

Tioga County
Department
of
Human Services
FY 23/24
Block Grant

Appendix B

County Human Services Plan Template

The County Human Services Plan (Plan) is to be submitted using the template outlined below. It is to be submitted in conjunction with Appendices A and C (C-1 or C-2, as applicable) to the Department of Human Services (DHS) as instructed in the Bulletin 2023-01.

PART I: COUNTY PLANNING PROCESS (Limit of 3 pages)

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

1. Please identify, as appropriate, the critical stakeholder groups, including:
 - a. Individuals and their families
 - b. Consumer groups
 - c. Providers of human services
 - d. Partners from other systems involved in the county's human services system.
2. Please describe how these stakeholders were provided with an opportunity for participation in the planning process, including information on outreach and engagement efforts.
3. Please list the advisory boards that participated in the planning process.
4. Please describe how the county intends to use funds to provide services to its residents in the least restrictive setting appropriate to their needs. The response must specifically address providing services in the least restrictive setting.
5. Please describe any substantial programmatic and funding changes being made as a result of last year's outcomes.

The Tioga County Department of Human Services (TCDHS) Administrator, TCDHS Assistant Administrator, and Service Access and Management, Inc. (SAM) are the core of the Tioga County Planning Team for the Human Service Block Grant. The TCDHS Advisory Board and the Drug & Alcohol (D&A) Planning Council guide the planning process, host the public meetings, and provide ongoing feedback on the services/planning during their meetings throughout the year. Likewise, during these meetings, the TCDHS Administrator provides an update on Tioga County's human service programs/needs and raises any areas of programmatic/service concerns. The Tioga County Planning Team does not view the needs assessment process as a fixed process that occurs annually, but rather a fluid process that evolves as the constituent's and Tioga County's needs change.

The Tioga County Board of Commissioners oversee all aspects of the process and grant final approval of Tioga County's Human Services Plan. The TCDHS Administrator, TCDHS Assistant Administrator and SAM meet regularly to discuss the status of Tioga County's Human Service system, review Tioga County's business practices/policies/regulations, provide updates across all categoricals, review service trends/needs and identify future needs.

The TCDHS Administrator provides direct management of the Tioga County Single County Authority (SCA), Child and Adolescent Service System Program (CASSP) and Forensic Services. The Tioga County Board of Commissioners entered into a contract with SAM to provide management, oversight and direct services for Children and Youth (C&Y), Mental Health (MH), and Intellectual Disabilities (ID), Early Intervention (EI), Homeless Assistance Program (HAP), Human Services and Supports (HSS), PHARE Funding, Contract Services and Fiscal

Services. The TCDHS Administrator and TCDHS Assistant Administrator are tasked with providing oversight and monitoring of the contract with SAM.

Advisory boards that have participated in the planning process include:

1. The TCDHS Advisory Board
-MH/ID/C&Y/EI/HAP
2. The Tioga County Drug and Alcohol Planning Council
3. The Criminal Justice Advisory Board (CJAB)
4. The Tioga County Children's Roundtable
5. Drug Endangered Children (DEC) Workgroup
6. Substance Use Disorder Coalition

Additional Stakeholders include: consumers, family members, drop-in center members, community employers, landlords, MH providers, D&A providers, ID providers, dual diagnosis providers, advocates, the Area Agency on Aging (AAA), veterans services, the Tioga County Housing Authority, Tioga County Homeless Initiative, Community Support Program, court staff, law enforcement, Tioga County Prison staff, Domestic Relations staff, the Local Housing Options Team (LHOT), area hospital staff, students/teachers/local school district staff, managed care staff, Behavioral Health Alliance of Rural Pennsylvania (BHARP) staff, the Partnership for Community Health, faith-based organizations, Peer Specialists, Certified Recovery Specialists, the SCA staff, the CASSP Coordinator, the case management staff, local grass root organizations and the Resiliency Workgroup.

Throughout the fiscal year, stakeholders regularly have an active role in the planning for local services. This occurs through ongoing meetings with the various stakeholders. These meetings may occur on a scheduled basis (i.e., school-to-work transition meetings, Student Assistant Program (SAP) meetings, Member Advisory Council (MAC) feedback, Family Advisory Council (FAC) feedback, Regional Service System Transition (RSST), quarterly Provider Meetings, Tioga County Partnership for Community Health board meetings, consumer satisfaction surveys, IM4Q comments) or on an as needed basis (i.e., system team meetings on high risk cases often identify "service gaps", meetings with local organizations or individual/families often identify community needs).

Throughout all meetings and discussions, the primary focus is on how to best meet the needs of individuals in the least restrictive community-based setting while reducing the need for higher levels of intervention, providing consumers with voice and ownership in the process.

Tioga County is not planning on any substantial programmatic or funding changes in Fiscal Year(FY) 23/24. Tioga County will take this FY to continue to focus on the systemic and cultural changes across all categoricals. We will maximize services within existing funding to meet the increasing demands of services, coordinate with stakeholders on how best to remove identified barriers to services, and/or identified needs, and work on the unanticipated needs identified among all services and providers. Some community services were decreased or closed as a result of the pandemic. Tioga County continues working to help re-establish former groups and services that may have been reduced due to program closures or lack of staffing.

This past year, we spent much of our time adapting our services and service delivery methods to meet existing/current needs which left little time to focus on project planning or solutions for our target populations. For this reason, our target populations remain transitioning youth and adults experiencing serious mental illness. We still recognize the numbers are not significant. However, their needs present the greatest challenge to the human service system, legal and prison systems, pose a large financial risk for Tioga County and often result in "band aid" approaches as issues arise.

Discussions and decisions will continue to integrate best clinical practices, incorporate outcome-focused data and utilize family/individual engagement practices to meet the needs in the least restrictive environment in home communities.

Tioga County will reconvene with our various boards and seek their input on how best to utilize granted FY 22/23 Retained Earnings to meet the current demand for services.

PART II: PUBLIC HEARING NOTICE

Two (2) public hearings are required for counties participating in the Human Services Block Grant. One (1) public hearing is needed for non-block grant counties.

1. Proof of publication;
 - a. Please attach a copy of the actual newspaper advertisement(s) for the public hearing(s).
 - b. When was the ad published?
 - c. When was the second ad published (if applicable)?
2. Please submit a summary and/or sign-in sheet of each public hearing.

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

PART III: CROSS-COLLABORATION OF SERVICES

For each of the following, please explain how the county works collaboratively across the human services programs; how the county intends to leverage funds to link residents to existing opportunities and/or to generate new opportunities; and provide any updates to the county's collaborative efforts and any new efforts planned for the coming year. (Limit of 4 pages)

1. Employment:

Tioga County views employment as a human service system need rather than a categorical need. We will continue to work with all stakeholders on seeking innovative solutions to expand or develop employment opportunities.

Throughout Tioga County there appears to be numerous employment opportunities across the various employment sectors. This is a double edge sword. While the employment opportunities appear abundant, filling the vacancies in the human service system to support individuals in obtaining and sustaining employment is proving to be a challenge as well. Due to the ongoing staffing shortages, supportive employment became a sought-after service within Tioga County. Employers were frequently calling looking for employees but a lack of coaches was a barrier.

Tioga County will continue to work with various community stakeholders on employment opportunities for all individuals. The stakeholders include the Program Directors of MH, IDD, EI, C&Y, Housing, D&A, Office of Vocational Rehabilitation (OVR), providers of supported/supportive employment services, community employers, CareerLink, school districts and various State agencies. The IDD employment lead continues to share all information obtained through trainings and webinars.

Tioga County recognizes that, in order for individuals to be successful in competitive employment, they not only need a job, they need social skills, transportation, housing and in some cases support. These factors are critical when developing the plan, as they will assist individuals in becoming successfully employed and

sustaining their employment. To this end, Tioga County will continue with some non-traditional approaches in seeking better employment outcomes for those we serve.

- Tioga County will continue building upon the utilization of the “Charting the Life Course” tools at the point of MH/IDD intake, continue to encourage and reinforce the use of the tools in the Housing and Independent Living (IL) Programs and seek to expand into the C&Y system through engagement activities. We believe that through expanding an individual’s social capital, we are also expanding their employability and opportunities for employment.
- Tioga County will continue to provide assistance and support to the provider network in the development of unique housing options for those in recovery.
- Tioga County will continue to contract with the Tioga County Partnership for Community Health for transportation coordination services. This contract will coordinate with all existing transportation providers to develop various options, maximize available funding and ensure all other funding sources are exhausted.
- Tioga County will collaborate with Providers on locating and recruiting staff.

Tioga County has twenty-nine individuals employed; five of whom are funded through MH.

2. Housing:

Tioga County Housing Specialists work as a central point of contact for housing needs. The positions work with all Tioga County residents and focus on the housing needs of the individual/family. Having this clearinghouse helps prevent duplication of services and resources. Ongoing outreach and networking are key components of the Housing Specialist Program. They will coordinate across all service lines (for example, ID/A, IL, AAA, OLTL) to ensure the individuals needs can be met while remaining safely in the community in the least restrictive setting while preventing duplication of service.

In addition, the Housing Specialists spearhead the LHOT, participate in the annual state wide Point in Time survey, maintain a landlord database, track the reasons for homelessness/near homeless for those that request assistance, coordinate the requests across the various agencies, manage financial assistance (PHARE, Contingency and HAP funds), and serve as the Local Lead Agency. These responsibilities, as well as others, help the Housing Specialists maximize existing resources throughout Tioga County.

As housing needs are identified by a categorical, the Housing Specialists participate in any discussion regarding need, identifying existing resources to meet that need, and assist in brainstorming available options. It continues to be of note that individuals between the ages of 18-22 are struggling in obtaining and maintaining housing as well. The forensic population also struggles to locate and maintain affordable housing options since many housing resources prohibit admission based on an individual’s legal history. Additionally, Tioga County continues an upward trend in requests for supervised MH housing options. At this time, Tioga County is seeking to collaborate with providers to maximize funding and supports through existing means.

Tioga County will continue to fund a shelter apartment to utilize across the human service system. This apartment, accessed through the HAP Program, assists in meeting the immediate needs of individuals and families while a more permanent solution in the community is located. This apartment may assist families to remain unified and will be available to the co-responder program.

A local D&A provider continues to operate a home for individuals in recovery. This home enables the individuals to reside there up to ninety days free. Thereafter, they must obtain employment and pay rent of \$200.00/month. During the planning phase, this provider has identified that a similar home for women is an identified need.

A local faith-based organization continues to provide housing options. This organization continues to seek out funding and expand options, as funding becomes available. They are not only a beneficial housing resource, but also helps to keep us apprised of any expansions, opportunities and identified needs.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

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

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

b) Please highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY 22-23.

- *Strengths:*
 - Established 24/7 supervisory coverage to support on call emergency delegate workers outside of normal business hours.
 - Realized the benefits of tele-health to expand service delivery to individuals residing in rural areas with limited access to public transportation.
 - Tioga County service providers have resumed all in person services
 - Our case management service providers have reported staffing stability during the 3rd and 4th quarters of FY 22/23
- Systems of Care
 - Tioga County is a Tier1 County participating in the Systems of Care (SOC) project with BHARP. Tioga County has designated a program coordinator and identified providers to provide Parenting with Love and Limits (PLL), as a part of Tioga County's MH continuum of care. Tioga County has launched a MH Services Continuum Education program for our three school districts. The SOC team has resumed regular meetings with a new team in place and is actively trying to identify methods to engage youth and family members for our SOC Collaborative Leadership Team. Tioga County MH/C&Y staff and the Tioga County CASSP Coordinator are conducting weekly calls with our Behavioral Health – Managed Care Organization (BHMCO), in an attempt to identify at-risk youth earlier and reduce placements in Residential Treatment Facilities.
 - Tioga County will pursue Systems of Care Funding in 2024 and intends to target the challenge of children in crisis experiencing extensive wait times in the local emergency department.
 - Tioga County hosted two Trauma Trainings in partnership with Lakeside Global Institute in the fall of 2022 for all facets of the community. The Systems of Care Coordinator assembled 50 Calming Bags for distribution to first responders, Children and Youth staff, crisis services and local courts to be given to children experiencing a traumatic event.
 - Systems of Care funding was utilized to create a Calming Room at the Wellsboro Children and Youth office to be used by children experiencing a crisis during appointments or visitation sessions.
 - Crisis Intervention Training (CIT) is an essential training for first responders, to include law enforcement, corrections officers, probation/parole officers, emergency medical technicians, and family services caseworkers. We were unable to complete these trainings as planned in FY 22/23 based on pandemic restrictions. A new SOC lead has been identified and will be working with the Co-Responder program to identify training opportunities and needs. It does remain a goal for FY 23/24.
 - Tioga County is also working to schedule a systems-wide training on the MH Procedures Act to ensure that collaboration continues to occur in the best interest of the community members in the least-restrictive means possible. A bi-monthly meeting has been established with the local emergency department staff, emergency delegate services provider and the county administrator to discuss concerns, trends and areas for improvement.
- Co-Responder Program
 - Tioga County implemented the Co-Responder Program in February of 2020. The Co-Responder position has been vacant since October 2021. The provider and county office continue to discuss potential barriers to filling this vacancy including the staff qualifications. Tioga County has

experienced difficulty filling human service provider vacancies due to the pandemic, as are most providers across the Commonwealth. Currently the program, dedicated to serving two police departments, has the goal of expanding services to all police departments in Tioga County. The goal of this program is to support individuals identified as needing MH and/or D&A services and to divert them away from the Criminal Justice system or decrease their length of incarceration. The program was developed through a collaboration with the CJAB, the Tioga County Court System (Criminal, Dependency and Drug Courts), Service Providers, Local Law Enforcement and TCDHS C&Y, MH, and D&A. It is a direct result of Tioga County's participation in the Stepping Up initiative.

- Community Outreach and Prevention
 - Tioga County holds quarterly provider meetings. Tioga County would like to develop a contract with a local provider to conduct MH awareness and establish a suicide prevention plan.
 - Tioga County will explore Question Persuade Refer (QPR) training for the community as a possible suicide prevention goal for FY 23/24.
 - Tioga County's DEC Alliance Task Force hosted several events open to the community to allow children and families the opportunity to participate in safe structured activities within their own communities.
 - Tioga County's Base Service Unit resumed hosting the annual Mental Health Awareness Picnic for the community in May 2023.
- Big Brother/Big Sister Program
 - The BB/BS Program in Tioga County continues to grow and expand into the schools throughout Tioga County to set up Mentors for "Littles".
- Development of a Resiliency Workgroup
 - Tioga County has established a Resiliency Workgroup comprised of individuals from various professions, communities, socio-economic and cultural backgrounds. This group was formed after a public presentation and training on poverty. It focuses on how best to assist individuals throughout Tioga County overcome the challenges and the stigma associated with poverty as well as to educate individuals on the challenges and stigma.
- Trauma Informed Care Center
 - One provider has exemplary status.
- School Based Services
 - Have expanded Community Based School Based Behavioral Health Program to a Middle school.
 - Received a perfect score on Therapeutic Summer Programming site visit.
- Cross Collaboration
 - Tioga County advertised the public hearing this year as normal, however in the past this has not provided a good response for the public hearing. For the second year in a row, Tioga County took an additional step to encourage participation in the public hearing by sending direct letters to providers inviting them to attend.

c) Strengths and Needs by Populations: (Limit of 8 pages #1-11 below)

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

1. Older Adults (ages 60 and above)

- *Strengths:*
 - Collaboration with PA Link and the Area Agency on Agency through Person Centered Counseling
 - Training and ongoing communication with the Office of Long Term Living/CHC

- Strong commitment from Administration to serving this population
- *Needs:*
 - Community education and outreach on the services available as well as the needs of this population
 - Continued support of grassroots organizations that provide support to each other in caring for their family members
 - Improved recognition of this population by other service systems
 - Better coordination by service systems in recognizing the family unit holistically when developing plans of service

2. Adults (ages 18 to 59)

- *Strengths:*
 - A large continuum of services
 - Recovery-oriented Psychiatric Rehabilitation
 - Continued support of the Physical Health/Behavioral Health model by three service providers
 - Active, consumer driven Drop-in Center
 - Emergency shelter apartment
 - Increased utilization of Peer-to-Peer services
 - Strong collaboration across all service providers, law enforcement, the court system and the Partnership for Community Health in resolving emerging trends
 - High Risk Review Team meetings
 - Availability of Community Support Specialist services
- *Needs:*
 - Positive community activities and transportation
 - Psychiatric time
 - 24/7 Supervised Transitional Housing to assist individuals in reintegration into the community after hospitalization or to prevent hospitalization
 - Adequate staff to fill vacancies in Human Services field.
 - Identify solutions to the staffing shortage that will allow us to fill the Co-Responder position and resume the program
 - Improved community awareness to remove the stigma associated with mental illness and addiction

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

- *Strengths:*
 - Strong CASSP involvement that identifies the need for transition planning
 - Strong IL Program that provides ongoing support for those aging out of the C&Y system who are diagnosed with a mental illness
 - Transitional housing apartments for youth eligible for the IL Program
 - Funding for employment supports for youth eligible for the IL Program
 - Funding for post graduated education for youth eligible for the IL Program
 - Implementation of a Co-Responder Program
 - Behavior Specialist Services
 - Participation in SOC
 - Collaboration with neighboring counties on shared needs
- *Needs:*
 - 24-hour supervised/supportive housing setting
 - Positive after hour activities
 - Development of additional employment support providers and employment opportunities

- Increased awareness among peers
- Services for those transitioning that are not eligible for C&Y IL services

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

- *Strengths:*
 - Strong CASSP involvement that identifies the need for transition planning
 - Availability of a Shelter Apartment
 - Strong IL Program that provides ongoing support for those aging out of the C&Y system who are diagnosed with a mental illness
 - Transitional housing apartments for youth eligible for the IL Program
 - Funding for employment supports for youth eligible for the IL Program
 - Funding for post graduated education for youth eligible for the IL Program
 - Implementation of a Co-Responder Program
 - Behavior Specialist Services
 - Participation in SOC
 - Collaboration with neighboring counties on shared needs
- *Needs:*
 - 24-hour supervised/supportive housing setting
 - Positive after hour activities
 - Development of additional employment support providers and employment opportunities
 - Increased awareness among peers

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

5. Individuals transitioning from state hospitals

- *Strengths:*
 - Collaborative working relationship with Clarks Summit State Hospital
 - Base Service Unit monitoring the individual's recovery during inpatient treatment
 - Availability of Blended Case Management to link, monitor and Coordinate desired services and supports
 - Array of community mental health services to meet the individual's identified needs and goals
 - Access to 24/7 crisis services
- *Needs:*
 - Lack of supervised housing options to provide the appropriate level of support
 - Supported Living Services to provide ongoing assistance individuals with activities of daily living

6. Individuals with co-occurring mental health/substance use disorder

- *Strengths:*
 - Strong coordination with the SCA
 - Active participation with BHARP subcommittees
 - Two providers have counselors trained in co-occurring service
 - Two providers are dual licensed
 - The provision of Community-Based D&A services
 - One provider has been designated as a Center for Excellence (COE)
- *Needs:*
 - Treatment facilities that will allow parents to bring their children
 - Increased utilization of Case Coordination
 - Ongoing training for Casework Staff across all categoricals of service
 - Provider expansion of inpatient options for youth
 - Community support groups that will assist youth in understanding what members of their family may be experiencing, what they may expect as their family member works through recovery, and a safe haven to express their emotions.

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

- *Strengths:*
 - Counseling provided within the Tioga County Prison
 - Forensic Caseworker within the Tioga County Prison
 - The Utilization of a Drug Court
 - A mobile Intake/screener housed at the courthouse during hearings
 - Strong collaboration between MH, D&A, C&Y Tioga County Prison and Tioga County Probation office
 - Agreement among all Stakeholders on identified needs
 - The designation of a point person for the Stepping Up initiative
 - Provision of Peer-to-Peer services while incarcerated to assist in the transition back to the community
 - Development of a Re-entry Workgroup
- *Needs:*
 - Transition Housing options for community re-entry
 - Identify options for filling the vacant Co-Responder position
 - Increased sexual offender counseling
 - Formalize re-entry support and services
 - Continued usage of funds for Peer-to-Peer services during incarceration

8. Veterans-counties are encouraged to collaboratively work with the Veterans' Administration and the PA Department of Military and Veterans' Affairs (DMVA) and county directors of Veterans' Affairs (found at the following list):

<https://www.dmva.pa.gov/Veterans/HowToGetAssistance/Documents/MA-VA%20400%20County%20Directors.pdf>

• *Strengths:*

- The Bath Veterans Affairs Office location in Wellsboro shares space with the Tioga County Veterans Office. This places them on the same campus as a licensed D&A and MH Outpatient Provider and the BSU.
- Educated BCM Program staff on the access and availability of services
- Funding for transportation to the Bath VA Office if necessary

• *Needs:*

- In FY 22/23, the needs for veterans remained reflective of all populations with psychiatric time, housing, choice of providers, and transportation being the primary areas.
- Recognition and public awareness of the special needs this population may experience.

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

• *Strengths:*

- Tioga County has not been notified of any complaints of discrimination or limited access for this population.
- All staff continue to participate in annual training on LGBTQI, and additional staff have pursued more training on this topic.
- Increased training and focus regarding this population in the C&Y IL Program, which has led to more supportive services for youth.

• *Needs:*

- Continuing cultural competence training to ensure all TCDHS staff and Provider staff understand the terminology and persons behind the descriptive words.
- The implementation of a formal tracking system for this population and the services they are receiving. Currently, Tioga County provides ongoing cultural competence and LGBTQI training to all staff. If an individual chooses to disclose they are a member of this population, the worker is not required to report or track, but is required to ensure that their needs are met and that they are not discriminated against. At this time, the only tracking that would occur would be if a complaint or grievance were filed.
- Identification and outreach to local grassroots organizations that support the LGBTQI population.

10. Racial/Ethnic/Linguistic Minorities (RELM) including individuals with Limited English Proficiency (LEP)

• *Strengths:*

- TCDHS and providers have access to translation services
- TCDHS utilizes a sign language interpreter service as needed and shares this service with providers
- All Case Managers have access to language accessibility resources
- Staff are trained on the limited English proficiency policy, services and translation cue cards
- The Administrative Entity (AE) is available to assist MH workers in obtaining or maintaining communication devices and connecting with the Deaf Services Coordinator

• *Needs:*

- Continued and ongoing training is necessary because the available resources are not used on a regular basis

- Bi-lingual staff
- Staff that are proficient in ASL

11. Other populations, not identified in #1-10 above (if any, specify) (including tribal groups, people living with HIV/AIDS or other chronic diseases or impairments, acquired brain injury (ABI), fetal alcohol spectrum disorders (FASD), or any other groups not listed)

Program Wide:

Tioga County is a rural, relatively homogenous community, which remains mostly immune to many of the issues experienced in larger communities. At times, this can create difficulties when trying to raise awareness and tolerance of special or underserved populations. On the positive side, this also can lead to a strong sense of community where individuals in need are surrounded, and supported, by their community regardless of what population they may identify with. Tioga County is at a bit of a crossroads. As we become more diverse, the sense of community is diminishing, but at a disproportionate rate to the diverse population growth. This is a new challenge that we are hoping to tackle through increased public awareness and education.

- **Strengths:**
 - Tioga has attended trainings on Traumatic Brain Injury and has worked with the Brain Steps program and the Association of Pennsylvania for Brain Injury
 - Tioga County has access to the Dual Diagnosis Treatment Team (DDTT) to work with individuals in the community diagnosed with an ID and experience mental illness. This service works to prevent and/or reduce hospitalizations.
 - Tioga County has access to the Community Stabilization and Reintegration Unit (CSRU) which is licensed as a RTF-A. The focus is on crisis intervention, stabilization, and acute state hospital diversion for individuals that present with co-morbidity specific to an intellectual and developmental disability (documented prior to age 18), and an Axis 1 diagnosis or qualifying Axis II diagnosis. Other Admission criteria must be met as well.
 - The use of a Transportation Coordinator to maximize transportation options.
 - Meetings continue with the local hospital and emergency room staff to better collaborate regarding individuals presenting in crisis.
 - Utilization of DEC and Handle with Care to bring members of a child's community around to support them in times of crisis.
- **Needs:**
 - Tioga County's local provider network is unable to meet the residential and/or programmatic needs of individuals exhibiting difficult behaviors due to co-occurring MH/ID issues. This results in the majority of Tioga County residents relocating to other counties in order to receive the necessary supports.
 - Higher reimbursement rates. Tioga County is a rural community. There are services available elsewhere that are not available here simply due to the rural nature, and there not being enough individuals to support the service. Economy of scales makes it difficult for providers to expand or enhance their services at the current rates.
 - Decreased wait time for psychiatric services for all individuals.
 - Employment opportunities for all individuals.

A primary, ongoing identified need across all populations is a housing option that is community-based and provides 24-hour support. It is believed that a community-based housing option with up to 24-hour support would help prevent institutionalization or aid in the transition back to a community-based setting. There are no services like this in Tioga County, and when searches have been conducted

statewide, there were no available openings. Tioga County will continue to explore various options to meet the needs of these individuals through existing services, but it is proving to be increasingly difficult to ensure health, welfare, and safety disorders (FASD), or any other groups not listed.

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

i. *Previous Year List:*

- o Provide a brief summary of the progress made on your FY 22-23 plan ROST priorities:

- i. Priority 1 Community Stabilization

- Tioga County has made minimal progress with this priority largely due to the inability to locate and retain staff in the Co-Responder program. The Co-Responder is an essential component to community stabilization. Without this program we have no method of diverting individuals or responding to assist law enforcement. We intend to collaborate with Stepping Up and Concern Counseling to identify solutions to employ staff and resume the Co-Responder Program in Tioga County.

- ii. Priority 2 Housing

- Tioga County continues to identify this as a priority, but has made minimal progress with identifying a viable solution. We tried to partner with neighboring rural counties who have also identified housing needs and held several meetings to discuss potential solutions. One of the challenges in partnering with neighboring counties is transportation and moving individuals to an unfamiliar county reduces their access to informal supports. Tioga currently has housing programs available for individuals who have acquired the skills needed to be successful in an independent living situation. We need to focus on developing housing programs that can support individuals who need to develop skills for successful independent living.

- iii. Priority 3 Self-Directed Care

- Tioga County has made significant progress with this priority. Charting the Life Course is frequently utilized for individuals entering the service system. Consumer choice is offered for all provider services whenever possible. The Tioga Advisory Board has a member with lived experience who attends all scheduled meetings and offers input regarding local services. Our recent case management satisfaction data indicated that 98% of all respondents indicated that they felt empowered and had input into their treatment. We feel that we have been success in achieving this goal.

ii. *Coming Year List:*

- o Based on Section b **Strengths and Needs by Populations**, please identify the top three (3) to five (5) ROST priorities the county plans to address in FY 23-24 at current funding levels.

- o For each coming year (FY 23-24) ROST priority, please provide:

- a. A brief narrative description of the priority including action steps for the current fiscal year.
 - b. A timeline to accomplish the ROST priority including approximate dates for progress steps and priority completion in the upcoming fiscal year.
 - o Timelines which list only a fiscal or calendar year for completion are not acceptable and will be returned for revision.

- c. Information on the fiscal and other resources needed to implement the priority. How much the county plans to utilize from state allocations, county funds, grants, HealthChoices, reinvestment funds, other funding and any non-financial resources.
- d. A plan mechanism for tracking implementation of the priorities.
 - o Example: spreadsheet/table listing who, when and outputs/outcomes

1. (Identify Priority)

Continuing from prior year New Priority

Housing

Tioga County will develop a housing task force and identify a task force leader. We will identify key agency staff to participate as task force members. This team will begin monthly meetings to identify housing needs focusing on Transition Age Youth and individuals in restrictive state hospital placement. We will examine existing housing options and identify gaps in services that prevent these populations from being successful in the community. We will examine Supported Living services and in home support service options. This task force will also explore all potential funding options including CHIPP, PATH and grant funding opportunities. Currently the only supervised living setting to support high risk individuals is personal care boarding homes. Personal Care Boarding Homes are not trained to support individuals experiencing serious mental illness.

- a. Timeline:
 - 1st Quarter-Identify task force leader and potential team members.
 - 2nd Quarter-Initiate monthly task force meetings to identify needs.
 - 3rd Quarter-Identify several potential housing services or programs that could meet the needs of the identified populations.
 - 4th Quarter-Present the suggested housing services or programs to the County Commissioners for consideration.
- b. Fiscal and Other Resources:
Explore CHIPP funding, PATH funding, grant funding opportunities and HSBG-MH.
- c. Tracking Mechanism:
The progress will be tracked through task force meeting minutes and the task force will create a timeline that they will follow to track progress with this priority.

The Tioga County Advisory Board will receive quarterly updates.

2. (Identify Priority)

Continuing from prior year New Priority

Co-Responder Program

Tioga County Administration and the Tioga Base Service Unit will initiate a meeting with Concern Counseling who is currently contracted to provide the Co-Responder services. The team will identify potential barriers to recruitment and retention for this position. The team will review the current qualifications and enlist support from the Stepping Up initiative as needed. The team will collaborate with the local law enforcement agencies to identify needs and increase diversion from the criminal justice system whenever possible. The Co-Responder will act as a liaison with Stepping Up and coordinate CIT trainings and initiatives.

- a. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables)

- 1st Quarter- Initial meeting and planning with administration, provider agency, Stepping Up and local law enforcement.
- 2nd Quarter Review qualifications and begin staff recruitment efforts.
- 3rd Quarter- Hire and Training of new staff.
- 4th Quarter-Co-Responder program in place and working with local law enforcement.

- b. Fiscal and Other Resources: HSBG-MH
- c. Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided)

Quarterly team meetings to review progress on the identified goals.
Quarterly updates presented to the advisory board.

3. (Identify Priority)

- Continuing from prior year New Priority

Reducing Length of Stay and Providing Additional Supports in the Emergency Department for Individuals Experiencing a Mental Health Emergency

Tioga County closed the local adult psychiatric unit several years ago due to a consistently low census. All individuals in need of inpatient treatment for a psychiatric emergency must receive care in an alternative facility. This frequently results in individuals remaining in the emergency department until an appropriate placement is located. Placement for children and adolescents is equally challenging due to many of these facilities being at their maximum capacity. Tioga County would like to work in collaboration with our local emergency department and provider agencies to explore best practices to reduce the length of time and provide increased support while individuals are waiting on an appropriate treatment facility.

- a. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables)
 - 1st Quarter-Discuss this initiative with our local emergency department psychiatric case management team during our scheduled meeting on 8/21/23. Gather baseline data regarding length of stay in the emergency department.
 - 2nd Quarter-Include our crisis provider and Certified Peer Specialist Provider in our 2nd quarter meeting to identify potential resources and support options.
 - 3rd Quarter- Have a minimum of 1 additional support in place to respond to individuals awaiting placement in the emergency department and develop a tool to measure effectiveness of the additional support.
 - 4th Quarter- Evaluate effectiveness and impact on length of stay compared to baseline data.
- b. Fiscal and Other Resources: HSBG-MH
- c. Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided)

We will monitor progress through our bi-monthly meetings with emergency department staff.
We will share outcomes quarterly with the Tioga Advisory Board.
Develop a tool to measure effectiveness and compare length of stay.

4. (Identify Priority)

Continuing from prior year New Priority

- a. Narrative including action steps:
- b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables)
- c. Fiscal and Other Resources:
- d. Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided)

5. (Identify Priority)

Continuing from prior year New Priority

- a. Narrative including action steps:
- b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables)
- c. Fiscal and Other Resources:
- d. Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided)

d) **Strengths and Needs by Service Type:** (#1-7 below)

1. Describe telehealth services in your county (limit of 1 page):

- a. How is telehealth being used to increase access to services?
- b. Is the county implementing innovative practices to increase access to telehealth for individuals in the community? (For example, providing technology or designated spaces for telehealth appointments)

As a result of the COVID-19 Pandemic, many services began offering some type of telehealth services. The allowable telehealth services continue to offer this as an option for many of the services providing consumers with the choice to participate in person or through telehealth visits based on their individual comfort levels, transportation needs, and effectiveness of service. Tioga County has a public library in every town which offers internet and computer access to any library member. Many local businesses offer free Wi-Fi. IL worked to assist the young adult population with obtaining smart phones and minutes for those phones in order to attend their needed services through telehealth.

2. Is the county seeking to have service providers embed trauma informed care initiatives (TIC) into services provided?

Yes No

If yes, please describe how this is occurring. If no, indicate any plans to embed TIC in FY 23-24. (Limit of 1 page)

Tioga County is working with service providers on learning their current trauma informed practices as well as their plans to increase trauma informed care. Licensed programs are beginning their assessments and improvement plans through their licensing entities. Assessments have been shared with other programs and providers to encourage them to examine their current practices and work towards enhancing their current level of trauma informed. Internal trainings are being offered through multiple providers to continue to bring knowledge to all providers around trauma informed care.

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

Yes No

If yes, please describe the CLC training being used, including training content/topics covered, frequency with which training is offered, and vendor utilized (if applicable). If no, counties may include descriptions of plans to implement CLC trainings in FY 23-24. *(Limit of 1 page)*

Tioga County contracts with SAM, Inc. to manage the MH Program, provide BSU functions and service provision, as well as, training for all Tioga County employees.

SAM, Inc. promotes an environment in which all staff are aware that cultural differences and similarities exist and have an influence on values, learning, and behavior. The belief that staff values and recognition of the importance of their own cultures, value diversity, and realization that cultural diversity will affect an individual's communication and participation in service delivery is incorporated in all policies, procedures, practices, and trainings.

Consumer Satisfaction Surveys are conducted at the conclusion of services to gather family/individual satisfaction with the way staff understand and respect their culture, beliefs, and traditions, as well as how they help them access services that do the same. Cultural/linguistic competency training is part of the staffs annual learning plan.

The two primary trainings related to cultural/linguistic competence that all staff receive are:

Assessing Individual Cultural Competence (2 Hours):

This interactive workshop considers culture as who we are: our personal beliefs and value systems which influence all of our interactions with people. It utilizes an informal assessment process to help participants examine the importance of understanding their personal culture, the value of using that personal culture as a foundation in building relationships, and the development of personal cultural competence within the context of difference.

Course Objectives: *Participants will be able to:*

- Define personal culture and how it fits with a global definition of culture.
- Understand the impact of personal culture on the development of working relationships.
- Connect personal culture, personal beliefs, and value systems in completing an informal self-assessment and developing an individualized plan for enhancing cultural competencies.
- Understand principles of cultural and linguistic awareness and application.

Creating Affirming Environments of Care for Persons Who Are LGBTQI

This workshop will provide an overview of sexual orientation, gender identity and expression, as well as discuss ways to use appropriate language in order to reduce missteps in communication. We will also discuss the importance of confronting our own beliefs, feelings, and values in order to create respectful, sensitive, and effective working relationships.

Learning Objectives:

- Understand principles of cultural and linguistic awareness and application to persons who are LGBTQI.
- Examine appropriate language used to describe persons with differing gender or sexual identities.
- Identify personal thoughts/feelings that impact helpfulness to persons who are LGBTQI.
- Identify ways to develop welcoming and affirming environments/attitudes in service delivery.

4. Are there any Diversity, Equity, and Inclusion (DEI) efforts that the county has completed to address health inequities?

Yes No

If yes, please describe the DEI efforts undertaken. If no, indicate any plans to implement DEI efforts in FY 23-24. *(Limit of 1 page)*

5. Does the county currently have any suicide prevention initiatives which addresses all age groups?

Yes No

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

Tioga County incorporated Suicide Prevention and Mental Health Awareness efforts into a contract with a private provider. The employee has attended trainings and webinars in this area, SAM, Inc. staff participated in the Gate Keeper certification process this training has been incorporated into the staff's regular learning plan.

Additionally, the BCM, BSU, IDD, EI and C&Y Programs are in process of implementing a Suicide Prevention approach to service delivery. This approach integrates the following components, of comprehensive and effective suicide prevention:

- Identifying and assisting persons at risk for suicide.
- Increasing help-seeking.
- Increasing access to the effective mental health and suicide treatment.
- Supporting safe care transitions and creating organizational linkages.
- Responding effectively to individuals in crisis.
- Reducing access to means of suicide.
- Enhancing life skills and resilience.
- Promoting social connectedness and support.
- Providing for immediate and long-term postvention.

As a part of this process, staff received additional training regarding suicide prevention interventions including training on the evidenced-based Question, Persuade, Refer (QPR) model through Gatekeeper Training and all MH staff will be required to have training on the Columbia suicide severity rating scale, evidenced-based approaches to managing suicide, risk and access to lethal means.

6. Individuals with Serious Mental Illness (SMI): Employment Support Services

The Employment First Act (Act 36 of 2018) requires county agencies to provide services to support competitive integrated employment for individuals with disabilities who are eligible to work under federal or state law. For further information on the Employment First Act, see [Employment-First-Act-three-year-plan.pdf \(pa.gov\)](#)

- a. Please provide the following information for your County MH Office Employment Specialist single point of contact (SPOC).
 - Name: Roxy Roslund
 - Email address: rroslund@sam-inc.org
 - Phone number: 570-404-5336
- b. Please indicate if the county **Mental Health office** follows the [SAMHSA Supported Employment Evidence Based Practice \(EBP\) Toolkit](#):
 - Yes No

Please complete the following table for all supported employment services provided to **only** individuals with a diagnosis of Serious Mental Illness.

Previous Year: FY 22-23 County Supported Employment Data for ONLY Individuals with Serious Mental Illness		
<ul style="list-style-type: none"> • Please complete all rows and columns below • If data is available, but no individuals were served in a category, list as zero (0) • Only if no data available for a category, list as N/A <p><i>Include additional information for each population served in the Notes section. (For example, 50% of the Asian population served speaks English as a Second Language, or number served for ages 14-21 includes juvenile justice population).</i></p>		
Data Categories	County MH Office Response	Notes
i. Total Number Served	7	
ii. # served ages 14 up to 21	2	
iii. # served ages 21 up to 65	5	
iv. # of male individuals served	4	
v. # of female individuals served	3	
vi. # of non-binary individuals served	0	
vii. # of Non-Hispanic White served	0	
viii. # of Hispanic and Latino served	0	
ix. # of Black or African American served	0	
x. # of Asian served	0	
xi. # of Native Americans and Alaska Natives served	0	
xii. # of Native Hawaiians and Pacific Islanders served	0	
xiii. # of multiracial (two or more races) individuals served	0	
xiv. # of individuals served who have more than one disability	1	
xv. # of individuals served working part-time (30 hrs. or less per wk.)	7	
xvi. # of individuals served working full-time (over 30 hrs. per wk.)	0	
xvii. # of individuals served with lowest hourly wage (i.e.: minimum wage)	7	
xviii. # of individuals served with highest hourly wage	0	
xix. # of individuals served who are receiving employer offered benefits (i.e., insurance, retirement, paid leave)	0	

7. Supportive Housing:

- a. Please provide the following information for the County MH Office Housing Specialist/point of contact (SPOC).

Name: Cindy Harding
Email address: charding@sam-inc.org
Phone number: 570-662-2005

DHS' five- year housing strategy, [Supporting Pennsylvanians Through Housing](#) is a comprehensive plan to connect Pennsylvanians to affordable, integrated and supportive housing. This comprehensive strategy aligns with the Office of Mental Health and Substance Abuse Services (OMHSAS) planning efforts, and OMHSAS is an integral partner in its implementation.

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

- b. **Supportive Housing Activity to include:**

- *Community Hospital Integration Projects Program funding (CHIPP)*
- *Reinvestment*
- *County Base funded*
- *Other funded and unfunded, planned housing projects*

- i. Please identify the following for all housing projects operationalized in SFY 22-23 and 23-24 in each of the tables below:

- Project Name
- Year of Implementation
- Funding Source(s)

- ii. Next, enter amounts expended for the previous state fiscal year (SFY 22-23), as well as projected amounts for SFY 23-24. If this data isn't available because it's a new program implemented in SFY 23-24, do not enter any collected data.

- Please note: Data from projects initiated and reported in the chart for SFY 23-24 will be collected in next year's planning documents.

2. Bridge Rental Subsidy Program for Behavioral Health				Check box <input checked="" type="checkbox"/> if available in the county and complete the section.					
Short-term tenant-based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.									
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 22-23	5. Projected \$ Amount for SFY 23-24	6. Actual or Estimated Number Served in SFY 22-23	7. Projected Number to be Served in SFY 23-24	8. Number of Bridge Subsidies in SFY	9. Average Monthly Subsidy Amount in SFY 22-23	10. Number of Individuals Transitioned to another Subsidy in SFY 22-23
Bridge Housing Program	1980	HAP			31	34	0	0	9
Totals									
Notes:									

3. Master Leasing (ML) Program for Behavioral Health				Check box <input type="checkbox"/> if available in the county and complete the section.					
Leasing units from private owners and then subleasing and subsidizing these units to consumers.									
1. Project Name	2. Year of Implementation	3. Funding Source by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 22-23	5. Projected \$ Amount for SFY 23-24	6. Actual or Estimated Number Served in SFY 22-23	7. Projected Number to be Served in SFY 23-24	8. Number of Owners/ Projects Currently Leasing	9. Number of Units Assisted with Master Leasing in SFY 22-23	10. Average Subsidy Amount in SFY 22-23
Totals									
Notes:									

4. Housing Clearinghouse for Behavioral Health				Check box <input checked="" type="checkbox"/> if available in the county and complete the section.			
An agency that coordinates and manages permanent supportive housing opportunities.							
1. Project Name	2. Year of Implementation	3. Funding Source by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 22-23	5. Projected \$ Amount for SFY 23-24	6. Actual or Estimated Number Served in SFY 22-23	7. Projected Number to be Served in SFY 23-24	8. Number of Staff FTEs in SFY 22-23
Housing Specialist	HSS Generic	HSS- Generic	\$159,569	\$195,767	6	8	1
Totals							
Notes:							

5. Housing Support Services (HSS) for Behavioral Health				Check box <input checked="" type="checkbox"/> if available in the county and complete the section.			
HSS are used to assist consumers in transitions to supportive housing or services needed to assist individuals in sustaining their housing after move-in.							
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 22-23	5. Projected \$ Amount for SFY 23-24	6. Actual or Estimated Number Served in SFY 22-23	7. Projected Number to be Served in SFY 23-24	8. Number of Staff FTEs in SFY 22-23
Residential Supportive Housing	2012	HSBG-MH	\$16,197.61	11,759	6	8	0
Totals							
Notes:							

6. Housing Contingency Funds for Behavioral Health				Check box <input checked="" type="checkbox"/> if available in the county and complete the section.				
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings, and other allowable costs.								
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 22-23	5. Projected \$ Amount for SFY 23-24	6. Actual or Estimated Number Served in SFY 22-23		7. Projected Number to be Served in SFY 23-24	8. Average Contingency Amount per person
Housing Specialist	2013	PHARE	\$70,142.32	\$51,501	65		68	686.68
	2012	Contingency	0				75	
	2020	HSBH-HAP	0				2	
Totals								
Notes:								

7. Other: Identify the Program for Behavioral Health				Check box <input type="checkbox"/> if available in the county and complete the section.			
<p>Project Based Operating Assistance (PBOA) is a partnership program with the Pennsylvania Housing Finance Agency in which the county provides operating or rental assistance to specific units then leased to eligible persons; Fairweather Lodge (FWL) is an Evidenced-Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness; CRR Conversion (as described in the CRR Conversion Protocol), other.</p>							
1. Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 22-23	5. Projected \$ Amount for SFY 23-24	6. Actual or Estimated Number Served in SFY 22-23		7. Projected Number to be Served in SFY 23-24
Totals							
Notes:							

e) Certified Peer Specialist Employment Survey:

Certified Peer Specialist” (CPS) is defined as:

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

In the table below, please include CPSs employed in any mental health service in the county/joinder including, but not limited to:

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

County MH Office CPS Single Point of Contact (SPOC)	Name: Gwen Deyoung
	Email: gwendwcoss@frontiernet.net
	Phone number: 570-662-2821
Total Number of CPSs Employed	7
Average number of individuals served (ex: 15 persons per peer, per week)	4
Number of CPS working full-time (30 hours or more)	1
Number of CPS working part-time (under 30 hours)	6
Hourly Wage (low and high), seek data from providers as needed	\$10.00-\$14.83
Benefits, such as health insurance, leave days, etc. (Yes or No), seek data from providers as needed	Yes for Full-Time Some for Part-Time
Number of New Peers Trained in CY 2022	6

f) Existing County Mental Health Services

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

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

Note: HC= HealthChoice

g) Evidence-Based Practices (EBP) Survey

Please include both county and HealthChoices funded services.

(Below: if answering Yes (Y) to #1. **Service available**, please answer questions #2-7)

Evidenced-Based Practice	1. Is the service available in the County/ Joinder? (Y/N)	2. Current number served in the County/ Joinder (Approx.)	3. What fidelity measure is used?	4. Who measures fidelity? (agency, county, MCO, or state)	5. How often is fidelity measured?	6. Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	7. Is staff specifically trained to implement the EBP? (Y/N)	8. Additional Information and Comments
Assertive Community Treatment	N							
Supportive Housing	Y		N/A	N/A	N/A	N	N/A	EBP Not Used
Supported Employment	Y		Evidence-Based Practice Checklist	Provider	Bi-Annual, More frequently if deemed necessary.	N	N/AA	Include # Employed
Integrated Treatment for Co-occurring Disorders (Mental Health/SUD)	Y		Symptom Measurement/Trauma Screening/Assessment Follow Up	Clinical Director/Clinical Supervisor	Monthly & Bi-Monthly	Y	Y	
Illness Management/ Recovery	N							
Medication Management (MedTEAM)	Y		Outcomes Best Practice Prescribing	Clinical Director	Weekly	Y	Y	Service is available
Therapeutic Foster Care	Y							
Multisystemic Therapy	N							
Functional Family Therapy	N							
Family Psycho-Education	N							

SAMHSA's EBP toolkits: <https://store.samhsa.gov/product/Supported-Education-Evidence-Based-Practices-EBP-KIT/SMA11-4654>

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

- Please include both county and HealthChoices funded services.
- Include CPS services provided to all age groups in total, including those in the age break outs for TAY and OAs.

(Below: if answering yes to #1. **service provided**, please answer questions #2 and 3)

Recovery-Oriented and Promising Practices	1. Service Provided (Yes/No)	2. Current Number Served (Approximate)	3. Additional Information and Comments
Consumer/Family Satisfaction Team	Yes		
Compeer	No		
Fairweather Lodge	No		
MA Funded Certified Peer Specialist (CPS)- Total**	Yes		
CPS Services for Transition Age Youth (TAY)	Yes		
CPS Services for Older Adults (OAs)	Yes		
Other Funded CPS- Total**	Yes		
CPS Services for TAY	Yes		
CPS Services for OAs	Yes		
Dialectical Behavioral Therapy	No		
Mobile Medication	No		
Wellness Recovery Action Plan (WRAP)	Yes		
High Fidelity Wrap Around	No		
Shared Decision Making	No		
Psychiatric Rehabilitation Services (including clubhouse)	Yes		
Self-Directed Care	Yes		
Supported Education	No		
Treatment of Depression in OAs	No		
Consumer-Operated Services	No		
Parent Child Interaction Therapy	Yes		
Sanctuary	No		
Trauma-Focused Cognitive Behavioral Therapy	Yes		
Eye Movement Desensitization and Reprocessing (EMDR)	Yes		
First Episode Psychosis Coordinated Specialty Care	No		
Other (Specify)			

Reference: Please see SAMHSA’s National Registry of Evidenced-Based Practices and Programs for more information on some of the practices: [Resource Center | SAMHSA](#)

i) Involuntary Mental Health Treatment

1. During CY 2022, did the County/Joinder offer *Assisted Outpatient Treatment (AOT) Services* under PA Act 106 of 2018?
 - No, chose to opt-out for all of CY 2022
 - Yes, AOT services were provided from: _____ to _____ after a request was made to rescind the opt-out statement
 - Yes, AOT services were available for all of CY 2022
2. If the County/Joinder chose to provide AOT, list all outpatient services that were provided in the County/Joinder for all or a portion of CY 2022 (check all that apply):
 - Community psychiatric supportive treatment
 - ACT
 - Medications
 - Individual or group therapy
 - Peer support services
 - Financial services
 - Housing or supervised living arrangements
 - Alcohol or substance abuse treatment when the treatment is for a co-occurring condition for a person with a primary diagnosis of mental illness
 - Other, please specify: Blended Case Management Services
3. If the County/Joinder chose to opt-out of providing AOT services for all or a portion of CY 2022:
 - a. Provide the number of written petitions for AOT services received during the opt-out period. 0
 - b. Provide the number of individuals the county identified who would have met the criteria for AOT under Section 301(c) of the Mental Health Procedures Act (MHPA) (50 P.S. § 7301(c)). 5
4. Please complete the following chart as follows:
 - a. Rows I through IV fill in the number
 - i. **AOT services column:**
 - 1) Available in your county, BUT if no one has been served in the year, enter 0.
 - 2) Not available in your county, enter N/A.
 - ii. **Involuntary Outpatient Treatment (IOT) services column:** if no one has been served in the last year, enter 0.
 - b. Row V fill in the administrative costs of AOT and IOT

	AOT	IOT
I. Number of individuals subject to involuntary treatment in CY 2022	N/A	0
II. Number of involuntary inpatient hospitalizations following an IOT or AOT for CY 2022	N/A	0
III. Number of AOT modification hearings in CY 2022	N/A	
IV. Number of 180-day extended orders in CY 2022	N/A	0
V. Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY 2022	N/A	0

j) Consolidated Community Reporting Initiative Data reporting

DHS requires the County/Joinder to submit a separate record, or "pseudo claim," each time an individual has an encounter with a provider. An encounter is a service provided to an individual. This would include, but not be limited to, a professional contact between an individual and a provider and will result in more than one encounter if more than one service is rendered. For services provided by County/Joinder contractors and subcontractors, it is the responsibility of the County/Joinder to take appropriate action to provide the DHS with accurate and complete encounter data. DHS' point of contact for encounter data will be the County/Joinder and no other subcontractors or providers. It is the responsibility of the County/Joinder to take appropriate action to provide DHS with accurate and complete data for payments made by County/Joinder to its subcontractors or providers. DHS will evaluate the validity through edits and audits in PROMISe, timeliness, and completeness through routine monitoring reports based on submitted encounter data.

File	Description	Data Format/Transfer Mode	Due Date	Reporting Document
837 Health Care Claim: Professional Encounters v5010	Data submitted for each time an individual has an encounter with a provider. Format/data based on HIPAA compliant 837P format	ASCII files via SFTP	Due within 90 days of the county/joinder accepting payment responsibility; or within 180 calendar days of the encounter	HIPAA implementation guide and addenda. PROMISe™ Companion Guides

❖ Have all available claims paid by the county/joinder during CY 2022 been reported to the state as an encounter? Yes No

k) Provide a brief narrative as to the services that would be expanded or new programs that would be implemented with increased base funding?

I) Categorical State Funding-FY 22-23 [ONLY to be completed by counties not participating in the Human Services Block Grant (i.e. Non-Block Grant)]

State Categorical Funding				
Please complete the following chart below for all funding received. Funding expended can be estimated for fourth quarter expenditures of FY 22-23. If yes, complete the question below the chart that pertains to the specific line of funding. If no funding received for a line, please indicate with n/a. These numbers will be compared to the county Income and Expenditure Reports when received to ensure accuracy.				
Program	Funding Received Yes or No	Funding Received FY 22-23	Funding Expended FY 22-23	Balance of funds
Respite Services				
Consumer Drop-in Center				
Direct Service Worker R&R				
Philadelphia State Hospital Closure				
Forensic Support Team				
Eastern State School & Hospital				
Mayview Children's Unit Closing				
Student Assistance Program				

- 1. If your county currently receives state funds for Respite services, describe the services rendered with these funds, including an estimate of the number of individuals served.**
- 2. If your county currently receives state funds for Consumer Drop-in Centers, describe the services rendered with these funds, including an estimate of the number of individuals served.**
- 3. If your county currently receives state funds for Direct Care Worker Recruitment & Retention, describe the services rendered with these funds, including an estimate of the number of individuals served.**
- 4. If your county currently receives state funds for the closure of Philadelphia State Hospital, describe the services rendered with these funds, including an estimate of the number of individuals served.**

5. If your county currently receives state funds to support the Forensic Support Team, describe the services rendered with these funds, including an estimate of the number of individuals served.
6. If your county currently receives state funds to support the closure of the Eastern State School & Hospital, describe the services rendered with these funds, including an estimate of the number of individuals served.
7. If your county currently receives state funds to support the closure of the Mayview Children’s Unit, describe the services rendered with these funds, including an estimate of the number of individuals served.
8. If your county currently receives state funds to for the Student Assistance Program, describe the services rendered with these funds, including an estimate

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

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

Please provide the following information for FY 22-23:

1. Waiting List Information:

Services	# of Individuals*	Wait Time (days)**
Withdrawal Management	<1	<1
Medically-Managed Intensive Inpatient Services	0	0
Opioid Treatment Services (OTS)	<2	<6
Clinically-Managed, High-Intensity Residential Services	<1	<4
Partial Hospitalization Program (PHP) Services	0	0
Outpatient Services	<2	<8
Other (specify)		

*Average weekly number of individuals

**Average weekly wait time per person

2. **Overdose Survivors' Data:** Please describe below the SCA plan for offering overdose survivors direct referral to treatment for FY 22-23.

# of Overdose Survivors	# Referred to Treatment	Referral method(s)	# Refused Treatment
37	37	Direct	0

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

LOC American Society of Addiction Medicine (ASAM) Criteria	# of Providers	# of Providers Located In-County	# of Co-Occurring/Enhanced Programs
4 WM	0	0	
4	0	0	
3.7 WM	21	1	
3.7	9	0	
3.5	30	1	5
3.1	9	0	
2.5	2	1	
2.1	2	2	1
1	3	3	3

4. **Treatment Services Needed in County:** Please provide a brief overview of the services needed in the county to afford access to appropriate clinical treatment services.

- a. Provide a brief overview of the services needed in the county to afford access to appropriate clinical treatment services: Tioga County continues to struggle to contract with appropriate clinical treatment services. We are continuing to seek contracts with providers, however there is a struggle to contract with the 4.0 and 4.0WM.
- b. Provide an overview of any expansion or enhancement plans for existing providers: Tioga County has a third outpatient treatment agency recently licensed and officially opened on 8/28/2023. The agency will provide SUD and MH treatment services.
- c. Provide an overview of any use of HealthChoices reinvestment funds to develop new services: The SCA has not utilized HealthChoices reinvestment funds.

5. **Access to and Use of Narcan in County:** Please describe the entities that have access to Narcan, any training or education done by the SCA and coordination with other agencies to provide Narcan. Two of Tioga Counties outpatient facilities have Narcan and have individuals who can train the use of this product. The SCA recently secured Narcan to have available at our office for individuals that we serve. Tioga County Police departments and First Responders have Narcan to use when needed.

6. **County Warm Handoff Process:** Please provide a brief overview of the current warm handoff protocols established by the county including challenges with implementing warm handoff process. Tioga County contracts with Harbor Counseling for the Warm Handoff Process. Harbor Counseling reports to the SCA monthly and then the SCA completes the reporting.

a. **Warm Handoff Data:**

# of Individuals Contacted	73
# of Individuals who Entered Treatment	57
# of individuals who have Completed Treatment	54

INTELLECTUAL DISABILITY SERVICES

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

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

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

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

Individuals Served

	<i>Estimated Number of Individuals served in FY 22-23</i>	<i>Percent of total Number of Individuals Served</i>	<i>Projected Number of Individuals to be Served in FY 23-24</i>	<i>Percent of total Number of Individuals Served</i>
Supported Employment	2	1.03%	3	1.52%
Pre-Vocational	2	1.03%	3	1.52%
Community participation	3	1.54%	3	1.52%
Base-Funded Supports Coordination	82	42.05%	82	41.62%
Residential (6400)/unlicensed	0	0%	0	0%
Lifesharing (6500)/unlicensed	1	0.51%	1	0.51%
PDS/AWC	0	0%	0	0%
PDS/MF	0	0%	0	0%
Family Driven Family Support Services	23	11.79%	28	14.21%

Tioga County will continue to offer services to residents with Intellectually Disabled/Autism (ID/A) to ensure their health, safety, and welfare. The services offered will follow the approved base funded service definitions, as well as the services that have been approved in the Consolidated, Community Living and P/FDS waivers or any approved amendments. The Services Supports Directory (SSD) is made available to the individual and their families at the time of enrollment, during the initial team meeting and at each review of their plan.

Tioga County's continuum of service starts with Intake/Initial Eligibility Determination. This process begins with the AE Support Eligibility Manager, who is also a Charting the Lifecourse Ambassador. They reach out to the individual and their family to discuss the individual's strengths/needs and begin to collect program eligibility documentation. Information related to community resources and supporting the family through the lifespan is also discussed. The SCO then works to engage the individual, and their support team, to better understand their wants, needs and willingness to participate in various community options. Self-directed, informal supports, Charting the LifeCourse activities and formal support options are presented and reviewed in a manner that will complement existing supports. The primary focus is to provide all options to the individual, and their team, based upon a thorough assessment of needs, while ensuring their health/safety in the least restrictive, independent setting possible. Information learned is discussed monthly and reviewed during AE/SCO meetings. Tioga AE and the main SCO Provider, attempt to focus on community involvement and remaining in the community prior to reviewing any type of services or alternative living arrangement. If the safety of the individual comes into question, the AE is contacted immediately, and various options are discussed to alleviate the circumstances creating the safety risk in the least restrictive manner possible.

Tioga County closely monitors those who are graduating from school each year and those people with the potential for, or at risk of an emergent need. Tioga typically does not have available capacity so they will review these individuals for enrollment as it becomes available. Should an emergency arise, the Administrative Entity (AE) will review the Prioritization of Unmet Needs (PUNs) report, prioritize the needs of the individuals, review records and work to eliminate any emergencies or barriers that may be creating the emergency.

In an effort to identify situations prior to them becoming emergencies, Tioga County frequently discusses "high risk" case reviews. High risk is defined as a complex case that we are having a difficult time in meeting the needs of the individual, have the potential to rise to an emergency or are identified as needing advance planning for transition back to a community-based setting. When necessary, the team can include staff from the HCQU, Behavioral Health, Drug & Alcohol, Children & Youth, Early Intervention, as well as the DHS Administrator, and CASSP Coordinator. The cases are approached from a multi-disciplinary perspective to ensure that all avenues are explored.

Tioga County will continue to access the Community Stabilization and Reintegration Unit (CSRU) and the Dual Diagnosis Treatment Team (DDTT) for individuals that are dually diagnosed and decompensating, thus placing them, their services, and/or their housing, at risk. The use of Remote Supports will also continue to be explored, as this could be the key in some circumstances.

Tioga AE continues to work with local providers to educate them of programmatic needs of individuals. This provides them time to develop and train staff to better meet these anticipated needs. This occurs through one-on-one meetings as well as through monthly provider meetings. Tioga continues to struggle somewhat with provider expansion, especially for Lifesharing, and Supported Living. Staff recruitment for self-directed services such as Companion, Respite, In-Home & Community Supports and Nursing has been difficult as well.

During the past year, the Tioga AE has been working to revitalize/reinvent the Supporting Families Collaborative. Partnering with a local family group and participating in local events this summer has helped to gain a great deal of momentum. Several ideas are planned for the coming year, all aimed at sharing more information with families, individuals, and the general community. Funding to support the Collaborative is being requested through this Block Grant Process. The group hopes to hold events and gatherings over the coming year. A description of this Collaborative activity is below:

Collaborative Funding Proposal

- ❖ Collaborative: Multiple parties working together on a joint project.
 - WHY: To enable Tioga County to successfully work towards the common goal of connection.
 - HOW: Connect Individuals / Families / Business / Services together by joining them in a collaborative group to present and share their abilities, services and ideas.
 - GOAL: We are determined to have the majority of this collaborative be formed by Individuals and Families that we serve or are in our local community.
 - METHOD: We are looking to entice individuals and families to become involved in our collaborative by not just having “meetings” but having activities available for entertainment while also presenting resources and community.

Current funding needs:

- SAU1 presentation is scheduled for 9/21/2023 from 5:30-7. A light dinner would be provided due to the timing of the event and to provide additional incentive for attendance.

Future Events:

- Bingo Night/Meeting – Light refreshments and small prizes would be available.
- Craft Night/Meeting – Create ornaments for Christmas.
- Paint Night – Light refreshments and a structured painting event.
- Valentine’s Dance – Light refreshments, music, decorations – venue will hopefully be donated.
- Picnic – Refreshment and activities.
- Attendance at the Lifecourse Showcase Event.

~ Estimated funding needs: \$5,000 for 2023/2024 fiscal year. We will maintain a record of what is spent to coordinate each event and will utilize this record for year-to-year funding needs.

tiogacountycollab@sam-inc.org

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

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

Tioga County continues to work with the SCO and with Providers related to employment for all. The discussions focus on employment opportunities, employment readiness, supports needed and numbers of individuals interested in employment.

Overall, employment opportunities in Tioga County remain limited. That said, twenty-six people remain employed. The Tioga AE continues to support providers in their employer expansion efforts and to focus on what is within their control – public perception of employability and provider perception that continual support is not necessary.

In exploring “why” it is difficult to make a large impact on employment, it became evident that many of the individuals state they want to work or want to keep working where they are but, when asked additional questions, it becomes evident that they are not talking about integrated or competitive employment. They are talking about

wanting to be productive, involved and having a routine. Their “co-workers” are their friends and comprises their social circle. Tioga continues to focus on education of individuals, providers, schools and businesses about integrated employment through outreach and informational meetings in coordination with the SCO and providers. We continue to hope that the outreach activities will enhance the providers activities and generate additional and new employment opportunities. During the coming year, the Tioga AE plans to collaborate with a neighboring AE with an active employment coalition. We hope that a combination of work with this other AE and some independent and local work, progress can be made.

The Tioga AE is not an employment county but is interested in potential opportunities that might arise in the future.

Supports Coordination:

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

From the time of referral for service through SCO assignment, a great deal of time is spent engaging the family and assessing existing services/supports, needs, wants and aspirations. Once assigned, the SCO then works with the family on clarifying the above, as well as discussing all options and choices available to them, including self-direction. It is through the intake process that the discussion of Charting the LifeCourse is initiated, so existing natural supports can be reinforced/expanded rather than supplanted. Wristbands containing LifeCourse Materials and other helpful information is also provided to all new enrollees to the local system. The SCO utilizes Charting the LifeCourse tools with all individuals during the plan review process.

Tioga continues to work toward expanding the use of the Charting the LifeCourse tools across all local system, as it provides a common language for individuals, families and providers. With the reinvention of the Tioga Collaborative this year, there will be a new focus on assisting SCO Staff as well. While Life Course Tools are being completed, we hope to emphasize the importance of utilizing the completed tools. Through the assistance of our AE LifeCourse Ambassador and Collaborative activities, we will continue this discussion, possibly even through training. We believe all of this will enable Tioga County to begin discussions on natural supports, self-direction and building community/social capacity early in the process and help to get some supports in place that could help alleviate any emergent needs or emergency PUNs status if deemed eligible for ID/A services.

Additionally, Tioga AE meets monthly with the SCO Leadership Team. High Risk situations, service review, use of natural support and self-direction are discussed. There is also a strong focus is on the identification of back-up planning for families to understand what is in place and what is being offered to support them in maintaining those supports. The AE understands that this is difficult conversation in some cases, however, the AE believes it is an important one. Again, we are fortunate to have one member of the AE Staff complete the Charting the LifeCourse Ambassador Program. This continues to be an invaluable resource to teams as they move through the process. She participates in statewide gatherings and discussions to remain abreast of best practice in this area. We also hope with the support of Block Grant Funding, our ambassador can attend the LifeCourse Showcase in 2024.

Lifesharing and Supported Living:

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

Tioga County reviews Lifesharing options for all individuals who need additional supports and can no longer reside independently or in their current environment. Unfortunately, there continue to be limited resources in this area and provider recruitment is difficult. Local providers of the service, continue to identify the two largest barriers to Lifesharing as, being able to meet the needs of individuals in a Lifesharing setting, and locating families that are willing to become host families. At this time, Lifesharing needs are being identified in advance, so that recruitment activities can begin and out-of-county placement, or a higher level of care can be avoided. Most times, the local network cannot meet the individual's needs in a Lifesharing option. Tioga County has sought out-of-county providers, when the individual is willing to relocate. The AE recognizes that this is not an ideal situation.

Regarding Supported Living, at this time, no local providers are offering the service. The AE continues to reach out to providers with no success. Planning will continue in the coming year with the hope that Selective Contracting will help entice providers to expand into this area.

The AE truly believes in the importance of having residential service options and will encourage and will do what is necessary to support its development. In the coming year, the Tioga AE will again prioritize provider development overall, with an emphasis on Life Sharing and Supported Living. As these initiatives further develop, the Tioga AE will welcome guidance from ODP. As always, we value this partnership and will reach out if assistance is needed.

Cross-Systems Communications and Training:

- Please describe how the county will use funding, whether it is HSBG or Base funding, to increase the capacity of the county's community providers to more fully support individuals with multisystem needs, and complex medical needs.
- Please describe how the county will support effective communication and collaboration with local school districts in order to engage individuals and families at an early age and promote the life course/supporting families paradigm.
- Please describe how the county will communicate and collaborate with local children and youth agencies, the Area Agency on Aging, and the mental health system to enable individuals and families to access community resources, as well as formalized services and supports through ODP.

Tioga County continues to hold discussions with providers on the changing and multiple needs of individuals, and to ask what additional supports they may need to help serve these individuals within the County. This is done through monthly provider meetings as well as through one-on-one meetings. The Dual Diagnosis population and youth transitioning out of the C&Y system continue to create some unique and complex challenges. To help in meeting the changing needs of our population, Tioga County will continue to collaborate with the local Behavioral Health Community, CYS and other Human Services partners.

The SCO participates in transition team meetings at each of the schools within the County. Their participation not only provides education to the schools, but this also enables them to remain current on future referrals. In addition, the AE, offers to speak with local school districts to educate them on our referral process and eligibility criteria. Several wonderful partnerships, and a more effective referral process, have resulted from this

collaboration. During the past year, the AE began to attend Back to School Nights, in an effort to share information and reach new referrals. This effort has been very successful and has even assisted in the rejuvenation of the Supporting Families Collaborative.

Tioga County follows applicable requirements and participates in planning and training activities for individuals identified as leaving a State Center/State Hospital, RTF or C&Y placement. This coordination will continue to occur with the State, the Managed Care Organization (MCO), and Behavioral Health Administrative Unit (BHAU). Providers, the individuals/families involved, the court system, the SCO, the CASSP Coordinator and other identified individuals will also be at the table.

The Human Services Administrator and the AE Support Staff participate in BHARP meetings with CCBH. They share this information with others in the AE as well as with SCO Staff through monthly AE/SCO meeting and High Risk Case discussion meetings to ensure that both entities remain informed and trained on the various initiatives being developed with CCBH and BHARP. Additionally, the Human Services Administrator continues to be interested in training initiatives for Tioga County, for both system staff and the community at large.

High Risk Case Review Meetings continue to be held as necessary. These meetings consist of reviewing cases that we are having a difficult time in meeting the needs of individuals, have the potential to rise to an emergency situation, or are identified as needing advance planning for transition back to a community-based setting. As described earlier, the team can be comprised of staff from the MH, D/A, C&Y, IDD categoricals, as well as the Human Services Administrator and CASSP Coordinator. Cases are approached from a multi-disciplinary perspective to ensure that all avenues are explored. Additionally, for complex cases, we will review what has been done and look for points of intersect to learn what did and did not work. For extremely difficult and multi-categorical cases, the Tioga AE continues to contact the Northeast Regional Office for assistance and discussion of cases.

The Tioga County AE maintains consistent contact with Tioga County's Forensic Coordinator, in the event, an individual with an intellectual disability and/or autism is incarcerated and unknown to the AE. This coordination ensures that appropriate services and advocacy can be offered to the individuals. Additionally, the Call Screeners that accept all calls regarding Human Services, have been trained by AAA Link in Person Centered Counseling.

In the upcoming plan year, the Tioga AE will continue to plan for young children developmental delays and those with complex medical challenges. To date there have not been many referrals in this area but the AE does work in collaboration with the local Early Intervention System. We hope to continue this exploration and the potential for collaboration with the Local Interagency Coordinating Council and the Supporting Families Collaborative. The AE looks forward to seeing where this effort may lead.

Emergency Supports:

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

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

As noted above, Tioga County has access to a High-Risk Case Review process to discuss cases that have the potential of rising to emergency status. These reviews help to identify points of intercept to avoid an emergency. Also, it is anticipated that, through the expanded use of Charting the LifeCourse Tools, individuals will have a more comprehensive plan that will alleviate emergent needs or, at a minimum, provide additional options for informal supports in meeting such need.

Tioga County recognizes that emergencies can and do still occur. Therefore, the following is in place to hopefully resolve these situations.

- The SCO provides a formalized after hours call system in the event of an emergency. This number is provided to all individuals enrolled in the ID Program. Should an emergency arise after hours, the on-call worker will contact any necessary individuals to alleviate the emergency, including the AE. Additionally, ODP's Northeast Regional Office (NERO) and the Providers have the cell phone numbers of the AE, so they may contact the AE directly for individuals that may not currently be enrolled in the Program.
- In all emergent cases, informal supports are first explored. If informal supports cannot be put into place immediately, or are not available, the SCO will contact the AE, and seek verbal authorization for funding to alleviate the emergency, with follow-up eligibility and paperwork occurring the next business day. If the individual should prove to be ineligible for ID services, other funding, such as Block Grant Funding will be utilized.
- The Tioga County Planning Team has set aside funding for unanticipated emergencies that may arise throughout the FY. If this funding is not utilized by April 30th, it can be reallocated to cover one-time or short-term needs for individuals. Additionally, Tioga County AE projects budgets throughout the FY based upon year-to-date actual expenditures and projected expenditures based upon utilization of each. (The only exceptions to using the utilization are for individuals that are new to service, or changes in services in the last quarter of the FY, which are projected at 100% utilization.) This process automatically picks up any "add backs" of unused funds and any increases in projected utilization, thus providing the AE with a realistic picture of unencumbered funds that can be accessed at any time for emergencies.
- If the above actions prove insufficient to cover any unanticipated emergencies until waiver capacity becomes available, Tioga County will look to maximize the flexibility provided by the Block Grant, and shift funding to the ID budget through a re-budgeting process.

Tioga County does have mobile crisis available. The Tioga AE and the Base Service Unit work closely with the Crisis program and the social workers at the local emergency room. The mobile crisis teams are trained in special populations - ID/Autism/LBGTQIA/Aging/Veterans/Co-occurring. In addition, the mobile crisis provider partners with several Universities that provide free training opportunities to staff. Currently, individuals, families and providers are encouraged to work through the SCO 24 hour on call number. The on-call SC or the AE may reach out to the crisis team and ask for assistance after initial contact and assessment.

See Attachment 2 for Tioga County's 24-hour Emergency Response Plan.

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

- Please describe the county's interaction with PA Family Network to utilize the network trainers with individuals, families, providers, and county staff.
- Please describe other strategies the county will utilize at the local level to provide discovery and navigation services (information, education, skill building) and connecting and networking services (peer support) for individuals and families.
- Please describe the kinds of support the county needs from ODP to accomplish the above.

Tioga County has a strong relationship with the PA Family Network to help provide support and training for local families. The AE continues to provide information about PAFN activities directly to families, as well as through SCOs and Providers. As the Supporting Families Collaborative continues to develop, PAFN Mentors will remain active and valuable members of the group. During the upcoming year, Tioga County will further engage in Supporting Families Collaborative activities. Plans are also being made to hold a SAU1 event, in order to initiate a self-advocacy presence within the County. We hope this brings all parties together and create better understanding and new opportunities for the future. ODP will also be a very valued partner in this effort. We appreciate the support of the Northeast Region and trust that we can reach out whenever necessary.

Regarding navigation and support, the Tioga AE has and will continue to do the following:

1. Collaborate with staff across the human service system to share opportunities for training and education on various aspects of our system. As possible, the LifeCourse principles, will be promoted and the new "Gold Book" will be shared. We hope this will create better understanding across service lines and help with the development of informal supports and building of community capacity.
 2. Engage people in the process at the point of intake by introducing LifeCourse and the Supporting Families Collaborative.
 3. Support individual teams with frequent case discussion and provide coaching through our Life Course Ambassador.
 4. Continue to identify and track barriers identified by staff, individuals, and family members. Thus far, the top three barriers continue to be: Frustration with expectations of the process; difficulty in asking for help or talking about their needs with support systems, as they have never done that before; and the rural nature of the County can cause difficulty in finding/identifying supports for adults.
- Please describe how the county will engage with the Health Care Quality Units (HCQUs) to improve the quality of life for individuals in the county's program.
 - Please describe how the county will use the data generated by the HCQU as part of the Quality Management Plan process.
 - Please describe how the county will engage the local Independent Monitoring for Quality (IM4Q) Program to improve the quality of life for individuals and families.

Tioga County continues to request individual case consultation and training for staff and individuals/families from the HCQU. They have assisted us with information pertaining to (COVID and flu in past years), Fatal Five, Healthy Relationships and other important topics. The HCQU also participates in Tioga's Human Rights Committee and provides a great deal of medical insight and information during the review of incidents and restrictive procedure plans.

The HCQU provides helpful data and helps the AE prepare for meetings upon request. They are a valuable partner in all discussions and provides interpretation and suggests ways data could be helpful. Additionally, the Tioga AE continues to incorporate HCQU data into daily practice and identify what training needs may be needed to improve quality. Their assistance with interpretation of provider HRST Data has been invaluable.

Tioga County will continue to review IM4Q data with local system stakeholders. Any patterns identified through considerations and closing the loop will be reviewed at a local level and reviewed to see if the same patterns emerge in the Statewide Report. This helps to identify if we are seeing a strictly local issue or if there is a need to reach out to other areas on what they may be doing for improvement. Whether it is local or statewide, if there are patterns identified, the AE and SCO meet and review potential causes, how to alleviate them for the specific cases and what needs to be done system wide to prevent them in the future.

- Please describe how the county will support local providers to increase their competency and capacity to support individuals who present with higher levels of need related to aging, physical health, behavioral health, communication, and other reasons.
- Please describe how ODP can assist the county's support efforts of local providers.

The Tioga County AE continues to meet with providers to discuss the changing trends, what the anticipated needs will be and how to continue to ensure the safety of those currently receiving services. Tioga County understands the issues providers are experiencing and will continue to seek technical assistance from ODP on how to address and/or remove barriers identified when necessary.

The AE will also continue to utilize the High-Risk Case discussion process to not only help to alleviate emerging issues, but also review points of intercept and system improvements. This data can be used to identify potential service gaps or system needs that can then be discussed with providers on how we can overcome what has been identified and partner with them in finding solutions.

A strong priority for the Tioga AE continues to be provider and service development. A great deal of effort is spent reaching out to agencies, to see if they would consider expansion into Tioga County. There is also a focus on neighboring counties, so that services for higher need individuals, could remain local or at least closer to their community of origin. During conversations with providers, the inevitable economy of scales comes into play, as Tioga's population is not as large as other areas and, to safely meet the needs of some individuals, the providers must create individualized programs. That said, there will continue to be a focused effort to recruit providers into the County, especially for additional residential options such as LifeSharing and Supported Living. Throughout this effort, the AE will welcome the assistance of ODP for the provision of technical assistance to the local system.

- Please describe what risk management approaches the county will utilize to ensure a high quality of life for individuals and families.
- Please describe how the county will interact with individuals, families, providers, advocates and the community at large in relation to risk management activities.
- Please describe how ODP can assist the county in interacting with stakeholders in relation to risk management activities.

The AE Support Services Provider serves in the role of Incident Manager and Investigator. They provide oversight of all incident reporting, management of the EIM Dashboard, notifications to the County, provider discussion and Certified Investigations. When patterns and trends are identified, the AE Support Staff share and discuss this information with the SCO and provider agencies. The expectation is for them to act and make changes where necessary, to break the trend, or prevent a future occurrence. The AE continues to flag incidents that are identified as one of the "Fatal Five" as well as repeat I-to-I Abuse. As these incidents are reviewed, a notification is sent to the SCO and provider with the expectation they address the situation. The SCO then provides feedback to the AE on what their follow-up revealed, in order to "close the loop".

Tioga County continues to hold and enhance their Human Rights Committee. During these meetings, the committee reviews year to date incidents, which provides another level of review as well as external oversight of patterns or trends. The committee also reviews restrictive plans with the providers. A part of this review includes a discussion of positive behavior supports that were implemented, what the team is learning and if strategies being used are truly least restrictive. Any feedback and follow-up requests are discussed in a follow-up meeting with the provider.

There is a strong focus on Provider Risk Screening and the AE participates in scheduled Regional discussions on the topic. While Tioga County is directly responsible for only one Residential Agency, potential risk is a typical part of all provider discussions. If there appears to be a question about risk with another provider, the Tioga AE will intervene directly or possibly reach out to the assigned AE for further discussion.

- Please describe how the county will utilize the county housing coordinator for people with autism and intellectual disabilities.
- Please describe how the county will engage providers of service in the development of an Emergency Preparedness Plan.

Tioga County's Housing Coordinator is used for all residents of the County, regardless of population. At any time, an individual, their family or support network may contact the Housing Coordinator and request assistance in the location of housing, completion of paperwork, application for financial assistance, assistance in emergency situations (to prevent eviction/utility shut off) or initial costs associated with housing (security deposits, relocation expenses). The Housing Director is part of the county human services management team and participates in all meetings to remain current on needs, trends and identified gaps. The Housing Director also oversees the Independent Living Program for transitional youth in the Children and Youth system. Participation in meetings is very beneficial as it not only continually educates the other service systems, but also helps when teams are struggling in the ID/A system. As we identify providers of Supported Living, we will work more closely with the Housing Coordinator in local resource development and collaboration.

Tioga County ensures that all providers have an emergency preparedness plan and will work closely with Providers to ensure their planning is current. The AE continues to have discussion with providers and offers whatever support or resources they may need.

Participant Directed Services (PDS):

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

Tioga County strongly believes in the PDS process. It is a great complement to enabling the individual to retain their natural supports and not supplant them with paid supports. The flexibility and individual choice it provides the individual has proven key, in meeting needs in the least restrictive setting possible. Many times, as people experience or develop challenging behaviors, the first solution is to move towards a more formalized or restrictive service. The AE continues to monitor that this service delivery approach is offered to individuals and their team during enrollment and at each review. This is done through the monthly AE/SCO meeting and periodic High Risk Case Review discussions.

Tioga's individuals continue to gravitate towards the Agency with Choice (AWC) model. In discussion with the families, this seems to be due to the assistance and support AWC provides through the co-employer relationship. The largest barrier with utilizing this model continues to be the location of staff to hire. Some individuals come with many options, and others have very limited options, and a recruitment campaign must be done. Tioga County hoped that expanding the use of the Charting the LifeCourse tools would help expand options for those with limited supports, but the challenges of recent years created staffing shortages.

The largest barrier to VF/EA model remains the same: that the majority of the responsibility rests with the individual and/or their family. Although this offers a great deal of freedom and choice for the individual, the

responsibility is also significant, causing many chose the AWC for the support. The second largest barrier for VF/EA model is the location of staff. VF/EA experiences the same issue as AWC in this area.

ODP continues to provide a great deal of support in this area through education and individual case consultation. Participant Directed Services are now seen as the first option for service delivery, and standard practice. Individuals who have been enrolled in ID/A Services for some time and have utilized provider driven services, continue to have a difficult time with any change in how their services are delivered. They often choose to remain with their current services. However, we are seeing a downward trend for newly enrolled individuals. They do not appear to be embracing the idea that they can “drive” the direction of the planning process as others have in the past couple of years. The AE and SCO will continue to discuss and explore what may be causing this shift.

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

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

Tioga County has assisted many people over the years to transition from congregate settings into community placements. Most recently, the focus had been to work with teams of individuals leaving White Haven Center. Unfortunately, due to strong family preferences the individuals transitioned to another State Center. The AE also pays very close attention to people residing in Nursing Homes, Residential Treatment Facilities, Private ICF's and other congregate care facilities. Program Staff will continue to maintain this as a priority and will assess the needs of individuals residing in such settings. In addition, education will continue to occur with the local provider network, to identify their needs related to supporting people in the community with complex medical needs. Tioga County believes that everyone should have the opportunity to reside in the area of their choice with the supports they need to live the best life possible.

HOMELESS ASSISTANCE PROGRAM SERVICES

Please describe the continuum of services to individuals and families within the county who are experiencing homelessness or facing eviction. An individual or family is facing eviction if they have received either written or verbal notification from the landlord that they will lose their housing unless some type of payment is received.

-The Housing Specialists are funded 100% through the HSBG. Funding for their position is located in the HSS-Generic.

-The Housing Specialists are the first point of centralized contact for all individuals facing homelessness or near homelessness. This individual will work with the person and assess what the immediate needs are and help the individual address those needs. This may be through accessing PHARE funding, Contingency funding through Reinvestment, HAP funding, or referring to TREHAB, (for utility, foreclosure, rental assistance), housing authority, the Bridge Housing (BH) Program, MH Residential Supportive Housing, IL Program, the Homeless Shelter, the Emergency Shelter Apartment, and/or various landlords.

-The following statistics, from 7/1/2022 to 6/30/2023, demonstrate the continual need for housing services in Tioga County:

- Bridge Housing: 34 Adults and 35 children have been served. 29 applications have been received.
- Residential Supportive Housing: 12 adults and 3 children have been served. 23 applications have been received.
- Housing Specialist received 167 calls from individuals that are either homeless or near homeless.
- The Housing Authority reports that 41 individuals meet the homeless preference status.

Tioga County is not looking to develop any Master Leasing options in FY 23/24.

Tioga County continues to struggle with two populations regarding housing and housing supports: Individuals with serious mental illness that are unable to reside independently and youth over the age of 18 that have requested to remain in Children and Youth system. Both of these populations present serious challenges due to either challenging behaviors, an unwillingness/inability to follow through with services, and lack of natural supports. Tioga County continues to explore transitional housing options with providers and looking to collaborate with a provider to meet at least one of this populations need. A continuing challenge in these conversations is moving people away from “create a Community Residential Rehabilitation (CRR) program” to serving individuals in the community. In order to overcome this challenge, Tioga County has met with IDD Providers and IL Providers and discussed Supporting Living Programs and the possibility of developing something locally in partnership with a provider. Tioga County has been exploring the possibility of a semi-independent living arrangement through collaborating with existing providers/services. This is still in the very early stages, but it is hoped that by utilizing existing services across HAP, MH, and C&Y, in conjunction with new supplemental services, we may be able to meet the identified needs of transitioning youth and improve the longer-term outcomes for them.

Bridge Housing Services:

- Please describe the bridge housing services offered. Include achievements and improvements in services to families at risk or experiencing homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of bridge housing services? Please provide a brief summary of bridge housing services results.
- Please describe any proposed changes to bridge housing services for FY 23-24.
- If bridge housing services are not offered, please provide an explanation of why services are not offered.

-The BH program provides housing to families and individuals who are homeless or facing homelessness, victims of domestic violence, working with individuals on reunification of their children who are in care, or families who are at risk of losing their children due to having unstable housing. This is a transitional setting where they may stay up to one year. Residents in the BH program are provided with services such as obtaining permanent housing, employment skills, obtaining their GED, budgeting, parenting, MH and D&A Counseling, if needed. There are six apartments designated as Residential Supportive Housing Apartments. Individuals residing in these apartments meet BH eligibility guidelines and are diagnosed with a mental illness or substance abuse disorder.

-In FY 23/24 Tioga County will continue to capture individualized outcomes. The residents complete an exit evaluation which allows us to gather information about their housing and goal progress upon program exit: what they felt was most helpful, least helpful, what recommendation they would make about the program, and would they recommend this program to others. Discharge Outcomes are below:

Successful Discharge:

Private Landlord: 10

Family/Friends: 5

Other Discharge:

Deceased: 0

Jail: 1

Homeless shelter: 0

Unknown: 2

Case Management:

- Please describe the case management services offered. Include achievements and improvements in services to families at risk or experiencing homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of case management services? Please provide a brief summary of case management services results.
- Please describe any proposed changes to case management services for FY 23-24.
- If case management services are not offered, please provide an explanation of why services are not offered.

- Every individual or family that resides in BH, Residential Supportive Housing or IL program apartments are assigned a case worker to assist them in achieving their identified goals and obtaining stable affordable housing. These individuals/families are either assigned to the BH caseworker, the Housing Specialist and/or a caseworker in another categorical, if they are open for service. Prior to intake, there is a team meeting held, which includes the individual and family, to identify the goals targeted to be achieved during their involvement with the BH program and establish a comprehensive service plan. The BH Caseworker is funded through HAP. The Housing Specialist is funded through the HSBG/HSS, and the IL worker is funded through the C&Y IL Special Grant.

-The Housing Specialist also provides short-term case management functions with individuals who call in and request assistance in locating housing. This may include assistance in completing applications, determining eligibility, making referrals to available resources, and assisting the individual in accessing all available resources.

Some specific functions the Housing Specialist provides are:

- Coordinating with the Housing Authority on re-accepting individuals who have been asked to leave due to violations.
- Coordinating with the housing facilities in Tioga County in order for people to gain permanent housing.
- Teaching Prepared Renters Education Program (PREP)
- Assist individuals with applying for on-line benefits and/or paper applications. For example, paperwork for the assistance office, social security applications, job applications, etc.
- Maximizing all available funding resources and preventing duplication of cross applicants to other programs.
- Provide/coordinate basic living skills, budgeting, resume building, and education on parenting.

Rental Assistance:

- Please describe the rental assistance services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of rental assistance services? Please provide a brief summary of rental assistance services results.
- Please describe any proposed changes to rental assistance services for FY 23-24.

If rental assistance services are not offered, please provide an explanation of why services are not offered.

-Tioga County utilizes PHARE funding to assist families with rental assistance or other financial assistance to prevent eviction or utility shut off and will likely have no need to access HAP funding.

-Success will be measured through the assistance provided and alleviating the presenting problem.

-For FY 23/24, Tioga County projects 100 Individuals will access PHARE funding. However, this number may change depending upon the needs and eligibility of individuals in relation to additional funding being made available through pandemic relief monies.

-Tioga County is not making any changes to the eligibility requirements for the use of PHARE funding and will adopt these requirements for any requests that will be funded through HAP Funds. The requirements are: the funds will assist persons/households below 50% of Tioga County MAI & the remaining 50% of funds assist individuals/families between 50%-100% MAI. Those applying must show sustainability.

-Reinvestment Contingency Funding is available and will be utilized prior to HAP or PHARE funding for individuals who qualify.

Emergency Shelter:

- Please describe the emergency shelter services offered. Include achievements and improvements in services to families at risk or experiencing homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of emergency shelter services? Please provide a brief summary of emergency shelter services results.
- Please describe any proposed changes to emergency shelter services for FY 23-24.
- If emergency shelter services are not offered, please provide an explanation of why services are not offered.

-Tioga County plans to continue to operate an Emergency Shelter Care apartment. This apartment has run at a relatively low capacity. The times it has been used, have prevented emergency placements of children and adults. However, Tioga County has implemented a Diversion Program for individuals experiencing mental illness (Co-Responder Program). Although this program has not yet been accessed by the Co-Responder Program, it is an essential element of it. The Co-Responder may access the emergency shelter apartment as part of a diversion plan or early release plan. The Co-Responder Program is working in conjunction with the Wellsboro Police Department to support individuals identified as needing MH and/or D&A services to divert them away from the Criminal Justice system or decrease their length of incarceration. The program focuses on providing alternative care in the least restrictive environment through a coordinated system-wide approach. The program is still being implemented at a limited level at this time. However, the plan is to expand it to a countywide program. This program was developed through a collaboration with the CJAB, the Tioga County Court System (Criminal, Dependency and Drug Courts), Service Providers, Local Law Enforcement and the Tioga County Department of Human Services (C&Y, MH, and D&A). It is a direct result of Tioga's participation in the Stepping Up initiative. Additionally, Tioga County had developed a plan for the use of the Shelter Apartment during the COVID-19 Pandemic to provide a place for individuals to self-isolate to prevent the potential spread to other family members residing in the home. Fortunately, this plan did not come to fruition as we were able to work out other alternatives, but Tioga County recognizes that this apartment could become a valuable resource if needed.

-The Housing Director remains the point of contact for all referrals and during evening and weekend hours, we have coordinated the utilization of an existing on-call system to reach out to the supervisor and/or Director of Residential Services. The criteria for using the apartment are: a person who is at least 18 years of age, or a person under 18 years of age who is head of an independent household who is in need of a short-term (45 days) housing. Priority will be given to individuals who are homeless and all other housing options have been exhausted, discharged from a facility and temporarily have no other resources, or are in need of a temporary housing option to assess capacity of residing independently (for example an individual with ID/A or someone exiting an institution). Funding for the occupancy of this apartment is located under HSS-Specialized.

-A home that assists those who are in recovery is available in Tioga County. This home enables individuals to stay for free up to the first 90 days. They are then expected to obtain employment and pay \$200.00/month rent. The average length of stay remains three to six months. Tioga County does not anticipate expending

any funding on this program in FY 23/24. However, it does provide and excellent resource for the Co-Responder Program and/or emergent housing needs.

-Tioga County does have access to “housing vouchers” from local organizations if there is an immediate need for shelter. These “housing vouchers” will usually cover up to three days of a hotel stay. Use of the “housing vouchers” is a last resort and are only requested if the health/safety of the individual/family is at imminent risk and no other options remain available.

Innovative Supportive Housing Services:

- Please describe the other housing supports services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of other housing supports services? Please provide a brief summary of other housing supports services results.
- Please describe any proposed changes to other housing supports services for FY 23-24.
- If other housing supports services are not offered, please provide an explanation of why services are not offered.

-Tioga County has an established Local Housing Options Team (LHOT). This team is comprised of our Regional Housing Coordinator, Tioga County Housing Coordinator, MH providers, consumers, ministries, property owners, C&Y Agency, providers, and family members. They meet monthly to discuss housing needs and possible resolutions. The effectiveness of this support is measured through the number of meetings held and the diversity of the group attending.

-Tioga County does employ two full-time Housing Specialists. This position is funded through HSS. The effectiveness of this position is measured through the number of individuals served.

-Tioga County continues to explore working with MH and ID/A providers in developing a supported living service that mirrors the ID/A service definition that would allow up to 24/7 support in the home of individuals. However, funding and “buy in” have prevented this from being developed.

-Tioga County is continuing to explore collaborating with C&Y Case management, IL Program, C&Y residential providers, and HAP to explore the possibility of developing a semi-supervised living situation for transitional youth. We are hoping that, through a partnership with existing providers and resources, this option could be made available with little to no additional funding.

Homeless Management Information Systems:

- Please describe the current status of the county’s implementation of the Homeless Management Information System (HMIS). Does every Homeless Assistance provider enter data into HMIS?
-The Homeless Prevention and Rapid Re-housing Funding (HPRP) expired in October 2012. Since that time, Tioga County has not utilized the HMIS system.

Housing:

-Tioga County Housing Specialists work as a central point of contact for housing needs. The positions work with all Tioga County residents and focus on the housing needs of the individual/family. Having this clearinghouse helps prevent duplication of services and resources. Ongoing outreach and networking are key components of the Housing Specialist Program. They will coordinate across all service lines (for example, ID/A, IL, AAA, OLTL) to ensure the individuals needs can be met while remaining safely in the community in the least restrictive setting while preventing duplication of service.

In addition, the Housing Specialists spearhead the LHOT, participate in the annual state-wide Point in Time survey, maintain a landlord database, track the reasons for homelessness/near homeless for those that request assistance, coordinate the requests across the various agencies, manage financial assistance

(PHARE, Contingency and HAP funds), and serve as the Local Lead Agency. These responsibilities, as well as others, help the Housing Specialists maximize existing resources throughout Tioga County.

-As housing needs are identified by a categorical, the Housing Specialists participate in any discussion regarding need, identifying existing resources to meet that need, and assist in brainstorming available options. It continues to be of note that individuals between the ages of 18-22 are struggling in obtaining and maintaining housing as well. The forensic population also struggles to locate and maintain affordable housing options since many housing resources prohibit admission based on an individual's legal history. Additionally, Tioga County continues an upward trend in requests for supervised MH housing options. Currently, Tioga County is seeking to collaborate with providers to maximize funding and supports through existing means.

-Tioga County will continue to fund a shelter apartment to utilize across the human service system. This apartment, accessed through the HAP Program, assists in meeting the immediate needs of individuals and families while a more permanent solution in the community is located. This apartment may assist families to remain unified and is available to the co-responder program.

-A local D&A provider continues to operate a home for individuals in recovery. This home enables the individuals to reside there up to ninety days free. Thereafter, they must obtain employment and pay rent of \$200.00/month. During the planning phase, this provider has identified that a similar home for women is an identified need.

-A local faith-based organization continues to provide housing options. This organization continues to seek out funding and expand options, as funding becomes available. They are not only a beneficial housing resource, but also helps to keep us apprised of any expansions, opportunities and identified needs.

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

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

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

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

Adult Services: Please provide the following:

Program Name: Housing Services

Description of Services: Trehab will provide case management for housing services to eligible adults throughout Tioga County to assist families and individuals to remain in their homes and prevent homelessness. Services will include assistance in completing applications for Homeowners Emergency Mortgage Assistance, mediation with utility companies through enrollment in customer assistance programs, utility shut-off and payment of utility bills. Service Category: Housing - Activities to enable persons to obtain and retain adequate housing. The cost of room and board is not covered.

Aging Services: Please provide the following:

Program Name: Meals on Wheels

Description of Services: Provides hot and cold nutritious noon-time meal to older adults in their homes. The meal meets the one-third (1/3) Recommended Daily Allowance Criteria of the United States Department of Agriculture and special diets are available to meet special medical needs. Meals are delivered by trained volunteers Monday through Friday. Weekend and holiday meals are also available

Service Category: Home-Delivered Meals - Provides meals, which are prepared in a central location, to homebound individuals in their own homes.

Aging Services: Please provide the following:

Program Name: Emergency Services

Description of Services: Older adults aged 60 and older living on a fixed or limited income occasionally experience emergency situations that put them at a health or safety risk. Emergency services can help in funding emergency situations that put them at a health or safety risk. Emergency services can help in funding emergency snow removal, basic needs, emergency fuel, broken pipes, etc.

Service Category: Home Support- Services include basic housekeeping activities necessary to ensure safe and sanitary conditions. This service may also include the activities of shopping assistance, laundry, etc.

Children and Youth Services: Please provide the following:

Program Name: Fit for Life Summer Program and After-School Program

Description of Services: Fit for Life seeks to promote positive youth development through safe and structured physical activity, reduced childhood hunger, and to promote healthy eating habits.

Service Category: Life Skills Education - Practical education/training to the child and family, in or outside of the home, in skills needed to perform the activities of daily living, including child care and parenting education, home management and related functions.

Generic Services: Please provide the following:

Program Name: Camp Partners Transportation Services

Description of Services: Transportation to Partners In Progress will be provided. This camp serves a wide range of youth with disabilities (intellectual disability, mental health, physical disabilities and multi-handicapped) alongside their non-disabled peers. The camp provides secure, structured, and recreational and academic activities for youth aged 5 to 12.

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

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

Adult Aging CYS SUD MH ID HAP

Generic Services: Please provide the following:

Program Name: Integrated Service Planning Team

Description of Services: Currently, every case open for service with C&Y Case Management is reviewed prior to closure of service and any case that is experiencing difficulties is reviewed by the Integrated Service Planning Team(SPT). The SPT meets one time per week. This team consists of a Licensed Social Worker, a Licensed Psychologist, representation from C&Y, MH, ID, EI, and D&A, a Casework Supervisor, representation from the Management Team, and the Case Manager presenting. The purpose of the team is to support the caseworkers, review the assessed needs of the individual/family, and the appropriateness of the service plan, and identify any service gaps that are preventing the individual/family from progressing.

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

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

Adult Aging CYS SUD MH ID HAP

Generic Services: Please provide the following:

Program Name: Co-Responder Services

Description of Services: The program will work in conjunction with two Police Departments to support individuals identified as needing Mental Health and/or Drug and Alcohol services to divert them away from the Criminal Justice system or decrease their length of incarceration. The program will focus on providing alternative care in the least restrictive environment through a coordinated system-wide approach. The program is being implemented at a limited level at this time. However, the plan is to expand it to a county-wide program. This program was developed through a collaboration with the Criminal Justice Advisory Board, the Tioga County Court System (Criminal, Dependency and Drug Courts), Service Providers, Local Law Enforcement, and the Department of Human Services (Children and Youth, Mental Health, Drug & Alcohol.) It is a direct result of Tioga's participation in the Stepping Up Initiative. Funding will be used for training, salary/benefits, and program related expenses.

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

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

Adult Aging CYS SUD MH ID HAP

Generic Services: Please provide the following:

Program Name: Batterer Intervention Services

Description of Services: Services will be provided to individuals who have been convicted of crimes involving domestic violence, or as a result of a protection from abuse order. Services will include weekly group sessions, as well as domestic violence assessments. The Duluth Model will be used. Additionally, educational hours will be provided to members in the community, law enforcement, and spouses of those who may enroll in programming. Prevention activities will also reach out to the schools to offer education to young adults. The school prevention will focus on dating violence, risk with cyber relationships, and overall safety in relationships.

Service Category: Counseling - Nonmedical, supportive or therapeutic activities, based upon a service plan developed to assist in problem solving and coping skills, intra- or inter-personal relationships, development and functioning.

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

Adult Aging CYS SUD MH ID HAP

Generic Services: Please provide the following:

Program Name: Housing Coordinator

Description of Services: The Housing Coordinator is the first point of centralized contact for all individuals facing homelessness or near homelessness. This individual will work with the person and assess what the immediate needs are and help the individual address those needs. This may be through accessing PHARE, HAP, Contingency or other available funding, TREHAB(for utility, foreclosure, rental assistance), or referring to the Housing Authority, the Bridge Housing Program, MH Residential Supportive Housing, Independent Living Program, the Homeless Shelter, the Emergency Shelter Apartment, and/or various landlords.

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

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

Adult Aging CYS SUD MH ID HAP

Generic Services: Please provide the following:

Program Name: Mobile Intake Workers

Description of Services: These individuals will respond to all requests for service, whether face-to-face or via telephone for MH/C&Y/D&A/EI and conduct all initial screenings for service. Service will be provided in the office and community. Additionally, this individual will provide information and referral services and authorize services if necessary.

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

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

Adult Aging CYS SUD MH ID HAP

Generic Services: Please provide the following:

Program Name: Transportation

Description of Services: The Tioga County Partnership for Community Health(TCPCH) will be contracted to address transportation needs and will be responsible for all aspects of service provision and payment, except for the actual transport. The TCPCH will work directly with local and existing transportation providers to develop various options and maximize available funding while ensuring all other revenue sources are exhausted, as well as work to recruit volunteer drivers.

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

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

Adult Aging CYS SUD MH ID HAP

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

Program Name: Court Initialization

Description of Services: This funding will be used by the Mobile Intake Workers to authorize services immediately. The intake workers will meet with the individuals at the courthouse. If they do not have medical assistance, or other insurance for service, the intake worker will call the provider, schedule the initial appointments, authorize services and refer to the appropriate categorical. If the individual is not eligible for MA, or funding in the other categorical prior to the first appointment, this funding will be utilized. Additionally, this funding may be used for services that are unique to the individual and not available under other categorical. Services that may be authorized are D&A outpatient/assessment services, MH outpatient services, or drug testing/screening. Tioga County understands that the provision of medical care is prohibited, and no medical care would be authorized. This funding will enable the individuals to be engaged in services at a time when they are most receptive, enable the individual to meet requirements issued upon them by the court, and expedite the start of service.

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

Program Name: Forensic Initiator

Description of Services: The Forensic Initiator is an individual housed in the Tioga County Prison. This position will conduct an initial screening on all inmates to assess the suicide risk and determine what additional D&A and MH services may be necessary during the inmate's period of incarceration. Once this determination is made, referrals will be made to the SCA and BSU to complete the necessary intakes and assessments. Additionally, this position will work with Children and Youth services and the inmates to encourage parental engagement in their children's plans (where appropriate). The position was previously a case worker position that would refer for services however, over the past couple of years it became clear that this was a duplication of service provided by the SCA and BSU. To eliminate this duplication, but retain the necessary services for the inmates, the position was changed to screen and initiate services while incarcerated and act as the centralized person on inmate needs.

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

Program Name: Supervision Program

Description of Services: The Supervision Program provides an independent observer/evaluator to oversee visits between children and their parents who are not open for Children and Youth services. A sliding fee scale is used for these families as they often have the inability to pay the full cost related to this service.

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

Program Name: Community Stabilization Funding

Description of Services: Tioga County will utilize this funding to assist individuals access services or items that are not eligible under existing funding streams. This may include services/items for individuals with autism that are not available under mental health funding and are not eligible for ID/A funding. It may also be used to assist families/children to remain safely in the community through a non-traditional means. The purpose of this funding

is to assist individuals/families remain safely in the community, in the least restrictive setting and to prevent out of home/non-community-based placement.

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

Program Name: Shelter Services

Description of Services: Shelter Services are necessary to assist those who have an emergent need of housing and/or a safe place to stay. Tioga County opened a shelter apartment for individuals that need emergency shelter/housing. Additionally, Tioga County is budgeting some money for individuals who may need to reside in a hotel until an opening in one of the existing facilities becomes available. Utilizing a hotel will be the absolute last resort however, it could become necessary. Shelter services in the apartment will be available to an individual that is at least 18 years of age, or a person under 18 years of age who is head of an independent household who needs short-term (45 days) housing. Priority will be given to individuals who are homeless and all other housing options have been exhausted or have been discharged from a facility and temporarily have no other resources. For example, if a families home is deemed unsuitable and hazardous and the placement of children is imminent due to the conditions of the home, this shelter could be used to prevent the placement of children, maintain the family unit, and ensure the safety of the family. If an individual is ready for discharge from the State Hospital but has no income, they may be offered this apartment to expedite their release to the community and receive intensive in-home supports while applying for SSI and other housing options.

Interagency Coordination: (Limit of 1 page)

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

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

Comprehensive Resource Directory: The Tioga County Partnership for Community Health has developed a comprehensive online resource directory, specific to Tioga County. This funding will be used for ongoing updates to existing listings, addition of new services, and creation of an app. In an effort to afford greater access by all community members and organizations, TCPCH partnered with Develop Tioga to launch “Develop Tioga”, a searchable app that includes all of our current resource directory. The app is free and easy to download. The top five categories searched in the directory are education, children and youth, self-improvement, community, and mental health.

Interagency Coordination: (Limit of 1 page)

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

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

PA 211 NE: The PA 211 NE/Helpline is a 24/7/365 free information, referral, and crisis management service that also handles crisis and warm line calls. The information and referral calls address a variety of caller needs including food insecurity, utility assistance, emergency shelter, coordinated housing, rental assistance, domestic violence prevention, drug and alcohol rehabilitation and detoxification services and other crisis intervention.

Other HSDF Expenditures – Non-Block Grant Counties Only

If the county plans to utilize HSDF funds for Mental Health, Intellectual Disabilities, Homeless Assistance, or Substance Use Disorder services, please provide a brief description of the use and complete the chart below.

Only HSDF-allowable cost centers are included in the dropdowns.

Category	Allowable Cost Center Utilized	
Mental Health		
Intellectual Disabilities		
Homeless Assistance		
Substance Use Disorder		

Note: Please refer to Planned Expenditures directions at the top of Appendix C-2 for reporting instructions (applicable to non-block grant counties only).

Appendix D

Eligible Human Services Cost Centers

Mental Health

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

Administrative Management

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

Administrator's Office

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

Adult Development Training (ADT)

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

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

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

Children's Evidence Based Practices

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

Children's Psychosocial Rehabilitation Services

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

Community Employment and Employment-Related Services

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

Community Residential Services

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

Community Services

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

Consumer-Driven Services

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

Emergency Services

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

Facility-Based Vocational Rehabilitation Services

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

Family-Based Mental Health Services

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

Family Support Services

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

Housing Support Services

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

Mental Health Crisis Intervention Services

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

Other Services

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

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

Partial Hospitalization

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

Peer Support Services

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

Psychiatric Inpatient Hospitalization

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

Psychiatric Rehabilitation

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

Social Rehabilitation Services

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

Targeted Case Management

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

Transitional and Community Integration Services

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

Intellectual Disabilities

Administrator's Office

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

Case Management

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

Community Residential Services

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

Community-Based Services

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

Other

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

Homeless Assistance Program

Bridge Housing

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

Case Management

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

Rental Assistance

Payments for rent, mortgage arrearage for home and trailer owners, rental costs for trailers and trailer lots, security deposits, and utilities to prevent and/or end homelessness or possible eviction by maintaining individuals and families in their own residences.

Emergency Shelter

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

Innovative Supportive Housing Services

Other supportive housing services outside the scope of existing Homeless Assistance Program components for individuals and families who are experiencing homelessness or facing eviction. An individual or family is facing eviction if they have received either written or verbal notification from the landlord that they will lose their housing unless some type of payment is received.

Substance Use Disorder

Care/Case Management

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

Inpatient Non-Hospital

Inpatient Non-Hospital Treatment and Rehabilitation

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

Inpatient Non-Hospital Detoxification

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

Inpatient Non-Hospital Halfway House

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

Inpatient Hospital

Inpatient Hospital Detoxification

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

Inpatient Hospital Treatment and Rehabilitation

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

Outpatient/Intensive Outpatient

Outpatient

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

Intensive Outpatient

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

Warm Handoff

Direct referral of overdose survivors from the Emergency Department to a drug treatment provider.

Partial Hospitalization

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

Prevention

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

Medication Assisted Therapy (MAT)

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

Recovery Support Services

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

Recovery Specialist

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

Recovery Centers

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

Recovery Housing

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

Human Services Development Fund

Administration

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

Interagency Coordination

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

Adult Services

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

Aging

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

Children and Youth

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

Generic Services

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

Specialized Services

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

Attachment 1

Public Hearing Documentation

AFFP
NOTICE ADVISORY BOARD MEETING

Affidavit of Publication

STATE OF PENNSYLVANIA) SS
COUNTY OF TIOGA)

Pat Patterson, being duly sworn, says:

That he is Publisher of the Wellsboro/Mansfield Gazette, a daily newspaper of general circulation, printed and published in Wellsboro/Mansfield, Tioga County, Pennsylvania; that the publication, a copy of which is attached hereto, was published in the said newspaper on

March 02, 2023, March 09, 2023

That said newspaper was regularly issued and circulated on those dates.

SIGNED:



Publisher

Subscribed to and sworn to me this 9th day of March 2023.



Tracy L. Schuckers, Notary Public, Clearfield County, Tioga County, Pennsylvania

My commission expires: April 08, 2025

00000215 00557046

Tioga County Human Services
1873 Shumway Hill Road
Wellsboro, PA 16901

Commonwealth of Pennsylvania - Notary Seal
Tracy L. Schuckers, Notary Public
Clearfield County
My commission expires April 8, 2025
Commission number 1275896
Member, Pennsylvania Association of Notaries

PUBLIC NOTICE / PUBLIC HEARING

The Tioga County Department of Human Services Advisory Board meeting will be held Wednesday March 15, 2023 at 12:00 noon in the W.M. Tokishi Training Center, which is located on NYPUM Drive in Wellsboro, Pennsylvania. During this meeting, the Board will be hosting the first 2023-2024 Block Grant public hearing.

Persons interested in attending this meeting should contact Mellissa Parsons, Administrative Assistant, at 1873 Shumway Hill Road, Wellsboro, Pennsylvania 16901 or telephone (570) 724-5766/724-8634 (TDD).

If you are a person with a disability and desire to attend these meetings and require an auxiliary aid service or accommodation to participate, please contact Sara Rice, Administrator at the above address or telephone number.

3/2/23 & 3/9/2023

Legals/Notices

PUBLIC NOTICE / PUBLIC HEARING

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3/2/23 & 3/9/2023

TC DHS
Advisory Board
March 15, 2023 12:00 Noon
Sign-In Sheet

Name	Please Initial	Email Address
Anderegg, Isobel	IA	ianderegg@wordtothebra.org
Bernard, Michael		
Bodine, Jim		
Bunn, Roger, Commissioner		
Coolidge, Erick, Commissioner	EJC	
Coots, Amy	ACE	amycoots@wellsborosd.org
Hamilton, Kristin	KH	khamilton@development.org
Hamilton, Mark, Commissioner	MH	
Harmon, Tanya		
Lamonski, Holly	HL	hlamonski@hsstaaa.org
Largey, Ben	BL	blargey@wellsborosd.org
Lutchko, Katlyn	KML	lutchkokm@upmc.edu
Mcbride, Timothy	TM	
Olson, Saira	SO	
Rice, Sara, Administrator	SR	
Simcox, Drew		
Sticklin, Sue		
Watkins, Seth	SW	570 439 7953
Visitors:		
Nancy Clements	NC	
Melissa Parsons	MP	
Nichole Luckovich	NL	
Jarice Chamberlain	JC	jchamberlain@toga-county.pa.us
Diane Weed	DW	
Robin Adams	RA	
Gene Morgan	GM	gene.morgan@pittwp.com
Marc Rice	MR	mrice@toga-county.pa.us
Laurie Roof	LR	harbor12@ptd.net
Mary Wilson	MW	
Hazel Smith-Guild	HSG	hazelsg.wess@frontiernet.net
Gwendolyn Young	GY	gwendolyn.wess@frontiernet.net
Jan Dinger	JD	bdingerwess@frontier.com
Jan Dinger		
Jenny Bowen	JB	jbowen@concern4kids.org

**Tioga County Department of Human Services
Advisory Board
March 15, 2023
12:00 noon**

Board Attendance: Isobel Anderegg, Commissioner Erick Coolidge, Amy Coots, Kristin Hamilton, Commissioner Mark Hamilton, Tanya Harmon, Holly Lamonski, Ben Largey, Timothy McBride, Saira Olson, Seth Watkins

Guest Attendance: Robin, Adams, Jenny Bowen, Janice Chamberlain, Nancy Clemens, Gwen Deyoung, Bill Dinger, Nikki Luckovich, K. Irene Morgan, Mellissa Parsons, Marc Rice, Laurie Roof, Hazel Smith-Guild, Diane Weed, Diane Weed, Mary Wilson

Remote Attendance: Margaret Dunning-Smith, Christa Hilfiger, Jim Schu, Katie Seiders, Renee Smith, Sue Sticklin Jennifer Stubbs, Antonia Whittle

Call to Order: Saira called the meeting to order at 12:00 p.m. with the Pledge of Allegiance and a Moment of Silence.

Saira states “The Tioga County Department of Human Services Advisory Board will facilitate the Public Hearing regarding the 2023/2024 Human Services Plan from 12:00 p.m.- 1:00 p.m. The purpose of these hearings is to inform the public and solicit stakeholder input. During the Public Hearings any member of the public is invited to provide testimony, verbally or in writing, regarding the plan.”

The advisory board made introductions of themselves to the public.

Secretary’s Report: Holly asked the Advisory Board to review the minutes from the November 2022 meeting. Holly asked if there were any questions, concerns, discrepancies. No voiced concerns. Kristin made a motion to accept the minutes as presented, Commissioner Coolidge Seconded. 13Ayes, 0 Nays. Motion carried.

Treasurer’s Report: Sara states that at the end of February 2023, the balance is \$6,618.00. We received \$1,640.00 in donations from the 2022 Christmas Appeal. Saira made a motion to approve the treasury report as presented, Commissioner Coolidge seconded. 13 Ayes, 0 Nays. Motion Carried.

Agenda Items:

Nikki Luckovich begins by giving an update regarding mental health in Tioga County. Tioga County currently has 40 active cases that we are following with 5-10 new referrals each month. We currently have 6 individuals at Clarks Summit State Hospital, which is higher than some of the other counties based on the county’s population. It is challenging to divert individuals away because we don’t have any housing options with 24-hour supervised housing, which is a step down from a state hospital, so these individuals end up staying longer in the state hospital than they should. We have been outreaching to any Tioga County resident that has been 302’d involuntarily in the hospital. Since the hospital isn’t in county, the base service unit staff reaches out to the hospital to coordinate services once they are out. Most of the providers have wait lists due to staffing issues. Through the Systems of Care grant, in February we distributed 50 calming bags to children & youth, to the courthouse, to EMS, and to the police department. We plan to distribute 50 more in April. Calming bags are backpacks with a journal, bottle of water, fruit snacks, and age appropriated activities. It has been recommended that we put personal care

products in there, so we will be implementing that in the next round of bags. We are always looking for volunteers to fill the bags, so if anyone is interested, please feel free to reach out. We are meeting with Judge Wheeler on March 22nd regarding implementing a calming room at the courthouse. Question—Has there been any improvement finding mental health placements for those that come in the emergency departments and hospitals? Tioga County has had a few children that have had to sit in the emergency room for a little bit until we can find a placement for them. While in the emergency room, they are not receiving mental health treatment/services, they are just housing them until we can get them in a facility.

This is a problem across the state. A few units have opened but they are having difficulties with staffing. If they don't have staff, they are at capacity and cannot accept referrals. This problem is not exclusive to Tioga County, it is happening across the state. There has not been any improvement, but it hasn't gotten any worse. Commissioner Coolidge comments that this is a universal problem in every aspect regardless of the demographics. Mental health individuals should not be in an incarcerated environment, the county cannot handle those circumstances appropriately that need a specific kind of care. We need a greater level of voice to address those circumstances. We need to be thinking more abstractly because the need is monumental. Ben Largey brings attention to a positive note, while there is a need for crisis and emergency services for mental health, over the last 20 years, he has seen an increase in services offered to all kids in schools for different levels of care including family team meetings, outpatient treatment services through CONCERN at the school, the CSBDH program, mental health counselors in the school, guidance counselors, and school psychologists.

Sara called upon the Tioga County providers to offer what they are seeing regarding trends to solicit stakeholder input to take into consideration for our 2023/24 block grant plan.

Gwen from Wellspring states they have recently hired two individuals that are in wheelchairs, and they would like to see automatic door openers to make it more wheelchair accessible for the employees and their clients. Gwen is requesting funding to have this put into place. Commissioner Coolidge states that they were unaware of this issue and now they are. They will make sure to take care of this.

K. Irene Morgan states in order to serve their individuals, it has to fit within their client's budget that has been developed based on the cost of their service. The office of developmental programs is out of touch with reality. Over the last 5 years, things have gotten worse. Many of you know we are experiencing a huge crisis with providers closing throughout the state. There are over 5000 people since before COVID that are not receiving services. They will increase the waiver dollars, which is great, but they are basing their costs from 20 years ago. Transportation has been a big problem. Commissioner Coolidge states Governor Shapiro is receptive to the needs and much of what you just offered is in discussion. This is a priority at our spring conference this week. This problem is not just in Tioga County.

Jenny from CONCERN states the lack of qualified staffing, licensure requirements, and reimbursement rates for services are our three biggest barriers. Last year I referenced an idea to meet a need, a need for schools to have supports for engagement. They are engaging those individuals who are not ready,

willing, or interested in services. We currently have this service in place in Berks County and it is going well. I think we are ready to have a conversation regarding this service for Tioga County. Question- would this be in all three school districts? Yes. The staffing that we need to do this would need lower credential requirements, because they are just engaging and not providing the services. Question- is there anyone aware of any incentive programs that's available for mental health providers to practice in a rural setting? In the school districts the state provides reimbursement for different programs for teachers and if they teach in a rural setting for a certain amount of time, they may get money towards their loans. Sara- The Behavioral Health Alliance of Rural Pennsylvania (BHARP) is implementing a Higher Education Program that counties can join—we will get 3 slots. This program allows students to do an internship and then get part of their senior year paid, up to \$20,000, for as long as they commit to an organization, like CONCERN or Crossroads, for 2 years.

Saira calls upon the Advisory Board for one member to be the advisory board representative for the second hearing for Block Grant and hear the HSS proposals during this meeting on May 2, 2023 at 9:30 a.m. Tim McBride volunteers.

Commissioner Coolidge calls upon Robin Adams. It has been brought to his attention that suggests on social media that she is the founder of Tioga Overdose Fatality Review Team. Can you elaborate on that for me and what it entails. Robin's response "It doesn't entail much right at the moment, just \$10,000 from the state for a plan that I was able to write. The plan lays out the very basic building blocks of what an OFR should do and can do. That was submitted back in August and approved late October/early November, that is as far as it has gone. I have been looking for an entity other than I'mPACT and doing some research and thought quite possibly some connecting counties that are doing this can use their SCA's. There is a communications insert, that you can type questions into and people will respond to you within your state and country. I asked the question of existing Pennsylvania OFR's, that analyst is typically housed within the county, and most of their responses have come back from the county Department of Health. The Dept. of Health's vary from 1-2 staff persons for smaller rural county vs. 12-14 attached to a Dept. of Health for a larger area. That seems to be the most popular place for an analyst and is usually what they are called and they facilitate the OFR meaning pulling people from the university, from your medical systems. They are not investigative, they are just co-fact finding afterward so it cannot be any type of law enforcement surrounding or open investigation surrounding. It has to be one that is not under investigation. Most started three years back and they try to do quarterly."

Question from Commissioner Coolidge- If I read from statute, in counties where there is a local health department, the local health department shall be the lead organization to oversee and coordinate the death review team in a form and manner as prescribed by the department. In contingent in choosing an established death review team, if there is not a local health department, which I think Terri Byrd represents, an organization interested in being selected as the lead organization shall submit an application, in a form and manner as prescribed by the department, for review and approval. Prior to

submitting an application, a county's commissioners shall approve the submission of an organization as a lead organization. I do not remember signing it, Commissioner Hamilton agrees. Robin- "I did not submit an application Commissioner. This was a plan for seed money for an organization in a community to get people to a table. This hasn't reached legislation." Commissioner Coolidge "I understand that, however on the announcer, it says that you are designated as the founder and we haven't signed anything. So that is misrepresenting the facts. Robin- "No, this is not misrepresenting the facts. I've only talked to 7-8 people: the Deputy Coroner, two professors at MU. This is just a thought. It is funded based on work that I did- a very tiny amount \$10,000." Commissioner Coolidge- "But where is that money?" Robin- "We can discuss this later, it has not been received yet. It is still coming because I wasn't an entity that could do a digital credit card with the Commonwealth." Commissioner Coolidge- Thank you, I just wanted to know the basis behind it.

Kristin motioned to close the TCDHS Advisory Board Meeting, Amy seconded. Meeting Adjourned at 1:00 p.m.

Submitted by:



Holly Lamonski
Secretary



Sara J. Rice
Administrator of TCDHS

AFFP
NOTICE PUBLIC HEARING

Affidavit of Publication

STATE OF PENNSYLVANIA) SS
COUNTY OF TIOGA)

PUBLIC NOTICE / PUBLIC HEARING

Pat Patterson, being duly sworn, says:

That he is Publisher of the Wellsboro/Mansfield Gazette, a daily newspaper of general circulation, printed and published in Wellsboro/Mansfield, Tioga County, Pennsylvania; that the publication, a copy of which is attached hereto, was published in the said newspaper on

The Tioga County Department of Human Services Advisory Board will be hosting the second hearing for the 2023-2024 Block Grant Public Hearing on Tuesday May 2, 2023 at 9:30 a.m. in the W.M. Tokishi Training Center, which is located on NYPUM Drive in Wellsboro, Pennsylvania. The purpose of this hearing is to inform the public and solicit stakeholder input.

Persons interested in attending this meeting should contact Melissa Parsons, Administrative Assistant, at 1873 Shumway Hill Road, Wellsboro, Pennsylvania 16901 or telephone (570) 724-5766/724-8634 (TDD).

If you are a person with a disability and desire to attend these meetings and require an auxiliary aid service or accommodation to participate, please contact Sara Rice, Administrator at the above address or telephone number.

April 20, 2023, April 27, 2023

4/20/23 & 4/27/2023

That said newspaper was regularly issued and circulated on those dates.

SIGNED:

Publisher

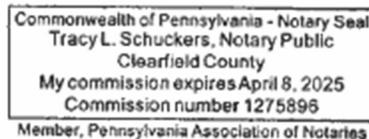
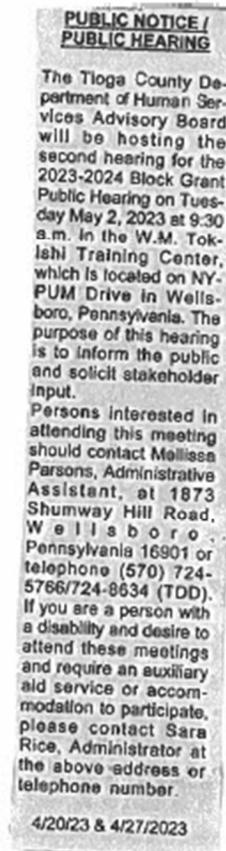
Subscribed to and sworn to me this 27th day of April 2023.

Tracy L. Schuckers, Notary Public, Clearfield County, Tioga County, Pennsylvania

My commission expires: April 08, 2025

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Tioga County Human Services
1873 Shumway Hill Road
Wellsboro, PA 16901



**HUMAN SERVICES AND SUPPORTS
2023/24 PUBLIC HEARING
PROVIDER ATTENDANCE
May 2, 2023**

Name & Organization:

1. Erick J. Coshige
2. Squad Office - TCDHS
3. Rogan Bunn
4. Marlea Haydt - AAA
5. Juri Chabela
6. Mark Haulton
7. Christa Hulby - TCDHS
8. Walter DeYoung - WellSpring
9. Margaret Day Smith - SAM
10. Sue Stocklin - TCPCH
11. _____
12. _____
13. _____
14. _____
15. _____

**Tioga County Department of Human Services
Advisory Board
May 2, 2023
9:30 a.m.**

Attendance: Commissioner Bunn, Janice Chamberlain, Commissioner Coolidge, Gwen Deyoung, Margaret Dunning-Smith, Commissioner Hamilton, Christa Hilfiger, Marlea Hoyt, Tim McBride, Mellissa Parsons, Sara Rice, Sue Sticklin
Remote Attendance: Edlynn Flannery, Renee Smith, Antonia Whittle

Call to Order: Sara called the meeting to order at 9:30 a.m. with the Pledge of Allegiance and a Moment of Silence.

2023/2024 Human Services and Supports Proposals:

“The Tioga County Department of Human Services Advisory Board will facilitate the Public Hearing regarding the 2023/2024 Human Services Plan from 12:00 p.m.- 1:00 p.m. The purpose of these hearings is to inform the public and solicit stakeholder input. During the Public Hearings any member of the public is invited to provide testimony, verbally or in writing, regarding the plan.”

The Contract Management Unit has received the following proposals through Human Services and Supports from the Human Services Block Grant.

- Area Agency on Aging/Meals on Wheels-(20,000.00)
- Area Agency on Aging/Emergency Services- (2,000.00)
- Family Services Association of NEPA Helpline (7,500.00)
- Partners in Progress Inc., Camp Partners-Transportation (6,275.00)
- Tioga County Partnership for Community Health/ Resource Directory (7,000.00)
- TREHAB/ Housing Services- (5,000.00)
- Wellspring/Drop In & Social Rehabilitation-Van (30,600.00)

Each provider has the opportunity today to present their proposals to the County Commissioners. Sara called upon Marlea Hoyt with Area Agency on Aging. The Area Agency on Aging is a non-profit 501c3 charitable organization. We are designated by the Pennsylvania Department of Aging to provide aging services in Bradford, Sullivan, Susquehanna, and Tioga Counties. We are requesting \$20,000 to supplement the Meals on Wheels program which is consistent with last years request. We do anticipate an increase in demand due to the public health emergency that was removed for SNAP benefits. We increased our request amount this year by \$2,000 because of this. We are also requesting \$2000.00 for Emergency Services. This will assist with emergency furnace repairs, utility shut-off notices, and fuel allotments. Our traditional funding will not allow us to cover those types of things. Any questions? No questions raised.

Sue Sticklin from the Tioga County Partnership states they are requesting HSA funds in the amount of \$7,000.00 for the comprehensive resource directory that includes an online searchable database and app. The app is called Discover Tioga and is specific to Tioga County. We've partnered with Develop Tioga for this app and the amount being requested would support on-going maintenance of this directory. We have had 6,642 directory hits so for this year, last year was 14,398 directory hits. Our top five categories searched are education, children and youth, self-improvement, community, and mental health. The health centers use the online database to search for resources for their patients. This app would benefit caseworkers as well when they are

out in the field and a need arises. It is a great tool to have. Question- is there a hardcopy version of this resource directory for those that do not have access to a smart phone or computer? Yes, we can print a copy of this directory upon request.

Edlynn introduces Trehab as a community action agency that services six counties- Bradford, Sullivan, Susquehanna, Tioga, Wayne, and Wyoming. We offer a variety of services for those in need. Those services vary by county. Today we are asking the Tioga County Commissioners to consider Trehab for \$5,000 to funding support for our housing and community services. We offer in Tioga County housing and community services. Housing is utility mediation which our staff works directly with UGI and they have funding to assist shut-offs and help with payment arrangements. They work with people individually to get them on track to prevent shut-off's and homelessness. Trehab also offers workforce development and training. Our staff works with our client's budget, see where their needs are and get them in a positive direction for self-sustainability. With the pandemic ending, we are running into a lot of individuals with shut-off notices. The \$5,000 is for staff support.

Gwen from Wellspring states that they are requesting \$30,600.00 to purchase a new safety van for psychiatric and social rehabilitation programs. We are slowly recovering from the effects from the pandemic. We have had our current van for 11-12 years. Rust has taken over and we need a new one to transport our clients. We have been looking at used vans to keep the cost down. Questions? No questions raised.

Family Services Association of NEPA Helpline and Partners In Progress, Inc. were unable to attend today's meeting.

Tim made a motion to adjourn the meeting, Sara seconded. Meeting adjourned at 10:30 a.m.

Submitted by:



Sara J. Rice
Administrator of TCDHS

Attachment 2

Emergency Response Plan

Administrative Entity
Tioga County

Policy: Emergency Services

Date: 6-1-2016

Revised:

Background:

- Article III, Section 301 (d) (4) of the Mental Health and Intellectual Disability Act of 1966, states it shall be the duty of local authorities to insure that Emergency Services twenty-four hours per day shall be provided by, or available within at least one of the types of services specified in this paragraph. The services specified in paragraph (5) are: Short-term inpatient services other than those provided by the State, Outpatient services, Partial hospitalization services, Consultation and education services to professional personnel and community agencies, Aftercare services for persons released from State and County facilities, Interim care of Intellectually Disabled individuals who have been removed from their homes and who having been accepted, are awaiting admission to a State operated facility, Unified procedures for intake for all County services and a central place providing referral services and information.

Policy:

The Administrative Entity will ensure that that at least one of the types of services identified above are available twenty-four hours per day.

Procedure:

- Upon enrollment in to the ID Program and assignment of an SCO, the Individual is provided with the SCO's Urgent Need phone number that is available after normal business hours and on weekends.
- Each Fiscal Year, the AE provides a cell phone number to all providers, the Base Service Unit, the Single County Authority and Children and Youth. This number can be used after normal business hours or on weekends.
- If an emergency arises, the SCO is contacted by the individual, their family, the provider or the AE. The SCO will complete an assessment to identify the emergent need.
- The AE, SCO, Individual, family and the provider will work together to set up an emergency plan for the individual to ensure their health, welfare and safety. Tioga AE has set aside base funding for emergency situations and will authorize access after normal business hours or weekends if necessary.
- The emergency plan will remain in effect until the next business day, at which time the case will be reviewed by the individuals team and a determination will be made as to whether or not the current emergency plan needs to remain in effect or if a new plan needs to be put into place.

References:

- MH/ID Act of 1966

Attachment 3

FY 23-24 Block Grant Budget

County:	1.	2.	3.	4.	5.	6.
TIOGA	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT						
Administrative Management	17		\$ 83,718		\$ 5,056	
Administrator's Office			\$ 142,457		\$ 9,952	\$ 90,214
Adult Developmental Training						
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment	1		\$ 14,674		\$ 1,026	
Community Residential Services						
Community Services	-		\$ 33,907		\$ 2,369	
Consumer-Driven Services						
Emergency Services	16		\$ 33,250		\$ 2,323	
Facility Based Vocational Rehabilitation	5		\$ 85,506		\$ 5,450	
Family Based Mental Health Services	1		\$ 935		\$ 65	
Family Support Services	4		\$ 67,486		\$ 4,715	
Housing Support Services	6		\$ 10,991	\$ 15,000	\$ 768	
Mental Health Crisis Intervention	46		\$ 12,151		\$ 849	
Other						
Outpatient	2		\$ 18,937	\$ 14,000	\$ 1,323	\$ 50,000
Partial Hospitalization						
Peer Support Services	5		\$ 18,694		\$ 1,306	
Psychiatric Inpatient Hospitalization						
Psychiatric Rehabilitation	7		\$ 33,378		\$ 2,332	
Social Rehabilitation Services	5		\$ 112,226		\$ 4,175	
Targeted Case Management	10		\$ 45,109		\$ 3,151	
Transitional and Community Integration	87		\$ 69,542		\$ 4,858	
TOTAL MENTAL HEALTH SERVICES	212	\$ 1,339,685	\$ 782,961	\$ 29,000	\$ 49,718	\$ 140,214
INTELLECTUAL DISABILITIES SERVICES						
Administrator's Office			\$ 473,244		\$ 33,062	\$ 69,776
Case Management	159		\$ 34,611		\$ 2,418	
Community-Based Services	31		\$ 122,478		\$ 7,507	
Community Residential Services	1		\$ 69,697		\$ 4,869	
Other	2		\$ 5,760		\$ 402	
TOTAL INTELLECTUAL DISABILITIES SERVICES	193	\$ 836,149	\$ 705,790	\$ -	\$ 48,258	\$ 69,776

DHS Bulletin 2023-01
County Human Services Plan Guidelines

County:	1.	2.	3.	4.	5.	6.
TIOGA	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
HOMELESS ASSISTANCE SERVICES						
Bridge Housing	40		\$ 128,624		\$ 8,986	
Case Management						
Rental Assistance						
Emergency Shelter						
Innovative Supportive Housing Services						
Administration			\$ 6,819		\$ 476	
TOTAL HOMELESS ASSISTANCE SERVICES	40	\$ 103,031	\$ 135,443		\$ 9,462	\$ -
SUBSTANCE USE DISORDER SERVICES						
Case/Care Management	139		\$ 129,488		\$ 9,046	
Inpatient Hospital						
Inpatient Non-Hospital						
Medication Assisted Therapy						
Other Intervention						
Outpatient/Intensive Outpatient						
Partial Hospitalization						
Prevention	75,418		\$ 49,617		\$ 3,466	
Recovery Support Services						
Administration			\$ 25,723		\$ 1,797	
TOTAL SUBSTANCE USE DISORDER SERVICES	75,557	\$ 153,291	\$ 204,828	\$ -	\$ 14,309	\$ -
HUMAN SERVICES DEVELOPMENT FUND						
Adult Services	133		\$ 6,543		\$ 458	
Aging Services	13		\$ 18,694		\$ 1,306	
Children and Youth Services	176		\$ 146,213		\$ 10,215	
Generic Services	133		\$ 391,155		\$ 27,328	
Specialized Services	3		\$ 36,639		\$ 2,538	
Interagency Coordination			\$ 6,543		\$ 457	
Administration			\$ 47,347		\$ 3,307	
TOTAL HUMAN SERVICES DEVELOPMENT FUND	458	\$ 50,000	\$ 653,134		\$ 45,609	\$ -
GRAND TOTAL	76,460	\$ 2,482,156	\$ 2,482,156	\$ 29,000	\$ 167,356	\$ 209,990