garvey, Catherine	Wallenpaupack School District	Catherine Garvey
Gaynard, Lisa	The Advocacy Alliance	Lisa Gaynard
Gehrig, Laurel	Wayne County Office of BH/ID/EI	

**Name**

**Agency**

**Signature**

Gelatt, Karly                      Wayne County Office of BH/ID/EI

Gesiskie, Marge                      Pennsylvania Resiliency Project

Gething, John                      Devereux Pocono

Gill, Shannon                      Wayne County CAD/911

Giovannucci, Rorv                      SDHP

Gregory, Beth                      Wayne County Consortium

Hall, Traci                      Wayne County Office of BH/ID/EI



Hamidian, Antoinette                      Aaron Center

Harrity, Karen                      Keystone Community Resources

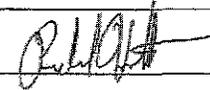
Hedgelon, Marty                      Wayne County 911 System

Hocker, Kelly                      Wayne County Office of BH/ID/EI

Heffron, Kelly                      Wayne County Office of BH/ID/EI

Herrigel, Michelle                      Devereux

Hnatko, Richard                      Wayne County Area Agency on Aging



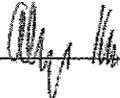
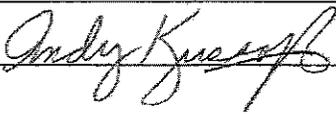
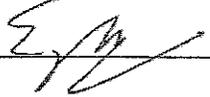
Hopkins, Sarah                      Wayne County Office of BH/ID/EI

Hunter, Cheryl                      Wayne County CAD/911

Hurchick, Andy                      St. Joseph's Center

Jackson, Frederick                      Wayne Memorial Behavioral Health System

Jennings, Pat                      Wayne County Consortium

<u>Name</u>	<u>Agency</u>	<u>Signature</u>
Katz, Deborah	Wallenpaupack School District	
Kay, Commissioner Wendell	Wayne County Commissioner	
Kellam, Ammie	Wayne County Office of BH/ID/EI	
Kelly, Helen	Wayne County Housing Coordinator	
Kelly, Msgr. Joseph A.	Diocesan Secretary for Catholic Social Services	
Kennedy, Staci	OCDEL	
Kerna, Amanda	Wayne Highlands School District	
Kendig, Diane	Step-By-Step	
Kerr, Alyse	Integrative Counseling Services	
Knupp, Dick	Care for People Plus	
Kopa, Joni	Forest City Regional School District	
Krake, Ray	NSPI	
Kretsch, Mary Claire	The ARC of NEPA	
Kuchinsky, Elizabeth	Commonwealth Medical College	
Kussoff, Andy	Step By Step	
Laboy, Adria	AETNA	
Lane, Linda	WMCHC	
Laskosky, Ernie	NHS	
Leahy, Amanda	Wayne County Office of BH/ID/EI	

Name

Agency

Signature

Little, Stacey

NHS

Little, Tim

Department of Public Welfare

Loizeaux, Harriet

Wayne Memorial Family Nurse Practitioner

*Harriet Loizeaux*

Lovallo, Neil

Allied Healthcare Services

Lucchesi, Chelsea

Wayne Memorial Hospital

Matthews, Cynthia

Wayne County Office of BH/ID/EI

*Cynthia Matthews*  
*Sara McCormack*

McCormack, Sara

The Advocacy Alliance

McConnell, Alice

The Advocacy Alliance

McDonnell, Marie

Wayne County Job Training

Mead, Betsy

Commonwealth Medical College

Mentis, Pat

Step-By-Step

Mihalik, Shelley

The Salvation Army

Mihelic, Barbara

Suicide Survivor Facilitator

*Barbara Mihelic*

Mikolosko, Michele

Parent to Parent

Miller, Darlene

Wayne County Office of BH/ID/EI

*Darlene Miller*

Miller, Robert

Wayne County Office of BH/ID/EI

Minor Wolf, Michele

Victim's Intervention Program

Mislinski, Jessica

KidsPeace

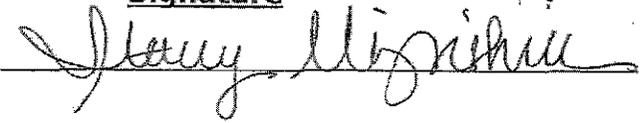
Mislinski, Teresa

OMHSAS, Scranton Office

*Teresa Mislinski*

**Name****Agency****Signature**

Mizwinski, Stacey Wayne County Job Training



Monte, Jim EITA

Morahan, Sandy Forest City Regional School District

Morgan, Denise Wallenpaupack School District

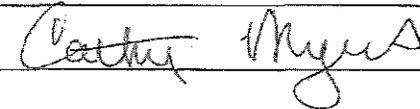
Mrakovich, Katrina The Advocacy Alliance

Mroz, Jan Advocacy Alliance

Murray, Amy NHS

Murray-Gilbert, Julie Wayne County Job Training

Myers, Cathy Wayne County Drug & Alcohol



Myers, Linus Wayne County Court Administrator

Myron, Carole North Pocono School District

Napora, Dawn Wayne County Area Agency on Aging

Nebzydoski, John Wayne County Office of BH/ID/EI

Olver, Pat Wayne County Office of BH/ID/EI

O'Neill, Leo Wayne County CSP

Oswald, Jane AmeriHealth

Pacheco, Julie Wayne Memorial Hospital

Paladino, Mary Wayne County Drug & Alcohol

Panaway, Susan Wayne County Office of BH/ID/EI

Pender, Stephanie Wayne County Office of BH/ID/EI

**Name**

**Agency**

**Signature**

Pervis, Sharon

Stages Family Services

Petrosky, Neil

Wayne Memorial Hospital

Phillips, Faith

Parent

Postal, Val

EITA

Potis, Donna

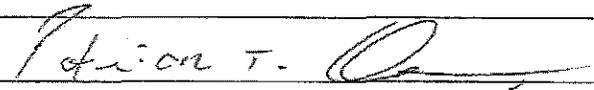
Forest City School District

Pretty-Hopkins, Allyson

Pediatric Practices of NEPA

Quinn, Pat

The ARC of NEPA

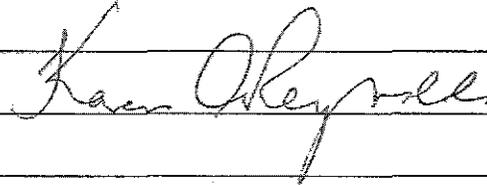


Rachko, Marcy

OMHSAS, Scranton Office

Resti, Laura

Wayne Memorial Hospital



Reynolds, Karen A.

Wayne County CSP

Rickert, Karen

Special Needs Instructor

Rink, Ann

St. Joseph's Center

Romey, Jeff

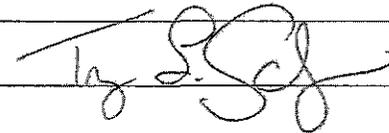
CCBHO

Schultz, Jamie

DA's Office

Schwarz, Tracy

Director, Wayne County Public Library



Seelev, Mary

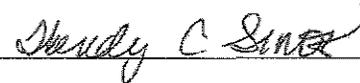
Devereux Pocono

Sherman, Megan

Human Resources Center

Simons, Wendy

Wayne County Office of BH/ID/EI



Siudut, Zoya

Parent and Registered Nurse

Slowey, Michele

Wayne Memorial Hospital

**Name**

**Agency**

**Signature**

Smith, Brian W.

Wayne County Commissioner

Sokoloski, Mike

Bayada Health Care

Sturgis, Jacqueline

Administrator, Wayne County Area Agency on Aging

Swendsen, Debbie

Trehab

Tansits, Diane

WWSD

Teepie, Jane

Wayne County Office of BH/ID/EI

*Jane Teepie*

Tellish, Dr. Joseph

Human Resources Center

Thorpe, Jennifer

The Advocacy Alliance

Tietjen, Cinda

Wayne Memorial Hospital

Tomaino, Jennifer

Human Resources Center

*Jennifer Tomaino*

Turano, Dr. Catherine

Family Therapeutic Services, Inc.

Tuttle, Jean

Wayne Memorial Hospital

*Jean Tuttle*

Tyler, Becky

HRC

Valinski, Michelle

Wayne County Office of BH/ID/EI

*Michelle Valinski*

Viola, Livio

Vonson, Linda

Administrator, Wayne County Children & Youth Services

*Linda Vonson*

Vose, Linda

Wayne Memorial Hospital

Wallace, Kathy

The Advocacy Alliance

Wash, Leann

Wayne County Office of BH/ID/EI

*Leann Wash*

Wayman, Jim

Wayne County CAD/911 System

**Name**

**Agency**

**Signature**

Wertman, Melissa

Wayne County Drug & Alcohol

Whyte, Andrea

Administrator, Wayne County Office of Human Services

Williamson, Christy

Wayne County Office of BH/ID/EI

*Christy Williamson*

Wilson, Elizabeth

Wayne County Public Library

Wilson, Margaret

Wayne County Office of BH/ID/EI

*M Wilson*

Wright, Lynn

OMHSAS

Yarrish-Simon, Kimberly

Wayne County Office of BH/ID/EI

*Kimberly Yarrish-Simon*  
*Michele Young*

Young, Michele

Wayne County Family Center

Yusko, Larisa

Early Head Start

Zerechak, Jeffrey

Administrator, Wayne County Drug & Alcohol

*Jeff Zerechak*



### **PART III: MINIMUM EXPENDITURE LEVEL**

**(Applicable only to Block Grant Counties)**

For FY 2016/17, there is no minimum expenditure level requirement; however, no categorical area may be completely eliminated. Please see the Fiscal Year 2016/17 County Human Services Plan Guidelines Bulletin for additional information.

### **PART IV: HUMAN SERVICES NARRATIVE**

#### **MENTAL HEALTH SERVICES**

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

#### **a) Program Highlights:**

Highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY 2015-2016.

Wayne County Office of Behavioral and Developmental Programs and Early Intervention has made significant positive advances in the following:

- (1.) Expanding the continuum of Mental Health services in our community;
- (2.) Community awareness of Mental Health issues and Recovery; and
- (3.) Coordinating the planning and development of county-wide initiatives affecting its population.

There have been a number of initiatives and successes during the FY 2015-2016 most notable are:

- (1.) Focus on employment opportunities through the Wayne County Employment Coalition;
- (2.) Development and implementation of the Community Stabilization and Reintegration Unit (CSRU);
- (3.) Development of Self Directed Care through Reinvestment Funds in conjunction with Peer Support Services;
- (4.) Partnering with the Northeast Suicide Prevention Initiative and encouraging the Zero Suicide model be utilized by all providers;
- (5.) Local Housing Options Team (LHOT) progress including the addition of a County run temporary housing apartment unit ;
- (6.) Year Three of Rachel's Challenge county-wide presentations;
- (7.) Continuation of School and Community Based Behavioral Health in two of the local elementary schools, with possible expansion into middle/high school and other school districts;
- (8.) Expansion of the County System of Care Leadership Team and collaboration with BHARP System of Care.

#### **b) Strengths and Needs:**

Please identify the strengths and needs specific to each of the following target populations served by the behavioral health system:

**1. Older Adults (ages 60 and above)**

**(a.) Strengths:**

Wayne County Programs operate under the aegis of the Wayne County Human Services; all Human Services staff are essentially one staff. Therefore, communication and awareness of programming among Behavioral Health (BH) and Aging staff is excellent. All staff is cross oriented and/or trained and both programs maintain On-Call (24/7) staff whose function is to mitigate crises and work together to ensure the health and safety of older consumers. The opportunity exists (and is utilized) to weave a combination of Behavioral and Aging services to best serve the aging individual.

As Adults age and their needs change, their BH team often meets to review current services and explore alternative and/or coordinated services through the Aging Office so as to better meet their new needs. Our sister agency in the HSA, the Aging Office, also has Registered Nurses on staff, whose consultative expertise is available and used as is needed by the BH adult staff. Additionally, a supervisory level departmental review of high risk shared cases has been initiated and now occurs monthly.

Wayne County Office of Behavioral Health/Intellectual Disabilities and Early Intervention has ongoing dialogue through community forums with the Wayne County Coroner, and other law enforcement/justice system personnel, the local hospital and Emergency responders. An ongoing review of County suicide statistics has revealed that over the past few years there has been a significant increase in older adults taking their own lives, particularly males, by means of gun. This accounts for part of the increase in suicides seen within the County.

Educational materials have been developed and are provided with information regarding depression warning signs and contact numbers for crisis services. These have been widely distributed to professionals and residents throughout the County. For example, distribution is accomplished through a flyer inserted in the Aging monthly newsletter, and also routinely at the Wayne Information Network, (a group of human service providers within the community associated with ARDC/LINK), the Wayne County Public Library staff and volunteers, at the Human Services Quality Council Meetings, on cable information channels, at physician's offices, at the food pantries, etc. With the assistance of ARDC/LINK, suicide prevention specific billboards were created and placed throughout the county. The message on the billboards stated "90% of Suicides are Preventable" with the 24/7 county suicide hotline number.

In addition, the Wayne and Pike County Suicide Prevention Committee has joined the Northeast Suicide Prevention Initiative (NSPI) in supporting suicide prevention activities in Northeast Pennsylvania as well as supporting family and friends who are bereaved by a suicide loss or suicide attempt. This newly formed Committee consists of volunteers from all sections of the community, including individuals from crisis services, hospital personnel, County CASSP Coordinators, individuals from the Aging and Behavioral Health Offices as well as friends and family members who have lost loved ones to suicide. This committee is dedicated to raising awareness about suicide and suicide prevention and increasing protective factors that decrease suicides. NSPI provides free 'gatekeeper' training and resources to all community members as well as suicide specific training for clinicians who

provide therapy to those experiencing suicidal thoughts. NSPI collaborates with community and state organizations and advocates for prevention and support needs as they are identified.

**(b.)Needs:**

Housing continues to be a pressing issue for individuals of all ages throughout the Wayne County community. As the nuclear family continues to devolve and farms continue to collapse in the current economy, the tradition of multigenerational families sustaining themselves is sharply decreasing. In its place, we are observing an increasing number of older adults living alone and isolated from extended family supports. This is believed to be one factor contributing to the increase in Older Adult suicides noted above.

Housing options are limited to this population as many persons age 60 and over need housing options "in town" so they have access to social services, stores, medical facilities, and socialization. Their housing needs also require housing units with few stairs and other handicapped or otherwise easily accessible accommodations.

Within the State Hospital system, Wayne County has 3 residents over age 60 who are not currently ready for discharge, but whose needs are not expected to be able to be met within the community without creating a program specific to them utilizing either CHIPP, MPP or Block Grant funding. Each of these 3 individuals has resided in Clarks Summit State Hospital for 24+ years.

**2. Adults (ages 18 and above)**

**(a.)Strengths:**

Wayne County has made significant strides in building a Recovery focused group of services for Adults within the community. These include the following:

**(1.)New Horizons Drop-In Center with Active CSP Program;**

Members have taken on an active role with our Agency's Quality Council, including the Local Housing Options Team (L-HOT) subcommittee. They participated in Wayne County's Point-In-Time (PIT) Homeless Count. Over the last fiscal year, the local CSP has grown in its membership and has taken on a very active role within our community. In 2014/15, there were 11 members, in 2015/2016, the group grew to 20 members. Members of the CSP have been very active in the local and regional CSP meetings and we had representation in Harrisburg at PMHCA's TA CSP Network Day to discuss statewide action planning and see grant funding.

Elisha Coffey from I CAN presented information at the Drop in Center on the Murphy Bill and assisted consumers with writing letters to their legislators. Elisha will be presenting a "How to Tell Your Story" at the Psychiatric Rehabilitation program and will then take consumers to their local legislator's office to practice telling their Recovery story. The CSP hosted a number of Open House events, coin drops which supports the local CSP financially, art displays in the local library in which consumers artwork that is Recovery themed is showcased all in an effort to educate the community about mental illness and eliminate stigma, as well as increase participation in their program.

During Mental Health Awareness Month, members of the DIC and CSP program, from proceeds from the CSP Seed Grant, hosted a "Disc Golf Tournament" and Guided Trail Hike at Prompton State Park in an effort to promote the importance of physical wellness in mental health recovery. As a Social Rehab program, this continues to be funded under available State, Federal and Block Grant funds.

(2.)Psych Rehab:

There are currently two (2) Psych Rehab programs in the County. One program serves 37-58 people monthly. Of these, about 20 annually are served for some period of time under Base funding with the remainder funded by CCBHO. The second Psych Rehab Program served an additional 14 consumers, 3 of whom were served under Base funding. These Programs are in different parts of the County and each has the capacity to provide Mobile Psych Rehab.

Of the 41 individuals currently enrolled in the Wayne County Psych Rehab program, eleven (11) have successfully achieved their goals this fiscal year; six (6) achieved a housing goal; two (2) achieved a social goal; and three (3) achieved employment goals. Of the 41 individuals who are currently enrolled in the PR program, 56% are living independently, 27% are living with family, 12% are in a supervised residence and 2% are incarcerated due to parole violations.

Over the last 6 months, Wayne County has significantly increased the utilization of the mobile psych rehab program. The majority of the consumers who attend the Wayne County Psych Rehab program are also authorized to participate in mobile services should this be their need. Mobile services to date have included services in individuals' homes for consumers who are not ready to attend site based services due to their symptoms. Services entail: learning how to grocery shop and locate items in a store; how to follow a grocery list; how to comparison shop; learning how to interact with others in the community (waitresses, others in the store, etc.) and going to the pharmacy to learn how to request a print out of medications. Wayne County Psych Rehab has received authorizations from CCBH to continue to provide mobile psych rehab to several of its participants and by FY 2016/17, the goal is to provide both mobile and facility based psych rehab based on the individual's needs.

(3.)Blended Case Management: (BCM): This program serves approximately 150 Adult consumers annually. Of these, about 10% are funded under the Block Grant due to being ineligible for Medical Assistance. This 10% includes individuals with a history of State Hospital admissions, co-occurring disorders, justice involvement and homelessness. Without BCM Block Grant funded services, they would likely utilize services at other system entry points at greater expense. The use of Block Grant funds for this service is deemed a cost effective and responsible use of monies.

(4.)Clark Summit State Hospital Program Integration: Wayne County continues to work closely with Clarks Summit State Hospital and plays an active role in coordinating care from admission to discharge. There are currently 8 individuals residing at Clarks Summit State Hospital. Of these individuals, one is awaiting discharge to an Enhanced Personal Care Boarding Home, one to a personal care home and the remaining are not deemed ready for discharge as their level of need is such that we are not able to accommodate them within the community as the level of housing (i.e.: LTSR, CRR) does not exist within Wayne County.

In 2007, Wayne County received 3 CHIPPS allocations and developed a 3 unit Transitional Living Apartment Program as part of its Housing continuum. This has greatly impacted the County's ability to transition residents out of the State Hospital back to the community in a timely manner, as well as diverting admissions to the State Hospital in cases where an individual may require additional supports and services in the community to achieve and maintain stabilization. Block Grant funding in place of the previous CHIPP allocation now supports this ongoing initiative.

(5.)Community Stabilization and Reintegration Unit (CSRU) and Dually Diagnosed Treatment Team (DDT):

Two CCBHO Re-investment programs that Wayne County residents have utilized and benefitted from are the Dual Diagnosis Treatment Team (DDTT) and the Community Stabilization and Reintegration Unit (CSRU). Referrals for the CSRU are made by the County in conjunction with the Dual Diagnosis Treatment Team. The two programs work closely in order to preserve continuity of care and maximize the provision of comprehensive evaluation and treatment services. Conversely the CSRU will utilize the DDTT as a less restrictive step-down program to reintegrate the individuals being discharged back into the community; in order to foster permanence and maximize stabilization. Both of these programs have been instrumental in providing alternate services to dually diagnosed individuals.

(6.) Local Housing Options Team (L-HOT):

Wayne County's Human Services Quality Council and the Sub-Committee have taken a very active role in addressing housing issues in Wayne County. The L-HOT has led the way in applying for and receiving federal funding for the homeless population, establishing a housing coordinator position in the Human Services Agency, developing consensus among all local housing providers and thereby coordinating efforts of those providers. The L-HOT continues to explore ways of partnering with the community, identifying opportunities, includes grants research, advocating within the County for the establishment of housing funding under Act 137, and additional ways to partner with regional and state entities and/or developers involved in public housing development.

The L-HOT also helps to coordinate other local housing activities such as the Point in Time Count (PIT). The PIT, a federal initiative, is conducted nationwide. It was conducted in January, 2016. The L-HOT helped to organize volunteers from the community, as provider agencies and consumer groups turned out with State and Local Police support. Donations of blankets, coats, toiletries, food and coffee were received for distribution. The January 2016 PIT Count resulted in finding eleven (11) homeless persons, an increase of 57% over the January 2015 PIT Count.

(7.) Self-Directed Care and Peer Support Services:

In April 2015, Wayne County engaged Peerstar Services to provide Peer Support Services to adult consumers in Wayne County. Over the past 10 years there has been a void in Peer Support Services Wayne County because it has been difficult to recruit and retain Certified Peer Specialists. Peerstar has filled a service void in that they have hired 4 Certified Peer Specialists that cover Wayne County and they are currently providing Peer Support Services to 13 Wayne County residents, with 3 referrals pending.

In FY 2015/2016, Wayne County was awarded the opportunity to participate in Self Directed Care, a CCBHO Reinvestment Initiative. Individuals participating in Peer Support services will be able to participate in the Self Directed Care program which assists individuals in making their own decisions and directing their own recoveries. Licensed Peer Support Service providers will implement the self-directed care model with county oversight. It is the expectation of Wayne County that approximately 17 individuals be served in this program in FY 2016/2017 and FY 2017/2018.

(8.) Enhanced Personal Care Home CHIPPS Project:

Wayne County, in cooperation with nine other BHARP counties, has begun a CHIPPS initiative in the form of an Enhanced Personal Care Home. This EPCH is located in Northumberland County. A Wayne County consumer at CSSH has been identified for discharge from the hospital and moved to

this EPCH. This is a critical service for Wayne County as there are no CRR or LTSR housing options in our community and several personal care homes in the county have closed due to the recent regulations.(Please refer to "Individuals Transitioning out of state hospitals" , below.)

b. Needs:

Housing, cash assistance, transportation, employment and timeliness of access to SSD/I benefits, and accessing psychiatric time seem to be the overarching issues facing our Adult consumers at this time.

Each of these issues is inter-related to the other:

- (1) Consumers are unable to obtain safe, affordable housing due to an 18 months to 2 year waiting list for Housing Choice Vouchers within our County;
- (2) The employment availability for consumers, as well as adults in general within our community is quite limited in the current economy;
- (3) Lack of transportation further limits the options available. There is no public/mass transit system in the County. A small County run system funded for seniors and those with MA or persons with Disabilities exists, but the 15% co-pay for those with disabilities is beyond the affordability of many consumers;
- (4) For those seeking SSD/I benefits, the process is 18 to 24 months, during which, if they opt to take on even a part time job, they jeopardize being deemed ineligible. During this period, they have no funds for housing, transportation or even basic necessities such as laundry detergent and toilet paper, due to the elimination of cash assistance;
- (5) This group has been at increasing risk for substance abuse, homelessness, domestic violence, repeat hospitalizations and a host of other issues. The ability of Wayne County to continue to focus on Housing and Employment related initiatives through the L-HOT, Quality Council and Employment Coalition activities and the Capacity Building Initiative described above will be imperative in assisting to stabilize this population;
- (6) More supportive service infrastructure would greatly enhance the opportunity for successful recovery for those struggling in the community and especially for those who may anticipate re-entry into the community from in-patient venues;
- (7) There are currently no CRR, LTSR or similar structured and staffed residential living programs. The needs of several of the consumers currently being served within the State Hospital are such that they will require highly structured programming and supervision in order to return to the community. The addition of such opportunities to provide an extended stabilization period without requiring a State Hospital admission would benefit consumers with a significant mental illness within our community. These services would enhance the continuum available to support Recovery for all consumers. An ACT/PACT Team is a proven intervention to support high risk consumers with intensive services where they live. However, as a rural community, Wayne County lacks the number of individuals who meet medical necessity to sustain an ACT/PACT Team. And, it has been difficult to fund and find staff (i.e. psychiatrists and nurses) that are critical to an ACT team. Wayne County is in the process of building the Peer Support Program which is also a component of ACT. It is the plan that a modified ACT Team will be part of the planning process for 2016/2017 for Wayne County.

- (8) Forensic Population: The County Correctional Facility has identified a population of young men and women between 18 and 25 who have mental illness and/or are have co-occurring disorders. The administrative case manager saw 179 unduplicated individuals during FY 15-16 in the Wayne County Correctional Facility. Also this fiscal year, there were two pregnant women incarcerated for parole violations- specifically drug use and several males incarcerated on assault charges related to drug use.

Due to the 2015-16 budget impasse, State inmates that were housed in the Wayne County Correctional Facility were relocated to other State Facilities or Halfway Houses. Although the County's focus is primarily on assessing the needs of County inmates, there was contact with State inmates specifically when there was a need for psychiatric care. Currently, BH administrative management completes an assessment on all inmates as they enter the jail and meets with any inmate with a BH diagnosis ongoing. This targeted population has not often experienced success as indicated by a difficult reintegration into the community, many of the inmates reoffending and often returning to the correctional facility.

### **3. Transition-age Youth (ages 18-26)**

#### **(a.) Strengths:**

The Behavioral Health Program continues to work closely with Blended Case Management, ID AE Program, SCO provider, and CYS/JPO and local schools to identify those children who are at-risk or struggling to meet the challenges of becoming successful, productive adults.

While Integrated Children's Services Program (ICSP) funding was discontinued by the Commonwealth, the program initiatives and philosophies continue, and have been enhanced in Wayne County. The System of Care initiative in Wayne County continues into the 2016-2017 fiscal year under the aegis of a BHARP multi-county initiative. (See additional SoC information under "Children (under 18" below.)Wayne County. The original ICSP has been transitioned and redesigned such that the functions of CASSP are coordinated by a Behavioral Health staff position, and those of System of Care are coordinated by a position directly reporting to the Human Services Director. However, the philosophies and activities of both initiatives are closely aligned and coordinated.

For those adolescents transitioning to Adult services, the CASSP Coordinator has been designated by the County as the individual responsible for maintaining current information on Transition Age Youth initiatives and programs, both locally and across the state, as well as to share any promising practices with Administration so that we can look at the feasibility of duplicating any best practices locally. School providers and human services agencies are strongly encouraged to utilize the CASSP/SOC meeting process early on in developing a support team for transitioning youth and assisting in identifying resources within the family and community that will support his or her success.

These initiatives will strengthen Wayne County's philosophy of child and family centered community treatment services, provide youth and family a seat at the policy development level and utilize the Family Group Decision Making process as a means of treatment plan development.

#### **b. Needs:**

- (1.)The reluctance of Transition Age Youth and Young Adults to be associated with provider agencies:

This continues to be a barrier to youth's willingness to engage in services. As a result, this agency often becomes re-engaged with this population after they have burned bridges with family, found themselves homeless, become involved with the justice system or otherwise determined that Behavioral Health is one of their last options.

The need to make the programming and choices more palatable to this population is as important, **if not more important**, than any other factor in their willingness to continue needed services through adolescence into adulthood. As youth take on a more active role within the System of Care Leadership Team, we will look for their input and seek their expertise on ways in which we can engage this population in services.

(2.) Lack of safe, affordable housing, transportation and employment opportunities:

**In our local community these voids are the primary barriers to success.** Continued efforts to focus on Housing and Employment initiatives as outlined in Adult services will be imperative in stabilizing this population, as well. Across all HSA agencies, there has been a significant increase in the number of transition age youth each are serving with some cases shared between agencies. It has been noted that, among this population, many are "aging out" of children's services, have grown up in out of home placements, and are entering the community with limited or no independent living or vocational skills to be independent.

HSA agencies may locate an apartment or employment opportunity (usually at minimum wage) for these individuals, however these young people exhibit and experience extreme fear of living alone or going to a job. In addition, many of these young men and woman have not developed adequate socialization, and work place behavior skills, have to be educated on appropriate dress for even the most low level entry positions, and are not schooled on maintaining a budget, working with a landlord and the like. Unfortunately, family support is usually minimal.

It is becoming more common for the HSA administrator and HSA Unit Directors to convene on individual cases because of the breadth and scope of services required to best meet an individual's needs and to craft a plan with any hope of success. This is especially true for individuals that are presenting as homeless due to the obvious fact that shelter is the first priority in these cases. There are a limited number of placement options available, and to avoid sending an individual to the homeless shelter that is over 40 miles away, the County has utilized block grant funding to secure short term hotel stays if there is no availability in agency housing options.

#### 4. Children (under 18).

a. Strengths:

(1.) CASSP:

Wayne Co. continues to have a strong CASSP component for children's services. In conjunction with CCBHO, families and providers have been educated regarding least restrictive, community based services as alternatives to out of home placements. The CASSP meetings explore and discuss all supports and options available when a family or treatment team is moving in the direction of out-of-home placement.

CASSP meetings continue to be held on children receiving Behavioral Health services each time there is a change in level of care or request for renewal of funding (for those services requiring this). Additionally, County staff and CCBH efforts continue to outreach to each of the hospitals and through our Crisis Services provider to notify all admissions departments that the County expects CASSP meetings to be held on all child/adolescent admissions prior to discharge in order to ensure that services are in place quickly and that readmissions are minimized.

(2.)The Wayne County System of Care Initiative (SoC):

The SoC, evolved from the original ICSP initiative) has been developing since 2014. Wayne County has created what has become a very active SoC Leadership team which has representation from youth leaders, family leaders and child-serving system leaders in our community. The youth, family and system leaders of Wayne County will continue work as equal and trusted partners in creating sustainable change which will empower youth, families and all youth serving systems to be responsible and accountable for outcomes that lead to the fulfillment of their hopes and dreams. Family Group Decision Making (FGDM) has been identified as a SoC primary vehicle to achieve success for youth and families. (See below- FGDM).

Wayne County Leadership team participated in the Pennsylvania System of Care Learning Institute in June 2016. As a partner of BHARP System of Care Initiative shared among 23 counties, the Wayne County Leadership team will be participating in an in-house six (6) session Trauma Informed Care training that will be offered by Lakeside Educational Network of Philadelphia. All Human Services staff will be trained over the next two years, and this opportunity will be offered to other members of the community including first responders, law enforcement and others in the community, One local BH provider, Northeast Counseling Associates, has been identified to participate in the clinical trainings on evidence based trauma treatment by the BHARP Trauma Institute and, upon completion of the trainings, will be designated as a BH trauma center.

(3.)Family Group Decision Making (FGDM) in concert with System of Care:

Due to the flexibility allowable in the Block Grant, Wayne County has utilized Family Group Decision Making as a tool to assist families in developing strategies and supports to meet the emotional, physical and educational needs of their child while planning for the safety of the child, caregivers and community. This is an especially important tool for children with multiple hospital admissions and those at risk for out of home placement. During the 2015-16 year two (2) families associated only with BH employed this strategy with positive results: one family benefitted significantly from the FGDM process and the family is in a much stronger place now because of the FGDM and the second family is still struggling but the FGDM process was a significant positive revelation for the parent and child. (It is of note that FGDM is also used by CYS consumers and its effectiveness relative to that population is noted in the CYS section of this document, Appendix B.)

(4.)Blended Case Management (BCM) Services: BCM services serve approximately 90 children/adolescents annually. This includes a small number of those who are ineligible, at least initially, for Medical Assistance and are served under the Block Grant. Because these services facilitate the coordination and communication between treatment, education, medical and social service providers with the child and family, it is essential that this service be funded for at-risk children with multiple providers.

(5.)Wayne County Human Services Quality Council: Wayne County continues to be a community that truly cares about its members. Quality Council meetings represent the scope of the community in that schools, provider agencies, police, community partners, consumers and families have come together to assess and develop action plan for improved services for children. They are willing to participate in solution focused discussions, partner in non-traditional ways and otherwise do whatever it takes to address the problems that face our children. Many issues raised at the Council find follow-up in Wayne County's PEHSBG plan, as it is this forum that continually processes, filters and draws consensus on prioritization of community human service needs.

(6.)Rachel's Challenge:

The community has recognized School Bullying and the related issues of self-esteem and suicide risk as an area of great concern. The Schools/Education Sub-committee of the Quality Council has facilitated, along with Wayne Memorial Hospital, the Rachel's Challenge to our school districts and the Community at large. Rachel's Challenge is a nationally recognized program, to prevent and/or redirect bullying and its devastating effects. In 2015/16, the Rachel's Challenge presentations were given to targeted audiences in our four (4) school districts and an open community presentation for a total of 3,540 persons in attendance.

As part of its ongoing efforts, our local Rachael's Challenge group will host Kevin Hines in October 2016. He will be presenting to the Wayne County Community on his lived experience with mental health. Two years after he was diagnosed with bipolar disorder, he attempted to take his life by jumping from the Golden Gate Bridge. Kevin's message of Hope and Recovery complements the Rachel's Challenge message. These services are funded under the Community Services cost center. In addition during 2016/2017, the Rachel's Challenge presenters will be in Wayne County to present the "Chain Reaction" program to 7<sup>th</sup> and 9<sup>th</sup> graders in our four (4) school districts in. This program educates and empowers youth to identify their own self-worth, see positives in others and stand up for themselves and others against negativity and bullying.

(7.)Student Assistance Program (SAP): The Wayne County Student Assistance Program has been very active in our three school districts. Services have expanded to the elementary level. The SAP liaison is involved in team meetings, prevention programs, facilitates student groups and is the point person for the Rachel's Challenge initiative in the schools. There has been a significant increase in the number of completed Pre-Assessments for the 15/16 school year. Historically, the average of pre-assessments completed within the school year numbered 15-20. However this school year 30 pre-assessments were completed. This increase is due to the school districts indicating to us that there has been an increase in the students disclosing they are experiencing more stress and anxiety.

A total of 37 students across all of the districts participated in groups that were offered; 3 of which focused on stress and anxiety; 2 of which focused on anger management. Wayne Highlands Middle School reached out to the SAP Coordinator and requested that a stress management class be conducted with all of the 8<sup>th</sup> grade students prior to the PSSA's. Approximately 160 students participated in this class.

(8.)Community and School Based Behavioral Health Program:

Wayne County has placed a SBBH Program in the Stourbridge and Lakeside Elementary Schools within the Wayne Highlands School District. From 7/1/15 to 6/1/16, there have been a total of thirty-one (31) children served in this program. Twenty-five (25) have been in service for at least 6 months. Sixteen (16) children were served in the Lakeside school and fifteen (15) in the Stourbridge School. Currently, there are seven (7) children being served in the Stourbridge school with four (4) referrals pending, and nine (9) children being served in the Lakeside school with three (3) referrals pending.

From 6/1/15 to present, there have been thirteen (13) discharges at the Lakeside school and eight (8) discharges from the Stourbridge School. Of these discharges, Thirteen (13) were successful discharges to a lower level of care-either BHRS or Outpatient; one (1) required Family Based Services; two (2) were placed in the Emotional Support Classroom; one (1) was placed in a partial program; one (1) failed to show for re-authorization; one (1) lost MA funding and two (2) moved to another school district. Of note, there were eleven (11) referrals that were not admitted into the SBBH program. Five (5) of these referrals were due to the families not wanting to pursue the service; two (2) children were not appropriate for the program; 1 child moved, 2 children could be served in a lower level of care and 1 child required a higher level of care.

More significant, the SBBH team reports that of the children they have served NONE were hospitalized and those who required a higher level of care either were not accepted into the program, or the recommendation was for a higher level of care on their return home from TFC. Given the success of and the need for this program the provider has requested and been granted the ability to expand the team with the addition of two (2) BHP's. This expansion will allow the teams to serve more children in the program.

b. Needs:

(1) Intensive community-based Children's Services:

Wayne County continues to have a high number of children and adolescents in out-of-home placements in comparison to other HealthChoices Counties. In looking at Wayne County's statistical data, such as age at time of placement, diagnoses, services utilized prior to placement, etc. a pattern has unfolded revealing a need for intensive, community-based services, focused on ASD and Dually Diagnosed children.

These services need to be available to children and families prior to age eight in order to address behaviors before they have led to school placement and family safety issues. The Behavioral Health Administrator has been working on this issue through the BHARP workgroup. In addition, in analyzing crisis contacts, it has been noted that individuals age 10-18 have had the most crisis contacts this fiscal year (47), which again highlights that there is a gap that exists in the community and consumers need to access services at a higher level of care. During FY 2016//2017, The County will continue to assess and develop opportunities for a broader array of services to treat this target population.

(2) More robust continuum of care services:

Wayne County has limited availability of child/adolescent services within the continuum of care:

- (i) Expanding and broadening the scope of our current continuum of care is vital as we cannot utilize outpatient services alone, as the level of care to meet the needs of the children we are serving. Often, waiting lists for BHRS services mean that a child will be prescribed this service but may not receive it on a timely basis or will wait for months to see a BHRS prescriber. This is not

acceptable if effective remediation is to occur, and/or may put the child or his siblings at further risk;

- (ii) There is currently a wait list of 17 children who have been prescribed BHRS services. However these scripts cannot be filled due to lack of qualified staff with the BSL license that allows for children on the Autism spectrum to be seen. Also, given the geographical layout of Wayne County, children that live in Northern and Southern Wayne County often do not have their BHRS scripts filled due to lack of qualified staff that live nearby or are willing to travel;
- (iii) In addition to the BHRS waiting list, Wayne County is also experiencing a significant wait to access Family Based in Home Services. Wayne County has two providers that are contracted to provide FBH services and both providers have a wait list. The first opening with one is the end of June and the other anticipates an opening at the end of August.

The children/families that are being served by the FB teams have very complex needs and this level of care has been effective in keeping children in Wayne County in their community despite many challenges. One FB supervisor has stated that he is extending services because he is unable to secure step down services, specifically BHRS due to the wait list they have as explained above;

- (iv) Access to psychiatric care in a rural community continues to be a critical concern. As of July 2016, Wayne County will be losing a child/adolescent psychiatrist, which will leave only one psychiatrist in Wayne County. There is currently a hold on referrals for psychiatric care with this provider. Should a child/adolescent/family choose to be seen by a psychiatrist they are traveling to Lackawanna County, which given the transportation issue that was outlined above, makes it very difficult to access this level of care in the community. This becomes more problematic for children who have complex needs such as ASD and/or Dual Diagnosis;

### (3.) Out-of-Home Placement Facilities:

For those children that do require placement outside of their homes, host homes are rarely in our own community and typically are one to two hours away, meaning a significant disruption to the child and family's normal routine to maintain contact and continuity. In addition, Therapeutic Foster Care is the preferred level of care per CCBH but it is often unavailable and training levels for the families are not commensurate with the complex needs of the children being referred to their care.

In terms of Residential Treatment Facilities, Kidspace RTF is no longer accepting children/adolescents with CCBH-NC insurance coverage. This has impacted Wayne County in that the closest RTF to which our children and their families have access is over 2 hours away and this RTF only accepts males. The second closest is approximately 3 ½ hours away, with many of our children being placed on the opposite side of the state. This has significantly impacted our families' ability to participate in family meetings and treatment team meetings in person. As mentioned above, many of our families lack reliable transportation, and RTFs do not provide transportation, which has impacted the families' ability to provide consistent home visits.

Wayne County Blended Case Management works in concert with Wayne County Children and Youth Services as well as Juvenile Probation in serving children and adolescents that are in out of home placements. There has been an increase in the number of children that are in the custody and care of Children and Youth services and /or Juvenile Probation that are also either placed in Mental Health facilities or are in the community placed in a CYS foster home. In all of these instances, mental

health case management assists with linking and monitoring all mental health services from pre placement up to and including discharge planning. The total number of children in out of home placements from July 1, 2015-Present was thirty-one (31). Of those thirty-one, fifteen (15), or half, were shared with CYS or JPO; three (3) were shared with ID/BH; three (3) were shared with CYS/ID/BH; and ten (10) were strictly MH placements. Currently, there are twenty-two (22) children in out-of-home placements. Of twenty-two (22), eleven (11) are shared with CYS or JPO; three (3) are shared with ID/BH; three (3) are shared with CYS/ID/BH and five (5) are strictly MH.

Due to the distance with TFC and RTF placements, parents are hesitant to place their children and are looking to community resources in an effort to keep their children in the community, in their school, and close to home. For these parents, the service which has "filled the void" has been Family Based In-Home Service. The concern from Family Based providers is that the children they are serving have very complex mental health needs (who would otherwise be served at an RTF level of care) and there is now a waitlist for this service.

## **5. Individuals transitioning out of state hospitals**

### **a. Strengths:**

- (1.) Wayne County currently occupies 9 of 12 allocated beds at Clark Summit State Hospital (CSSH). There is one discharge pending, through the recent CHIPPS initiative. From 7/1/15-Present, there have been 3 admissions and 5 discharges;
- (2.) The County BH administrators regularly participate in the Service Area Planning process as well as the CSP process. These processes allow for coordinated efforts and shared data in order to best serve the consumers;
- (3.) The CSSH staff is professional and dedicated to the consumers. There is open and frequent communication between the CSSH staff and the county. The discharge planning includes all sectors of the community and the CSP outlines consumer needs, choice and service availability. The use of the county case management is an integral piece to the transition from state hospital to community;
- (4.) Wayne County has the CHIPP project that has 3 apartments with 24/7 supervision on site to assist those needing significant community supports. This is a transitional housing option that has been critical for transition from CSSH to the community as well as a diversion to entering the hospital. Since its inception the Transitional Living Apartments have served twenty-five (25) unduplicated consumers and from 7/1/15-present there have been six (6) individuals placed at the TLA, one (1) as a CSSH discharge and one (1) as a diversion.
- (5.) Wayne County submitted a CHIPPS project in coordination with 8 other BHARP counties in 2013. This CHIPPS project resulted in an Enhanced Personal Care Home located in Northumberland County. Wayne County has one consumer slated for discharge from Clarks Summit State Hospital for this project. The project is well under way with construction of the home almost complete. It is anticipated the consumer will move to the EPCH by August 31, 2016.
- (6.) Wayne County has only participated in one CHIPPS initiative in the past, but experience has proven that this is a time-intensive project that requires the commitment of the Hospital, providers, families, CCBHO and the community. While the bulk of the funding for this initiative is provided under CHIPPS, the County will bear the administrative costs associated with development and implementation of the plan, coordination among providers, community outreach, etc. which will fail to

Block Grant or other available funding sources. This CHIPPS will be tracked through the CHIPPS reporting system.

b. Needs:

(1.) Due to the loss of Personal Care Boarding Home facilities and lack of supported housing options:

Wayne County has worked closely with CSSH, its Blended Case Management, Community Providers and Transitional Living Provider to ensure that lengths of stay are minimized to the greatest extent possible;

(2.)The transition from the hospital to the community is an extensive process for the consumer, especially for those consumers who have been hospitalized for a long period of time. This process takes the time and skills of the case management unit; however, this time is not billable in any capacity. In order for Wayne County to assist in the transition from CSSH on a level that is truly supportive and meaningful, there needs to be some type of financial compensation for that service;

3.)

(3.)Wayne County has come to rely on the transitional housing option as a diversionary option as well as a discharge resource for individuals at CSSH. Initially funding for this program was from a CHIPP initiative; however, since FY 2012/2013 funding resources have come from the Block Grant. For the last several years, this program has operated in a deficit and Wayne County has not been able to meet the providers' full expenses to operate this program. In FY 2015/16, the cost of this program is \$285,000, an increase of \$70,000 from FY 2014/15. Wayne County will make every effort to pay the provider their costs for the FY 2015/16. The individuals that remain at CSSH present with SMI and difficult behaviors that require 24 hour care and supervision, above and beyond what the TLA can offer. Due to the need for a more structured, long term placement option for the individuals at CSSH, Wayne County in 2015/16 has been granted the ability to transform the transitional housing program into a CRR that will be better able to meet our consumers' complex needs in a community setting. This transformation will continue into 2016/17;

(4.)The Behavioral Health Administration is working to restructure the CHIPP Transitional Living Program. The residential CHIPP program as it is currently structured no longer meets the needs of those being discharged from Clarks Summit State Hospital. Over the past ten years, those consumers at Clarks Summit State Hospital who could be discharged and wanted to be discharged have been transitioned into the community. The needs of this population who need this service are substantially different now than they were when we began the program ten years ago. We are now left with consumers who:

- (i) Are sex offenders, and/or arsonists;
- (ii) Have complex medical issues,;
- (iii) Have multiple Serious Mental Illness diagnose ;
- (iv) Are resistant to community placement because they do not necessarily want to leave the hospital;
- (v) Have few, if any, natural supports.

- (5.) The CHIPP Transitional Living Program must evolve to meet the needs of the consumers as they now present. This means the program now requires increased costs and development of service infrastructure for the following;
- (i) Higher level staffing;
  - (ii) Specialized training to build staff competencies;
  - (iii) Development of specialized programming;

## **6. Co-occurring Mental Health/Substance Abuse**

### **a. Strengths:**

- (1) Wayne County Office of Behavioral and Developmental Programs and Early Intervention and the Wayne County Drug and Alcohol Commission work closely together as core members of the Wayne County Human Services Agency. Department heads meet monthly and on an ongoing basis if needed. These department heads are also instrumental in the block grant development and planning process.
- (2) There is well defined case management coordination between Wayne County BH and Wayne County D&A to assist the consumer to achieve recovery in both areas of need.

### **b. Needs:**

- (1) Housing: Wayne County has limited safe, affordable housing. The consumers who need housing that supports their D&A recovery further limits a consumer's housing options.

## **7. Justice-involved individuals**

### **a. Strengths:**

- (1) There is ongoing treatment team participation for two (2) individuals currently served under Act 21.
- (2) County Prison inmates are provided risk assessment and psycho-social support services. A mental health administrative case manager provides assessments and consultations for the Wayne County Correctional Facility 12 hours a week. There is an ongoing dialogue with Prison personnel, inmates and the parole department to plan and develop service based, self-sufficient plans for inmates
- (3) The County BH Office participates in Enhanced Re-entry Planning for targeted SCI inmates. All services are provided by Behavioral Health Administrative Dept. under Transitional and Community Integration Services.
- (4) A Probation Officer from the Wayne County Adult Probation Department will be assigned to work specifically with individuals that carry a behavioral health diagnosis and will coordinate services with Wayne County Behavioral Programs. This PO will act as a liaison between the Probation Department and the Behavioral Health Office in an effort to better serve these shared individuals.

### **b. Needs:**

- (1) Housing: Lack of affordable housing is the main issue for inmates who are being paroled from both the County and State Prison systems. The lack of housing prevents a number of inmates from being paroled at their first date of eligibility. Although parole planning begins months in advance, the scarce resources, coupled with the fact that many have exhausted all natural supports, make finding safe, affordable housing next to impossible. Housing options left to this population place them with people and in places that are not conducive to recovery and are not in compliance with parole conditions set forth by the Court;
- (2) Expanded Behavioral Health Services in the County Prison: The Wayne County Behavioral Health agency provides assessments and consultation for the prison. The County Prison contracts with a Psychiatrist for services twice a month for a total of twelve hours a month. This service is primarily for medication management. There is a GREAT need for ongoing mental health counseling services WITHIN the walls of the county correctional facility, because a majority of the inmates struggle with stress, anxiety, depression and a host of other serious mental illnesses

## **8. Veterans:**

### **a. Strengths:**

- (1) Wayne County interacts with Veterans in a variety of arenas. Northeast Suicide Prevention Initiative of Pike and Wayne Counties hosts local support groups each month for suicide survivors. They also host an annual Journey of Hope Walk and International Survivors of Suicide Day in which the Wilkes-Barre Veteran's Hospital participates. Both of these events are used to raise awareness of risk factors and accessing resources.
- (2) Catholic Social Services has been active with housing-related funding for Veterans that are homeless. They have available beds in neighboring Pike County for these individuals.
- (3) Recent trainings offered through OMHSAS have been disseminated to providers in order to build capacity within Wayne County to serve the Veteran population.
- (4) Wayne Memorial Hospital now offers outpatient services to veterans in Wayne County. This has alleviated the need for residents to travel an hour to the VA in Wilkes Barre for appointments. Wayne County Transportation is available for eligible residents at variable co-pays that do need transportation to Wilkes-Barre for specialized care.
- (5) Wayne County houses a Veteran's liaison that assists individuals in navigating through the various systems and services, as well as advocating on their behalf as needed.

### **b. Needs:**

- (1) Veteran's willingness to access behavioral health services: OHMSAS has focused on Veteran's issues and services to meet their needs. In this community, there still seems to be a stigma attached to accessing those services. The identified need is a mechanism to diminish that stigma and empower veterans to access mental health services with the same determination that they access other veteran's services.

## **9. Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) consumers**

a. Strengths:

- (1) Agency staff is routinely oriented with pertinent information at time of hire in accordance with OMHSAS regulations.
- (2) Agency staff and providers have participated in trainings on this topic.
- (3) Language is included in provider contracts as mandated.
- (4) Psych Rehab Program staff have participated with consumers in OMHSAS committees regarding this topic.

b. Needs:

- (1) Education: The County needs a system wide education program regarding the specific needs of this population and the most appropriate means of treatment and socialization.

**10. Racial/Ethnic/Linguistic minorities**

a. Strengths:

- (1) The Wayne County community has very limited cultural diversity at this time. Recent US Census data indicates 3.4% of blacks, 3.5% of Hispanic, and .5% Asian. However, this includes the populations in two large correctional facilities: one Federal, and one State.
- (2) Minorities living in and participating in community life reflect lower percentages of the minorities who would request or participate in community social services.
- (3) A subcommittee of the System of Care Leadership team has been developed as to address this specific area. The subcommittee will review the SOC standards to ensure child serving systems and organizations more culturally and linguistically accessible.
- (4) Staff at the Wayne County Psychiatric Rehabilitation program has identified the need to offer a Cultural Competence Training to the individuals that attend the PR and Drop in Center Programs. A staff member from OMHSAS has offered to conduct this training in July 2016.
- (5) Wayne County has identified and contracted with Spanish, Bosnian and Croatian speaking interpreters in response to the need identified by the school districts.
- (6) Wayne County has a Language Line in place that can be accessed by any department when there is a need for interpreter services.

b. Needs:

- (1) Wayne County is currently serving two families who utilize sign language interpreter services. Interprettek is providing this service however this provider is further away and are somewhat cost prohibitive due to the travel time billed to the Agency with the available providers traveling 2-3 hours each way.

**11. Other: Dually Diagnosed Individuals:**

a. Strengths:

- (1) A CCBHO Re-investment program that has benefitted Wayne County residents is the Dually Diagnosed Treatment Team through NHS. The DDTT is a recovery oriented, person-centered approach to supporting individuals who are diagnosed with serious and persistent mental illness and a developmental disability. This program offers a team approach to service coordination and treatment for individuals who have encountered challenges with more traditional treatment settings. Services are provided where the individual is, at the time of need and may include the home, a local community setting such as a coffee shop, work place or provider office setting. DDTT consists of a team that includes a psychiatrist, Registered Nurse, Pharmacist consultant, Program Director, Behavioral Specialist and Service Coordinator.
- (2) This program has enhanced the lives of consumers while minimizing or eliminating hospitalization or other institutional placement. It is hoped that this team will be available to transition additional individuals to less restrictive levels of care and from treatment to home. Since its inception, this program has served seven (7) Wayne County consumers.
- (3) Wayne County Behavioral Health and Supports Coordination Units meet regularly to discuss the needs of the consumers on their "shared caseloads" in an effort to ensure that the individuals are receiving the services they need at the appropriate level of care.
- (4) In addition, the BHARP, which includes Wayne County, has developed a Dual Diagnosis Crisis Residential Stabilization Unit to address the needs of those persons who have a primary diagnosis of ID and have behavioral health issues. This unit is located in Northumberland County and is provided through Beacon Light. In Wayne County there are 7 adults who are identified as dual diagnosis, most of whom have been referred to PPRT and the DDTT. This CSRU is another level of care for this population. To date, the CSRU has served two (2) Wayne County consumers and one referral is pending.

a. Needs:

- (1) There is an on-going need for competency development for providers who treat dual diagnosis consumers. In Wayne County, there are seven (7) adult individuals and thirteen (13) children who are identified as dual diagnosis. This consumer base has highly specialized needs and does not/cannot benefit from traditional behavioral health interventions. There is a need for competency development on all levels of the treatment continuum; psychiatrists, therapists, behavioral specialists, residential workers, case management staff and family supports individuals.
- (2) In addition, there is the need for specialized vocational opportunities as well as housing placements in the community. Again, many of the individuals that present as dual diagnosis are "aging out" of the children's system and entering the adult system and the structured/specialized employment and housing opportunities are difficult to obtain and continue with success within the community without the presence of competent providers.

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

Based on the strengths and needs reported above, identify the top five priorities for recovery oriented system transformation efforts the county plans to address in FY 2016-2017. For **each** transformation priority, provide:

Wayne County Office of Behavioral and Developmental Programs and Early Intervention plans to implement four (4) Recovery oriented system transformation projects: 1) Housing; 2) Employment; 3) Peer Support and Self Directed Care; 4) CHIPP Redesign and 5) Trauma.

**1. Housing:**

a. L-HOT:

- (1) In 2014/15, Wayne County Human Services did hire a Housing Coordinator to guide and lead county wide housing initiatives through the LHOT, to participate in state wide housing informational meetings to keep the County aware of housing programs and regulations and to support all housing related activities in the county. In FY 2015/16, it is the goal of Wayne County to hire a Full Time Housing Caseworker to assist the Housing Coordinator with the above identified tasks.
- (2) The L-HOT through the leadership of the housing coordinator will continue to coordinate Wayne County's participation in Point-In-Time Counts. The L-HOT has been tasked with identifying revenue and funding opportunities, as well as brainstorming ways to best manage the limited resources available and maintain databases on homelessness and shelter usage.
- (3) Moving forward, it will be necessary for the County to fund these positions out of the Block grant or other available funding in order to maintain this momentum. The L-HOT currently meets quarterly with the Fair Ave. Housing subcommittee meeting on an as-needed basis to review applications. It is anticipated that they will participate in the summer and winter Point-In-Time Counts on an on-going basis. The L-HOT will also be active in exploring and advocating for additional support and funding for increased safe and affordable housing for all human services consumers. As such, they will take an active role in the regional efforts to pursue Federal, State and private funding opportunities that match the needs of the County's housing/homeless as identified through the L-HOT. The progress of this initiative will be tracked through housing reports, and county housing statistics.

b. Transition Age Youth:

There has been a significant increase in the number of individuals age 16-21 that have presented as either homeless or in need of housing assistance. In many instances, these individuals are system dependent as there is multiple system involvement. In addition to being system dependent, these youth present with limited or no skill set to live independently. In assessing supports that could assist these youth in living independently, their supports have historically been system providers. As these youth present to one of the human service agencies, there have been many factors that make it difficult to secure housing, including age. If the youth is under 18 years of age and not emancipated, they are not able to sign a lease. If a youth is over the age of 18 and an independent apartment is secured, these youth are often fearful of being alone or begin to experience symptoms of depression because they are lonely. Human service agencies have linked these youth to community based services to assist with skill

development, however these youth continue to struggle. Ideally, Wayne County would like to utilize block grant funding to secure a building that could house these youth as well as provide 24/7 supports and skill teaching. In addition, it would be beneficial to have 2 or 3 HSA crisis beds available to support these individuals until more stable housing is obtained.

c. **Adults with Mental Health Diagnosis:**

In December of 2014, A Temporary Housing Program was developed to assist Wayne County residents who are homeless. A stay in this temporary housing program was intended to be short term, up to one week, however the average length of stay was 21 days. Initially the program functioned the way in which it was designed and the average length of stay was seven days. However as the rental market became saturated with individuals that were approved for ESG, finding a long term living arrangement became more difficult.

In the six months that the county was in possession of these apartments, twelve (12) unduplicated individuals were housed. Given the number of individuals this program has assisted, there continues to be a need to provide a short term option for this specific housing problem. Since February 2016, Wayne County has rented a one bedroom unit to serve individuals on a short term basis. Wayne County has again encountered the same scenario in that this "short term" option has turned into a long term stay due to the difficulty in locating a one bedroom apartment in a saturated market. In utilizing ESG funds, homeless and/or near homeless individuals have obtained secure housing, however it is becoming more and more difficult to locate and secure rental units as one bedroom "stock" of apartments are at capacity, thus leaving individuals with no other housing options other than the Homeless Shelter. Block grant funding was utilized to provide this housing program and moving forward, the County would utilize Block grant monies and incur the cost of any future short term housing options.

## **2. Employment**

a. Transition Age Youth:

Wayne County Office of Behavioral Programs is currently serving thirty (30) individuals between the ages of 16-21. Many of these individuals are shared with other human service agencies. When a youth with behavioral health issues is interested in employment, there are several agencies to which they can be linked, i.e., the State Office of Vocational Rehabilitation as well as the Wayne County Employment and Job Training Office.

Both of these agencies will assess work readiness and work interests. However significant skill teaching needs to be conducted concurrently. Many of the youth we work with have been system dependent for much of their life, some even growing up in out of home placements and may not have had practice writing a resume, have never been on a job interview and may not understand the social norms of an employment setting. While the Psychiatric Rehabilitation Program and the CYS Independent Living Program work with adults 18 years of age and older that require employment skills teaching, there are still youth that do not meet the OVR criteria or may not be ready to participate in job training services.

In FY 2016/17, a work group will be formed with representation from Wayne County CYS, Wayne County Office of Behavioral and Developmental Programs and Early Intervention, Wayne County Employment and Job Training Office, School Districts as well as Wayne County Employment

Coalition. This group will meet monthly to review individualized consumer transition plans and seek opportunities to obtain skills, explore interests in an effort to facilitate a smooth transition into employment. In addition, this group is also represented on the SoC, as part of our community's efforts to enhance the System of care for children and young adults in Wayne County.

From this monthly meeting, individuals and their families will be invited to the yearly Transitions Fair. In addition, a youth transition packet will be provided on a yearly basis to those individuals open in ACM and BCM, and these packets will be included at intake. This packet includes information on preparing for work and transition to adult life for ages 14-21, provides agencies that can be of assistance, links to websites and other resources for career exploration/cruising as well as information on work incentives planning and assisting for transition age youth that are eligible for Social Security benefits.

b. Adults with Mental Health Diagnosis:

Wayne County continues to contract with the Human Resource Center (HRC) for Supported Employment services. It has been felt that an additional provider would be beneficial as Wayne County continues implementing SAMHSA's EBP Supportive Employment model; however HRC remains the only provider for this service. Wayne County will move forward with implementing the EBP model with HRS staff and will participate in quarterly monitoring activities as outlined by SAMHSA.

Wayne County Administration will continue to engage community based providers in offering Supportive Employment services to Wayne County consumers as it is our hope that more consumers are afforded the opportunity to experience success in the workplace of their choice. As SAMHSA's EBP is implemented, costs are expected to increase for this contracted service. These costs may be offset by Federal and private grants for which application is being made. The remainder will need to be achieved through the Block Grant and other available funding streams. This may necessitate the prioritizing of Supported Employment over other vocational programming.

Wayne County Psychiatric Rehabilitation will continue to offer employment skills teaching as part of their curriculum. This service will allow consumers that are working with HRC or OVR hands-on opportunities to develop and practice employment, management and leadership skills, which will then carry over into the workplace. Approximately 12% of the individuals that participate in the Wayne County PR program do not have Medical Assistance and their participation in the program is covered by Block Grant funding. Of the individuals that the County is funding, two (2) have employment or volunteering goals.

c. Dually Diagnosed Adults:

Wayne County Office of Behavioral Programs continues to partner with the Intellectual Disability Administrative Entity and Supports Coordination unit to ensure individuals are offered opportunities for competitive employment.

The Wayne County Employment Coalition (WCEC) is a community coalition, comprised of local school districts and educators, employment support provider agencies, State Office of Vocational Rehabilitation, community businesses, Wayne County Office of Behavioral and Developmental Programs and Early Intervention, Wayne County Employment and Job Training Office, Wayne County Children and Youth Services, Wayne/Pike Workforce Alliance and interested individuals.

WCEC members work together to create and promote successful employment opportunities, choice of employment opportunities and supports needed for individuals with disabilities.

The Coalition was formed in 2008 and has grown in number and purpose. The WCEC serves as a central point of contact, facilitates information sharing, educates the community and stakeholders about changing laws, regulations and best practices as it relates to employment for those with disabilities and recognizes area employers for their commitment to employing and spotlighting the abilities of individuals with disabilities. The Coalition meets every other month. Wayne County Office of Behavioral Programs continues to be committed to ensure employment for all consumers and therefore uses block grant funding to provide Supported Employment and Vocational Rehabilitation Services.

### **3. Peer Support and Self Directed Care**

As of 4/1/15, Peerstar has obtained authorization from CCBH to provide Peer Support services to residents of Wayne County. Services are self-directed and person centered with a recovery focus. PSS facilitate the development of recovery skills. Services are multi-faceted and include, but are not limited to, individual advocacy, education, development of natural supports, support of work or other meaningful activity of the individual's choosing, crisis management support and skills training. Research shows that the involvement of peer specialists is critical to prevention, allows states to save mental health program dollars by reducing cycles of hospitalization and other emergency interventions, and increases recovery and community integration outcomes.

Any billable services for CPS will be billed and paid for with HealthChoices Funding. If an individual does not have Health Choices funding, the County will bear the cost of the service. In conjunction with Peer Support services and as a CCBH Reinvestment project, Wayne County has partnered with Bradford/Sullivan counties to implement Self Directed Care in FY 2015/2016. This approach supports individuals in developing their own wellness goals and in controlling the funds that are used to implement their self-directed behavioral health recovery plan. Each person is responsible for making his or her own choices on the recovery journey and must be responsible for the outcomes of those choices. The process of creating a recovery plan, identifying appropriate services, and deciding how to spend service dollars advances one's independence and self-determination.

Funding to implement the SDE model will be a blend of reimbursement for in-plan services, including Peers Support, and the use of reinvestment funds for Freedom Funds for non-in-plan services. A Mental Health Professional from Peerstar, with experience managing recovery services will oversee the SDC program and staff, including responsibility for fiscal management of the SDC budgetary process, as well as day-to-day program operations, and supervising the SDC peer staff. CCBH will collect corresponding data for this initiative as well as monitor the expenditures for Freedom Funds to identify trends and determine if the amounts allocated per person are adequate to support individual service and support needs.

### **4. CHIPP Redesign:**

Wayne County has come to rely on the transitional housing option as a discharge resource for individuals at CSSH. This program has served twenty-five (25) unduplicated individuals since its inception in 2006. Of those 25, two (2) were admitted from the State Hospital in New Jersey; two (2) were a diversion from state hospital admission; and eight (8) were discharges from CSSH. Initially funding for this program was from a CHIPP initiative. However, although since FY 2012/2013 CHIPP

has been included in the Block Grant, Wayne County has, through resolution of its elected commission, identified CHIPP funding for its originally specified use. In spite of reserving these funds for that use, for the last several years, this program has operated in a deficit and Wayne County has not been able to meet the providers' full expenses to operate this program.

For FY 2014/2015, Wayne County will only be able to partially fund this program at 68% of their actual costs per the current contract. To continue to run the program as originally developed has become cost prohibitive to the County. Wayne County feels strongly that individuals transitioning into the community from the State hospital setting be afforded a discharge resource that can best meet their evolving and complex needs, and currently that program does not exist within Wayne County.

As noted above, the individuals that remain at CSSH present with SMI and difficult behaviors require 24 hour care and supervision, above and beyond what the present TLA can offer. Due to the need for a more structured, long term placement option for the individuals at CSSH, Wayne County has been granted the ability to transform the transitional housing program into a CRR that will be better able to meet our consumers' complex needs in a community setting. The Wayne County Administrator and the Wayne County Behavioral Health Director have been in communication with local providers to determine their capacity to provide appropriate services for this population within the community setting and to investigate residential setting models that will best meet the needs of the remaining consumers at the state hospital. Until a replacement option can be implemented, Wayne County will continue to utilize the current provider and the TLA model.

#### **5. Trauma:**

In FY 2014/15 Wayne County, itself, submitted and was awarded the System of Care grant. The grant has now continued through the auspices of BHARP, and expanded under a multiple county initiative through BHARP. Since 2014, Wayne County has worked diligently in developing a very active System of Care (SoC) Leadership team. This leadership team has been crucial in:

- a. Providing education to the community;
- b. Developing the systems of care service delivery system;
- c. Implementing system of care process.

In FY 2016/17, the Leadership Team will focus its efforts on:

- a. Strengthening and empowering the SoC Leadership Team: The goal is to shift the Human Services service delivery system from agency/provider guided treatment to youth and family guided treatment.
- b. Develop a Family Driven System of Care: The priority for the Leadership Team is to keep the families engaged, provide training so families are competent to participate in systems change and empower families to share their voice.
- c. Developing a Youth Driven System of Care: The County Leadership Team will focus on the recruitment of youth to the Leadership Team, provide training and mentoring opportunities, develop a youth council and support and empower Youth to champion systems change and share their voice and
- d. Engaging all human services staff and other community partners in required training, "Trauma Informed Care: The priority for Trauma Informed Care is to give clinicians, social service agencies, the Leadership Team and the community a better understanding of the principles of Trauma Informed Care and the skills to apply the principles in our work, our community and our homes.

Wayne County is benefitting from the SAMHSA System of Care Grant that was awarded to the Behavioral Health Alliance of Rural Pennsylvania (BHARP). One of the key activities of this grant is to develop learning collaborative for the purpose of enhancing the awareness and technical skills of human services staff and stakeholders related to trauma. The learning collaborative will include representation from clinicians as well as case management level staff throughout the 23 BHARP counties.

The concept is to develop a unified perspective on how individuals with trauma experiences are approached and supported, realizing that each person in their support system needs to understand how trauma effects their life. Wayne County has determined that this training is beneficial not only to the above identified individuals and has offered additional trauma training to all employees included under the Human Services umbrella. This 6-week in house trauma training will be offered on a rotating basis until all HSA staff have been trained and will be available to all new staff. In addition in FY 2016/17, Wayne County will utilize funds to provide Trauma 101 training to the community.

- **Other, if any (please specify)**

Strengths:

Needs:

**d) Evidence Based Practices Survey:**

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	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)	Comments
Assertive Community Treatment	N							
Supportive Housing	Y	37 Step by Step 4 TLA	None currently					SAMHSA's EBP to be implemented FY 2016/17
Supported Employment	Y	3	None currently					SAMHSA's EBP to be implemented FY 2016/17
Integrated Treatment for Co-occurring Disorders (MH/SA)	N							
Illness Management/ Recovery	Y	41	Boston University	Agency	Quarterly	N		Psych Rehab
Medication Management (MedTEAM)	N							
Therapeutic Foster Care	Y	9-TFC 1-CRR	CANS	Agency	Quarterly	N	N	
Multisystemic Therapy	Y	10	Therapist, Supervisor and Consultant Adherence Measure	Agency	Once per month	N	Y	
Functional Family Therapy	N							
Family Psycho-Education	N							

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

**e) Recovery Oriented and Promising Practices Survey:**

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Number Served (Approximate)	Comments
Consumer Satisfaction Team	Yes	51	
Family Satisfaction Team	Yes	35	
Compeer	No		
Fairweather Lodge	No		
MA Funded Certified Peer Specialist	Yes	13	3 referrals pending
Other Funded Certified Peer Specialist	No		
Dialectical Behavioral Therapy	No		
Mobile Services/In Home Meds	Yes	350	Mobile Services
Wellness Recovery Action Plan (WRAP)	No		
Shared Decision Making	No		
Psychiatric Rehabilitation Services (including clubhouse)	Yes	41	
Self-Directed Care	In		15-17 to be served
Supported Education	No		
Treatment of Depression in Older Adults	Yes	Data not available	
Consumer Operated Services	Yes	35 472	Drop in center Warmline
Parent Child Interaction Therapy	Yes	2	Friendship House
Sanctuary	Yes	4	Staff trained to provide this
Trauma Focused Cognitive Behavioral Therapy	Yes	10-15	Friendship House
Eye Movement Desensitization And Reprocessing (EMDR)	No		
Other (Specify) Trauma	In progress		

\*Please include both County and Medicaid/HealthChoices funded services.

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

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

**END MENTAL HEALTH SERVICES SECTION**

## INTELLECTUAL DISABILITY SERVICES

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

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

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

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

	Estimated Individuals served in FY 15-16	Percent of total Individuals Served	Projected Individuals to be served in FY 16-17	Percent of total Individuals Served
Supported Employment	7	3%	6	3%
Pre-Vocational	2	.8%	1	.4%
Adult Training Facility	0		0	
Base Funded Supports Coordination	31	13%	33	13%
Residential (6400)/unlicensed	0		0	
Life sharing (6500)/unlicensed	0		0	
PDS/AWC	0		0	
PDS/VF	0		0	
Family Driven Family Support Services	5	2%	5	2%

**Supported Employment:** "Employment First" is the policy of all Commonwealth executive branch agencies under the jurisdiction of the Governor. Therefore, ODP is strongly committed to Community Integrated Employment for all. Please describe the services that are currently available in your county such as Discovery, customized employment, etc. Identify changes in your county practices that are proposed for the current year that will support growth in this area and ways that ODP may be of assistance to you with establishing employment growth activities. Please add specifics regarding the Employment Pilot if your County is a participant.

Wayne County continues to support this ODP Employment Initiative, and has successfully met Quality Management goals and increased the number of consumers competitively employed over the last several years.

Currently, as of June 2016, twenty-seven (27) Wayne County Administrative Entity enrolled consumers are competitively employed. Since Wayne County began tracking the numbers of employed individuals with intellectual disabilities who are competitively employed, we have increased those numbers from a baseline of seven (7) individuals in 2009. This is a 386% increase in seven (7) years.

Much of this success is due to the continued work of the Wayne County Employment Coalition. The Wayne County Employment Coalition (WCEC) is a community coalition, comprised of local school districts and educators, employment support provider agencies, State Office of Vocational Rehabilitation, State Office of Developmental Programs, community businesses, Wayne Co. Office of Behavioral and Developmental Programs and Early Intervention, Wayne County Employment and Job Training Office, Wayne County Children and Youth Services, Wayne / Pike Workforce Alliance and interested individuals.

WCEC members work together to create and promote successful employment opportunities, choice of employment opportunities and supports needed for individuals with disabilities in pursuit of an Everyday Life. The Coalition was formed in 2008 and has grown in number and purpose. The WCEC serves as a central point of contact, facilitates information sharing, educates the community and stakeholders about changing laws, regulations and best practices as it relates to employment for those with disabilities and recognizes area employers for their commitment to employing and spotlighting the abilities of individuals with disabilities. The Coalition meets every other month.

Wayne County Developmental Programs has worked with the Pennsylvania Department of Labor and Industry's Office of Vocational Rehabilitation and our local school districts to host Transition Fairs for youth. In addition, we have worked collaboratively to share information about how our supports and services can work together with consumers, students and youth with regard to assistance and support that can be provided by all programs to our consumers. In this way, we hope to enable consumers to gain skills, experience and obtain competitive employment. We continue to partner with the Wayne County Employment and Training Office and the Pocono Counties Workforce Development Board. These partnerships allow intellectually disabled youth summer employment opportunities and experiences.

The Workforce Innovation and Opportunity Act is the first legislative reform of the public workforce system in more than 15 years. It increases and improves services to individual with disabilities because (a.) it requires more enhanced employer engagement; and (b.) promotes physical and programmatic accessibility to employment and training services for individuals with disabilities. Youth with disabilities will now receive extension pre-employment transition services to obtain and retain competitive integrated employment.

The WIOA act includes a definition of customized employment, "*Competitive integrated employment, for an individual with a significant disability, that is based on an individualized determination of the strengths, needs, and interests of the individual with a significant disability, designed to meet the specific abilities of the*

*individual with a significant disability and the business needs of the employer, and carried out through flexible strategies..." (Workforce Innovation and Opportunity Act, H.R. 803, 113 Congress, 2009, p. 210). Wayne County and our local stakeholders have worked for some time and continue to work in the spirit of this definition, by focusing on and advocating with respect to an individual's strengths, abilities and preferences which allows employers and employees to be successful. Wayne County Developmental Programs is committed to Community Integrated Employment for all, and therefore uses block grant funds to ensure the availability for home and community habilitation service authorization for pre-transition age youth, so that they may begin their Discovery and Exploration of the community and their interests in a variety of volunteer opportunities and community events. Leadership development opportunities and successes in initiatives such as Special Olympics build confidence that allow individuals to further their development and future vision for employment.*

Wayne County has also partnered with the Wayne County Employment Coalition members to provide a kitchen classroom setting in order to facilitate a variety of skill building and employment opportunities. The Park Street Kitchen & Café is a community collaborative project that serves as a lunch café providing volunteer and competitive employment work skill development opportunities to area students, youth, and residents with disabilities as well as non-disabled individuals with other barriers to employment. Students, youth and other residents learn how to greet customers, collect and exchange money, cook and perform general duties of a small dining room and café operation.

Individuals with disabilities and youth with barriers to employment need to have more opportunities to practice and improve their workplace skills, to consider their career interests and to get real world work experience through internships, short term employment, apprenticeships and fellowships. Beginning July, 2015; school districts were advised that they may not enter into contracts with entities for the purpose of operating a program under which youth with disabilities receive a subminimum wage. These new mandates may be a great opportunity for our disabled youth, however, much work needs to be done to create partnerships for internships, apprenticeships and job shadows with local employers to provide for real worked based learning experiences.

The Park Street Kitchen & Café is also being used to help other community partners. The Wayne County Area Agency on Aging has been able to expand their congregate meal offering to those over 60 working at or doing business at the Wayne County Park Street Complex. The Lackawanna College is utilizing the kitchen for their 'Culinary Foundations' course and donates their 'soups, stocks and sauces' to the kitchen. We are hopeful that this partnership may lead to an increased awareness and interest in consumers interesting in furthering their education. The Park Street Kitchen and Café supports 'Wayne Tomorrow', a County Commissioner led initiative that seeks to stimulate the local farming community and agricultural economy.

The Café is also being used as a Gallery of sorts by our Consumers as they are provided an opportunity to highlight and display their talents as they explore interests in photography. Cooking and nutrition classes for vulnerable or at risk populations is a future goal of the Wayne County Park Street Kitchen & Café.

**Supports Coordination:** Describe how the county will assist the Supports Coordination Organization to engage individuals and families in a conversation to explore natural support available to anyone in the community.

**Describe how the county will assist supports coordinators to effectively plan for individuals on the waiting list. Describe how the county will assist the supports coordination organizations to develop ISPs that maximize community integration and Community Integrated Employment.**

The Wayne County Supports Coordination Organization staff are active members of the Wayne County Administrative Entity sponsored Employment Coalition and the Wayne County Human Services Quality Council Transition subcommittee. Collectively we have developed practices to assist the Supports Coordinators to engage individuals and families in exploring natural supports and community resources conducive to the Everyday Lives philosophy.

The availability of natural supports is indicated in all areas of need documented in the Individualized Support Plan. Both the Employment Coalition and the Quality Council provide forums where community resources and program updates are shared. This continually new and updated information is, in turn, shared with consumers and their families. As an important strategy and practice to strategy to effectively plan for individuals, and their unique needs, the Wayne County Supports Coordination Organization and Administrative Entity hold regularly scheduled staff meetings. At that venue, we discuss complex cases, consumer needs, and any other consumer related current information that may assist us to better serve each of our consumers.

A Transition Packet has been developed that contains comprehensive information regarding transition to employment and adult life. This packet was shared with the Supports Coordination Organization and is provided annually during the consumers' Annual ISP meeting. The Wayne County Supports Coordination Organization has also identified two (2) Supports Coordinators that will serve as 'Transition Coordinators'.

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

Wayne County supports the ODP Life sharing initiative as a strong option for those with intellectual disabilities reflective of a least restrictive setting in which a consumer may thrive with a caring family. The County has successfully met its Quality Management goals and increased Life Sharing arrangements over time.

The Wayne County Administrative Entity for Developmental Programs has a life sharing Strategic Plan that works to continually establish a culture of life sharing. This is demonstrated by: (a.) always considering life sharing a first strategy when someone is seeking residential options; (b.) at least annually, consumers receive information about life sharing and are asked if they are interested in pursuing life sharing during their Individualized Support Plan meeting; (c) key staff participate in the Regional Life Sharing Committee to share ideas and best practices; (d) staff consistently works toward expanding the availability of life sharing options with our provider network; and (e) Life Sharing education and recruitment was the focus of a recent Wayne County Human Services Quality Council meeting.

At the meeting, a broad group of stakeholders within the community were made aware of what life sharing is, the successes we have had and where folks can find more information if they are interested. Both a providers and recipients of this service spoke to the positive outcomes they both receive.

In Wayne County we have ready, willing and able Life Sharing Providers. However, we do not have waiting lists or consumers who would like Life Sharing and are unable to utilize this resource at the present time. The barriers we have identified with Life sharing is that often times families are not comfortable with sending their loved one to another person's home if they seek residential services and want Community Living Arrangement services. We are working to educate consumers' families, and to present Lifesharing possibilities in a non-threatening manner to families so they may view it as a positive option.

**Cross Systems Communications and Training: Describe how the county will use funding, whether it is block grant or base, to increase the capacity of your community providers to more fully support individuals with multiple needs.**

Individuals with intellectual disabilities and other needs often struggle with accessing quality community based services that are coordinated and effective to adequately address their multiple and specialized needs. Wayne County Developmental Programs works in collaboration with our Wayne County Human Services partners and our provider networks in the following ways:

1. Working to strengthen competency through the system by:
  - a. Raising awareness, advocating for, and assisting to create specifically designed curricula for school district personnel, provider agencies, families and community stakeholders in many forums such as the Wayne County Human Services Quality Council, Wayne County Behavioral and Developmental Programs and Early Intervention Advisory Council Meetings, Wayne County Employment Coalition, Wayne County Human Services Systems of Care, Local Housing Options Team, Rural Homeless Advisory Board, Wayne County Children's Coalition, etc.;
  - b. Developing sound options for individuals in need of specialized services through increased, consistent and frequent communication and developing person-centered planning with them;
  - c. partnering with ODP and OMHSAS, State, Regional and Local Positive Practices committees, the local Wayne County Human Services Agencies, the Health Care Quality Unit, HCQU, the Wayne County Human Services Quality Council and our provider networks;
  - d. Utilizing Case Review meetings of BH and the County AE, along with County BH/AE/SCO/BSU/CYS/AGING case reviews to continually identify , redefine and refine service delivery consistent with the specialized and individualized needs of those with complex situations or multiple needs and dual diagnosis;
  - e. Working across many systems to achieve the best service package available to produce the best outcomes possible as defined by the consumer and his/her family;
  - f. Working, through the partnership within our county and the use of our Wayne County Quality Council's Human Rights sub-committee meetings, toward building early intervention and system connections and corrections;
  - g. When appropriate, utilizing the specialized services created through BHARP, Behavioral Health Alliance of Rural Pennsylvania and CCBH, such as the CSRU, Community Reintegration and Stabilization Unit and the DDTT, Dual Diagnosis Treatment Team to fashion services designed specifically for those with intellectual disabilities and a co-occurring psychiatric diagnoses.

**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.**

Wayne County has a strong, long standing collaboration with our local school districts. All of our school districts are active members in the Wayne County Employment Coalition and all school districts also serve and work with us on a Transition Subcommittee of the Wayne County Human Services Quality Council. Through these partnerships we have worked together to hold annual Transition Fairs whereby all school districts and members of the Wayne County Employment Coalition and the Transition subcommittee come together to provide information for youth and their families.

The County has also worked with local school districts to create and provide career exploration activities, community based work assessments, internships and job shadowing opportunities for students. This has been a resource for our local school districts to support their work in accordance with their changing requirements. Annually Wayne County obtains releases of information for the consumers we serve and then in turn provide each of the school districts with lists of consumers we jointly serve. This allows the school districts to know which students are not registered with the County entity for referral and planning purposes. The school districts do try to encourage families to register with us. Additionally when parents allow, the supports coordinators are encouraged to participate in IEP meetings.

**Describe how the county will communicate and collaborate with local children and youth agencies, the Area Agency on Aging and the mental health system to ensure individuals and families are provided with the information they need to access needed community resources as well as formalized services and supports through ODP.**

Wayne County Children and Youth, Area Agency on Aging, Behavioral and Developmental Programs and Early Intervention and Drug and Alcohol Commission are all administered together through the umbrella agency of Wayne County Human Services. This collaborative model allows for Administrators to meet regularly in pursuit of their individual program goals as well as to move the County Human Services Agencies forward together in a coordinated fashion, using best practices and achieving positive results. Additionally monthly meetings are held whereby supervisors from the Area Agency on Aging, Behavioral Health, Developmental Programs and Early Intervention and Children and Youth Services review complex cases.

The Wayne County Human Services Quality Council provides another forum where all community stakeholders come and make announcements and provide information on community resources. Monthly meetings are also held where supervisory staff from all programs can meet with supervisory staff from the Behavioral Developmental Programs and Early Intervention case management unit and Administrative Entity staff to work through complex cases.

**Emergency Supports: Describe how individuals in an emergency situation will be supported in the community (regardless of availability of county funding or waiver capacity).**

**Provide details on your county's emergency response plan including:**

**Does your county reserve any base or block grant funds to meet emergency needs?**

Wayne County Developmental Programs resolves individual emergencies with a team approach. This team includes the consumer, the consumer's family (when appropriate), the Supports Coordination Organization, the AE, the Human Services Director and at times, the Northeast Regional office. All members of the team meet to hear the emergency and then strategize for a resolution. All members of the team work in concert to meet the consumer's need in the least restrictive environment and to minimize the negative impact on the consumer. Many times, the resolution process includes the provider network, (locally and beyond) and many other local agencies and resources.

The County reserves approximately one-quarter of one percent for emergencies from Block Grant ID Base funding. This is a very modest amount due to the fact that Block Grant funding was cut by approximately 10% three years ago, without restoration since that time. Carry-over funding, if any, are often directed to specific initiatives; however, these funds, if approved by the Department, may be re-directed, based on priority need.

**What is your county's emergency plan in the event an individual needs emergency services, residential or otherwise, whether within or outside of normal working hours?**

If a consumer is in need of emergency services within the workday hours, the above team is convened and the work is engaged until a resolution is attained. A more detailed response to this question is included in the following policies: Wayne County Crisis Work Statement and the SCO Emergency Crisis Policy. Please see below.

**Please submit the county 24-hour Emergency Response Plan as required under the Mental Health and Intellectual Disabilities Act of 1966.**

The following is the Work statement for Wayne County Crisis Services under the Act of 1966

**Work Statement**

Mental Health Crisis Intervention Services are immediate, crisis orientated services designed to ameliorate or resolve participating stress, which are provided to adults or children and their families who exhibit an acute problem of disturbed thought, behavior, mood or social relationships. The services provide rapid response to crisis situations that threaten the well being of the individual or others. Mental Health Crisis Intervention Services include intervention, assessment, counseling, screening and disposition of services in the following categories:

1. Telephone crisis services,
2. Walk- in crisis services,
3. Individual mobile crisis services,
4. Team mobile crisis services, and
5. Medical mobile crisis services.

These crisis services are available 24 hours a day, seven days a week.

This service is licensed as Mental Health Crisis Intervention Services by the Office of Mental Health and Substance Abuse Services of the Department of Public Welfare.

Service Providers will maintain compliance with all DPW/OMHSAS/CCBHO bulletins, regulations and provider alerts.

### Recovery/Resiliency Oriented System

The Service Provider will cooperate with the County Behavioral Programs Office to develop a recovery/resiliency oriented services system. The Service Provider will work with the County to institute quality assurance policy and procedures, which reflect recovery/resiliency principles. The Service Provider will develop a quality assurance system that includes internal evaluation of their programs. Quality Assurance Report will be kept on file with the Service Provider.

*The following policy is that of the SCO emergency crisis access. It incorporates the above work statement as the umbrella policy for after hours access to crisis services.*

Procedure for assuring Consumer/Family access in a timely manner.

Wayne County Supports Coordination Organization (SCO) is committed to excellent customer service. With this commitment, the Supports Coordinators will provide timely communications related to requests, issues and concerns brought to the attention of the SC.

1. If an emergency inquiry occurs via phone call or e-mail, the SC will respond to the inquiry within 24 hours of receipt.
2. For non-emergency inquiries, the SC will respond to the consumer/family within 3 calendar days.
3. If an SC is out of the office for personal reasons for more than one day, SC Supervisor will check SC's voicemail and reply to any emergency inquiries within the above stated timeline.
4. If a consumer/family calls with an emergency and the designated SC is not available, the person will be given the option of speaking to an SC Supervisor or the SCO Director.
5. SC's will communicate any absences from the office for business purposes for more than one day (i.e. trainings/out of county monitorings) to their SC Supervisor. The SC Supervisor will make a plan with SC for SC to check their voicemail remotely; or if not possible, SC Supervisor will check voicemails. If SC is unable to respond to an emergency, they will communicate this to their supervisor and SC Supervisor will assure timely response to the inquiry.
6. Emergencies that occur after normal business hours will be connected to Northwest Human Services (NHS); who in turn contacts a behavioral health emergency worker from Wayne County Behavioral Health Department. If the emergency is related to a consumer in the SCO; the Behavioral Health emergency worker will contact the ID Director, who will assess the situation and determine who will be following up with the Consumer/Family. This will occur following the 24 hour response to an emergency inquiry.

**Administrative Funding:** ODP has engaged the PA Family Network to provide support and training in the community. The PA Family Network will be providing individuals who are Person Centered Thinking trainers. Describe how the county will utilize the trainers with individuals, families, providers and county staff.

Wayne County staff, consumers, providers and individuals did previously utilize the previous training and technical assistance provider 'The Partnership', the Pennsylvania Training Partnership for People with Disabilities and Family. After 10 years of providing training, mentoring, technical assistance and leadership development to families and self-advocates across Pennsylvania, the PA Training Partnership ceased operations on December 31, 2014.

Wayne County was excited to learn that the Office of Developmental Programs was accepted into the national 'Community of Practice: Supporting Families throughout the Lifespan'. The Supporting Families Project involves working with states to develop systems of support for families throughout the lifespan of their family member with intellectual disabilities. ODP is joining with 15 other states on an initiative to transform state policies and practices to better support families of individual with intellectual disability and/or autism. The goal of the collaboration is to support families in ways that maximize their capacity to facilitate the achievement of self-determination, integration and inclusion in all facets of community life for their family members.

Pennsylvania is currently launching this initiative and their plans are coming together. A major element of the Community of Practice involves supporting families' needs for information at all stages of life relating to their family members; disability, planning for a full and meaningful life, and an understanding of services to attain and support that vision. In addition, the ability to connect with other families is vital for many reasons and through all of life's transitions and stages. The newly created PA Family Network will serve these two critical roles in Pennsylvania's Community of Practice. Under the leadership of Vision for Equality, the PA Family Network will provide family workshops and networking opportunities throughout the Commonwealth, led by trained Family Advisors, all of whom have family members with disabilities.

It is Wayne County's understanding that the Office of Developmental Programs will be seeking interested Administrative Entities that are interested in developing a collaborative with individuals, families, supports coordinators, providers and a wide range of community organization in their communities to build supports for families. Wayne County is excitedly anticipating this opportunity. Training opportunities will be disseminated throughout our community for individuals, families, providers, self-advocates and other community stakeholders. Additionally Wayne County is interested in and is hopeful to be one of the chosen Administrative Entities to develop a Community of Practice Collaborative. Wayne County Administrative Entity staff has emailed the PA Family Network to obtain information and check in on the initiative but has not yet received a response.

**Describe other strategies you will utilize at the local level to provide discovery and navigation (information, education, skill building) and connecting and networking (peer support) for individuals and families. What kinds of support do you need from ODP to accomplish those activities?**

Wayne County Developmental Programs assists staff, providers, consumers and families with pertinent information, education, networking and peer support on an ongoing basis. As local, state and federal resources become available, that information is disseminated, discussed with interested parties and further clarified, as needed. When information such as ODP announcements and trainings are made public, SCO staff is trained on that release (information) in their monthly group supervision meetings. The SCs are then instructed to share the information with their consumers and families at the consumer monitoring meetings, based on the consumers' needs and interests.

Information pertaining to resources, supports, ODP regulations, training opportunities and program changes is shared through the same Supports Coordination process and also shared in our community through the Wayne County Human Services Quality Council and its subcommittees, the Wayne County Employment Coalition, social media (i.e.: Wayne County Human Services Facebook, PA Department of Human Services Facebook, etc.), the Transition Fairs, Wayne County Human Services community public awareness events, public meetings and meetings with providers. There are these formal and many informal opportunities to connect with the consumers, their families and the provider network.

Wayne County would like support from ODP in technical assistance, particularly surrounding the Waiver Amendment, i.e.: policies and procedures how to best support the consumers through the changes and assistance with updating the documentation regarding provider choice.

**Describe how the county will engage with the HCQU to improve the quality of life for the individuals in your community. Describe how the county will use the data generated by the HCQU as part of the Quality Management Plan process.**

Wayne County Developmental Programs utilize The Advocacy Alliance, the Northeastern Health Care Quality Unit. Their Health Care Quality Unit is responsible to monitor the overall health status of consumers who have developmental disabilities registered with Wayne County.

The Advocacy Alliance assesses a consumers health and systems of care; providing clinical health care expertise to consumers and their families, residential and day program providers, provide health related training, and work to integrate community health resources with state and regional quality improvement structures and processes. The primary goal of the Health Care Quality Unit is to assure that the consumers served are as healthy as they can be and can therefore fully participate in community life.

The HCQU provides Health Risk Profiles for consumers utilizing an instrument designed to screen for physical and behavioral health risk factors as well as provision of healthcare services. The intended use of the HRP is to identify an area of risk that may require further evaluation by the individual's primary care provider and support team. Information gathered is in aggregate form, it provides a profile of the current state of the health of persons with developmental disabilities being served.

Using this data then allows the developmental disabilities system to identify systemic health patterns and trends which in turn results in the education and possibly development of resources and education. The HCQU also serves as a "go to" for Wayne County, individuals, consumers, families and the provider support network as they provide educational programs and clinical expertise. Sometimes not all of our consumers served have access to health care providers who are knowledgeable about the unique health care issues that persons with developmental disabilities may encounter. This may be because not all health care providers are practiced in communicating effectively with provider agencies, supports coordinators and planning teams. The HCQU helps to fill these needs.

Additionally, the HCQU serves as a resource to our providers, families and others who support people with disabilities in the community in order to help solve their health care problems with doctors, hospitals and other health care providers. The HCQU also provides specialized training for

both physical and behavioral health needs. They have developed curriculums for staff that work with dually diagnosed consumers to increase the competency and capacity of consumers, families and our provider network in their support consumers' physical and behavioral health care needs.

**Describe how the county will engage the local IM4Q Program to improve the quality of life for individuals in your program. Describe how the county will use the data generated by the IM4Q process as part of your Quality Management Plan. Are there ways that ODP can partner with you to utilize that data more fully?**

As part of its continuous quality improvement efforts, Wayne County Developmental Programs utilizes Independent Monitoring Program data to focus on the quality of life and the quality of services and supports to consumers supported by the Office of Developmental Programs service system. This independent monitoring works to seek information from consumers and their families in areas related to satisfaction, dignity, respect and rights, choice and control, relationships, and inclusion.

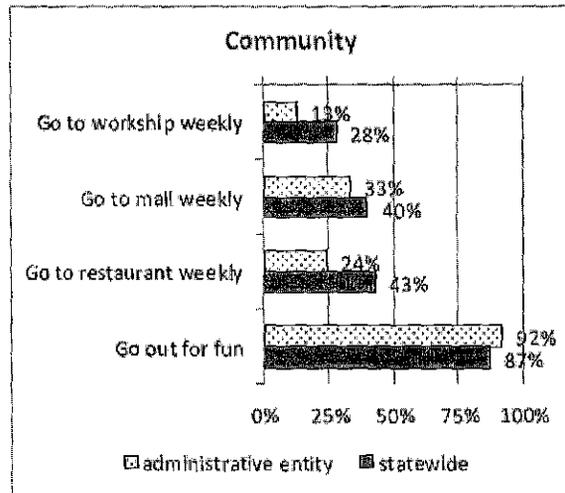
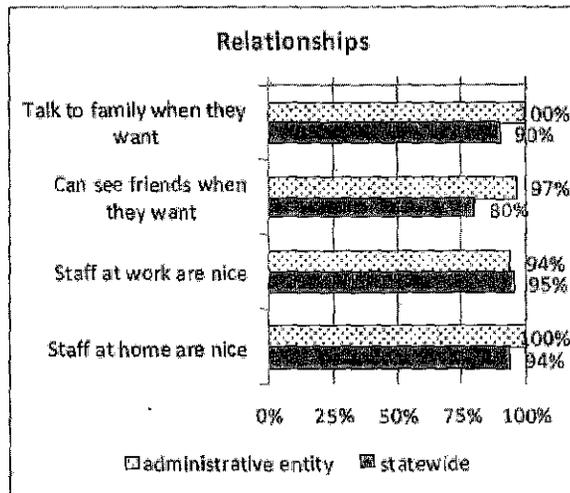
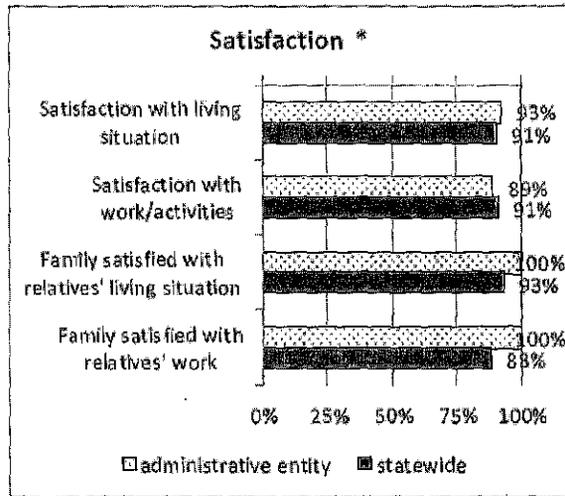
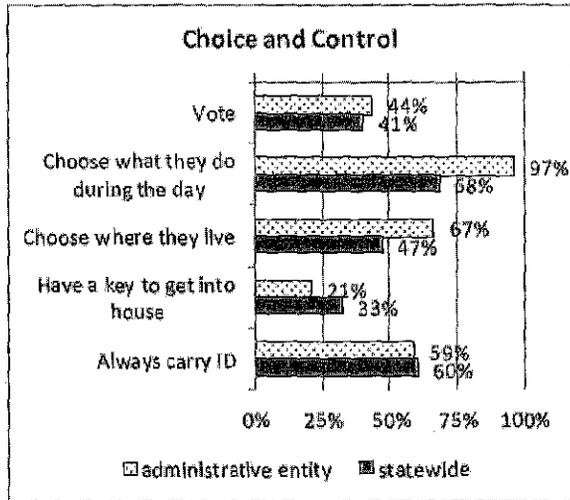
We work to address all reported 'considerations' to improve the person's life. This work may include working with provider agencies, as well as connecting consumers and their families to other community supports and resources to improve the interviewed consumers quality or satisfaction with life. Review of and response to the IM4Q generated consumer 'considerations' may also assist continuous quality improvement for the disability community at large or provider quality improvement.

The National Core Indicator data is analyzed in comparison to state data as well as to previous years for our Administrative Entity responses. Wayne County's goal is to increase percentages over previous years and beyond statewide averages. Wayne County does exceed or is within a few percentage points of statewide averages in all categories except that of one area in the Choice and Control category, 'having a key to get into house', and we do lag behind the statewide averages in 3 of the 4 areas in the Community category, 'go to worship weekly, go to mall weekly and go to a restaurant weekly. It is believed that due to the rural nature of our County, our consumers may participate in different types of community activities as evidenced by the 92% of consumers who reported that they do 'go out for fun'. 'Getting out for fun' in Wayne County appears to be doing things of a different nature. What our consumers may think of as a 'mall' is about a 40 minutes distance from our County seat. All consumers' ISPs document their religious preferences and desires.

IM4Q generated data is considered within our Quality Management Plan as we do focus and track quality specific to Employment and Life sharing. Consumer and family reported satisfaction with their living situation and with work/day activities is included in the IM4Q categories of Choice and Control, Satisfaction and Relationships. Wayne County continues to make strides in the number of consumers who are competitively employed. Wayne County also continues to try to increase the number of individuals with residential service needs that are served in Life Sharing arrangements. In the last few years, we have not had any consumers who desire life sharing but cannot find an arrangement. All consumers are asked annually if they would like to explore Life Sharing as an option.

Finally, Wayne County Administrative Entity staff do visit all consumers in their provider setting and conduct an OPTIMA report for all cases of individual to individual abuse incidents. This is for the purpose of reducing the Individual – to – Individual abuse incidents and also in an attempt to increase

satisfaction levels of Relationship satisfaction. Annual IM4Q results are shared within our Wayne County Human Services Quality Council and the Wayne County Behavioral and Developmental Programs and Early Intervention Advisory Board to solicit feedback and/or suggestion for quality improvement.



**Describe how the county will support local providers to increase their competency and capacity to support individuals who present with higher levels of need related to: aging, physical health, behavioral health, communication, etc. How can ODP assist you with your support efforts?**

Wayne County invites and encourages building of competency among its providers and staff by: utilizing the resources of: (a) the HCQU; (b) the Wayne County Human Services Umbrella by sharing in training throughout all human services categorical agencies and other initiatives; (c) monthly supervisory meetings/case reviews. CASSP meetings, Systems of Care meetings and events, and the System of Care sponsored Trauma Informed Care trainings;(d) Quality Council meetings and its Quality Council email distribution list; and (e) the Aging/Disability Resource Center (ADRC) initiatives, activities and meetings and its Wayne Information Network (WIN) presentations and email distribution lists.

**Describe what Risk Management approaches your county will utilize to ensure a high-quality of life for individuals. Describe how the County will interact with individuals, families, providers, advocates and the community at large in relation to risk management activities. How can ODP assist you?**

Wayne County Developmental Programs system endeavors to ensure a high quality of life for individuals by collecting and analyzing data, working with providers and families to ensure health and safety, providing resources for corrective action plans, disseminating information regarding training opportunities and sharing innovative approaches to service delivery. More specifically, Wayne County Developmental Programs, through the Quality Council and its subcommittees, has developed and implemented a county wide Spin 911 Program and a Missing Persons information guide. Wayne County Developmental Programs utilizes the OPTIMA forms for Individual to Individual Abuse incidents. The Wayne County AE contracts with Advocacy Alliance for Incident Management. The AE then analyses the data and assesses trends from that data. The AE shares that analysis with the Quality Council and its subcommittees, particularly the Human Rights Subcommittee and the Communications Subcommittee. The data is discussed and insight gathered during the meetings. The AE provides information resources, and training to providers, families and consumers based on that data.

Wayne County AE develops the Annual Quality Management Plan. This plan incorporates ODP mandated measures along with measures germane to information gathered through the risk management data and stakeholder input. These measures are tracked and analyzed throughout the year and quality improvement actions are developed and implemented based on the data.

The AE also responds to all Individual to Individual incidents. The AE collects the information regarding the Individual to Individual and schedules a meeting with the provider and the Supports Coordinator. The purpose of the meeting is to discuss the incident and make a recommendation for prevention of further incidents.

ODP can assist Wayne County by offering ongoing EIM system training; perhaps webinars on the user capability of the system. It is most helpful when the training webinars include time for questions and answers.

**Describe how you will utilize the county housing coordinator for people with an intellectual disability.**

Wayne County Developmental Programs utilizes the housing coordinator as a resource for housing options, local community resources to support safe housing, and grant resources to assist in the financial aspects of homelessness prevention. The Wayne County Local Housing Options Team (LHOT), of which the housing coordinator presides, meets monthly. There is representation from the AE and the SCO present at those meetings. Information that is shared at the LHOT meetings is then brought back to the AE and the SCO for group training and resource building.

The housing coordinator will, upon request, participate in consumer team meetings where housing is a need of the consumer. The housing coordinator explains access to the housing grants and opportunities and guides the team in the expedient completion of housing specific paperwork.

**Describe how the county will engage providers of service in the development of an Emergency Preparedness Plan.**

The Wayne County Administrative Entity for Developmental Programs through their Provider Monitoring responsibilities pursuant to the Administrative Entity Operating Agreement conducts Provider Monitoring activities that include requirements related to ensuring that providers have Emergency Disaster Response Plans.

In review of the providers Emergency Response Plan, Administrative Entity staff ensures that the plan includes addressing the safety and protection of individuals as well as communications and/or operational procedures. Additionally through the work of the Wayne County Human Services Quality Council, providers have been supported in preparing for emergency situations through the development of 'SPIN 911', Supporting People in Need through our 911 systems.

Providers have been able to register their programs/individuals with our County's Emergency Response System whereby any special needs can be made known in the event that emergency responders are called to the home or program site. Thus, the emergency responders are prepared with information ahead of time that could be helpful in responding to an emergency. Information such as ambulation status, oxygen dependency or health diagnosis information is kept on file to enhance an emergency responder's capacity to assist.

**Participant Directed Services (PDS): Describe how your county will promote PDS services. Describe the barriers and challenges to increasing the use of Agency with Choice. Describe the barriers and challenges to increasing the use of VF/EA. Describe how the county will support the provision of training to individuals and families. Are there ways that ODP can assist you in promoting/increasing PDS services?**

Wayne County strongly supports the principle and philosophy of Participant Directed Services. This is demonstrated by our practices.

Upon intake and registration all consumers and their families are informed and educated about Participant Directed Services and the two models of Vendor Fiscal and Agency with Choice. After enrollment and assignment to a Supports Coordination Organization, the Supports Coordinator again discusses Participant Directed Services when creating the consumers Individualized Support Plan. Thereafter, at least annually and upon every critical revision to the ISP, the family and consumer are reminded again as indicated and documented with the ISP signature sheet that Participant Directed Services are an option to them.

Barriers and challenges for providing Participant Directed Services include finding direct support staff. The provider of the Agency with Choice model does try to assist families if they are in need of additional workers, as they are also a provider of traditional services. Living in a rural area means that often our families and consumers reside in remote locations. Finding staff willing to travel to work is sometimes difficult.

Finding, keeping and maintaining direct support staff has also proven difficult when families are 'independent' and "on their own" under the Vendor/Fiscal model. Often times, as life circumstances change for existing staff workers, replacing those workers has not been easy. The Vendor / Fiscal model is also sometimes difficult for families in that to ensure the qualifications, requirements and responsibilities consistent with this model of participant directed services. Additionally, communication with Public Partnerships is often difficult.

It can be noted that recently, the Administrative Entity staff have been issued log-in information for a PPL portal that allows us to see information on employers, consumers, staff rate sheets, staff qualification and staff timesheets. This may prove to be helpful in as far as communication with PPL may not be needed as often. However, it creates more work for the Administrative Entity staff and does not hold the State Vendor of Vendor/Fiscal Participant Directed Services accountable for customer service.

**Community for All: ODP has provided you with the data regarding the number of individuals receiving services in congregate settings. Describe how the county will enable these individuals to return to the community.**

Wayne County has not received formal data from ODP regarding the number of individuals receiving services in congregate settings. The Wayne county Administrative Entity does have eleven (11) registered consumers receiving services in state or private ICF/IDs.: one (1) consumer receiving psychiatric services at Clark Summit State Hospital; and three (3) adolescent consumers receiving behavioral health services in Residential Treatment Facilities. None of the Wayne County consumers have been included in the Benjamin or Jimmy settlement cases. However, all of these consumers are supported with base funded Supports Coordination Services. The eleven (11) consumers who receive services in ICF/ID settings are asked at least annually if they are interested in moving back to the community. Any interested consumers or families would be supported to do so if they so desired. All consumers receiving psychiatric or behavioral health services are supported by a Supports Coordinator and the Administrative Entity staff who participate in team meetings and provide information and resources used to provide comprehensive discharge planning.

**END INTELLECTUAL DISABILITIES SERVICES SECTION**

## **HOMELESS ASSISTANCE SERVICES**

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

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

- **Bridge Housing**
- **Case Management**
- **Rental Assistance**
- **Emergency Shelter**
- **Other Housing Supports**

Describe the current status of the county's Homeless Management Information System implementation.

### **a. Bridge Housing**

This service is not provided at this time in the County due to lack of funding.

### **b. Case Management**

It is Wayne County's strong belief that effective and on-going case management and support are the keys to assisting consumers to achieve housing stability. This is true of consumers involved in all categorical systems. The HSA has experience that supports this fact. Based on its experience with (1) the Homeless Prevention and Rapid Re-Housing grant (via DCED) of four years ago: and (2) more currently, the agency's receipt of an Emergency Solutions Grant (also via DCED), the HSA's aggressive and intense case management services resulted in success of housing stability for nearly all participants in both Programs.

Since its start in Wayne County in January 2015, ESG has case managed 84 homeless or near homeless households. 94% were able to resolve their initial housing crisis and move on toward stability. HAP funds not used in other categories, were set aside for case management and were also able to be used as match for the ESG grant. It is expected that match can be drawn again from case management funding through HAP in the 2016-2017 year again. Without HAP's contribution to this end, Wayne County would be unable to maintain the 100% match needed to maintain the ESG. The two programs, ESG and HAP, are truly needed to work in tandem with each other so that the best possible service delivery and options can be provided to those in Wayne County experiencing homelessness or near homelessness.

Outcomes will be measured by the percentage of those assisted into housing stability with Case Management Services as compared to all those for whom funding was used. This data will be compared to last year's data to establish a trend line.

### **c. Rental Assistance**

During the 2015-2016 year, The HSA relied on both HAP funding and ESG funding to more robustly meet the needs of the homeless presenting in our community, some of whom also have mental illness, and/or involvement with other categorical agencies.

Rental assistance also included some utility payments. Six (6) households received rental assistance specifically through HAP alone, which includes either arrearages, or security and/or first month's rent. 100% of the households receiving rental assistance were stabilized and resolved their housing crisis. These services will continue to be funded through PWSSBG funds in the 2016-2017 year.

Outcomes will be measured by the percentage of individuals and families hose assisted with this funding to remain housed, as compared to all those for whom this HAP funding was used. This data will be compared to last year's data to establish a trend line.

#### **d. Emergency Shelter**

During the 2015-16 year, the HSA relied on HAP funding, to assist in meeting the need for emergency overnight shelter. Hotel/Motel Vouchers were utilized when a household and providers had exhausted all other options. These stays were capped at 1-week and served to shelter a household. Case management assisted the families while they prepared for a more permanent solution. Emergency placement was provided to four (4) households this year, and was often done in coordination with VIP's domestic violence shelter; a local church's cold-weather, nighttime shelter, and Catholic Social Service's shelter for families. Depending on their bed availability, HAP funds were often able to bridge the gap between stays so that a household would not need to experience homelessness any longer than necessary.

One such household received a hotel voucher for 6 nights in March 2016. The family, consisting of mom, dad, and two young children with special needs, was banned from where they were living with family. The household paid for one night in a hotel, but upon not being able to afford any more nights, they stayed at the Warmth in the Night Shelter, a church-sponsored cold-weather shelter. After one night, the church decided that they could not safely or reasonably accommodate the family any longer due to the intense behaviors exhibited by the children with special needs.

The family shelter, administered through Catholic Social Services, was also full at the time, although they anticipated a vacancy in the near future (due to the family currently staying there being rapidly rehoused via Wayne County's ESG program and case management made possible with HAP funds). The 6-night hotel stay was just long enough to shelter the family so that they could move into the family shelter upon the latter being vacated. Providing case management and emergency shelter with the use of HAP funding when nothing else was available, resulted in this family spending zero nights unsheltered,. The family has since been stabilized in a rental of their own, after a brief stay at the family shelter. This demonstrates one use of HAP funds in our County.

Outcomes will be measured by the percentage of those children diverted from being separated from their parents due to homelessness, and/or those ultimately assisted into housing stability as compared to all those for whom HAP funding emergency shelter was used. This data will be compared to last year's data to establish a trend line

#### **e. Other Housing Supports**

The Local Housing Options Team (L-HOT) comprised of representatives of local housing providers, human services staff, PA housing Alliance, and other housing related stake-holders continues to encourage collaboration, identify housing needs in our community, help coordinate certain housing-related community activities, and build consensus to find ways to address those

needs. In addition, a subset of the L-HOT acts as a team to review referrals for those who have mental illness and experiencing housing issues for placement in the Behavioral Health's temporary housing resource. (See Mental Health Section of this Plan.)

PWHSBG funding will also continue to be used to provide very short-term temporary housing for those experiencing housing crises and not eligible and/or appropriate for other funding sources. The outcomes for this assistance are to prevent homelessness, of rehouse families and individuals to assist them in maintaining housing stability (See Generic Services Section of the Plan.) Outcomes in this area have been positive, and expected to continue, as Wayne County has now established a Housing Unit which addresses the issue across all categorical programs, and has managed to coordinate needs and resources from clients of its categorical programs and community housing agencies. Very few homeless persons have ultimately gone to or remained in a shelter.

#### **f. HMIS Implementation**

Wayne County HSA currently is enrolled in and utilizes the HMIS Client Track system. The Wayne County Housing Coordinator acts as the HMIS administrator for the County Human Services (HSA). To keep abreast of changes, the Coordinator attends all trainings by the DCED on HMIS programming. Client data for all HAP and ESG funded-households are maintained within the HMIS environment and are verified regularly for quality assurance purposes. The HSA strives to meet Best Practice benchmarks set forth by the DCED, which may be monitored through the utilization of HMIS reporting.

Through the collaborative atmosphere of the L-HOT, the Coordinator has encouraged the use of HMIS among other local providers. To date, Catholic Social Services has also added their inventory to the HMIS database and there is discussion of Victim's Intervention Program (Agency for Domestic Violence) adapting its system the HMIS system, as well. The Wayne County Redevelopment Agency and the Wayne County Housing Authority already use the HMIS System. Currently, time spent within HMIS can be billed to the DCED through ESG when associated with ESG clients.

The Wayne County Housing Coordinator sits on a task force specifically charged designing and launching a Coordinated Entry System (CES) across the entire Eastern PA Continuum of Care (CoC). This CES will rely heavily on HMIS participation; therefore, Wayne County will continue to encourage its collaborative partners to participate in HMIS so that they may act as either referral or procedural partners within the CES.

In summary, the HSA's effort to direct resources – people and financial – to address the housing issues cited as a high priority in our public meetings, our experience within the HSA county agencies, and through provider input, HSA staff is currently a part of the following:

- a) The Wayne County Housing Coordinator serves on the Board of the PA Eastern Continuum of Care (CoC) for housing;
- b) The Wayne County Housing Coordinator is co-chair for the Pocono Rural Housing Advisory Board;
- c) The HSA serves on the DCED state-wide Homeless Coordination Committee;
- d) The HSA Housing Coordinator serves on the DCED Eastern CoC committee developing a Coordinated Entry System;

### **END HOMELESS ASSISTANCE SERVICES SECTION**

## **CHILDREN and YOUTH SERVICES**

**\*\*\*FOR COUNTIES NOT PARTICIPATING IN THE BLOCK GRANT, PLEASE INCLUDE THE FOLLOWING STATEMENT UNDER THE CHILDREN AND YOUTH SERVICES HEADING IN YOUR PLAN:**

**“Please refer to the special grants plan in the Needs Based Plan and Budget for Fiscal Year 2016-2017.”**

**\*\*\*THE BELOW SECTION IS REQUIRED ONLY FOR COUNTIES PARTICIPATING IN THE BLOCK GRANT\*\*\***

**Briefly describe the successes and challenges of the county’s child welfare system and how allocated funds for child welfare in the Human Services Block Grant will be utilized in conjunction with other available funding (including those from the Needs Based Budget and Special Grants, if applicable) to provide an array of services to improve the permanency, safety, and well-being of children and youth in the county.**

**Identify a minimum of three specific service outcomes from the list below that the county expects to achieve as a result of the child welfare services funded through the Human Services Block Grant with a primary focus on FY 2016-17. Explain how service outcomes will be measured and the frequency of measurement. Please choose outcomes from the following chart, and when possible, cite relevant indicators from your county data packets, Quality Service Review final report or County Improvement Plan as measurements to track progress for the outcomes chosen. When determining measurements, counties should also take into consideration any benchmarks identified in their Needs-Based Plan and Budget for the same fiscal year. If a service is expected to field no outcomes because it is a new program, please provide the long-term outcome(s) and label it as such.**

**Successes and Challenges:** Utilizing a combination of PWHSBG, OCYF and local funding, Wayne County has put together programs designed to meet the needs of local families and youth. Local challenges for this targeted population include: (1) housing for homeless or near homeless families with young children which may result in separating of family by placing of children; (2) housing for transitional youth; (3) preservation of the family when parents have substance use disorders, particularly post treatment in in-patient and/or out-patient drug and alcohol treatment.

To address these issues, Wayne County has planned: (1) use of PWHSBG to match federal funding through DCED specifically for homeless and near homeless; (2) use of PWHSBG, OCYF and local funding, for joint sponsorship by and between The Wayne County Drug and Alcohol Commission (D&A) , for a program to engage parents in maintaining D&A recovery post D&A treatment to CYS identified families. A D&A Certified Recovery Specialist will closely work with those targeted families just prior to re-entering the community from prison, and/or in-patient treatment, as well as during out-patient treatment to support their recovery, to hook them up and follow through with their participation in D&A support resources in the community, job seeking, and alternative social networks to those these parents were once a part. CYS and D&A staff will team together in a joint effort to redirect their clients’ behaviors, and alert each other and address triggers, crisis and other forces which may serve to derail their shared clients’ recoveries.

	<b>Outcomes</b>
<b>Safety</b>	<ol style="list-style-type: none"> <li>1. Children are protected from abuse and neglect.</li> <li>2. Children are safely maintained in their own home whenever possible and appropriate.</li> </ol>
<b>Permanency</b>	<ol style="list-style-type: none"> <li>1. Children have permanency and stability in their living arrangement.</li> <li>2. Continuity of family relationships and connections are preserved for children.</li> </ol>

**CHILDREN and YOUTH SERVICES**

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Identify a minimum of three specific service outcomes from the list below that the county expects to achieve as a result of the child welfare services funded through the Human Services Block Grant with a primary focus on FY 2016-17. Explain how service outcomes will be measured and the frequency of measurement. Please choose outcomes from the following chart, and when possible, cite relevant indicators from your county data packets, Quality Service Review final report or County Improvement Plan as measurements to track progress for the outcomes chosen. When determining measurements, counties should also take into consideration any benchmarks identified in their Needs-Based Plan and Budget for the same fiscal year. If a service is expected to field no outcomes because it is a new program, please provide the long-term outcome(s) and label it as such.

	Outcomes		
Safety	<ol style="list-style-type: none"> <li>1. Children are protected from abuse and neglect.</li> <li>2. Children are safely maintained in their own home whenever possible and appropriate.</li> </ol>		
Permanency	<ol style="list-style-type: none"> <li>1. Children have permanency and stability in their living arrangement.</li> <li>2. Continuity of family relationships and connections are preserved for children.</li> </ol>		
Child & Family Well-being	<ol style="list-style-type: none"> <li>1. Families have enhanced capacity to provide for their children's needs.</li> <li>2. Children receive appropriate services to meet their educational needs.</li> <li>3. Children receive adequate services to meet their physical and behavioral health needs.</li> </ol>		
Outcome	Measurement and Frequency	The Specific Child Welfare Service(s) in the HSBG Contributing to Outcome	

For each program being funded through the Human Services Block Grant, please provide the following information. The County may copy the below tables as many times as necessary.

Program Name:	
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Please indicate the status of this program:

Status	Enter X		
	Funded and delivered services in 2015-2016 but not renewing in 2016-2017		
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	New	Continuing	Expanding

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.
- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.
- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population		
# of Referrals		
# Successfully completing program		
Cost per year		
Per Diem Cost/Program funded amount		
Name of provider		

<b>Outcome</b>	<b>Measurement and Frequency</b>	<b>The Specific Child Welfare Service(s) in the HSBG Contributing to Outcome</b>
<p><b>Safety 2:</b> Children are safely maintained in their own home whenever possible and appropriate.</p>	<p><b>Monitoring of overarching goals/outcomes that ensure safety</b> – assessed continuously during weekly MST sessions (1 to 3 sessions per week).</p> <p><b>Progress Notes</b> – submitted weekly to CYS from MST therapist.</p> <p><b>Assessment of instrumental outcomes</b> – formally summarized at time of discharge.</p> <p><b>Fit assessments</b> – completed during mid-term evaluation.</p> <p><b>Reduction in referral behaviors</b> – successful discharge.</p> <hr/> <p><b>Adhering to plan developed at conference</b> – assessed at follow-up meeting (modification made to plan if needed).</p> <p><b>Supports identified</b> – attendance and participation in FGDM conference.</p> <hr/> <p><b>Absence of safety threats due to housing conditions</b> – assessed during home visits (weekly, bi-monthly or monthly)</p> <p><b>Absence of homelessness</b> – assessed continuously</p> <p><b>Placement prevention (formal or informal)</b> – reviewed monthly</p>	<p><b>Multi-Systemic Therapy</b></p> <hr/> <p><b>Family Group Decision Making</b></p> <hr/> <p><b>Housing Initiative</b></p>
<p><b>Permanency 2:</b> Continuity of family relationships and connections are preserved for children.</p>	<p><b>Monitoring of overarching goals/outcomes that ensure permanency</b> – assessed continuously during weekly MST sessions (1 to 3 sessions per week)</p> <p><b>Progress Notes</b> – submitted weekly to CYS from MST therapist</p> <p><b>Assessment of instrumental outcomes</b> – formally summarized at time of discharge</p> <p><b>Fit assessments</b> – completed during mid-term evaluation</p> <p><b>Reduction in referral behaviors</b> – successful discharge</p>	<p><b>Multi-Systemic Therapy</b></p>

	<p><b>Adhering to plan developed at conference</b> – assessed at follow-up meeting (modification made to plan if needed)  <b>Supports identified</b> – attendance and participation in FGDM conference.</p> <p><b>Absence of safety threats due to housing conditions</b> – assessed during home visits (weekly, bi-monthly or monthly)  <b>Absence of homelessness</b> – assessed continuously  <b>Absence of placement (formal or informal)</b> – reviewed monthly</p>	<p><b>Family Group Decision Making</b></p> <p><b>Housing Initiative</b></p>
<p><b>Child &amp; Family Well-being 1:</b> Family have enhanced capacity to provide for their children's needs</p>	<p><b>Monitoring of overarching goals/outcomes that ensure permanency</b> – assessed continuously during weekly MST sessions (1 to 3 sessions per week)  <b>Progress Notes</b> – submitted weekly to CYS from MST therapist  <b>Assessment of instrumental outcomes</b> – formally summarized at time of discharge  <b>Fit assessments</b> – completed during mid-term evaluation  <b>Reduction in referral behaviors</b> – successful discharge.</p> <p><b>Adhering to plan developed at conference</b> – assessed at follow-up meeting (modification made to plan if needed)  <b>Supports identified</b> – attendance and participation in FGDM conference.</p> <p><b>Absence of safety threats due to housing conditions</b> – assessed during home visits (weekly, bi-monthly or monthly)  <b>Absence of homelessness</b> – assessed continuously  <b>Absence of placement (formal or informal)</b> – reviewed monthly</p>	<p><b>Multi-Systemic Therapy</b></p> <p><b>Family Group Decision Making</b></p> <p><b>Housing Initiative</b></p>

## Multi-Systematic Therapy (MST)

Program Name:	Multi-Systemic Therapy (MST)
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Please indicate the status of this program:

Status	Enter X		
Funded and delivered services in 2015-2016 but not renewing in 2016-2017			
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)		<b>New</b>	<b>Continuing</b>
	X	X	<b>Expanding</b>

- **Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.**

Description: MST is an intensive in-home therapeutic program available to youth ages 12 to 17.5 years of age. The program is a strategy to empower families to provide effective parenting and supervision for the referred youth to prevent abuse/neglect, decrease substance abuse, improve behaviors, improve school attendance/performance, address delinquent behaviors and promote socially acceptable behaviors and attitudes. MST focuses on developing successful parenting strategies, strengthening family relationships, improving youth attitudes and behaviors and preventing out-of-home placement for youth. Objectives related to MST include: Placement prevention; reunification of youth with family; enhancement of parents' capacity to provide for their children; truancy prevention; delinquency and recidivism prevention.

Assessment Data: In Fiscal Year 2015-2016, one (1) family continued to be serviced by MST who was referred during the prior fiscal year. Eighteen (18) new families were referred, one (1) of which was referred from JPO. Of the eighteen (18) families referred during Fiscal Year 2015-2016, six (6) never started services due to various reasons such as family refusal, change in youth's living arrangement/circumstances, and one (1) child's behaviors were deemed to be not significant enough to warrant MST services. Of the ten (10) families that completed MST during 2015-2016, seven (7) were successfully discharged and were given sustainability plans to aid in continued family functions. Three (3) families were unsuccessfully discharged from the MST program; one (1) decided not to continue with services after the sudden death of the child's father, one (1) wished to no longer participate once the family learned that their MST therapist would be changing, and the last was discharged as an "administrative removal" due to significant safety concerns and high risk behaviors surrounding the child's drug use. There continues to be one (1) family receiving MST services and two (2) referrals pending.

Populations Served: MST is available to youth, aged 12-17.5 years of age who are open in CYS In-Home or JPO services or who are in placement through either department and are nearing reunification with families.

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.

N/A

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

N/A

Complete the following chart for each applicable year.

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

	FY 15-16	FY 16-17
Description of Target Population	Youth, ages 12-17.5 years old	Youth, ages 12-17.5 years old
# of Referrals	18	20
# Successfully completing program	10	12
Cost per year	\$33,282.	\$42,809
Per Diem Cost/Program funded amount	\$62.56	\$62.56
Name of provider	Community Solutions	Community Solutions

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.

N/A

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

N/A

Were there instances of under spending or under-utilization of prior years' funds?

Yes  No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

We are not able to predict those children who are MA eligible and are ineligible, or who become eligible for this Program. Therefore if the MA participation rate is higher than projected, it will result in an underutilization of funds budgeted. The same is true in reverse. The agency reviews MA availability for youth on an ongoing basis.

## Family Group Decision Making

Program Name:	Family Group Decision Making
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Please indicate the status of this program:

Status	Enter X		
Funded and delivered services in 2015-2016 but not renewing in 2016-2017			
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)		<b>New</b>	<b>Continuing</b>
	X		X

- **Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.**

Description: FGDM is a process which brings together a group of people who are significant to a child and family to assist the family and/or participate in making decisions and developing a plan of action to support the safety, permanency and well-being of the child(ren) and other family members. It is critical to the process that it is family driven. Expected outcomes of this process are to ensure safety, prevent placement, support reunification efforts, increase family/youth support to help parents/youth to work toward and achieve their family service plan/transition plan goals and objectives and to increase accountability and oversight of the parents/youth through their support system.

Assessment Data: In fiscal year 2015-2016, two (2) families continued to be serviced by FGDM who were referred during the prior fiscal year. Nineteen (19) new families were referred, eighteen (18) from CYS and one (1) from Office of Behavioral and Developmental Programs and Early Intervention (OBDPEI). JPO made no FGDM referrals during fiscal year 2015-2016. Of the eighteen (18), twelve (12) referrals resulted in successful conferences, two (2) unsuccessful referrals, and two (2) referrals never started due to change in circumstances. At the time of this writing, two (2) families are in the process of planning a FGDM conference which should be held early in the new fiscal year.

Populations Served: Any family or youth who would benefit from a group conference including family, friends, community supports or any significant others to develop a plan to establish a support system, including identified roles, that the identified family/youth can rely upon to provide assistance when needed.

- **If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.**

N/A

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

N/A

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	Any family or youth who would benefit from a group conference that the identified family/youth can rely upon to provide assistance when needed	Any family or youth who would benefit from a group conference that the identified family/youth can rely upon to provide assistance when needed.
# of Referrals	18	18
# Successfully completing program	12	12
Cost per year	\$47,250.	\$.47, 250.
Per Diem Cost/Program funded amount	\$\$3,000 per successful conference; \$1,000 per successful referral; \$250 per unsuccessful referral.	\$3,000 per successful conference; \$1,000 per successful referral; \$250 per unsuccessful referral.
Name of provider	Justice Works	Justice Works

\*The information provided in the above chart should reflect only funds being provided through the HSBG and the individuals/families served specifically with those funds.

Were there instances of under spending or under-utilization of prior years' funds?

Yes  No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

In 2014-15, the Agency budgeted \$49,000. for FGDM, based upon actual 2013-14 expenditures of \$49,895. Final expenditures for 2014-15 were only \$40,000. This is due to the fact that some families are not appropriate to be referred, and some, even though they may benefit, refuse to participate.

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.

N/A

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

N/A

Complete the following chart for each applicable year.

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

## HOUSING INITIATIVE

Program Name:	Housing Initiative
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Please indicate the status of this program:

Status	Enter X		
Funded and delivered services in 2015-2016 but not renewing in 2016-2017			
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)		<b>New</b>	<b>Continuing</b>
	X		X

Description: The Housing Initiative provides assistance to address safety concerns; maintain intact families; and prevent placement due to safety concerns, homelessness, or other inadequate housing issues. Funds may be directed to families and youth with any issues that may arise with respect to obtaining and maintaining housing and necessary day-to-day living expenses. This assistance provides for housing needs to facilitate reunification of children in placement with their families and to assist aging out youth with securing housing or other appropriate living necessities. The primary outcome expected is to ensure safe and adequate living arrangements for families and youth.

From FY 2009-10 until FY 2012-13, CY5 was able to access funding for housing needs of families through the Housing Initiative under Special Grants in the Needs-Based Budget. Beginning in FY 2013-14, this funding was reassigned to the Block Grant. Requests within CY5 for assistance through the Housing Initiative are reviewed and ultimately approved or disapproved by the CY5 Administrator/Assistant Administrator. Other resources for assistance are sought prior to utilization of these funds which are reserved for those most needy and those who have no other resources for assistance. Although this funding continued to be available to the Juvenile Probation Department, no requests were made during FY 2015-2016.

Assessment Data: Similar to last year, expenditures in FY 2015-2016 included rent and security deposits, emergency overnight housing, utility payments, dumpster rentals, and home supplies (bedding, cleaning, etc.). A total of thirty (30) requests for funds through the housing initiative occurred during FY 2015-2016, two (2) of which are still pending. Of those requests, 33% of referrals were related to rent/security, 23% for utilities, 23% for dumpster rentals, 17% for home supplies and 3% for emergency shelter. Two (2) transitional age youths were serviced through the housing initiative this year. One (1) received rent/security to prevent homelessness, the other received household supplies to furnish her new unsupervised independent living apartment.

**Populations Served:** Families known to CYS or JPO who need this assistance in order to keep their families safe and/or intact (placement prevention), to ensure a safe and appropriate living environment for a child(ren) to return home from placement (reunification), and to assist "aging out" youth who are transitioning from placement or home to living on their own.

- **If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.**

N/A

- **If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.**

N/A

	<b>FY 15-16</b>	<b>FY 16-17</b>
Description of Target Population	Families known to CYS or JPO who need this assistance in order to keep their families safe and/or intact	Families known to CYS or JPO who need this assistance in order to keep their families safe and/or intact
# of Referrals	30	30
# Successfully completing program	30	30
Cost per year	.\$11,987.	\$12,000
Per diem cost/Program Funded Amount	\$400.	\$ 400.
Name of provider	Wayne County HSA/C&Y	Wayne County HSA/C&Y

**IT IS OF NOTE:** Due to high demand, housing initiative funds were over-utilized during FY 2015-2016 by nearly 125%. This over-expenditure can be attributed to the consistent need for assistance in paying for rent/security coupled with an increased need for dumpster rentals. To date, over \$8,300 was spent during FY 2015-2016 in securing or maintaining clients' residences by providing rental/security assistance. The need for dumpster rentals increased during FY 2015-2016, spending nearly \$2,000 for trash removal. The use of dumpsters allowed families to maintain their existing homes and resolve any safety concerns related to uncleanliness.

**\*The information provided in the above chart should reflect only funds being provided through the HSBG and the individuals/families served specifically with those funds.**

Were there instances of under spending or under-utilization of prior years' funds?

Yes  No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

N/A

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.

N/A

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

N/A

**END OF CHILD and YOUTH SERVICES SECTION**

## **DRUG and ALCOHOL SERVICES**

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

### **1. Overview of Substance Abuse System**

The Wayne County Drug and Alcohol Commission is the Single County Authority (SCA) for the County of Wayne. It is a Department of Wayne County Human Services and part of Wayne County government. The SCA is responsible for providing and/or ensuring the provision of drug and alcohol prevention, intervention, screening, assessment, placement, case coordination, treatment recovery support services, and medication assisted treatment services for all eligible County residents.

The Commission assists Wayne County residents who are uninsured, underinsured or have no other means to pay for D&A services. The SCA serves as a point of entry for individuals with Medical Assistance, and is always willing to help those with commercial insurance "navigate the system." The Commission also serves as the Wayne County Coordinator for the Driving Under the Influence (DUI) Program, providing Court Reporting Network evaluations (CRN's), the Alcohol Highway Safety Classes, and DUI Intervention Group.

The Wayne County Drug and Alcohol Commission partners with its Community Advisory Board, that is composed of 9 members. The Advisory Board is composed of individuals who can demonstrate experience, knowledge, and/or interest in serving the needs of the people with substance use disorders. Meetings are held at least six times a year and all meetings are legally advertised and open to the public. Minutes of each meeting are kept on file.

The Drug and Alcohol Commission adheres to the medical model in its approach in assisting those with substance use disorders. The Commission provides services regardless of race, creed, color, age, or ability to pay. It is the mission of the Drug and Alcohol Commission to: help prevent the onset of substance use disorders whenever possible; intervene with appropriate services when risk factors are present, and when substance use disorders are present; and mitigate their negative impact on the individual, his/her family and the community. This mission is accomplished through the commission's provision of a variety of cost effective, evidence-based prevention and intervention services, professional drug and alcohol screening and assessment services, case management, recovery support services, and a full continuum of treatment services including medication assisted treatment.

The SCA contracts with the entity, PA Treatment and Healing (PATH), which provides Outpatient, and Intensive Outpatient treatment Services. The Commission also holds numerous other contracts for the provision of, medically monitored Inpatient Detox, and Non-Hospital Treatment and Rehabilitation, rehab, and Half-Way House Rehabilitation Services.

### **2. Access to Services**

Drug and Alcohol Services are voluntary services which are accessible to all Wayne County residents. Typically, such access is initiated at the offices of the Commission, although, since the advent of the HealthChoices initiative, there are other points of entry for consumers within the

HealthChoice provider network. Still, the SCA serves as a robust and active clearinghouse for Wayne County residents with regard to drug and alcohol related services and information.

Access to clinical services is initiated by the application of a D & A Screening Tool approved by DDAP. This tool can be done by phone or face-to face, but must be completed directly with the person who is seeking services. The screening process will determine if the need for drug and alcohol treatment is primary, or if other emergency services are needed, such as detoxification; potential funding sources for the services are also determined. Once certain emergent needs are ruled out, the individual will be scheduled for a Drug and Alcohol Assessment. A D&A Assessment is the process by which a diagnosis, appropriate level of care, and type of service are determined, funding is verified, consents are obtained, and placement in the most appropriate treatment facility is made.

A D&A Assessment is completed by appointment only, and must be done face-to-face. An Assessment appointment is made within 24 hours if the situation is urgent, or within seven days if non-emergent and not a priority population as determined by DDAP. When scheduling an Assessment, appointment priority is given to (a.) pregnant injecting drug users; (b.) pregnant substance users; (c.) injecting drug users; (d.) overdose survivors; and (e.) Veterans. If the call for screening is made after hours, weekends, or holidays the caller will be prompted to contact Pyramid Healthcare at 1-888-694-9996. Pyramid Healthcare will complete a screening and determine if the caller is in need of emergency detoxification.

Treatment can be offered in a variety of settings and intensities from Outpatient to Inpatient and any level in between. What is most important is that an individual follow through with the prescribed course of treatment, which may include more than one level of care and should include recovery support services. While there are certain recovery concepts and principals that work best for most, there is no one type of treatment or length of stay that works for everyone. Treatment planning requires an individualized approach. The Wayne County Drug and Alcohol Commission has over 10 treatment service providers in its network who work closely with our professional staff each time a placement is made.

In recognition of the steady increase in heroin and other opiate addiction, the unique challenges it presents to some in recovery, and the devastating impact it has on the community, the Wayne County Drug and Alcohol Commission established a Medication Assisted Treatment (MAT) Program. This program got its start as a HealthChoices Reinvestment project, and is currently sustained, in part, as a supplemental program with Community Care Behavioral Health (CCBH), which is Wayne County's HealthChoices provider.

The Wayne County Drug and Alcohol Commission established this MAT program as an evidenced-based alternative to assist the individual who has a well progressed opiate addiction but is not realizing positive outcomes from traditional drug-free treatment. An individual must meet clinical and medical criteria in order to participate in this specialized program. This program utilizes Suboxone, primarily in the sublingual film form, in conjunction with drug and alcohol treatment and community recovery supports to include our in-house CRS services.

Dr. Gary Good, a member of the Upper Delaware Valley Infectious Disease Practice of Monticello, New York, has contracted with Wayne County Drug and Alcohol Commission to provide Medication Assisted Treatment (MAT). Access to this service is similar to traditional drug-free treatment described above. It is of note that during the 2015-16, the SCA has seen increased need for the MAT Program and expanded the availability of this service to two days per week to

reflect the increased demand. The WCDAC is currently working on revamping the program policies and procedures to reflect the most recent best practice guidelines set forth by CCBH, and hope to apply updated polies and procedures in the 2016-17 year. (Please see "MAT Services", below, for a more specific description of this service.)

Wayne County Drug and alcohol Commission also offers Recovery Support Services through SCA direct staff person who is Board Certified Recovery Specialist. These services are accessible to all clients that the SCA screens, assesses and places in treatment. The program is designed to help individuals overcome barriers typically experienced in early recovery that can lead to relapse, increase retention in treatment, and promote a healthy program of recovery which breeds individual success. This program also has an outreach component designed to educate the community about recovery and breakdown stereotypes and barriers faced by the recovering community. As a part of this outreach initiative the SCA's Recovery Specialist also works with overdose survivors who present at the emergency department of our local hospital to help facilitate a smooth transition into treatment and be a resource for the family.

For the past several years, the Wayne County Human Services Agency had been working with officials of the sole hospital in the County to partner in addressing more robustly those who present at the Emergency Room with mental health and/or drug and alcohol related issues. This partnership has strengthened access and response to families whose loved ones arrive in the ER with these issues. Concurrently, the excessive opiate overdose death rates across the Commonwealth of those using heroin and other opiates has resulted in the decision by the Commonwealth's Department of Drug and Alcohol Programs (DDAP) to identify overdose survivors as a priority population. The most current data we have available reveals that Wayne County ranks 5<sup>th</sup> in the Commonwealth with respect to opioid overdose victims. This saddening statistic supports the need identified by both the hospital and the Wayne County SCA to work as closely and cooperatively as is possible, to address the need of these consumers, and strengthen their access to service.

The SCA anticipates expansion of access to treatment for this population by creating a 24/7 On-Call system of D&A professionals available to those who have survived overdose at their time of greatest vulnerability and need. Due to the nature of this rural county and the limited staff complements in both the SCA, and our Outpatient provider, PA Treatment and Healing (PATH), on-call responsibilities will be shared. These drug and alcohol professionals will be available by phone 24/7 to overdose survivors who present in Wayne Memorial Hospital's Emergency Department.

The primary goal of this initiative is to decrease the possibility of a recurring overdose occurrence (and possible death) by providing a "warm handoff" at the time of medical intervention resulting in treatment, support and a path to wellness and recovery. Offering this population treatment access immediately following the overdose is considered the clinically 'right' intervention at the 'right' time and increase the likelihood of the client's success.

Regarding Prevention Service, it is the position of the Wayne County Drug and Alcohol Commission that no one wakes up one day and decides they are going to start injecting heroin. We recognize that there is always a drug and/or alcohol use history leading up to severe and life threatening drug use. Often that history begins during the school aged years. It is unfortunate and ironic that concurrently with sharp increases in opiate use among young men and women, there is a decrease in the number of students/ youth accessing treatment at all levels, and also a decrease in school funding to keep schools safe and drug free. As a result, it is not only

incumbent upon the Commission, but that it is urgent that we do all that we can to increase youth access to drug and alcohol treatment by addressing barriers, particularly in school. In this way, we may reach youth to divert them from more severe substance abuse, and provide a path to safety, resiliency and recovery at a younger age.

Consistent with this view, the SCA, together with its Outpatient Treatment provider, PATH, have collaborated to provide both Assessment and Outpatient Treatment Services within the walls of three school districts serving Wayne County students. The planning process with the schools was completed in April 2016 and all three school districts have enthusiastically welcomed this service in their districts. All necessary paperwork has been submitted to DDAP Department of Licensing, and we are currently working with CCBH on supplemental service inclusion. Implementation of these services in all three districts is planned for the start of the 16-17 school year. It is anticipated that providing Assessment and Outpatient Treatment in the schools will increase youth access to this much needed service by removing several barriers such as: (a) availability of transportation during school hours; (b) minimization of the amount of classroom time that a student will need to be miss to participate in a treatment appointment; the time for transport to and from the provider's offices will be eliminated; and (c) increase treatment participation because parents are many times unable to leave work to transport their children due to lost time/wages.

Access to Drug and Alcohol Services is also provided by the SCA via its Prevention Services. Prevention services are provided in the community and in the three County school districts. In the community, we offer speakers and programs on various topics such as: signs and symptoms of use, enabling and codependency, children of alcoholics, substance use disorders in the family, substance use disorders in the workplace, and current and emerging drug trends.

The SCA also provides evidenced-based prevention programming such as "Active Parenting" and "Guiding Good Choices", along with Parent Support Groups. Through the Prevention programs, the SCA offers free materials and a lending library to the community from our extensive collection of books and videos on a wide variety of drug and alcohol subjects for every age level. We also offer specialized evidence-based classroom programs and training for K-12 such as: (a) Peer Mediation; (b) Life Skills Training; (c) Alcohol, Tobacco, and Drug education; (d) student support groups; (e) student assistance program core team consultation; (f) teacher trainings; and D&A screenings.

During the 15-16 school year, the SCA piloted a very successful strategy in the Wallenpaupack Area School District wherein one of our Certified Prevention Specialists was stationed at the school one set day per week. This consistent and regular presence has proven very beneficial to the delivery of programming and has increased overall availability and access to Prevention Services in that district. Knowing when the SCA Prevention Specialist would be there has: (a) increased student contact, teacher and guidance counselor contact; (b) more meaningful and sustained communication as the teacher, guidance counselor and the Prevention Specialist together follow up with the student and his progress; (c) increased both the availability to and use of technical assistance offered by the Prevention Specialist; as well as ease of making referrals for D&A screening. The Wayne County Drug and Alcohol Commission plans to further expand this

'stationary' one-day-per-week Prevention Specialist in the other school districts in Wayne County in a similar manner for the 16-17 fiscal year.

### **3. Waiting List Issues**

The funding flexibility afforded through the Human Services Block Grant continued to benefit the SCA in fiscal year 15-16. It has allowed the Wayne County Office of Human Services to tie funding to community needs rather than strict pre-determined categories of services and/or consumers. Since the inception of the Human Services Block Grant, the Wayne County Drug and Alcohol Commission has not had a waiting list for inpatient services as historically had been the case.

Since bringing PA Treatment and Healing (PATH) into Wayne County in 2013 as the Outpatient D&A Treatment provider, Outpatient Treatment slot capacity has expanded, in part due to the demand for these services in the community. However, based on the extensive demand for SCA Assessment Services, there were some brief periods throughout the year when the SCA could not provide an appointment within its designated time frames. To ensure that clients are receiving a timely assessment, the SCA has instituted the use of a per-diem assessor who is engaged at times when the SCA cannot accommodate clients within 72 hours of their request for service. In addition, the SCA anticipates the addition of one new staff FTE Assessor whose time will be split between the D&A and CYS categoricals (See Specialized Services) and the new SCA collaboration with the local school districts to provide school-based Assessment and Outpatient Treatment within the schools.

### **4. Barriers To Accessing Treatment Services**

#### Transportation:

Lack of transportation negatively impacts: (a) a client's ability to get to services at the frequency that is deemed clinically appropriate; (b) the client's ability to maintain employment; and (c) the fee-for-service (FFS) provider entity as client "no-shows" challenge the provider's ability to sustain financial viability in a rural area, which in itself is a challenge for any provider, particularly when billable time is lost as a result of rescheduled or cancelled appointments. Having increased availability to transportation would increase client show rates for appointments and enable FFS Outpatient providers to be better able to cover their expenses and remain financially viable. It is of note that, in a rural community where overall volume and demand for service may be a challenge, having a viable and stable FFS provider is essential to serve the rural population.

Specifically, lack of transportation presents barriers to clients accessing local Assessment and Outpatient Treatment services. The Human Services Agency, under the County's Human Services umbrella, does provide transportation services via grants primarily through the Commonwealth's Departments of Aging and Human Services and the Wayne County Transportation System (WCTS). Transportation availability also leads to increased employability and access to safe and appropriate housing which are two other ongoing challenges faced by this population

The WCTS is responsible for the provision of Medical Assistance Transportation Program (MATP) services, as well as transportation for other specialized populations, such as those with disabilities, or senior citizens. Since Medicaid expansion was rolled out, more D&A consumers have been able to utilize MATP to get to their drug and alcohol appointments and are being encouraged to do so. However, if a D&A client is not eligible for a specific funding category he/she may have to pay full fare. Many D&A clients report that they cannot always afford the 15% co-pay for those on disability, or the full fare if they are not eligible for any subsidized funding.

Because of the integrated Human Service model in Wayne County, the SCA has very strong and effective working relationships with all of its Human Service sister agencies, including The Wayne County Transportation System. The SCA Director sits on the Wayne County Transportation Department's Advisory Board. Through this relationship, the SCA continues to advocate for the expansion of the Wayne County Shared Ride Program. Expansion of this program to include more diverse age ranges would allow easier access for our clients to attend and participate in treatment. Wayne County Drug & Alcohol Commission staff also strongly encourages eligible clients to utilize the Shared Ride or the Persons with Disabilities Programs whenever possible so that they can attend and participate in drug and alcohol treatment. This program is also strongly supported by the SCA's outpatient treatment provider and the SCA Certified Recovery Specialist (CRS).

#### Housing:

Housing is an issue that cuts across all segments of the population. The lack of safe housing is a barrier to recovery amongst the drug and alcohol population for a variety of reasons. The reality is that unless our clients have a safe place to live while working on their recovery, the likelihood of success is greatly diminished. Many of our clients end up living a nomadic existence, staying wherever they can but with no permanent arrangements.

Wayne County Human Services has done a great deal over the last year to mitigate this serious issue. They have applied for and received certain federal funding using Block Grant funds. The time and efforts of all Human Services Categorical caseworkers is accrued as match. As a result, Wayne County Human Services is in receipt of several housing grants and now has a full-time housing coordinator. The housing coordinator has been locating and placing those who qualify in housing units with the opportunity to achieve housing stability. Thus, there has been benefit spread across all populations of homeless. This program will continue in the 2016-17 year.

There are also contingency funds available to the County through BHARP exclusively for MH/D&A clients who need either first month's rent and/or security to move into an apartment. Some of our clients have been able to access this housing assistance through their involvement in CRS services and have benefitted greatly. There is a very limited amount of contingency funds that are allocated through BHARP. The CRS has been instrumental in assessing the

housing needs of the D&A clients. When a need is identified he is able to work with the housing coordinator and the client to meet the need.

#### Societal Stigma:

Social Stigma continues to be a barrier to the individual with substance use disorders. While much of the evidence that supports its existence is anecdotal, it is an unfortunate reality. So often the clients will come to our office for help having allowed their substance use disorder to secretly progress because they reported being embarrassed or ashamed of what others will think of them.

The stigma associated with this substance use disorders, in combination with other factors, often allows for the disease to go untreated until it has progressed, consequently making it more difficult to treat. The SCA takes every available opportunity to address County residents with the intention of reducing stigma and stereotypes by providing the public with accurate information and trying make substance use disorders something that the public talks about and addresses like any other public health issue.

#### **4. Capacity Issues**

The sharp increase in Heroin and opiate use disorders and related overdose has created a high demand on all levels of care and a sense of immediacy to admit. While the SCA has, thus far, been able to respond accordingly with Screening, Assessment, and Outpatient Services, this epidemic has proven more than the statewide capacity for Inpatient (non-hospital and hospital based) Services such as Detox and Rehab can handle. The heroin /opiate epidemic, together with Medicaid expansion, has increased the number of people accessing Inpatient Treatment, thus driving the average wait for a bed to over seven days in some cases.

We have experienced waiting up to 3 weeks for an inpatient bed and up to 2 weeks for a detox bed.

#### **5. County Limits on Service**

As a management strategy and a means of encouraging personal responsibility, the SCA has set into place a graduated fee schedule for medication assisted treatment modalities. The SCA no longer imposes benefit limits on Inpatient levels of care as a means to ensure access for all. All fee schedules are only applicable to SCA funded clients.

#### **6. Fees:**

##### MAT Methadone fee schedule:

a. During the 1<sup>st</sup> through 12<sup>th</sup> month of service, clients will be assessed a liability. The liability will be calculated using the DDAP county tables for Outpatient. SCA will pay the full cost of the treatment for the client less their determined liability.

b. During the 13<sup>th</sup> through the 24<sup>th</sup> month of service, the client is responsible to pay 50% of the unit cost unless his/her liability for the first 12 month period was greater. In that instance, the client will pay the liability amount.

- c. During the 25<sup>th</sup> through the 36<sup>th</sup> month, the client is responsible to pay a flat 75% of the unit cost unless his/her liability for the 13<sup>th</sup> through 24<sup>th</sup> month was greater. In that instance, the client will pay the liability amount.
- d. At the 37<sup>th</sup> month the client is responsible to pay the full cost of services.

MAT Suboxone Fee schedule:

Suboxone Benefit Limitations:

The lifetime benefit maximum for Suboxone Program Services funded by the Wayne County Drug and Alcohol Commission (WCDAC) are two admissions in a lifetime. After two admissions, a client may be taken back into the program but, it is their responsibility to pay in full for ALL doctor visits and prescriptions. An admission is considered anytime a client is accepted into the program. The only way to have repeat admissions is to be discharged from the program.

Suboxone Service Costs:

- a. WCDAC will pay the full cost of the first doctor consultation and induction. The cost of an initial doctor consultation is \$50 and the cost of an induction is \$125;
  - b. After induction, clients are seen the following week for their initial medication follow-up appointment. It is the client's responsibility to pay the cost of the initial visit which is \$50.
  - c. Following that, it is the client's responsibility to pay for their first visit with the Suboxone Doctor each month, which is \$50. Clients will continue to pay for their FIRST visit with the Suboxone Doctor each month regardless of how many times they are seen per month.
  - d. A mandatory component of the Suboxone Program is random urine drug screens. It is the client's responsibility to pay for these tests when they are requested. However, the SCA cannot and does not, assess ANY fee to clients who are funded by CCBH for the MAT Program, MA clients do not pay the fee for the instant urine drug screen.
- e.

Suboxone Prescription Costs:

WCDAC will pay for the first induction prescription in full. The client will be responsible to pay a co-pay for all future prescriptions which is 30% of the total prescription cost. The Suboxone Program Case Coordinator will need to determine what the prescription co-pay is each time a client fills their prescription because co-payments may vary depending on the amount of films prescribed by the doctor and/ or average wholesale price of the medication. Clients must be able to pay this co-pay in full at the time their doctor's appointment in order to get a prescription voucher.

**7. Financial Hardship**

In circumstances of extreme financial hardship, client fees for Doctor's office visits and medications may be reduced by filling out an Abatement Form with the Suboxone Case Coordinator. All decisions regarding fee reductions will need to be approved by the Director (or designee) of the Wayne County Drug and Alcohol Commission. The Abatement form will then be reviewed by the client and their Suboxone Case Coordinator every six months or sooner to see if any changes need to be made.

**8. Impact of Opioid Epidemic on County System**

The opioid epidemic has had a significant impact the County D&A system. It has led to increased demand on all services the SCA provides and/or for which the SCA contracts and an increased sense of urgency to access services that was not previously experienced. This increased urgency is the result of an increase in overdose and overdose related fatalities. We are currently experiencing a one-two week wait for rehab beds and a detox wait can be three-four days. Not only is this discouraging to the individuals who need the help and to their families who are scared for their lives, but it also places a strain on case management staff who deal with these emotionally charged scenarios day after day, as they assist clients in navigating a path to recovery.

When placements are delayed due to lack of available beds, not only may the client be adversely impacted, but each case becomes that much more time consuming for staff to manage. In turn, the whole system bogs down. When an inpatient bed cannot be secured or there are no immediate beds, case managers have to maintain daily contact with client to update their D&A use and contact all contracted providers daily to check bed status. These extra phone calls have to be made in addition to the regular scheduled assessment appointments for that day. If the person scheduled for an assessment meets the criteria for inpatient treatment, the case manager then has to try to secure an inpatient placement for the new assessment they have just completed, along with the ongoing case management of those already in placement.

## **9. Emerging Substance Use Trends**

A substance use trends in Wayne County are similar to those being experienced across the Commonwealth and across the Country. Over the past several years Wayne County has experienced a steady increase in the use of heroin and other opiates, and over the last year, heroin laced with Fentanyl which has led to an increase in overdose deaths. The purity, availability and low cost of heroin are driving this trend across the County, Commonwealth and Country.

Much is being done on the County enforcement side to curtail the supply of this drug into our community. Demand reduction is also a large part of this effort, and this is being accomplished through community education/awareness efforts, prevention programming, a full continuum of treatment, and recovery support services. Innovative programming such as our Medication Assisted Treatment (MAT) described earlier in this section has also helped with reducing use of heroin/opioids.

The SCA, County Human Services, County law enforcement, and County government are effectively collaborating as we all realize that we have better outcomes working together toward a common goal and attacking the issue from multiple fronts. While this trend has put a strain on the County's ability to provide substance use services, it has also lead to some innovative thinking and a true spirit of working together as a County government and a community. Collaborative Programs such as those with CYS (See Specialized Services", working inside the walls of the schools, and partnering with the County and the local judicial system to divert certain felons to Inpatient Treatment or to have Outpatient Treatment provided in the local correctional facility, have all contributed a piece to the efforts to reduce the incidence of substance abuse disease in our community.

More and more, the general population seems to be evolving in the realization that they have a stake in this and can be a part of the solution. With the integrated approach to human service delivery in Wayne County and the funding flexibility afforded us by the human service block grant, the Wayne County SCA has been better able to respond to the increased demand. Additional financial resources are needed for the SCA funded client to be able to provide longer lengths of stay and be able to expand our existing MAT program to include long-acting injectable naltrexone; both of which correlate directly with positive outcomes.

## **Target Populations**

**Provide an overview of the specific services provided and any service gaps/unmet needs for the following populations:**

- **Adults**
- **Transition Age Youth (ages 18 to 26)**
- **Adolescents (under 18)**
- **Individuals with Co-Occurring Psychiatric and Substance Use Disorders**
- **Criminal Justice Involved Individuals**
- **Women with Children**

### Older Adult (ages 60 and above) \_\_\_\_\_:

This population has available a full continuum of treatment options for substance use disorders which can be accessed through the SCA along with recovery support services. If there is a need for inpatient treatment, but mobility is an issue, a client can be referred to a medically managed inpatient facility. The SCA in cooperation with Wayne County Human Services also offers some additional programming for this population. Working with the County Aging Office and the District Attorney, the SCA D&A Prevention program facilitates drug take-back events, and educational seminars on safe prescription management. This population is also eligible for County Transportation services to help them get to their appointments. While further funding cuts will threaten these services, there are no identified gaps at this time.

### Adults and transition aged youth:

This population represents our largest service population. This age range also has available a full continuum of treatment options for substance use disorders to include medication assisted treatment which can be accessed through the SCA along with recovery support services. Last year we had a transition of D&A outpatient providers in Wayne County from Carbon Monroe Pike Drug and Alcohol to PA Treatment and Healing. This transition has led to increased outpatient capacity and an elimination of the waiting list for these services. This age group benefitted most from the expansion in outpatient capacity.

### Adolescents (under 18):

This population has a full continuum of treatment, prevention and intervention service options available which are specifically tailored to meet the unique needs of this population. The majority of our prevention efforts are targeted toward youth to reduce risk factors for substance use disorders and build protective factors. This is accomplished through the provision of classroom education, a variety of specialized support groups for high risk youth within the school setting, teacher training, and D&A screening. There is much effort concentrated in serving this population as it has been proven that prevention is effective and the sooner appropriate intervention is offered in the lives of high risk youth the better the outcomes

### The Co-Occurring population:

This target group has a full continuum of treatment options for substance use disorders which are specifically tailored to meet the unique needs of this population. The SCA works closely with the

County Behavioral Health System in referral and case coordination of clients who are involved in both of our systems to ensure common goals and direction for the clients we mutually serve.

Criminal justice involved individuals:

These individuals constitute a large percentage of our population and are represented in all the targeted populations outlined in this section. This population also has available a full continuum of treatment options for substance use disorders to include medication assisted treatment which can be accessed through the SCA along with recovery support services. The SCA recognizes that, for a large part of this population, criminal behavior is a symptom of a substance use disorder. Therefore, without proper treatment of the disorder, the criminal behavior will repeat itself. The SCA works very closely with County CJS and tries to get treatment to the individual as quickly as possible. There are several specialized programs for this population.

In July 2013 the SCA and its County partners started to provide licensed OP and IOP treatment in the Wayne County Correctional Facility (WCCF). Before being placed into treatment, each inmate receives a comprehensive Drug and Alcohol Assessment provided by the professional staff of the Wayne County Drug and Alcohol Commission. The D&A treatment programming at the WCCF is provided by PA Treatment and Healing (PATH) and is staffed by one FTE Drug and Alcohol Treatment Specialist. The approach used is based on the disease model. This model promotes the concept of substance use disorders as a primary disease, marked by the repetitive and compulsive use of any mood-altering drugs in such a way that it results in problems with some aspect of the person's life. These aspects may include his health, marriage, interpersonal relationships, career, education, legal, or some other life area.

Because PATH is also the licensed provider of outpatient and intensive outpatient drug and alcohol services in Wayne County, a smooth transition can be more easily assured when an inmate who was receiving treatment in WCCF returns to the community and needs continued Outpatient Treatment. This transition piece is essential in ensuring continuity of care and giving the client the best chance at a successful recovery. Simply put, the Program is designed so that a client can pick up in community-based treatment services where he left off with correctional-based treatment services (or the other way around if necessary).

It is the SCA's position that sustained Certified Recovery Services are an essential element for this forensic population because re-entry into the community can be a volatile time in an individual's recovery. The Certified Recovery Specialist offers these Recovery Support Services assisting the client in addressing non-treatment, issues that may present barriers to his successful recovery.

The SCA conducted its annual Outcomes review of the D&A Treatment Program at Wayne County Correctional Facility. (WCCF) We analyzed 15 months of client outcomes. What we specifically looked at was the number of inmates who successfully participated in our WCCF Treatment Program between 10/1/14 to 12/31/15, were released from WCCF, and then returned to the WCCF due to a D&A related offense including probation violations such as positive urine drug screens.

During the above period of time, there were 72 clients who successfully participated in the WCCF OP/IOP treatment program. By 'successfully participated', we mean that the inmate participated constructively, and as prescribed, until they were released from the WCCF. It does not necessarily mean that they were discharged from D&A treatment as it is a Best Practice to continue treatment upon re-entry into the community. Of the 72 inmates who participated, only 10 re-offended as described above, giving the program a 14% recidivism rate for that 15 month time period. As compared with what we have been told by others in this field across the Commonwealth, it appears

that this percentage was very low and the WCCF Program was very successful with respect to desired outcomes.

The SCA partnered with Wayne County Adult Probation and the Wayne County District Attorney's Office in applying for, and was awarded, an Intermediate Punishment Grant through PCCD. This grant has allowed for certain non-violent D&A felony offenders to participate in community based treatment in lieu of being incarcerated for long periods of time.

The grant pays for Inpatient, Outpatient, and Intensive Outpatient Treatments for offenders. This past year we have funded 9 people through the IP Grant, of those 9, 4 are currently active in treatment, 4 have successfully completed D&A treatment, and 1 was negatively discharged.

Women with children and pregnant women: are priority populations for the Wayne County SCA. Not only does the Department of Drug and Alcohol Programs have a dedicated pool of funding for these populations, but the SCA contracts with several specialized D&A treatment Providers that specifically address these populations' unique needs. While all facilities accept women who have children, these specialty facilities allow women to bring their children to the treatment facility. The facility then provides for the child's needs, as well helping to foster a positive relationship between the mother and child. These facilities are very important for mothers who do not have family who can care for their children while they receive the treatment they need.

Pregnant women are also a priority population and they receive preferential treatment services. There are specialty facilities that will allow the mother to receive treatment for the duration of her pregnancy and her child's birth. The challenge for a pregnant woman is finding a safe detoxification protocol for her. In most cases, this type of detox needs to be done in a medical facility, under the supervision of an OBGYN or in cases of heroin/ opiate use disorders, the mother can be maintained on methadone.

#### **Recovery-Oriented Services**

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

#### Services provided through the SCA Certified Recovery Specialist:

Through a Reinvestment Project with Community Care Behavioral Health the Wayne County SCA partnered with its Outpatient Services provider to create a Certified Recovery Specialist (CRS) Service staff person; the position is now an FTE employee. The addition of this position has been essential in providing the support and mentoring needed by those in recovery to assist them in sustaining their recovery. In fact, the clients' needs and the demand for these services continue to grow.

The Certified Recovery Specialist (CRS) utilizes a client centered approach in the provision of service. Clients/consumers work with the CRS to develop an individualized recovery plan which focuses on a variety of issues that can create challenges and real barriers to their recovery, leading to relapse. The Certified Recovery Specialist meets with clients/consumers both in the office and in the community. Since an individualized client centered and client directed approach is employed, services vary, based upon what a person identifies as personal triggers, and/or what will be most helpful for him/her to maintain sobriety and sustain recovery.

Listed below are some of the most common services that have been provided to clients/consumers since the inception of the service:

- Assists clients with overcoming potential barriers to accessing 12 step meetings. This can include accompanying clients to their first meetings, until they establish a comfort level with the process and make connections.
- Contacts clients prior to their discharge from inpatient treatment to establish a rapport and to ensure they have their first CRS appointment scheduled prior to their discharge. Meets with family members to educate them as to their role in the client's recovery and provides information about support services available to them.
- Facilitates recovery education/ support groups for clients in early recovery and specialty groups for clients involved in the SCA's MAT-Suboxone Program.
- Accompanies clients to the County Assistance Office who may have difficulty reading or writing in order to assist them with obtaining or renewing benefits.
- Offers support and coaching to clients and families who may be accessing inpatient treatment for the first time.
- Assists clients with job searches, resume writing and interview preparation.
- The Certified Recovery Specialist also provides outreach services in order to increase community awareness of recovery issues and the services that are available to support recovery. Outreach is provided in the following community locations:

- Wayne County Public Library's - GED Program
- The Wayne County Correctional Facility
- Drop-In Center
- Wayne Memorial Hospital
- Wayne County Assistance Office
- Various physician's offices

In the 2016-17 fiscal year, the SCA intends to expand Recovery Support services via a joint project with Wayne County Children And Youth Services. The plan is to create a voluntary program for Children and Youth involved families, directed to parents who are in danger of losing custody or have lost custody of their children as the result of their substance use disorder.

The anticipated outcomes of this initiative are: (a) to decrease the incidence and/or duration of D&A related placements; (b) and increase the number of people who are able to access key D&A services such as treatment and recovery support; and (c) reduce admission into higher, more costly levels of care for the children involved, and for the D&A client. (For additional details please see the specialized services section of this document).

Through the Recovery Support Specialist position, the SCA is putting increased emphasis on recovery, and recognizing that treatment is just the beginning of the journey. A dedicated staff person working with shared CYS/SCA clients in this capacity helps to maintain individuals in early recovery when they are most vulnerable.

It is anticipated that an additional FTE Certified Recovery Support Specialist will be needed to: (a) reduce the current Recovery Specialist's case load to a more manageable and effective level; and (b) take on the additional recovery support duties that will be required of the SCA/CYS joint program initiative.

**END DRUG and ALCOHOL SERVICES SECTION**

## **HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND**

For each of these categories (Adult Services, Aging Services, Children and Youth Services, Generic Services and Specialized Services), please use the below format to describe how the county intends to utilize HSDF funds:

- The program name.
- A description of the service offered by each program.
- Service category - choose one of the allowable service categories that are listed under each section.
- Which client populations are served? (Generic Services only)
- Planned expenditures for each service thus reducing re-admission into higher, more costly levels of care..

**Note:** Please ensure that the total estimated expenditures for each categorical match the amount reported for each categorical line item in the budget.

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

**Program Name:**

**Description of Services:** ("Provides meals to...")

**Service Category:** (Please select one from allowable categories below.)

**Planned Expenditures:**

**Allowable Adult Service Categories:**

Adult Day Care; Adult Placement; Case Management; Chore; Counseling; Employment; Home-Delivered Meals; Homemaker; Housing; Information and Referral; Life Skills Education; Protective; Transportation.

**Program Name:** Home Delivered Meals (HDMs)

**Description of Services:** This service includes activities of meal preparation and delivery of those meals to the homes of adults between age 18 and 60 years of age. Home delivered meals are generally provided to disabled adults under the age of 60 who are unable to prepare meals due to physical or mental incapacity.

**Service Category:** Home Delivered Meals

**Planned Expenditures:**\$40,237.

**Aging Services:** Please provide the following:

**Program Name:** (e.g. Meals on Wheels....)

**Description of Services:** ("Provides meals to...")

**Service Category:** (Please select one from allowable categories below.)

**Planned Expenditures:**

**Allowable Aging Service Categories:**

Adult Day Care; Assessments; Attendant Care; Care Management; Congregate Meals; Counseling; Employment; Home-Delivered Meals; Home Support; Information & Referral; Overnight Shelter/Supervision; Personal Assistance Service; Personal Care; Protective Services-Intake/Investigation; Socialization, Recreation, Education, Health Promotion; Transportation (Passenger); Volunteer Services.

**N/A**

**Children and Youth Services:** Please provide the following:

**Program Name:** (e.g. YMCA...)

**Description of Services:** ("Before and after school child care services provided to ...")

**Service Category:** (Please select one from allowable categories below.)

**Planned Expenditures:**

**Allowable Children and Youth Service Categories:**

Adoption Service; Counseling/Intervention; Child Care; Day Treatment; Emergency Placement; Foster Family Care (except Room & Board); Homemaker; Information & Referral; Life Skills Education; Protective; Service Planning.

**N/A**

**Generic Services:** Please provide the following:

**Program Name:** (e.g. Information and Referral...)

**Description of Services:** ("A service that connects individuals...")

**Service Category:** (Please select one from allowable categories below.)

**Which client populations are served?:** (e.g. Adult and Aging)

**Planned Expenditures:**

**Allowable Generic Service Categories:**

Adult Day Care; Adult Placement; Centralized Information & Referral; Chore; Counseling; Employment; Homemaker; Life Skills Education; Service Planning/Case Management; Transportation.

**1. Program Name:** Case Management

**Description of Services:** Case managers will provide formal assessment of a consumer's needs, identify strengths and deficits in the consumer's support systems, assist the consumer to establish a service plan, arrange for prioritized community services, and generally support the consumer's self-reliance independence in the community.

HSBG funding will be used for these support services for persons: (a) who are not otherwise eligible and/or specifically identified with any other categorical agency; (b) adults, usually with disabilities, who receive home delivered meals, and who also need other services to maintain their independence in the community; (c) aging (those 60 and over); (d) individuals/families of any age who are determined to need individualized assistance to address a health and safety issue, or crisis situation and who may otherwise not be eligible for any other categorical or other community service; and (e) support and provide time-limited services to those 'transitional youth', 16-25 years old, who are moving into adult life and the work force from high school. This population will benefit from the advocacy of case management to redirect behavior into positive work readiness.

**Specific Category:** Case Management

**Planned Expenditures:** \$7,856.

**2. Program Name:** Transportation:

**Description of Services:** One way trips provided to those who are not eligible for transportation subsidies, but who are determined to have high priority social service need related as determined by the County HSA, for the service, and no other resources for a specific, necessary transport.

Transportation services are open to the general public. However, fees for most rides are subsidized by the Commonwealth through Lottery/PaDot, Aging, and DHS. The amount of subsidy is a function of various eligibility restrictions. The purpose of this request of Block Grant funding is to subsidize those who are not eligible under other subsidies, and/or whose need falls outside traditional transportation operation times and days. Examples of how these funds have been used in the past include: transporting low-income disabled or otherwise disadvantaged youth between the ages of 14 and 18 to employment and/or job training; transporting homeless persons to shelter, and/or to secure more permanent housing; transporting those in need of life-sustaining and/or critical non-emergent medical care.

**Specific Category:** Transportation

**Planned Expenditures:** \$21,000

3. **Program Name:** Human Services I and R – WINFO Line

**Description of Services:** Response to the general Wayne County public seeking information on social services and referral for requested information/service needs. The WINFO Line is a coordinated, integrated Information and Referral service, which is available on-line and by a toll-free telephone through our website. This centralized information and referral service is utilized by consumers and staff across all county human service and is also accessed by and open to the public. Listings include all known available human services providers, fire stations, police stations and other commonly searched for community information. The Human Services agency is able to track numbers of requests, sort them by requested categories of information, as well as the number of "hits" for any given provider. The caller's zip code is also surveyed. This system provides both information to residents and information to the Human Service Agency to help in identifying possible gaps in service.

**Specific Category:** Information and Referral

**Planned Expenditures:** \$1,200.

4. **Program Name:** Wayne County Human Services Employment Intern Initiatives for Youth

**Description of Services:** This initiative focuses on preparing youth for employment as they transition from high school to adult independence, concentrating on providing enhanced social and communication skills, appropriate dress, and practical skills matching the needs of local employers in Wayne county. The target population is youth (18-25) who may have exhibited behaviors that have labeled them as employment risks by potential employers, those with ID, CYS or mental health involvement; those who have not been able to successfully achieve readiness for employment in the community while still in school, etc.

The Program includes the opportunity for these youth to "intern" in the Human Services Department of Agriculture Certified kitchen where: (a) assistance in preparation and food service is accomplished in conjunction with Human Services Aging Program for meal service to senior citizens; and (b) light fare (salads, sandwiches, etc.) is prepared and served. Originally conceived for those with Intellectual Disabilities, this training initiative is now well established, with strong vocational services provided to the ID youth, and the program is quite successful as a training strategy for youth. (See ID section for more detailed description, outcomes, etc.)

However, Wayne County anticipates expansion of the initiative to include other youth as described in paragraph one in the description of the Program above. Youth may be considered for "internship" through a referral source and may volunteer to serve and learn. Participants will have the opportunity to be taught "soft" skills, such as work-place socialization skills, acquiring greater professional communication strategies, presenting themselves in the most positive light through professional appearance and demeanor, the duties and rewards of working as a team and enjoying the rewards of shared success and a sense of both contribution and accomplishment. Youth participating in this initiative feel supported by staff and their peers.

Plans for this intern initiative will continue to evolve into the 2016-17 year as well as into the following year. We anticipate that in 2016-17, we will be able to establish the inclusion of the youth described above, while continuing our established population base: those with Intellectual disabilities. The following phase will include a more robust expansion of community work with employers, to place youth as "interns" in their businesses to provide both the youth and the employers the opportunity see if the "fit" could work and lead to gainful employment.

The PWSSBG funding requested in this category will furnish oversight and instruction from a registered dietician and licensed nutrition. The dietician will provide education in food-handling safety, light processing of food, food preparation, food services and health nutrition. This will be done on a recurring basis. In this way, these youth may have the opportunity to start in food services in an area which has a high rate of resort and restaurant service liking for workers.

**Planned Expenditures:** \$4,122. It is anticipated that Block Grant funding will continue to be needed in this initiative. That funding, in part, will continue to furnish oversight and instruction from a registered dietician and licensed nutrition.

**Specialized Services:** Please provide the following:

**Program Name:**

**Description of Services:** "A youth mentoring program..."

**Planned Expenditures:**

**Program Name:** Recovering Families: Reclaiming Your Strength; Reclaiming Your Life

**Description of Services:** This is a new proposed service. (See the following extensive background and description.)

**Background:**

Over the past decade the prevalence of the use alcohol and drugs among all of Wayne County's population has increased. While the Commonwealth is experiencing a sharp increase in the use of heroin and other opiates, Wayne County had the fifth highest overdose rate per capita in 2014.

One way that these unfortunate statistics impact Wayne County's most vulnerable consumers is in the heightened risk in safety for children and Human Services Agency's ability to keep families together and sustain healthy and nurturing parental supervision and oversight. The Wayne County Children and Youth Agency (CYS) plays a key and lead role in intervening when there are child welfare concerns by: (a) assessing safety and risk; (b) implementing the least restrictive remedy to alleviate risk of child abuse or neglect; and (c) continuing to monitor and mentor families to assure any corrective measures are sustained.

A review of statistics in Wayne County CYS assisted families in past two years reveals the following with respect to the substance use disorders (along with its attendant illegal activities) of parents and/or others in the household and its direct impact on children:

- Approximately 54% of children are at imminent risk of placement outside of the their homes;
- Approximately 52% of children in placement outside the home are delayed in returning to their home;
- Approximately 48% of all C&Y family cases receiving on-going, in-home services involve substance abuse disorders (along with its attendant illegal activities) of parents and/or others in the household;

- Approximately 50% of children served by CYS involve substance abuse disorders (along with its attendant illegal activities);
- Approximately 5% of parents/other adult household members who receive on-going services voluntarily receive initial treatment;
- Approximately 85% fail to sustain recovery, at least while the family is active with C&Y.

CYS assists parents to address safety and risk issues in their homes so that a family may remain intact before any consideration of removal of children from their homes, school and familiar environment. For example, even if one parent and/or adult caregiver in the home is able to provide sustained parental guidance and supervision, CYS will closely monitor and strive to keep the family intact. Through CYS' diligent and difficult work, along with parent willingness, and their hard work, it is possible, and often happens, that parents and/or other household members become "clean" of any illegal drug and alcohol use.

However, in the past several years, CYS staff has reported that the maintenance of a successful program of recovery is often a very difficult task for individuals with substance use disorders as they return to home/community still shaky in their abilities to cope; experiencing the same situations, friends and environment that contributed to their addictions. CYS reports that, in fact, failure or obstacles to parents' recovery significantly contributes to the re-occurrence of (a) placing children of these families at risk in the home; (b) of out of home placement and/or; (b) the delay of children returning home to effectuate family reunification.

Wayne County Human Services Agency (HSA) has an integrated structure which demands and relies upon the professional input of its sub-agencies: Aging, CYS, D&A, BH/IDP/EI, and Transportation to (a) identify consumer issues, enhance access of consumers to services; (b) plan and develop responses and/or solutions to meet the most pressing needs of consumers in our local community. It is in this environment that members of Wayne County's Block Grant Leadership Team discussed this issue over the course of the last 18 months. The specific issue of supporting and strengthening recovery as described above has been discussed through HSA Children's Integrated Team and its System of Care meetings, through inter-agency administrative conferences, and specifically, with D&A and C&Y high level administrative staff. The staff have developed strategies to address the issue and to plan significant coordinated care for these C&Y involved families. The result has been the request for a 'pilot' HSA project jointly developed and funded through both agencies, and also eligible for MA/MCO funding for qualifying families.

### **Program Description:**

#### Philosophy

Every individual is unique and deserves the opportunity to create alternative environments in which there is a better opportunity to succeed

#### Target Population:

CYS and D&A involved families.

#### Eligibility: Referral by CYS

#### Primary Goal:

To strengthen family units by assisting families/individuals involved with C&Y in achieving sustained and successful recovery from substance use disorders.

Objectives:

1. To support and empower parents challenged by substance use disorders to stabilize their recovery efforts and sustain and then strengthen their success in recovery in order to assure the safety and appropriate parental supervision of children;
2. Keeping families intact in their own homes and communities thereby diverting the more restrictive strategy of out-of-home placement for children at risk;
3. Reducing the time spent by children in out-of-home placement by creating a more stable and sustained setting in the home for family reunification.

Indicators:

1. Safety;
2. Permanency;
3. Child & Family Well-being.

Outcomes:

1. Children are protected from abuse and neglect;
2. Children are safely maintained in their own home whenever possible and appropriate;
3. Children have permanency and stability in their living arrangement;
4. Continuity of family relationship and connections are preserved for children;
5. Families have enhanced capacity to provide for their children's needs.

Program General Description:

1. The Recovery Families Program is a collaborative and coordinated strength-based approach by the Wayne County Human Services Agency (HSA) to address a local need with respect to enabling families with children to remain intact;
2. The Program for CYS involved parents with substance abuse disorders who strive to improve their lives and the lives of their children by working in a structured program of recovery and maintaining fidelity to its precepts;
3. Parents who participate in the Program will be offered professional Drug and Alcohol Services at no cost to them. Parents will be expected to:
  - a. Sign releases for information by and between CYS and D&A to allow information exchange to the extent that the laws/codes allow, and specifically consistent with 4Pa.Code §255.5(b);
  - b. Participate in a professional, independent and confidential drug and alcohol assessment/ evaluation resulting in a clinical diagnosis using DSM 5 criteria and a Level of Care determination based on the Pennsylvania Client Placement Criteria;
  - c. Successfully comply with all recommended drug and alcohol services including (but not limited to) any of the following:
    - (1) Non-hospital facility based in-patient treatment;
    - (2) Out-Patient Treatment in the community;
    - (3) Recovery Support Service;
    - (4) Other services as determined by the family and D&A

4. The Program will maintain consistency with parameters for C&Y and D&A with respect to laws, regulations and best practices;
5. Referrals of consumers made to appropriate treatment and other community services will be monitored by both CYS and D&A staff to assure compliance with recommendations of either agency. Compliance will be reported to the extent possible consistent with all applicable laws and regulations;
6. Engagement with the D&A Certified Recovery Specialist (CRS) will include the development and implementation of an Individual Recovery Plan;
7. CRS will serve in a supportive role, helping C&Y consumers to gain access to needed resources in the community by assisting them to overcome barriers to recovery
8. CRS will assist C&Y consumers to bridge gaps between their needs, and available resources;
9. CRS will "coach" recipients of service in developing a strong foundation to their recovery to include the consumers' nurturing and/or development of strong support systems, self-care, independence, self-sufficiency, healthy coping skills, and other skill building to strengthen long-term recovery
10. Mentoring and guidance through hands on approach and peer support
11. Assistance in navigating professional and other systems to succeed in life and recovery
12. Advocacy

General Procedures:

1. Referral Process: Consent(s) and release(s) of info secured between agencies to allow information exchange to the extent that the laws/codes allow, and specifically consistent with (4Pa.Code §255.5(b));
2. The first visit/meeting with the family participant(s) and the CRS will be conducted as a joint visit with CYS staff to make introductions and review the general parameters and objectives of the Program. CYS and D&A staff may conduct other joint sessions as appropriate and requested by either staff cohort, and/or the family;
3. The Certified Recovery Specialist (CRS) will meet with consumers identified and referred by CYS in their homes, a professional office environment, or wherever the participant feels most comfortable, to identify areas of need specific to that individual;
4. Development of individualized recovery plans will (at a minimum) include:
  - a. Promotion of participant autonomy and independence: "Do for; Do with; Let Fly";
  - b. Identifying triggers;
  - c. Development of supports where they do not exist
5. Connection to local Support Groups (partial list):
  - a. Alcoholics and Narcotics Anonymous;
  - b. Recovery community organizations (Wayne County CARES and others);
  - c. Accountability and Ethics;
  - d. Use of self: Acting as a role model to others, Advocacy and Volunteerism;
  - e. Housing;
  - f. Transportation;
  - g. Employment/ Education/Training;
  - h. Legal Issues;

6. The frequency and type of CRS services will be a function of the likelihood of potential risk to children in the home, the participant's progress in recovery, other related individual issues, and intensity of activity in the case;
7. The CRS will meet with CYS staff on a regular basis and report recovery progress, and other concerns;
8. School Districts will play an important role in this initiative via:
  - a. Student Assistance Programs in all local school districts ;
  - b. Concerned Persons support groups, specifically designed to build protective factors of children who have been exposed substance use disorders within their homes;
  - c. A new school/ D&A initiative anticipated to start in September, 2016 in which D&A Assessment/Evaluation (using the PCPC) and substance abuse treatment will be available to school youth. (See Drug and Alcohol Services section of this document, Appendix B of the PWHSBG.)

These school based connections will allow for referrals for family based D&A and or CYS services, so these agencies may assist as early as is possible.
9. All participants will be enrolled in the evidenced based D&A Prevention Parenting Program: "Celebrating Families." This unique Program is specifically designed to be directed to parents in active recovery and the children who reside with them.

**Planned Expenditures: \$25,398**

1. Consumers eligible and enrolled in MA, D&A services will be funded through already existing contracts and established Case Management Assessment/Evaluation and Certified Recovery Specialist Services at reimbursement rates via the North Central MA/MCO entity, CCBH. It is anticipated that the majority of individuals will fall into this category;
2. For participants who are not covered by any other insurance, C&Y will reimburse the D&A Agency, (via contractual arrangement), for these services;
3. Anticipated additional Staffing Needs:
  - a. CYS: None
  - b. D&A:
    - (1.)50 FTE Certified Recovery Specialist (additional to the one currently on D&A staff compliment);;
    - (2.)50 FTE D&A (mobile) Case Manager/Assessor. (This position will be one FTE, shared equally between the CYS/D&A Recovering Family Program, and the school-based Assessment/Evaluation Program (See Drug and Alcohol Services section of this document, Appendix B of the PWHSBG.);
    - (3.)Based on past, recent experience MA reimbursement covers approximately 30% of the majority of expenses for these positions, as the majority of participants are eligible for MA finding, and these services, themselves, are approved services under the MA Plan.

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

**Common Screening (intake):** Funding, if available, will be directed at the development of an interactive secure, web-based common screening tool to be used by all HSA agencies. It is

anticipated that this will enhance the “no wrong door” concept, reduce duplicative practices for both consumers and staff, provide an “audit” trail for follow-ups so as to reduce those who may “fall through the cracks”, and contribute to data demonstrating trends, outliers, and other significant data to use in planning and development.

Cross-Training for “Trauma Informed Care”: It is anticipated that training will be provided to all appropriate human staff “Trauma Informed Care.” Research has shown that Ninety Percent (90%) of those suffering with Mental Illness have been exposed, often multiple times, to trauma, which is a strong factor in their ongoing reactions and behavior. However, we strongly feel that exposure to trauma is also a strong behavioral indicator for those experiencing Substance Abuse, those children/families involved in C&Y services, the forensic population, and basically most human services consumers. The training provides specific interventions that have shown success, starting with case management. See Attachment 2 for detailed information about Trauma Informed Care.

Burn Out: The County Commissioners have taken great interest in the ‘burn-out’ phenomena, and have provided financial and other administrative support strategies in addressing these issues, working side by side with HSA staff principals to develop a longer term strategy. Work will continue in the new state fiscal year, and may impact budget numbers.

**END HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND SECTION**

**END WAYNE COUNTY PWHSBG 2016-17**

**Other HSDF Expenditures – Non-Block Grant Counties Only**

**Not applicable to Wayne County**

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

Category	Cost Center Utilized	Estimated Individuals	Planned HSDF Expenditures
Mental Health			
Intellectual Disabilities			
Homeless Assistance			
Drug and Alcohol			

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

**APPENDIX C-1: BLOCK GRANT COUNTIES  
WAYNE COUNTY HUMAN SERVICES PROPOSED BUDGET AND  
INDIVIDUALS TO BE SERVED  
PWHSBG SFY 2016-17 (1.0)**

**(See attached file)**

**APPENDIX C-1 : BLOCK GRANT COUNTIES (Wayne County 1.1 Rev 10/26/16)  
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED**

<b>Directions:</b>	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.	<b>Estimated Individuals:</b> 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.	<b>HSBG Allocation:</b> Please enter the county's <b>total</b> state and federal HSBG allocation for each program area (MH, ID, HAP, CWSG, D&A, and HSDF).
3.	<b>HSBG Planned Expenditures:</b> Please enter the county's planned expenditures for HSBG funds in the applicable cost centers. The Grand Totals for HSBG Planned Expenditures and HSBG Allocation must equal.
4.	<b>Non-Block Grant Expenditures:</b> Please enter the county's planned expenditures ( <b>MH, ID, and D&amp;A only</b> ) that are <b>not</b> associated with HSBG funds in the applicable cost centers. <i>This does not include Act 148 funding or D&amp;A funding received from the Department of Drug and Alcohol.</i>
5.	<b>County Match:</b> Please enter the county's planned match amount in the applicable cost centers.
6.	<b>Other Planned Expenditures:</b> Please enter in the applicable cost centers, the county's planned expenditures not included in the DHS allocation (such as grants, reinvestment, etc.). Completion of this column is optional.
7.	<b>County Block Grant Administration:</b> Please provide an estimate of the county's administrative costs for services <b>not included</b> in MH or ID Services.
<b>NOTE: Fields that are greyed out are to be left blank.</b>	
<p>■ Please use FY 15-16 primary allocation less the one-time Community Mental Health Services Block Grant funding for the Housing Initiative for completion of the budget.</p> <p>■ The department will request your county to submit a revised budget if, based on the budget enacted by the General Assembly, the allocations for FY 16-17 are significantly different than FY 15-16. In addition, the county should notify the Department via email when funds of 20% or more are moved between program categoricals, (i.e., moving funds from MH Inpatient into ID Community Services).</p>	

**APPENDIX C-1 : BLOCK GRANT COUNTIES (Wayne County 1.1 Rev 10/26/16)  
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED**

County:	1.	2.	3.	4.	5.	6.
<b>Wayne</b>	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
<b>MENTAL HEALTH SERVICES</b>						
ACT and CTT	0		0			
Administrative Management	140		122,278		6,649	7,047
Administrator's Office			188,775		10,000	5,000
Adult Developmental Training	0		0			
Children's Evidence-Based Practices	0		0			
Children's Psychosocial Rehabilitation	2		2,000			
Community Employment	6		36,513			
Community Residential Services	2		82,440			
Community Services	1,265		104,304			5,000
Consumer-Driven Services	472		22,500			
Emergency Services	367		51,094			
Facility Based Vocational Rehabilitation	6		53,121			
Facility Based Mental Health Services	4		32,000			
Family Support Services	6		11,778			
Housing Support Services	45		627,905		40,600	70,308
Mental Health Crisis Intervention	275		57,562			
Other	0		0			
Outpatient	6		3,000			
Partial Hospitalization	0		0			
Peer Support Services	13		3,000			
Psychiatric Inpatient Hospitalization	0		0			
Psychiatric Rehabilitation	60		49,000			161,807
Social Rehabilitation Services	55		59,226			
Target Case Management	176		36,796			327,109
Transitional and Community Integration	318		28,857			
<b>TOTAL MENTAL HEALTH SERVICES</b>	<b>3,218</b>	<b>1,593,149</b>	<b>1,572,149</b>	<b>0</b>	<b>57,249</b>	<b>576,271</b>

**APPENDIX C-1 : BLOCK GRANT COUNTIES (Wayne County 1.1 Rev 10/26/16)  
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED**

County:	1.	2.	3.	4.	5.	6.
<b>Wayne</b>	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
<b>INTELLECTUAL DISABILITIES SERVICES</b>						
Administrator's Office			310,807			10,000
Case Management	31		70,198			
Community-Based Services	89		260,904			
Community Residential Services	1		6,200			
Other						
<b>TOTAL INTELLECTUAL DISABILITIES SERVICES</b>	121	708,109	648,109	0	0	10,000
<b>HOMELESS ASSISTANCE SERVICES</b>						
Bridge Housing						
Case Management	231		61,182			29,000
Rental Assistance	57		13,058			76,684
Emergency Shelter	6		3,489			
Other Housing Supports						
Administration			12,724			12,263
<b>TOTAL HOMELESS ASSISTANCE SERVICES</b>	294	28,969	90,453		0	117,947
<b>CHILD WELFARE SPECIAL GRANTS SERVICES</b>						
Evidence-Based Services	38		85,557		4,502	
Promising Practice						
Alternatives to Truancy						
Housing	30		10,200		1,800	
<b>TOTAL CWSG SERVICES</b>	68	128,685	95,757		6,302	0

**APPENDIX C-1 : BLOCK GRANT COUNTIES (Wayne County 1.1 Rev 10/26/16)  
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED**

County:	1.	2.	3.	4.	5.	6.
Wayne	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
<b>DRUG AND ALCOHOL SERVICES</b>						
Case/Care Management	205		43,118			42,468
Inpatient Hospital						
Inpatient Non-Hospital	2		3,820			
Medication Assisted Therapy	3		2,000			
Other Intervention						
Outpatient/Intensive Outpatient						
Partial Hospitalization						
Prevention	20		4,514			
Recovery Support Services	65		49,856			21,366
<b>TOTAL DRUG AND ALCOHOL SERVICES</b>	295	129,677	103,308	0	0	63,834
<b>HUMAN SERVICES DEVELOPMENT FUND</b>						
Adult Services	70		40,237		11,463	5,000
Aging Services						
Children and Youth Services						
Generic Services	396		34,178			
Specialized Services	25		25,398			
Interagency Coordination						50,000
<b>TOTAL HUMAN SERVICES DEVELOPMENT FUND</b>	491	50,000	99,813		11,463	55,000
<b>7. COUNTY BLOCK GRANT ADMINISTRATION</b>			29,000		15,906	
<b>GRAND TOTAL</b>	4,487	2,638,589	2,638,589	0	90,920	823,052