PART IV: HUMAN SERVICES NARRATIVE

Mental Health Services

Greene County Human Services Department (GCHSD) has administrative oversight of mental health services in the county, including:

- Program contracting and monitoring.
- Oversight of the hospital commitment process.
- Child & Adolescent Service System Program (CASSP) coordination.
- Pennsylvania Community Support Program (CSP) coordination.
- Mental Health disaster coordination.
- Diversion from state hospital program infrastructure development and implementation.
- Mental Health service coordination for Older Adults, Transition Age Youth (TAY), Child/Adolescent, Criminal Justice, Co-Occurring, Veterans, Adults, LGBTQI.
- County funded treatment and community support services.

The Greene County Mental Health Program (GCMHP) in consultation and collaboration with our stakeholders which include consumers, transition age youth, seniors, Advisory Board members and other concerned developed our Vision and Mission statements. These statements show how the Greene County Mental Health Program continues to transfer its operation methods from one that is driven by authority to one that is individualized and consumer driven.

The Vision of the Greene County Mental Health Program envisions that all Greene County residents with any type of behavioral health disorder are offered the opportunities to obtain a quality of life which is holistic and self-directed. We will create an environment within our community that allows the freedom to choose services and other resources which support Hope, Recovery and Responsibility.

The Mission of the Greene County Mental Health Program is to assure that all residents with, mental illness and or substance use disorders can choose an array of services and supports which are seamless and accessible that meets their needs. We will accomplish this mission by developing, promoting and assuring that a variety of services are available to our residents that are based on respect, individualized, empowering and will enhance recovery.

Greene County Mental Health Program philosophy of Principles and Practices are laid out in two documents. The First: is: “A Call for Change”. The philosophy we practice with the guidance of “A Call for Change” is as follows:

- Facilitate recovery for adults and resiliency for children.
- Are responsive to individual’s unique strengths and needs throughout their lives.

- Focus on prevention and early intervention.
- Recognize, respect and accommodate differences as they relate to culture/ethnicity/race, religion, gender identity and sexual orientation.
- Ensure individual human rights and eliminate discrimination and stigma.
- Are provided in a comprehensive array by unifying programs and funding that build on natural and community supports unique to each individual and family.
- Are developed, monitored and evaluated in partnership with consumers, families and advocates.
- Represent collaboration with other agencies and service systems.

Second is: "The Olmstead Plan for Pennsylvania's State Mental Health System". Greene County Mental Health Program philosophy is to follow the "Guiding Principles" described in the "Olmstead Plan. These principles are embedded in the following Values:

- Recovery from mental illness is possible. People who have mental illness can recover.
- People with mental illness can be served in community settings.
- Consumer needs are best assessed through a CSP or similar planning process such is found in CASSP or Systems of Care. The planning process assures consumer voice in the development of the plan, including individual choice in defining the services and supports, he or she will need to live in the most integrated community setting.

Since 2010, GCMHP does not have access for individuals to be admitted to a State Hospital. Therefore, the GCMHP follows the priorities of the Olmstead Plan by having our adults individuals that are residing in other settings such as large segregated and/or congregate settings return to a community of their choice and the opportunity to live in more integrated settings, and divert individuals from higher levels of care by providing CTT, diversion/stabilization, LTSR, Crisis, and housing supports and provide and also provide these individuals the opportunity to return to work or resume their education.

Greene County offers a continuum of many services to our residents through our Olmstead Plan philosophy in areas that include: Residential Services, Treatment Services, Community Based Services, and other Supportive Services.

a) <u>Program Highlights:</u>

The Greene County Mental Health Program (GCMHP) has had many achievements and made several programmatic improvements during FY 15/16. GCMHP continues to develop and expand partnerships with various stakeholders to gather input on current services, identify any gaps or needs in service and implement new programs. Some of our collaborating partners include OMHSAS, Value Behavioral Health, and Greene County IDD, Greene County Drug and Alcohol, Greene County CYS, Greene County Housing, Mental Health providers, Area Agency

on Aging, mental health consumers and families, Washington Health System Greene, criminal justice system, community service programs etc. In conjunction with these partners, GCMHP has developed many workgroups, committees and teams that address specific areas which include, Greene County Criminal Justice Work Group, Greene County Crisis Work Group, Greene County Co-Occurring Disorder Council, Greene County MAGIC Older Adult Alliance, Supportive Housing Team, System of Care Partnership, and others. GCMHP also continues to participate in the Behavioral Health Quality Management process in collaboration with Value Behavioral Health.

GCMHP has continued to enhance our Peer Support Programs. GCMHP has two agencies providing peer services. One provider employs one Certified Peer Specialist (CPS) that works with individuals receiving services through the Community Treatment Team CTT). This CPS also works as support for an individual that is in crisis. This peer is also trained as a Forensic Peer Specialist and is working with our forensic population and is active in the county re-entry process. The second agency employs four CPS'. These Peer Specialists encourage and support the individuals they serve in becoming involved by accompanying them to community meetings and other activities such as Community Support Program meetings and events and participation in Wellness events including "Fishing with Friends" and Walkworks.

GCMHP implemented High Fidelity Wraparound Services which includes a Youth and a Family persons peer support. This High Fidelity Wraparound Program is called Family Youth Empowerment Program (F.Y.E.) and functions as a team based process for helping youth and their families with special mental health needs. The team works with the families to identify and use their strengths to develop problem solving skill and coping skills to help families function successfully in the community. F.Y.E program works with all our system providers involved with the family to encourage the families to work towards completion of all goals set in all mental health and professional plans. Importance is placed on finding and using natural supports of the family to reduce the reliance on services, to help the youth and family work independently.

Through Greene County "Mental Health Matters" approach, GCMHP supported Anti-Sigma Awareness by educating the community during Mental Health Awareness month which included a Greene County Commissioners Proclamation newspaper coverage, numerous provider open house events, provider educational mental health presentations and the Greene County Community Support Program's 9th annual Recovery Conference along with the 3rd Annual Children's Mental Health Awareness Picnic.

Three trainings were conducted this fiscal year in "Mental Health First Aid for Adults". Target audiences included WIC staff, Greene County Human Services staff, providers and the general public. Two trainings were conducted this fiscal year in "Mental Health First Aid for Youth" with the target audience being foster parents and the faith based community participants.

GCMHP continues to do Peer Specialist Recruitment. As the need for additional Peer Support continues to grow, GCMHP continues to look for additional individuals that want to work to

inspire hope, support personal responsibility, promote understanding, offer education, and promote self-advocacy and self-determination that is key for an individual as they develop and implement a personal recovery plan.

GCMHP supported the offering in FY 15/16 of Community Family Satisfaction Teams (CFST) to County funded services. GCMHP sits on the Value Quality Committee where discussions occur quarterly of CFST survey results.

Another program highlight is the establishment a Transition-Age Youth Drop In Center, one day per week with age appropriate activities. With the support of Value Behavioral Health, enhanced activities at the Adult Drop In Center with a fitness center, literacy classes and other structured topic groups for the consumers.

Recovery Oriented Practices that GCMHP has implemented in FY 15/16 include having two Greene County residents trained in NAMI Basics, NAMI Basics for Professionals and NAMI "Family to Family". These individuals provide "Family to Family" classes which is a twelve week course for families, partners and friends of individuals (ages 18 +)living with mental health issues designed to facilitate a better understanding of mental illness, increase communications and coping skills and empower participants to become advocates for their family members. NAMI 'Basics" is a 6 week Education Program for parents and other caregivers of children and adolescents living with behavioral and mental health challenges. The NAMI "Basics" course is taught by trained teachers who are the parent or other caregivers of individuals who developed the symptoms of mental illness prior to the age of thirteen years. NAMI "Basics for Professionals" is a six week program designed for parents of children with emotional and behavioral issues, to specific groups of professional caregivers as well. This program will help professional child caregivers understand the impact that mental health conditions have on youth as well as the family.

GCMHP participates in and facilitates various cross system meetings, including Personal Care Home Risk Management, Making A Great Impact Collectively (MAGIC) collaborative, Magic Older Adult Alliance, CODDIG Co-occurring Council, MH/IDD/DA, Lunch and Learns, steering committees, Crisis/Delegate meetings, Communities That Care, Student Assistance Program, Community Support Program, VBH Provider Meetings, VBH Summits, Veterans Stakeholder Team, and LGBTQI advisory group.

The Human Services Department practices the Multi-Disciplinary Team (MDT) process across all categoricals to link all stakeholders together including D/A, CYS, ID, MH, Transportation, Washington Health System Greene BHU. Multidisciplinary Teams are a group of professionals from diverse disciplines who come together to provide consultation, coordination of services by identifying gaps and common breakdowns, and developing a mutual plan with action steps for a complex situation.

The MDT process in Greene, include these structured teams, as well as teams called together in a crisis:

- Full Family Focus, formed to address issues related to children and families.
- Co-occurring Disorder Intervention Program that utilizes the MDT approach, which include the consumer being present and brings together all the professionals involved with the consumer to provide consultation, coordination of services by identifying gaps and common breakdowns and to develop a mutual plan with action steps that all agree upon.
- MH/ID/DA Complex Care Meetings that address the needs of individuals crossing the multiple service systems.
- Hospital/BHU Treatment Team Meetings that addresses the present needs of care and discharge planning for individuals during inpatient stay.

Cross systems trainings offered out of the Mental Health Program in FY 15/16 include:

- "Lunch and Learn" trainings – MH/ID/DA topics covered; Office of Vocational Rehabilitation Services, Supportive Services for individuals crossing systems, Transition Age Youth, Criminal Justice, Trauma informed care, and LGBTQI.
- Training "An Overview of Brain Injury" Held June 22nd, 2016.
- "Walking it in Training" provided an in-depth educational experience on the issues and challenges faced by members of today's military and their families. Covered in five sessions one day per week during September and October 2015.
- "Executive Functioning Training held March 17th, 2015. Presented by APS Healthcare HCQU. This training explained executive functioning skills, the effects of impairment of those skills, presented strategies for supporting executive functioning for individuals with ID/DD.
- "Benefit Panel Presentation" Presenter's from four areas of benefits to include: Medicare/Medicaid, Medical Assistance, Social Security Benefits and the Affordable Care Act presented information about each program they represent.

The GCMHP continues to enhance programs for the Criminal Justice population. In addition to the Forensic Peer Specialist, the Re-entry Program has established a working relationship with the newly revamped Greene County Community Service Program. The Re-entry Specialist meets with Adult Probation weekly and refers clients who need to complete community service.

GCMHP operates an Integrated Reporting Center (IRC) in collaboration with a local provider of MH/DA services. The IRC is a diversion program and an alternative to jail which has been revamped to provide MH and DA assessments and referral to appropriate treatment. Psycho Education, Evidence Based "Thinking for Change", Cognitive Behavioral Therapy, along with Peer Services and other programs are involved in each session along with information on community resources.

GCMHP employs a Hospital Community Liaison (HCL) to work with the Hospital BHU and then with providers and individuals to assure a proper and appropriate level of treatment is available to meet the individuals specific mental health needs upon discharge. The HLC works to reduce admissions and readmissions to inpatient behavioral health units by working closely with the individual, the BHU and providers of LTSR, CTT, outpatient providers, crisis services, BCM, and peer services on the individual's recovery services

GCMHP has also added additional services to focus on our adolescents.

- A school based mental health and drug and alcohol intervention and treatment program was implemented K through 12 grade in the Central Greene School District called the "Raider Wellness" Program.
- A Greene County Youth Assessment Group was developed that meets on a monthly basis, assessing the needs of the LGBTQI population, identifying stakeholders, providing information and support on "coming out" and assistance with receiving adequate health care, 2 GSA's (Gay Straight Alliances) for youth ages 13 – 18 years old, and 18 – 29 years old were developed and meet on a weekly basis.

In a collaboration with Value Behavioral Health, GCMHP has engage the behavioral health and physical health systems in Greene County to integrate the healthcare and wellness of mental health consumers in a holistic manner. Value Behavioral Health coordinates "Healthy Living/Healthy Choices" programming that is offered with weekly sessions where consumers can attend interactive sessions which include goal setting, dental awareness, breast cancer awareness, exercise and wellness, depression and anxiety, diabetes and its complications, along with other activities. Healthy Living/Healthy Choices is funded through Block Grant and Pay for Performance.

b) Strengths and Needs:

Greene County Mental Health Program has determined the following to be our strengths and needs for each of the following target populations:

Older Adults (ages 60 and above)

Strengths:

- Began to provide Case Management and supportive services at our new tax credit Gateway Senior Housing Program in June 2016.
- Offer all levels of housing assistance and case management to older adults through the Greene County Housing Program.
- Active MOU with Area Agency on Aging (AAA) to assure cooperation and coordination in the referral and treatment for older adults with Mental Illness.

- Collaboration with Community Action Southwest (CASW) Senior Services Program by establishing an open line of communication where members of the Older Adult population are identified who would benefit from our combined assistance and services. CASW Senior Staff also participate in Multiple Disciplinary Team meetings.
- Continued support of Greene Cares Program which provides specialized services for adults 55 and over. Currently outpatient services, Community Treatment Team and Crisis services are available. Services are integrated to provide a streamlined system of referral and care, minimizing barriers for older adults and their caregivers. Greene Cares program currently provides intervention with individuals trained in best serving the older adult population, within one of our senior housing developments (Bridge Street Commons) providing educational groups covering topics such as conflict resolution, medication safety, suicide and depression. Greene Cares Program also provides depression screenings at Bridge Street Commons and Senior Centers which serves older adults.
- Collaboration with Making a Great Impact Collectively (MAGIC) task team, Older Adult Alliance group to represent mental health focus for older adults. The County Mental Health Director attends these meetings regularly along with other Human Service staff to assure mental health issues are discussed in a holistic approach.
- Collaboration with Older Adult Protective Services Program to assure all mental health service program information available to best assist in the referral process.

Needs:

- Conduct a survey to identify needs of older adults within our County that would benefit from new or enhanced supports and programs. This will be accomplished by working with the Older Adult Alliance, which has stakeholder representation from agencies and programs currently serving our older adult population.
- Specific trainings for providers focusing on older adults who are dually diagnosed crossing systems MH/IDD. GCMHP has identified this as a need by seeing an increase of older adults crossing systems with complex needs.
- GCMHP will work collaboratively with the Older Adult Alliance to develop a plan on how Mental Health Awareness and Wellness programs can be introduced throughout the county in the older adult population.
- Provide a training on identifying a level of intervention needed and available for older adults in crisis for senior center coordinators, caseworkers in all systems, Mental Health delegates, individual’s working in emergency and medical services.
- Provide training on Power of Attorney (POA) and Guardianship for case-managers, Delegates, Emergency Department staff, Behavioral Health Unit staff and others.

Adults (ages 18 and above)

Strengths:

- Full continuum of MH treatment and community based services for adults ages 18 and above.
- Collaboration between MH/ID/DA and Criminal Justice system for complex cases through Multidisciplinary Team meetings with the criminal justice system and Providers.
- Strong Collaboration with Community Based Services: Drop in Center, Social Rehab and Certified Peer Supports between County Mental Health Program and providers.
- Cross Trainings occurring during “Lunch and Learn” sessions along with other training opportunities such as “An Overview of Brain Injury” provided by The Brain Injury Association of PA and “Mental Health First Aid Training for Adults and for Youth”.
- 5 Peer Specialists, including a Forensic Peer, working in the County MH system.
- Continued support of Rep-Payee services through a local provider.
- Strong collaboration with the Washington Health System-Greene Behavioral Health Unit, County Administration and Hospital Liaison.

Needs:

- Add more specialized services for complex cases with co-occurring issues of the MH/ID/DA to ensure their specific needs are addressed.
- Add intensive services for individuals within the forensic system returning to the community that also cross systems (MH/ID/DA) to ensure their specific needs are addressed.
- Contract with NAMI to provide an “In Our OWN Voice” training to empower consumers to grow in their recovery. Benefits of this training is to change attitudes, assumptions and stereotypes by describing the reality of living with mental illness. We have been approached by individuals requesting that we support this initiative.
- Train a Peer Specialist specifically in assisting the MH/ID consumer.
- Outpatient clinics and case manager’s focus to be more on recovery based treatment.

Transition-age Youth (ages 18-26)

Strengths:

- Greene County Human Services Department employs a Coordinator of Children’s Services/CASSP Coordinator/System of Care Coordinator.

- Strong County Collaboration with stakeholders within the Transition-age Youth system including Children and Youth Services Independent Living.
- Support the enhancement of H2O-Transition-age Youth Drop in Center, which provides a healthy place for youth to go that is safe and welcoming. Youth are provided with support and service linkage.
- Strong System of Care (SOC) Partnership.
    - County Youth Leadership Program.
    - Representation of a youth on the State Leadership Coalition.
    - Representative of youth on Value Behavioral Health (VBH) Transition-Age Advisory Group.
- Blended Case Manager specifically trained in working with Transition Age Youth.
- Developed a Gay/Straight Alliance (GSA) group for ages 18 to 29. Through the Greene County Youth and Community Advisory Group.
- Provides Family Group Decision Making (FGDM).
- Increased focus on Homeless Youth within the Greene County Housing Program (GCHP).
- MH Contingency dollars utilized by Greene County Housing Program.
- GCMHP works collaboratively with the Greene County Housing Program to offer a continuum of services to TAY. Referrals come from CYS Independent Living, all 5 school districts, and the CASSP Program.

Needs:

- Increase outreach to assure that all providers and the community are aware of the Transition-Age Drop in Center and the referral process.
- Increase hours of H2O Drop in Center.
- Increase outreach concerning housing services and options for the TAY population.
- Work with Communities That Care to increase alternative activities for TAY.

Children (under 18)

Strengths:

- Greene County Human Services Department employs a Coordinator of Children's Services/CASSP Coordinator/Systems of Care Coordinator.
- Tele-Psychiatry Services in all 4 school districts.
- Student Assistant Program (SAP) liaison to SAP teams in all 5 school districts.
- Trained school personnel on LGBTQI issues.

- Council Help Intervention Listen Link (CHILL) Treatment Program in 4 school districts. The Chill Program identifies and intervenes at early points to assist students, parents, teachers and counselors in developing comprehensive strategies for resolving mental health issues. School based services include individual counseling, group counseling, consultations with school staff and referrals to community services.
- Respite Services are available to children and their families through a provider agency.
- Volunteers trained in NAMI Basic and Family to Family.
- Three training sessions in “Mental Health First Aid for Youth”.
- Case Manager specifically trained in serving adolescents.
- Implemented a Coordinated School Based intervention and treatment services for youth grades K through 12 in one school district.
- Developed a Gay/Straight Alliance (GSA) group for ages 13 to18.
- Strong High Fidelity Wrap Program, Family Youth Empowerment Program (F.Y.E.), which includes both Youth and Family participation and supports.
- Utilization of BH Works SAP suicide screening tool in all 5 school districts.

Needs:

- Provide Specialized Trauma Therapy for youth in both private and outpatient settings.
- LGBTQI – Education/Training/Support for individuals, families and community. The Greene County Youth and LGBTQI Assessment work group will identify current needs and gaps in services.
- School advocate to assist families and children with mental health navigate the Mental Health/Educational system. This advocate will assist families when they encounter barriers or roadblocks as they navigate the Mental Health/Educational systems.
- Enhance the School Based Intervention and Treatment Services for ages K through 12 in the Central Greene School District by working with administration and teachers to assure appropriate referrals.
- Increase adolescent psychiatric time in the County.
- Add a second Adolescent Case Manager.
- Develop better relationship with adolescent and inpatient and referrals to assure appropriate discharge planning occurs as the adolescent returns to community.
- Increase awareness of the Gay/Straight Alliance (GSA) Support Group for youth ages 13 to 18 by meeting with Guidance Counselors and Student assistance Program personnel within the five county school districts.
- In-service Training within all five County school districts for educators and professionals which will focus on “Modeling Respect towards LGBTQI Youth”.

Individuals Transitioning out of State Hospitals

Greene County does not have access to a State Hospital so the GCMHP's focus is diversion from and transition from community hospital services. The County diversion services are in place for this population as well as transitioning individuals from mental health hospitals back into the community.

Strengths:

- Licensed Crisis Services which include, Mobile, Telephone and Walk-in. Telephone and Mobile Crisis Services are available 24 hours a day/7 days a week through a local provider.
- Greene County residents have access to a Diversion/Stabilization Unit, an alternative to Behavioral Health Hospitalization.
- Coordination and participation in multi-disciplinary team (MDT) meetings on complex cases to ensure that the individual receives the proper least intrusive level of care. All stakeholders are encouraged to attend the MDT meetings so that all needs are met for these individuals.
- A County Hospital Community Liaison that is highly involved during a patient's inpatient stay, discharge planning, and transition back into the community.
- Value Behavioral Health (VBH) employs a complex case manager that directly works with providers on these cases.
- The utilization of Community Supports including:
    - Drop in Center
    - Peer Specialist
    - Social Rehabilitation

Needs:

- Continued outreach and education that promotes the belief that people can and do recover from mental illness.
- Work collaboratively with VBH, our managed care provider, OMHSAS, the treatment community, and individuals receiving mental health services in the development of outpatient options to meet the needs of our most complex individuals who cross systems and have co-occurring disorders.
- Specialized services including trauma, sex offender treatment, MH/ID co-occurring treatment.
- Continue to ensure services and supports are available to meet the SMI needs.
- Ways to support people who find it challenging to live in the community with the use of predictive modeling.
- Continue to explore opportunities for collaborative service development that addresses the needs of the region.

- Expansion of housing options for our individuals with mental health and co-occurring disorders who find it difficult to secure safe, affordable housing to meet their specific needs.

Co-Occurring Mental Health/Substance Abuse

Strengths:

- GCMHP has an active Co-Occurring Intervention Program (COIP), which was recently reorganized. This Program utilizes an MDT approach, which include the consumer being present, that brings all professionals involved with that consumer to provide consultation, coordination of services by identifying gaps and common breakdowns and to develop a mutual plan with action steps that all agree upon.
- GCMHP supports and participates in the Integrated Reporting Center (IRC), a half day a week intervention service whereby County and State Criminal Justice co-occurring clients are referred to a centralized venue so that all involved providers and systems can meet with their identified client for updating their status. Clients also are involved in Psycho-education group, information on community resources, exposure to 12 step recovery community, assistance with benefit applications and referral to Drug/Alcohol and Mental Health treatment as necessary.
- Continued support of the Co-Occurring Disorders and Disabilities in Greene (CODDIG) with two groups (Steering Committee & Change Agents) which meet every other month. The purpose of the CODDIG is “To Create a welcoming, accessible, integrated and recovery based system of care for individuals and families with complex needs”. A system that is person and family centered, easily navigated. Fosters independence, recovery and embraces collaboration.

Needs:

- Specialized Training for providers and other stakeholders serving individuals that have Co-Occurring Drug and Alcohol and Mental Health issues.
- A more integrated system of care for the co-occurring consumer.
- Enhancement of housing options for our Greene County co-occurring consumers that is safe and affordable.

Justice-involved Individuals

Strengths:

- Supportive collaborative relationship with County Probation and State Parole.
- Supportive Housing Availability through Pennsylvania Commission on Crime and Delinquency (PCCD), a Master Leasing supportive housing program (7 units).
- PCCD funded Re-entry Specialist works in collaboration with the County Court System, County Probation, State Parole and other stakeholders in assisting the offender in taking responsibility for his/her actions regarding: Treatment Compliance, Support Group attendance, Housing, Family and vocational issues.
- Re-integration group process in County Prison.
- Peer trained in Criminal Justice.
- Four (4) people trained in the evidence based “Thinking for Change” CBI Intervention Program.
- A “Career Options Group” a local collaboration between Career Link, Job Training, Community Action of Southwest Pa, and Human Services to specifically assist justice involved clients in an employment and training process.

Needs:

- Work with PA Mental Health and Justice Center of Excellence and Pennsylvania Center on Crime and Delinquency to update our Cross-Mapping Process.
- Continuum of treatment services to address the specific needs of Justice involved individuals including the development of the evidence based “Thinking for Change” CBI Intervention Program.
- Develop supports for LGBTQI justice involved individuals.
- Case Manager specifically trained in Criminal Justice.
- Provide mental health assessments in the county jail.

Veterans

Strengths:

- Greene County Human Services continues to work closely with a Veteran Consultant to educate Human Services Staff and providers on current military trends.
- Stakeholders who have an interest in Veteran’s issues have been identified and they continue to meet regularly, developing a vision for Greene County Human Services to address issues and challenges for Greene County Veterans and their families.

- Greene County Human Services staff and contracted providers attended “Walking it In” training course. This course gave an in-depth educational experience on the issues and challenges faced by members of today’s military and their families.
- Sponsored two free breakfast sessions for Greene County Veterans and their families, connecting them with other Greene County Veterans and available services.
- Developed a housing assistance program for Veterans utilizing PHARE dollars. Veterans can receive assistance with rental, utilities and/or household essentials and case management services.
- Greene County Human Service continues to collect data and demographics of Greene County Veterans and their families.
- Resource manual, identifying current available services in and outside of Greene County relevant to Greene County Veterans and their families, is updated on a quarterly basis.

Needs:

- Explore the feasibility of hiring a Veteran Outreach/Navigator, with their primary role to provide outreach services and connect Greene County Veterans and their families to the appropriate resources.
- Hold a resource fair for Greene County Veterans, partnering with other local military organizations.
- Partner with Greene County Veterans of Foreign Wars chapters to adopt local military units. Outreach would be provided during their unit family days and annual Christmas party.
- Develop a website of local resources for Greene County Veterans and their families.
- Develop a continuum of Behavioral Counseling and supports specific for Greene County Veterans and their families.

Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) consumers

Strengths:

- Greene County Human Services continues to work with a Sexuality Education Consultant to educate professionals on current LGBTQI issues.
- Facilitate a stakeholder advisory group (Greene County Youth and Community Support Group) with an interest in LGBTQI concerns that meets monthly.
- New allies that support LGBTQI youth and their families have been identified and have joined stakeholder group.
- Identified a safe place for youth to attend Gay-Straight Alliance Support Group.
- Developed 2 Gay-Straight Alliance Support Groups run by volunteers that meets weekly, one for 13 to 18 year old youth, the other for 19 to 29 year old adults.
- Held “Dealing with Sexuality in Schools” training for Greene County School District guidance counselors.

- Held “Me Too” curriculum training for two providers that provide support to Intellectual Developmental Disabilities Transition-age Youth.

Needs:

- Sponsor another “Me Too” curriculum training for providers that provide support to Intellectual Developmental Disabilities Transition-age Youth. An in-service will be held to provide any needed technical assistance every 6 months.
- Develop a third Gay-Straight Alliance Support Group for adults over 30 years old.
- A county-wide in-service for Greene County Schools, educating them on contemporary issues when it comes to dealing with sexuality in today’s society.
- Research the feasibility of opening a Teen Center for Greene County youth.
- Increase community awareness of LGBTQI issues.
- Specialized therapy for persons with LGBTQI issues.

Racial/Ethnic/Linguistic Minorities (RELM)

Strengths:

- Greene County Human Services Staff is comprised of individuals of multicultural and ethnic backgrounds.
- Allies that support LGBTQI youth and their families have been identified.
- Developed 2 Gay-Straight Alliance Support Groups (GSA) run by volunteers that meets weekly, one for 13 to 18 year old youth, the other for 19 to 29 year old adults.
- Greene County Human Services annually offers cross trainings on cultural competency.

Needs:

- Enhance support services offered to the non-English speaking community.
- Address the issues faced by the Marcellus Shale workers and Coal Miners who have lost their jobs due the down spiral of the coal and natural gas industry.
- Identify and implement services to our Deaf/Blind population.

Data/Gathering/Tracking/Outcomes

Strengths:

- An established CFST which is the process of meeting with Value Behavioral Health consumers and Greene County base clients to collect information and report on their level of satisfaction with their behavioral health services. This information collected provides better understanding on what is working and what may need changed to improve consumer satisfaction.

- Greene County Human Services continues to work with a consultant, to create a database system for each Block Grant Category. A database has been created for Greene County Human Services Homeless Assistance, Children and Youth Truancy, and Drug and Alcohol Programs.
- Greene County Human Services works with providers to closely monitor and track admissions and readmissions to hospitals and utilization of crisis/stabilization/diversion.

Needs:

- Need an updated Mental Health tracking system that tracks admissions, readmissions to hospitals, utilization of crisis/stabilization/diversion referrals from hospital to case management, referrals to other services in our continuum of service delivery.
- Bi-monthly meetings with Mental Health providers to understand their monthly data and outcomes.
- Develop outcomes for Mental Health objectives.

c) Recovery-Oriented Systems Transformation:

The Greene County Mental Health Program has identified the following Recovery Oriented Systems Transformation Priorities as a response to the needs of our consumers/families and to "Shatter the Stigma" within our community. GCMHP has been working with various stakeholders to develop outcomes for our Mental Health Transformation Priorities and will be evaluating these outcomes regularly during this Block Grant period.

I. "Shatter the Stigma... Mental Health Matters"

GCHS Mental Health Program recognizes the importance of shattering stereotypes and eliminating stigma of mental health. Educating the public is so important to erasing the widespread stigma associated with mental disorders.

"Shattering the Stigma" is addressed in regard to our Transition Age Youth through our Systems of Care (SOC) and their community outreach. This occurs at community events such as: Waynesburg Annual Rain Day event, Annual Waynesburg University Health Fair and Annual Children's Mental Health Awareness Picnic. Funded by the Block Grant and SOC grant.

"Shattering the Stigma" of Adults/ Older Adult mental health is addressed through: Community Support Program (CSP), Annual Recovery Conference, Waynesburg Annual Rain Day event, Older Adult Alliance meetings. GCMHP has 3 trainers in Mental Health First Aid for Youth who provide 3 trainings per year. The County also has 4 trainers in Mental Health First Aid for Adults who provide 3 trainings per year. Funding for MHFA comes from the

Block Grant.

II. Enhance Continuum of Greene Service Delivery System for Adolescents and Children Under 18

Greene County has seen a 200% increase in the last 2 years of children and adolescents referred to inpatient mental health treatment. As these children and adolescents are being discharged back to the community, they are "falling through the cracks" in regard to receiving immediate treatment/psychiatric care. Planning is also occurring to intervene before hospitalization is necessary, maintain contact if hospitalized, and assure continuity of care upon discharge:

1. Maintain school based intervention and treatment program, Raider Wellness in Central Greene School District. Funded through private insurance and Block Grant.
2. Enhance school based mental health services in the other 4 school districts. Funded through Value Behavioral Health, Block Grant, and private insurance.
3. Add 2 adolescent blended case managers to system. Funded through Value Behavioral Health and Block Grant.
4. Create access to immediate psychiatric care by adding 2 adolescent psychiatrist to system. Funded through Value Behavioral Health and Block Grant.
5. Offer parent support groups. Supported by NAMI.
6. Offer High Fidelity Wraparound services. Funded through Block Grant and OMHSAS Grant.
7. Develop specialized in County trauma therapy services. Funded through Value Behavioral Health and Block Grant.

III. Enhance Service Delivery System for Persons Involved with the Criminal Justice System

GCHS Mental Health Program recognizes the need to enhance services to criminal justice persons by developing a strong continuum of care for persons involved in the diversion and re-entry of individuals involved in the criminal justice system.

A criminal justice workgroup identifies and advises the development of criminal justice intervention and treatment services.

Services to be enhanced in FY 16/17 include:

1. Mental health assessments in the jail. Funded through the Block Grant.
2. Intervention re-entry services in the jail. Funded through the Block Grant.
3. Jail Psychiatric assessment as indicated. Funded through the Block Grant.
4. Behavioral health discharge planning. Funded through The Block Grant.
5. Integrated Reporting Center with screening for mental health and drug and alcohol outpatient treatment. Funded through the Block Grant and Value Behavioral Health.

6. Implementation of Thinking for Change an evidence based cognitive behavioral intervention program. Funded through the Block Grant.
7. PCCD Mater Leasing Housing Opportunity. Funded through PCCD.

IV. Develop Better Access to Specialized Services

GCHS Mental Health Program recognized the need to develop access for our individuals and families of specialized treatment services. The GCMHP will work with Value Behavioral Health to develop quality, accessible services for:

1. Trauma
2. Autism
3. Sexual Perpetrator Therapy
4. LGBTQI
5. Co-occurring Therapy
6. Veterans
7. Criminal Justice Client

Funded by Value Behavioral Health and Block Grant. Timeline FY 16/17.

V. Cross Systems Collaboration and Trainings

Greene County has developed a strong supported cross systems collaboration since the beginning of the Block Grant. The Mental Health Program staff are key partners in many cross-system collaboratives.

In FY 16/17, the GCMHP plans to continue cross systems collaborations:

- Through work groups, expand and develop new programming for individuals that cross over the MH/ID/DA systems which include criminal justice involved individuals.
- Work with stakeholders on the “Older Adult Alliance” to develop a plan to introduce Mental Health Wellness programs throughout the county for the older adult population.
- Continue the Multi-disciplinary Team (MDT) process across Human Services catergoricals. MDT’s are groups of professionals from diverse disciplines who come together to provide consultation and coordination of services to develop a plan of action steps for individuals/families with a complex situation.
- Continued support of the Family Youth Empowerment Program (FYE), the County High Fidelity Wraparound Program. FYE is a team based process for helping youth with special mental health needs and their families. Broaden the referral base.
- Continue with Criminal Justice workgroup to strengthen relationships and develop a full continuum of services for the criminal justice involved individual and family.
- Develop a stronger collaboration between GCHSMHP, Washington Health Systems-Greene Administration, the BHU Staff, the Emergency Department Staff, the MH Delegates, the Licensed Crisis Program and Value Behavioral Health, focusing on

admissions, readmissions, trends, gaps, diversion/transition along with inpatient discharge planning.

In addition to the expansion/enhancement of our cross systems collaborations, GCMHP plans to provide several cross trainings in FY 16/17 to ensure Human Services staff and Provider staff have current information and training on behavioral health issues.

Cross Systems trainings to be offered:

- Motivational Interviewing. Funded through VBH and Block Grant.
- WRAP training for Peer Specialist. Funded through VBH and Block Grant.
- Trauma training. Funded through VBH and Block Grant.
- Addictions 101. Funded through VBH and DDAP.
- Drug and Alcohol Confidentiality. Funded through DDAP.
- Sex Trafficking. Funded through CYS Needs Based Budget.
- Provide in-service training within all 5 school districts for educators and professionals with the focus on “Modeling Respect towards LGBTQI Youth”. Funded through the Block Grant.
- Provide a training on “The Process of Obtaining Power of Attorney and Guardianship”. Target audience to consist of case managers, delegates, Washington Health Systems-Greene staff, Crisis and Peer Specialist. Funded through the Block Grant.
- A training on focusing on older adults who are dually diagnosed MH/ID crossing systems with complex needs. Target audience will include providers and service agency staff. Funded through the Block Grant.
- “Working with the Community in the Wake of Violent Events” training for the County DCOURT and County Emergency Response Team members. Funded through the Block Grant.
- Autism Treatment for Providers and Care Staff. Funded through the Block Grant.
- Bi-monthly Lunch and Learns for MH/DA/ID.
- Cross training “The Mental Health Procedures Act Overview, Implementation and Application from a Recovery Perspective”. Target audience would include: MH Delegates, Crisis Workers, Peer Specialist, Blended Case Managers and others. Funded through the Block Grant.

GCMHP plans use the Greene County Human Services Data System to track the implementation of each of these transformation priorities as well as information received from outside provider agencies and Value Behavioral Health. GCMHP continues to work with a consultant to enhance the current data system to increase our ability to monitor and track the progress and accomplishments concerning the Block Grant Transformation Priorities.

d) Evidence Based Practices Survey:

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Number served in the County/ Joinder (Approx.)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Comments
Assertive Community Treatment	N							
Supportive Housing	Y	20	HMIS	Federal - HUD	Yearly	No	Y	Permanent Supportive Housing
Supported Employment	N							
Integrated Treatment for Co-occurring Disorders (MH/SA)	N							
Illness Management/ Recovery	N							
Medication Management (MedTEAM)	N							
Therapeutic Foster Care	N							

Multisystemic Therapy	**Y**	**10**	**Therapist Adherence Measure-Revised (TAM-R) – Is a 28-item measure that evaluates a therapist's adherence to the MST model as reported by the primary caregiver of the family. The adherence scale was originally developed as part of a clinical trial on the effectiveness of MST. The measure provided to have significant value in measuring an MST Therapists' adherence to MST and in predicting outcomes for families who received treatment. Scores have been related to reduced behavioral problems and criminal activity.** **Supervisor Adherence Measure (SAM) – Is a 36-item measure that evaluates the MST Supervisor's adherence to the MST model of supervision as reported by MST Therapists. The measure is based on the principles of MST and the model of supervision presented in the MST Supervisor's Manual. Scores have been associated with therapist adherence and reduced youth**	**Staff Callers, separate from MST Therapist** **MST Therapist**	**Monthly** **Every Other Month**	**Y**	**Y**	

			charges up to two years post-treatment. **Consultant Adherence Measure (CAM) – Is a 23-item measure that evaluates the MST Consultant's adherence to the MST model as reported by the team members. The measure is based on the principles of MST and the model of consultation presented in the MST Consultation Manual. Scores have been linked with improved therapist adherence, which in turn is linked with improved outcomes for youth, and with youth behavioral outcomes.** **Program Implementation Review (PIR) – Is a written report completed every 6 months by the team's supervisor and MST expert. The report outlines areas of strength in the program, as well as areas in which improvement in implementation is needed. It includes review of critical program practices and characteristics; operational, adherence, and case closure data; and status of previously recommended goals.**	**MST Therapist and Supervisors** **MST Consultant with the MST Supervisor Agency Network Director**	**Every Other Month** **Every 6 Months**			

Functional Family Therapy	**N**							
Family Psycho-Education	**N**							

e) Recovery Oriented and Promising Practices Survey:

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Number Served (Approximate)	Comments
Consumer Satisfaction Team	Yes	300	MA Funded & County Funded
Family Satisfaction Team	Yes	300	MA Funded & County Funded
Compeer	No		
Fairweather Lodge	No		
MA Funded Certified Peer Specialist	Yes	73	
Other Funded Certified Peer Specialist	Yes	2	County Funded
Dialectical Behavioral Therapy	Yes	50	
Mobile Services/In Home Meds	No		
Wellness Recovery Action Plan (WRAP)	Yes	49	
Shared Decision Making	No		
Psychiatric Rehabilitation Services (including clubhouse)	Yes	16	
Self-Directed Care	No		
Supported Education	No		
Treatment of Depression in Older Adults	No		
Consumer Operated Services	No		
Parent Child Interaction Therapy	Yes	3	
Sanctuary	No		Providers we refer to use this promising
Trauma Focused Cognitive Behavioral Therapy	Yes	181	
Eye Movement Desensitization And Reprocessing (EMDR)	Yes	11	
Drop in Center for Transition-age youth 18 to 26 years old	Yes	17	
Drop in Center for Adults ages 18 years and older	Yes	53	

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

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

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

INTELLECTUAL DISABILITY SERVICES

The mission of the Greene County Intellectual and Developmental Disabilities (IDD) Program is to promote opportunities for individuals with disabilities to lead full and productive Everyday lives within our community. The fundamental concept of Everyday Lives is that, with the support of family and friends, individuals with disabilities decide how to live their lives and what supports they need. It also means that they are responsible for their decisions and actions. Greene County IDD program supports this concept with a continuum of services to meet the needs of residents with intellectual disabilities and striving to provide those supports in the least restrictive setting possible. Needs are determined by completion of the Prioritization of Urgency of Need for Services (PUNS) process which categorizes urgency of need and helps to identify which funding stream is the most appropriate to meet a person's needs. All individuals who are determined eligible for services will receive Supports Coordination once registered in the IDD Program and is continuous for as long as the individual is registered.

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

	Estimated Individuals served in FY 15-16	Percent of total individuals served	Projected individuals to be served in FY 16-17	Percent of total individuals served
Supported Employment	2	**2%**	**5**	**5%**
Pre-vocational	2	**2%**	**0**	**0**
Adult Training Facility	2	**2%**	**1**	**1%**
Base Funded Supports Coordination	19	**17%**	**13**	**11%**

Residential (6400)/unlicensed	0	**0**	**0**	**0**
Life sharing (6500)/unlicensed	0	**0**	**0**	**0**
PDS/AWC	0	**0**	**0**	**0**
PDS/VF	0	**0**	**0**	**0**
Family Driven Family Support Services	2	**2%**	**3**	**3%**

Supported Employment

Greene County Human Services understands and is supportive of full community inclusion for youth and adults with disabilities to include integrated employment opportunities and services. Greene County Human Services began a pilot program in FY 13/14 with partnering agencies consisting of: Intermediate Unit 1 (IU1), The Office of Vocational Rehabilitation (OVR), and Carmichaels Area and West Greene School Districts. The program was fully up and running in October 2015 and is now known as the "WINGS" Program (Working IN Greene Schools). This program focuses on school-to-work transition services for students who are OVR eligible and IDD waiver program eligible. A small cohort of students in West Greene and Carmichaels School Districts were identified who were ready to transition from a school-based learning environment to a work-based learning environment and eventually, to competitive, community-integrated employment.

WINGS provides a "School-to-Work Coordinator" (employed by the IU, but funded by GCHS, OVR, and the two school districts) who serves as the primary point of contact to coordinate transition services for students not only while still in school, but also through graduation and most importantly, post-secondary life. The purpose of the program is to help build the capacity of school professionals, transition teams, and community programs that will support youth with intellectual disabilities in achieving employment. The coordinated set of transition activities are based on each participating OVR eligible and IDD waiver program eligible youth's strengths, needs, aptitudes and interests as detailed in the Individualized Educational Plan, related Transition Plan, the Individualized Plan for Employment, and the Individual Support Plan. Transition services are provided both in a classroom setting as well as the community. In FY 2016-2017, services will also include implementation of the "Discovery" process of customized employment through OVR and providers who are contracted with OVR to provide those services. Services are provided on the campuses of West Greene and Carmichaels Area School Districts as well as within the local community. The school-to-work coordinator also serves as the job coach once employment opportunities have been established. Services may, in the future, be expanded to additional Greene County School Districts as appropriate based upon interest, need and capacity. In 2016-2017, Block Grant funding will be utilized to provide

further education to parents, caregivers, employers, and other community agencies and organizations about the program. Education may include a range of approaches from small group discussions & meetings, large group presentations, to fliers, brochures and media.

In 2014, Greene County Human Services hired and assigned a Supports Coordinator in the IDD Program to specifically work with the transition-age youth population from age 14 - 26. The position remained in FY 15-16 and will continue for FY 16-17. The Transition-Age Youth Supports Coordinator (TAY SC) works in collaboration with Greene County School Districts, Intermediate Unit I staff, OVR staff, and service providers to assure coordination of IDD services early on from the time transition begins at age 14. This position also serves as an advocate for students and families by providing assistance with understanding various human services systems and resources available to them and assistance in navigating through the transition process. The TAY SC has been instrumental in the referral process for transition-age youth with intellectual disabilities to mental health programs such as the “Helping to Overcome” youth group (known as H2O), Drop-In Center, and participates in multiple disciplinary team meetings such as CASSP for children who are receiving mental health services and may need additional services through the IDD system.

GCHS has continued to work with our local pre-vocational service provider as well as out-of-county service providers to improve the over-all transition process for anyone, regardless of age or funding, who are utilizing employment-related services. Supports coordinators and the individuals’ teams identify those who are ready to continue to the next step in their employment goals. Next steps can be moving on to a combination of pre-vocational service and adding some supported employment activities into their schedule, or referring them to a supported employment provider who can begin finding competitive, community employment for the person. At the administrative entity level it is determined upon intake whether an individual can be referred to OVR first for employment training or if they need to begin with another program and work their way up to employment goals. Regular team meetings and assessments with providers help to identify those who are making progress in pre-vocational settings and ensure that their performance is consistent enough to move forward so they avoid the back and forth of pre-vocational to community and vice versa. The overall goal is to continuously move students and other participants through each phase of “pre-employment” services so they can obtain and be successful in competitive employment in their community.

Also, in FY 14/15, Greene County Human Services contracted with consultants to conduct a feasibility study for Greene ARC to assess the financial and administrative impacts that would occur by transitioning individuals from the pre-vocational program into community based activities that include employment and day supports. Components of the study included an environmental scan, current service delivery overview, proposed model overview, and implementation challenges/barriers analysis. The feasibility study was completed in 15/16,

which provides evidence that the transition from pre-vocational to integrated employment poses significant challenges for Greene County individuals, their families, and the provider community. The feasibility analysis attempts to evaluate and communicate these challenges in an organized and thoughtful fashion, and provides a series of recommendations that could be adopted by the Commonwealth to address these challenges. All agree that there are numerous social and economic benefits for Greene County individuals and employers when individuals with disabilities are successfully employed. We do want to continue moving towards the goal of promoting full access to competitive, integrated employment and help facilitate actions that Greene ARC will need to take in order to be a provider of employment services. It is anticipated that working in partnership, the Commonwealth, self-advocates, their families and the provider community can develop and promote inclusive work opportunities for individuals with intellectual disabilities. As we look further into how we can utilize block grant funding and existing community resources to support the transition of facility-based training to community-focused integration, we have identified from the WINGS program that the school districts do play a large part in utilizing the pre-vocational program with students who are transitioning during their senior year in high school. Recent changes through OVR and the Workforce Investment Opportunities Act (WIOA) will have a major impact though on how students can transition from high-school to the workforce. Pre-vocational training is a vital piece of preparing students for community employment in terms of being able to provide them with short-term training of soft skills and on-the-job experiences during their typical school day. Multiple students are able to leave school property and be transported to a place of work that functions as an employer. They receive training and assistance by professionals who specialize in work readiness and at a lower cost than what it would be to provide a student with one-to-one job coaching and transportation. Also, students who are not enrolled in a waiver and are in need of employment services during summer months when schools are not in session could be served through base funding to attend pre-vocational programs that support transitional activities. In the past, base funding has supported students who were eligible for Extended School Year (ESY) but still needed day supports to bridge the gap in weeks between ESY and the start of the new school year. Overall, the sheltered workshops can still provide short-term services and supports to transition-age students that would be beneficial and cost effective for all parties involved.

GCHS, through the block grant, has also funded the cost of an ACRE certified (The Association of Community Rehabilitation Educators) online course that is being completed by the IDD Director and WINGS School-to-Work Coordinator. The course is offered through Virginia Commonwealth University, which is a member of ACRE, and consists of a 12-week ‘Supported Employment Online Certificate Series’, which is an ACRE-approved training program. The series of the course covers supported employment, Customized Employment, Discovery, Situational Assessment, Job Development, Workplace supports, job-site training, Assistive Technology, Long-term support, funding, and Social Security Work Incentives. After completion of the course, the IDD Director and School-to-work coordinator will be able to share this knowledge and practices with transition staff, providers, and those who provide employment

supports in an effort to educate individuals, families, employers, school districts, and other agencies so that employment services are more cohesive amongst all entities involved.

As we move towards more community supports and community employment for individuals with intellectual disabilities, it brings up concern for available funding for employment supports. The cost of supported employment is much higher than that of pre-vocational services or transitional work services. This will have a huge impact on those receiving the PFDS waiver and those without any funding, without there being an increase in the cap. It would be beneficial if ODP could provide technical assistance to AE's and SCO's regarding best practices in addressing these issues and any plans in the future for rate changes or supplementing employment supports through other funding streams.

Supports Coordination

Supports Coordination services include the locating, coordinating, and monitoring of supports and services that the individual may receive. The Supports Coordinator also serves as an advocate to assist individuals in connecting with other available resources in the community. Upon intake, and during each annual ISP meeting, Supports Coordinators discuss with individuals and families about the options that are available to them, both paid by supports and any natural supports that may exist. Supports Coordinators also participate in trainings that ODP has regarding person-centered thinking, outcomes development, and any other trainings that the county may host that provides information about other programs & agencies that may be beneficial to meet the needs of the individual. Supports Coordinators will begin to utilize the Community of Practice toolkit to help get a good picture of the person's life when developing quality service plans. It is a huge benefit to SCO's as well as the AE and providers when ODP develops new processes that are universal amongst all entities, so technical assistance from ODP is important as this occurs. We would like to see more ODP facilitated meetings or trainings that bring all entities together. The AE also meets with the SCO on a weekly basis to provide technical assistance to current events in the ID system and assist with individual cases and matters. Greene County AE plays a key role in disseminating information to the SCO about Community Integrated Employment and changes that are taking place to ensure that the appropriate processes are implemented to stay in alignment with the 'Employment First' approach. The AE will continue to maintain close communication with the SCO regarding any individuals transitioning from ICF/ID or other facilities into their community and provide the level of support necessary to ensure that all needs are met. The PUNS management report is reviewed on a monthly basis to determine how many individuals are waiting for funding, what types of services they are in need of, and the category to which they need services. Anyone in the emergency category is always top priority and the AE along with the SCO, ensure that anyone placed in the emergency category is truly an emergency where all other natural supports or other funding sources have been exhausted. As an on-ongoing process for any consumer in need of services, Greene County Human Services IDD Director will work with

the Human Services Administrator and Chief Fiscal Officer to utilize base funds for needed supports whether it's during transition, upon an emergency, or for consumers whose waivers cannot financially support their additional identified needs.

Lifesharing Options

Greene County Human Services strives to ensure that individuals are active members of our community and we will promote independent living as much as possible. Greene County currently does not have any Lifesharing Providers. One of the biggest challenges that has remained in Greene County across other similar programs such as Domiciliary Care and Children and Youth Services (CYS) foster care, is gaining individuals and families to take on such a responsibility. One of the most common situations we find is that families want to and are continuing to support their individuals at home, but do not want to go through all the processes to become providers or have "regulations" set forth in their homes. Another challenge pertains to the low state-set rates that providers who oversee the operations of the lifesharing homes cannot afford the administrative costs that are incurred. In FY 16/17 we would like to utilize technical assistance from ODP or meet with other county AE's who have an abundance of Lifesharing providers to learn what strategies or planning is in place and determine if those strategies can be applied in Greene County. Another area to look at in terms of Lifesharing is "who" can be considered a provider. We have many families who choose to care for loved ones at home that could possibly become a provider if the waiver service definitions align and we would be most willing to have conversations with those families.

Cross Systems Communications and Training

The Greene County Human Services IDD/MH programs will continue to work very closely together to address the complex supports of IDD consumers with mental health needs. IDD Program staff and Mental Health Program staff meet regularly to coordinate the appropriate supports to individuals with dual diagnosis. Additionally, we consult with the Office of Developmental Programs Dual Diagnosis Coordinator to discuss community supports that will best meet the consumer's complex needs. County facilitated, bi-monthly "Lunch & Learn" sessions run regularly every other month to provide varying topics of discussion pertaining to the dual diagnosis population. Collaborative efforts continue to include our local hospital staff in cross-system integration & trainings to improve the service delivery system as a whole team approach for effective discharge planning. Through collaboration and this process, our systems have been able to establish and implement crisis intervention practices and use of available resources such as CRISIS, Behavioral Case Management, Peer Support services, and Diversion Unit to intervene before psychiatric admissions occur. This process has shown to reduce the number of ID psychiatric admissions to our local hospital.

An area the IDD and MH programs will focus on for 16/17 will be supports, services, and resources for individuals with a diagnosis on the Autism Spectrum. GCHS IDD Director and MH Director have met with Greene County's Value Behavioral Health staff to discuss what services are currently available in Greene County and which areas we need to focus on enhancing. Through discussion, it was identified that there is a gap in services for youth ages 18-20 that are diagnosed with autism only. Children under 18 with Autism can access programs through MH, adults age 21 with Autism only can access the adult autism waiver, and adults 18 and older who have a diagnosis of autism AND an intellectual disability can access services and funding through the ID system, but there is a huge lack of anything for those ages 18, 19, & 20. We first discussed the possibility of developing a workgroup consisting of individuals and families to find out what exactly their needs are and what kinds of services they would ideally like to have. A few ideas we are looking at for 2016-2017 involves the use of current staff, services, and space to specialize some supports around this target population. Ideas include using a mental health peer specialist who has a background in autism or provide training to that specialist to work with a specialized caseload, and utilizing GCHS general case manager who is funded through the block grant, to provide case management services to those who don't fall strictly under MH or ID. We will explore options of having a group setting for transition-age youth with Autism similar to the manner in which the 'H2O' and 'Drop-in center' functions. Regarding specialized training, we will look into the HCQU and service providers that have a focus on Autism such as behavioral support providers. Some other ideas are to provide group therapy under the Healthy Choices through Value and possibly using block grant funding to provide in-home supports such as respite, companion, and behavioral supports to those who cannot access those services through any other funding source.

Greene County Human Services Department IDD Program engages in numerous collaborative efforts with other human services programs as well as local agencies and organizations to maximize our resources and service delivery to individuals in our community. In effort to address diverse populations within IDD, it is necessary to provide education about our systems and resources. Every March, the IDD program coordinates several activities to promote Intellectual Disabilities Awareness Month which includes promoting "Spread the Word to End the Word" campaign, a Commissioner's Proclamation for IDD Awareness month, an annual "Celebration of Everyday Lives" event for Greene County IDD consumers and their families, and cross-systems trainings.

Through integrated efforts, we are able to align best practices among systems, which assists us in our quality management and risk management plans. Greene County Human Services continuously works with APS Southwestern Pennsylvania Health Care Quality Unit (HCQU) to provide physical and behavioral health trainings to IDD consumers, providers, and the human services as a whole. GCHS AE and SCO contact the HCQU to perform complex technical assists for consumers who are experiencing more challenging medical or behavioral issues. The AE also utilizes the HCQU services to provide specialized trainings around topics that are very

general across the IDD system such as communication needs and positive approaches, to topics that are more specific to smaller populations such as diabetes and heart disease. The HCQU assists us with our efforts in creating community awareness and educating those who support people with intellectual and/or developmental disabilities. The IDD program has also maintained work groups with the County Mental Health Program and Area Agency on Aging to conduct system integration in previous and current years.

The IDD program has also partnered with the local Area Agency on Aging for the past 8 years and more recently with the local PA LINK in the past 2 years to conduct cross-systems trainings and presentations for Greene County. The goal of this group is to collaboratively address the needs of the aging/IDD community in a variety of ways including assistance to caregivers and support persons of the aging/IDD population. The Aging/IDD coalition with PA LINK and Adult Protective Services (APS) will host a presentation in June 2016 to provide information about APS laws and answer questions about APS services, processes, and guidelines.

Another need identified in FY 15/16 which stemmed from the need for sexual education to the IDD population, involves the IDD Director's participation in the county LGBTQI workgroup. The workgroup identified that the IDD population also needed more specific support in this area; therefore the group has developed a plan with professionals in the field to train ID provider staff on how to support specialized populations. Greene County Human Services supported the LGBTQAI workgroup through the block grant which funded the specialized IDD training program in FY 15/16 to address the identification and prevention of sexual abuse amongst the ID population. Efforts on this topic will continue and carry-over to FY 16/17. Block grant funding will be utilized for the cost of the "Me Too" curriculum and training to be provided to the two largest providers in Greene County, which is Greene ARC and Pathways. The "Me Too" curriculum provides a sensitive approach to educating individuals with intellectual disabilities about sexual health. A select number of staff from each agency will be trained as "master teachers" to work with individuals with intellectual disabilities in need of specialized supports. We will also be looking into ways on how we can support school districts in providing sex education to students with intellectual disabilities in their special education programs.

Emergency Supports

Individuals are identified in each area based on their Prioritization of Urgency of Need for Services (PUNS.) The appropriate funding source will be determined based on category of need (emergency, critical, or planning) and level of care required to meet those needs. Individuals in the emergency category are of utmost priority. If no available waiver capacity exists, we will utilize base funding to ensure services are provided to protect health and safety and to ensure that major needs are met. Available respite in community homes is our preference when locating appropriate housing; however, for situations where respite in a

community or family living home is not available, we have utilized base funding on a per diem basis to support individuals in local personal care homes until other residential arrangements can be made. The IDD Director would then follow the standard protocol of contacting the ODP Regional Waiver Capacity Manager to review the case and determine if a request for emergency consolidated waiver funding needs to occur.

During after hour emergencies, Greene County IDD program follows a standard policy that includes our agreement with our local 911 dispatch. Officials will contact the Greene County Human Services Administrator, who contacts the IDD Director. As stated previously, we would seek respite in a community home, but if that is not an option, we would utilize a local personal care home or emergency lodging through housing programs. Block grant funding will be utilized to provide other services including, but not limited to: Supported Employment, Pre-vocational services, Adult Training Facility, PDS/Agency with Choice services (AWC), PDS/Vendor Fiscal services (VF), and Residential and Lifesharing supports as necessary. All individuals who meet the eligibility requirement for services will receive base funded Supports Coordination.

24-hour Emergency Response Plan

Greene County Human Services Department ensures the health and safety of those enrolled in the GCHSD service system, 24 hours a day, 7 days a week, through various processes. GCHSD has a very close collaboration of supports and services for those with dual diagnosis being mental health and intellectual disabilities or mental health and substance abuse. Crisis and emergency services are provided through contracted providers of GCHSD.

Crisis Intervention:
Crisis Intervention Services through a contracted provider include telephone, walk-in, and mobile services, designed to de-escalate and resolve a potentially emergent situation and are designed to divert to the least restrictive level of care. Telephone and mobile crisis services will be available 24 hours a day, 7 days a week. Walk-in crisis services will be delivered at the licensed outpatient facilities Monday through Friday from 8:30 a.m. to 5:00 p.m. at a minimum, and after regular hours at the designated crisis stabilization unit.

A. **Telephone Crisis** will provide a continuously available telephone service staffed by trained crisis counselors that provide information, screening, intervention, and support to callers 24 hours a day, 7 days a week, 365 days a year.
B. **Walk-in Crisis** is a site-based intervention service for individuals providing immediate screening and assessment resulting in brief, intensive interventions focused on resolving a crisis and preventing admission to a more restrictive level of care. The service is provided by trained crisis counselors, and will include assistance in

accessing available formal and informal community resources pertinent to the particular crisis.

C. **Mobile Crisis** is a service provided at a community site where the crisis is occurring or a place where a person in crisis is located. The services shall be available with prompt response. Service may be individual or team delivered as determine appropriate by trained crisis counselors. Service includes crisis intervention, assessment, counseling, resolutions, referral, and follow-up. The service provides back up for, and linkages with other services and referral sources. Mobile crisis intervention will be dispatched within five minutes and will arrive at the scene of the situation within 30 minutes of dispatch. The Crisis worker will establish and maintain telephone contact with the individual, law enforcement, or appropriate entities until their arrival.

D. **Intellectual Disability** If at any time during a mental health crisis or emergency process and an individual is identified as having an intellectual disability, the contracted provider will contact GCHSD MH Director or Designee, who will then contact the IDD Director. The IDD Director/Designee will work with the individual, caregivers, families, and IDD provider agencies to determine a plan of intervention that will best meet their needs. Respite, residential, in-home, and other available supports will be considered within the development of a plan. The IDD program will follow emergency protocol for funding sources and services according to the AE operating agreement and in accordance with guidelines set forth by ODP.

Emergency Services:
Emergency services will be available 24 hours a day, 7 days a week, year round. Procedures to be followed will be in conformity with the PA Code, Title 55, Chapter 5100 (Mental Health Procedures) Regulations adopted pursuant to the Mental Health Procedures Act (Acts 143 & 324). The contracted provider employs a Mental Health Delegate Supervisor and Mental Health Delegates, who act as agents to the GCHSD MH Program (MHP). The Mental Health Delegate will maintain communication with the GCHSD MHP office in coordination of all commitments to include the reporting of all voluntary (201) and involuntary (302) hospitalizations. All rules and regulations in relation to individuals with guardianship will be followed. All voluntary (201) and involuntary (302) hospitalizations shall be called in to the GCHSD MHP Administrative office (Mental Health Director) by 9:30 a.m. the next business day. The MH delegate and delegate supervisor have access to GCHS Administrator, and MH Director 24 hours a day, 7 days a week. GCHS Administrator or MH Director will contact the IDD Director in the event of an emergency for IDD consumers.

Community Hospital Liaison:
The Community Hospital Liaison, employed by GCHS, will serve as the link from community inpatient hospitals to the community MH and IDD service provider systems to provide

comprehensive assessment, monitoring, service planning, and referrals for service to consenting individuals & families within the local mental health inpatient units/hospitals, as well as those in the surrounding areas outside the Greene County borders. Coordination of those services through case management and monitoring will be maintained until ongoing outpatient services are in place. The liaison will:

A. Provide initial opportunities for engagement
B. Provide information, referral services, and linkage to individuals and their families with severe and persistent mental illness and/or IDD who would be transitioning from inpatient hospitalization to community services.
C. Complete all required paperwork and referrals for individuals transitioning from inpatient hospitalization to community services.
D. Conduct daily visits to inpatient hospitalization programs to track new admissions, monitor progress, of identified patients, plan for discharge, attend Treatment Team meetings, and provide liaison services to those programs. Conduct face-to-face interviews with individuals referred by self, family, physicians, hospitals, social service agencies, and appropriate referral sources.
E. Establish and maintain linkage agreements with inpatient hospitalization programs, county Base Service Units and all necessary community based mental health services. This will ensure the continuity of care, which will increase follow-up with mental health outpatient treatment and services and in turn, will decrease readmission to inpatient treatment.
F. Ensure that the appropriate appointment(s) are scheduled within one-week post discharge.
G. Provide a 30-day follow-up to consumers and families to ensure continued recovery.

Administrative Funding:

GCHS AE staff attended the Communities of Practice training in May 2016. GCHS IDD Program will be looking at incorporating the “Supporting Families of Individuals with Intellectual & Developmental Disabilities” practices and visions to better assist and support families across the lifespan of their family member. GCHS IDD Program will begin doing this by accessing resources on the Supports to Families web-site that have been developed, such as the ‘Innovations Series ‘of webinars and the ‘LifeCourse Toolkit’. These two resources provide a variety of tools and supplemental information that can be used by professionals as well as the individuals & families when having conversations to plan a good life. The AE will assist the GCHS SCO in bringing these resources and toolkits to fruition as well so that it can become a best practice across all entities that support persons receiving IDD services in Greene County. This process can also be included in the AE Quality Management Plan where we can measure

the progress of implementing these strategies to determine over time how the system changes have made an impact on people's lives.

GCHS will utilize the PA Family Network that supports Communities of Practice to provide trainings at the local level to our individuals, families, staff, and providers in Greene County. Since the training model can be used across a wide array of social services, GCHS will extend such training opportunities to other community agencies and organizations that will also benefit, which makes for a better all-around support system for the persons we serve.

Greene County Human Services continuously utilizes APS Southwestern Pennsylvania Health Care Quality Unit (HCQU) to provide physical and behavioral health trainings to IDD consumers, providers, and the human services as a whole. The HCQU assists us with our efforts in creating community awareness and educating those who support people with intellectual and/or developmental disabilities. On a case-by-case basis, GCHS requests Complex Technical Assistance (CTA's) from the HCQU to address specific complex needs of individuals receiving waiver services. We use the data generated from HCQU surveys and CTA follow-ups to help determine what things we need to focus on at the county level to help improve the quality of services we provide, which becomes part of our Quality Management Plan.

The Greene County Administrative Entity also continues processes with the IM4Q (Independent Monitoring for Quality) through a contract with Chatham University to conduct assessments for quality and participates with Ascend for the Supports Intensity Scale (SIS) for determining each individual's needs and what services will best meet their needs. IM4Q and SIS provide useful data to the AE as well as SCO's to look at how teams can best support individuals and considerations that may be looked at to enhance those services and supports. A representative from the IM4Q is a member of the Quality Council and provides reports and valuable input to the group.

Greene County Human Services Department IDD Program engages in numerous collaborative efforts with other human services programs as well as local agencies and organizations to maximize our resources and service delivery to individuals in our community. In effort to address diverse populations within IDD, we believe it is necessary to provide education about our systems and resources. Multi-Disciplinary Team meetings are extremely important and are held regularly to discuss individuals in need of supports across varying systems such as Mental Health, Children & Youth Services, Drug & Alcohol, and Early Intervention. Greene County IDD Program participates regularly in workgroups such as Co-occurring Disorders and Disabilities in Greene (Coddig), Greene County Housing Options Partnership) GCHOP, Consumer Support Program (CSP), Lunch & Learn sessions and county cross-trainings for MH, D & A, and IDD. The AE has contacted ODP on several occasions to provide insight and assistance on individuals who have the most complex needs and have been challenging in finding appropriate residential services to meet their MH/ID needs. One of the major struggles the county faces is when individuals are in psychiatric admissions and are ready for discharge and an appropriate

provider cannot be secured. There is literally no “in-between” facilities for people to go that would allow them the transition from hospitals to an integrated community setting. Waiver funding cannot be utilized during a person’s hospitalization, nor can other designated “start-up” funds be utilized because it doesn’t meet the criteria. It would be hugely beneficial if ODP could develop a way to utilize start-up funds for transition of folks sitting on the behavioral health units or to enable the waivers to fund other more appropriate “step-down” programs so that people can have a quality of life while still addressing complex mental health needs.

Greene County IDD Program connects with various programs within our Human Services department as well as outside resources and programs to develop intensive plans to reduce at-risk situations for individuals in our community. We collaborate with mental health case management, social workers at the local hospital, providers of services, and any community members that support the individual. The IDD Program participates in Family-group Decision making, which pulls together all important people of the person’s life to assist in coming up with goals and supports to help that individual be successful. At times, multiple team members are working on different aspects of supports to ensure that nothing ‘falls through the cracks’ and the person is supported fully. The IDD program utilizes the local SPHS Crisis to develop necessary plans for those who are at-risk of hospitalization and escalated situations so that support persons working with that individual have steps to follow in the event that one occurs.

Housing needs for IDD Program participants are addressed in a couple of ways. Upon intake for services and when a person is registered for IDD services, the AE or SC will assess to determine what a person’s housing needs are to coordinate appropriately by speaking with the individual and/or their family. If someone wishes to live in the community, outside of their family’s home or a licensed residential home, the SC will help the individual to work with local housing authorities to determine availability of apartments. If the person wishes to live in an independently rented apartment or home, the IDD Program staff will work with GCHS housing department or housing coordinator to determine where there is availability and how the necessary contacts can be made. Also, a person may be seeking housing first and then it is discovered that they meet eligibility requirements for IDD services and the housing program and IDD Program work together to find the most suitable housing to meet their needs. In November 2015, staff from the Greene County AE and Greene County SCO, met with GCHS Housing program and Diana T. Myers from Diana T. Myers and Associates, Inc. for a presentation on ‘Housing Options for Independent Living’. She provided an information tool that support people can use with an individual about how to ask questions and present options to people about where they want to live. The focus was understanding the challenges and opportunities presented with each option of housing and how teams can help people decide which options are best for them. The presentation also provided an overview of other “non-traditional” housing options available such as Elder Cottage Housing Opportunity (ECHO Housing), Shared Housing, and Shared Living. This tool in conjunction with the “Supports to Families” toolkit,

mentioned earlier, will be used when meeting with the families of individuals in helping them in LifeCourse planning for their family member.

Waiver service providers are required to participate in the Provider Monitoring Process which includes self-assessments and on-site reviews by the Administrative Entity. One requirement of each provider is an Emergency Disaster Response Plan that complies with the 55 Pa. Code Chapter 51 regulations. Upon review of policies and procedures, if a provider does not have a plan, they are provided with a corrective action plan that must address the development of a plan to address individual safety and protection, communications and/or operational procedures. The administrative entity is available for technical assistance to providers for the on-going remediation of any issues.

Participant Directed Services (PDS):

During the intake process and thereafter during planning meetings, waiver services are offered to individuals and their families according to the identified needs. If an individual chooses to not use traditional model providers, they are offered the choice of using Agency with Choice, or VF/EA and either AE staff or the Supports Coordinator explains the processes and how to get started. One of the biggest challenges with both AWC and VF/EA is identifying staff for those individuals or families who don't already have a person in mind who is willing and able. Recruiting staff for those individuals and families is difficult and very time-consuming. At times, finding staff either never happens, or takes an extensive amount of time. Also, it is rather difficult to monitor for progress when many times, the individuals or families are not having workers complete thorough & accurate "progress notes."

It would be beneficial to have an ODP developed "orientation process" similar to the recent development of the 'new provider orientation' that AE's could utilize to host orientation/trainings for individuals and families interested in PDS services. It would be in the best interest of all parties involved to be able to have those orientation trainings once or twice a year for each area where SCO's could also participate to help families better understand and navigate the PDS processes.

Community for All:

Greene County currently has one individual at an ICF setting and three at state centers. During this time, there are no plans of transitioning to the community based on information presented at team meetings. Greene County IDD Program participates in and facilitates the transition of any individual choosing to return to a community setting. During the individual planning meetings (annual or discharge planning meetings), choices are offered of where the person would like to live or is presented to families/caregivers of those who are not able to express their preferences. Together, the team decides what services are needed to best support the person. When an

individual transitions from a congregate setting to a community setting, the Administrative Entity along with the Supports Coordinator will collaborate with community home providers to identify a home that has a vacancy and is most compatible to the person's needs. The AE and new provider will follow steps of the transition processes that have been developed according to the Chapter 51 regulations for transitions.

One area of concern in respect to non-community living that has required and will continue to require additional assistance from ODP is in regards to psychiatric hospitalizations and admissions. In the past few years Greene County has supported several individuals who were admitted to in-patient psychiatric units and remained there without appropriate residential services for months at a time. When a person is hospitalized for more than 30 days, they are not eligible to receive waiver services. Although the team still continues to coordinate services and supports, potential providers are not able to provide services for transition nor are the previous providers of supports, such as behavioral supports, able to provide any services to the person in the hospital. Most importantly, there are no alternative options available to individuals when they are ready for discharge from the hospital that can sufficiently support their MH/ID needs. Currently, there is no funding available to support "transition services" as there is when a person is exiting a state center, ICF, or nursing home. If there was additional funding or other less restrictive facilities could be utilized through funding streams for the transition of those being discharged from in-patient psychiatric units, it would be hugely beneficial in our efforts to integrate people back into their communities.

HOMELESS ASSISTANCE SERVICES

Greene County Human Services Department (GCHSD) offers a full continuum of housing services. The Philosophy of the County Housing Program is to keep people housed whenever possible and if they become homeless, to assist them to move to permanent housing. We practice the Housing First approach where the county program prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life. This approach is based on client choice of housing selection and creates empowerment for the client to be successful and improve their life.

The GCHS Housing Program utilizes the Evidence Based Practice through our supportive housing program which is decent, safe and affordable community based housing that provides tenants with the rights of tenancy under state and local landlord tenant laws and is linked to voluntary and flexible support and services designed to meet tenants' needs and preferences. Our programs serve the following:

- Persons at risk of homelessness
- Homeless
- Persons with Behavioral Health (Mental Health and Drug Alcohol) Issues

- Low Income families and individuals
- Families involved with Children and Youth
- Persons with Special Needs and/ or Disabilities
- Seniors
- Youth in transition
- Person involved in the Criminal Justice System
- Veterans

The Greene County Housing Program continuum of services includes the following services:

- Outreach
- Intake and Assessment
- PATH Services
- Homeless Prevention
- Rapid Rehousing
- Emergency Shelter
- Shelters Referral
- Transitional Housing
- Master Leasing for Criminal Justice clients
- Permanent Supportive Housing (Evidenced Based Model)
- Support Services
- Oxford Recovery Housing
- Housing Options for Independent Living

HAP funding augments and support the housing services listed above and are offered to Greene County residents. GCHS Housing Program also works with legal aid services and senior services, when crisis arise such as bed bugs and heat issues like it occurred this past winter in a privately ran subsidized building.

Greene County Human Services (GCHS) Housing Program provides a single point of contact and assessment process to provide coordinated and comprehensive services for those with a housing need. Clients in need of housing complete a centralized assessment. This assessment is provided through our OMSHAS PATH staff. From this assessment, the client is then referred to a program in our continuum of housing programs that best fits their needs and that they are eligible for. Through this process clients are offered a “one door” approach to be assessed for services and will not have to do extra unwarranted leg work during their time of crisis. This enables our service providers to have clients coming to them that are eligible for their programs, which saves a great deal of staff time since the initial screening and some of the intake paperwork, such as ID’s income and verifications are taken care of. Clients seeking assistance through CYS Contingency Funds, Mental Health Contingency Funds, PATH, ESG, HAP and all other programs in the housing continuum utilize this process.

Program Highlights for 2015/2016 include the continuation of meetings with local landlords to maintain communication and foster relationships with these landlords that are willing to work with our population. These meetings allow for mutual information gathering, discussions of challenges and for the County to explain our programs and resources including our case

management services to assist in keeping our clients/tenants in their current housing. This is discussed both in the meetings as well as when staff are working with individual landlords. We hope that through these efforts Greene County Human Services can be the first contact that a landlord makes before evicting a tenant.

From discussions in the landlord meetings the Greene County Rental Rehabilitation program was implemented this fiscal year through PHFA PHARE dollars. This program offers grant dollars to landlords to bring rental units up to code. The landlord has to have worked with GCHS Housing Program clients for one year and agree to continue to rent to the GCHS Housing Program clients for an additional three years after the rehabilitation is complete. This program which builds the county's housing stock has increased our housing opportunities to our low income and senior residents.

GCHS Housing Program has a certified SOAR (SSI/SSDI Outreach, Access and Recovery) liaison that works with those that are homeless that need to apply for social security benefits. SOAR expedites the length of time for an answer on their social security application to come back.

GCHS has been working with the United Way, Waynesburg University, Salvation Army, local churches, the local hospital and other community volunteers to start a cold weather warming center that is called; **Warm Night, 20 Degrees and Below.** FY 15/16 was our first year the program ran through the months of January and February of 2016. This program is staffed with 21 volunteers trained by GCHS Housing Program. Residents who needed this service were invited to four locations and these locations opened their doors for two week increments that ran back to back through the months of January and February. These locations were available when the temperature was 20 degrees and below according to www.accuweather.com for Waynesburg PA. Our local Mental Health Hotline was the mechanism for clients to register. If persons or families registered before 4 PM we were open. During the two months of this program we were open 7 nights and served a total of 11 individuals. All individuals who utilized the program ended up accepting longer term housing help from Greene County Human Services. This program will be expanded in 2017 to include the month of March and the temperature will increase to 25 degrees or below. This program was identified to be needed because there was no program or place in our county for people to go who did not have adequate shelter from the cold. For FY 16/17, we have secured a house at the local county fairgrounds that will be used for the cold weather warming shelter. A consistent "home" for our project will help with storage, transportation of supplies and possible hours of operation.

One of the focuses of the GCHS Housing Program is on outreach to older adults with housing needs. We see many older adults that need assistance with utilities. To insure that as many older adults as possible know about our services, we have presented to Senior Services programs, the six Senior Centers in Greene County, and our program had a resource table at the Greene County Senior Fair in October. We have presented and participated in collaborative task team meetings called the, "Older Adults Alliance Community Team". This community team

meets bi-monthly and is one of the Community Teams that is a part of Greene County MAGIC (Making a Great Impact Collectively) collaborative board. We will continue to reach out to the older adult population in FY 2016/17 to educate them of housing resources available in the County.

GCHS Housing Program shares best practices around our housing delivery with many groups that include: The local Greene County Housing Options Partnership (GCHOP)/ Local Housing Options Team (LHOT), Greene County Housing Team, Greene County Redevelopment Authority, Western Region Housing Options Coalition, member of the Southwest RHAB board, Statewide Adolescent Homeless Committee, and the OMHSAS Statewide Housing Committee. The Greene County Housing Program Director is the Chair of the GCHOP/LHOT for Greene County. As the Chair, she is able to arrange presentations at the GCHOP/LHOT MAGIC Community Team monthly meetings on different services that are available in our area. These presentations included Nursing Home Transition, Domestic Violence, and Area Agency on Aging services to name a few. Highlighted educational presentations this FY thorough GCHOP included FAIR Housing training, Understanding and Engaging Homeless Individuals Case Management training, and a Housing Information Summit. Presentations focusing on housing best practices will continue for GCHOP in FY 16/17.

One of the goals of the GCHS Housing Program is to make every attempt to keep individuals and families where they are housed, Homeless Prevention. The availability of safe and affordable rentals in Greene County is almost non-existent so when an individual or family walks in with an eviction notice, it is challenging to find them a place to live in most cases.

A challenge in our service delivery of housing is finding available resources for “that individual or family” who does not have enough sustainable income to qualify for HAP services and or does not meet residency requirements. We search diligently for appropriate housing resources but sometimes can only offer out of county shelter services. Another challenge that our program faces is the lack of enough safe and affordable rentals to meet the needs of clients we serve. The challenge of referring to our local Housing Authority and other private subsidized housing agencies is that of long waiting lists, or an individual’s application not being accepted due to past felonies, bad credit or no income.

In FY 15/16 the GCHS Housing Program focused on addressing Veterans who may be faced with housing issues. GCHS developed a program through PHARE dollars that offers case management and rental assistance to veterans after they have been disqualified for an eligibility from all existing services that are in our housing continuum, including SSVF. The Program Director reached out to the Greene County Human Services Department’s Veterans Stakeholder Committee to assess the need and assure that information of our housing services for Veterans is known. We have also made the program known through the local paper and through our local VA office. If a Veteran needs help and they do not meet guidelines of our

Greene County programs, PHARE dollars can be used on a case by case basis to meet the needs of the Veterans asking for assistance.

Available to our county residents this summer, GCHS Housing Program will be working with two new housing projects that will be opening in the county. One is a 52 unit tax –credit apartment building for Older Adults. Greene County Human Services is the PHFA local lead agency designated to assist with all the supportive housing services for this project. The other project is a four unit quad for individuals with a disability developed by Accessible Dreams. This four unit apartment building is located in Jefferson PA and has been called Independent Place 1. Two units will be completely accessible on the ground floor and two additional units on the second floor will be for individuals needing affordable rental housing. GCHS Housing Program has assisted in the referral of eligible residents to Independence Place I, which has been reported to be full and with a waitlist.

Clients with a forensic background always seem to be a population that is a challenge in our housing assistance efforts. It is difficult to find landlords that will work with this population and these criminal justice clients have a difficult time finding jobs in our county to sustain the rent. Through funding from PCCD, GCHS has received a Master Leasing grant. The “Master Leasing” grant helps with rental assistance for up to a 24 month time frame, depending on the case and need, while also “wrapping services” such as case management, job training, life skills, Drug and Alcohol and Mental Health services around a person as part of a home plan for the criminal justice population when released from incarceration. The Forensic Integrated Reporting Center (IRC) is a program at SPHS Care Outpatient that meets every Tuesday that the Master Leasing clients also are require to attend. This program insures that once an inmate is released from incarceration, services can start immediately. Some Master Leasing units will follow the Bridge Subsidy model, where clients will not be subleasing from the program but will be leasing under their own name, The Bridge Subsidy program will be for non-violent offenders. The Housing Authority has agreed to put these residents on their waitlist for Section 8 vouchers and or units in the Housing Authorities apartment buildings so that when a voucher comes up, the client will not be burdened with higher rent but will be able to sustain the subsidy cost when discharged from Master Leasing and have proven themselves as good home renters.

In our work with the Transitional Age Youth (TAY) population, access to housing services is limited, GCHS Housing Program works with the CYS Independent Living Program that serve youth age 18-21 if they meet the CYS eligibility requirements. GCHS Housing Program staff has attended numerous trainings focused on how to communicate and outreach to this population. When a TAY has a housing issue the GCHS Housing Program reviews their eligibility in all of the housing programs and services within our housing continuum. GCHS Housing Program maintains collaboration with school districts, Mental Health Services, CYS, IDD, Probation and Drug and Alcohol programs when working with a TAY client. All that are involved with a TAY case meet together for a Multi-Disciplinary Team (MDT) meeting to ensure

that all services are looked at to meet the needs of the TAY individual. In the upcoming year we will expand our outreach efforts through programs such as teen parenting, Communities That Care, and mental health initiatives such as H2O (Helping 2 Overcome) Drop In Center , High Fidelity Wrap around services and System of Care. These programs currently work with this population and can be a good referral source. The GCHS Housing Program will research other best practice and housing models that are focused on this population as we are seeing an increase in the referrals of the TAY.

Bridge Housing

As we expand our housing continuum in Greene County, HAP dollars will be used for HAP Bridge Housing as the need arises.

HAP Bridge Housing funds will be available to individuals or families to move from temporary housing to supportive long term living arrangements while preparing to live independently. In FY15/16 Greene County has had zero individuals or families who have needed this program but if the need arises, these funds will be utilized on a case by case basis.

Case Management:

The GCHS Housing Program Case Management service delivery's main focus is to utilize existing programs and resources that will enhance the goals set forth by the client and the case manager while providing supportive services that give individuals and families a safe, solid support system which allows them to find and maintain stable housing.

Our GCHS Housing Program Case Management consists of providing services that include; Intake and assessment, goal setting in the areas of life skills and making referrals to programs that offer financial management, parenting skills, home maintenance, job preparation skills and or employment skills.

Some of the agencies that the program case management collaborates with include Connect. Inc.'s Life Skills, Legal Aid, the local Food Bank, Value Behavioral Health of PA, the County's Assistance Office, Catholic Charities, Salvation Army, CareerLink and Greene County Human Services Programs; which includes Transportation, Drug and Alcohol, Mental Health, Intellectual & Developmental Disabilities, Early Intervention, Children Youth and Services, and Child Care Information Services.

Greene County Human Services employs a Family Resource Coordinator that is also available to be a general case manager. This person works closely with the HAP Case Manager and services those who need general assistance but do not meet criteria to have a case manager in the human service categoricals such as HAP, Drug and Alcohol, Mental Health, etc. Clients that

have circumstance that may cause a crisis that can affect their stability concerning their housing are referred to the Family Resource Coordinator.

GCHS Housing Program has worked with a consultant to develop a data system that provides up to date outcomes and information for the HAP program and this data is evaluated on a quarterly basis. Case notes are also kept in this data base.

Rental Assistance:

Rental Assistance is available for the prevention of homelessness. GCHS Housing Program's philosophy stresses homeless prevention due to the lack of affordable safe housing stock in the county. GCHS Housing Program also works with individuals and families who need rapid rehousing. Rental Assistance provides financial assistance to pay bills associated with housing expenses, such as rent, rental cost for trailer, and trailer lots, and utilities. All financial services rendered will prevent and/or end homelessness or near homelessness. Rental Assistance is an intervention in cases where an eviction is imminent. It is used to expedite the movement of people out of shelter into existing housing. All HAP funded clients are now mandated to attend Budgeting and/or Job Development Classes and can only receive $750 per individual or $1200 per family unit every two years. The Prepared Renter Program (PREP) training is also offered to those who need rental assistance. This training helps a renter understand what a good renter is, how to be a good renter and the rules and laws around renting.

When a client is referred from either Mental Health or CYS, the Housing Program works with these programs to ensure housing stability for this population. GCHS Housing Program administers both the CYS and Mental Health Housing Contingency funds as a one stop shop. These funds are normally for Rental Assistance and/or Emergency Shelter, since both Mental Health and CYS provide the case management.

GCHS Housing Program has worked with a consultant to develop a county data system that provides data outcomes and information for the HAP program. This data is evaluated on a quarterly basis.

Emergency Shelter:

HAP Emergency Shelter money is used for vouchers for emergency stays at local motels. During the motel stay, case managers work with consumers to create a plan for the homeless person to purse options for safe, quality, affordable housing.

Hotel and motel rooms have been at such a premium in the county due to Marcellus Shale industry workers. Greene County has no in-county shelters so the GCHSP only has access to out of county shelters and they are often full. Finding emergency shelter is a challenge for the program especially in cold weather. In January and February of 2016 we were able to utilize the

warming centers, but this option is not conducive to those who need shelter for longer than 7P.M. to 7A.M. time frame when the center is open. GCHS will continue to look for Emergency Shelter alternatives.

Greene County Human Services has obtained supplemental funds through a grant from the Greene County Community Foundation Housing Fund to provide food and gasoline vouchers while in Emergency Shelter placement.

The GCHS Housing Program continues to collaborate efforts to improve our services to those in need of Emergency Shelter by communicating with other stakeholders in the community such as Salvation Army or local churches. When vouchers are given out it is imperative that the services not to be duplicated or taken advantage of.

GCHS Housing Program has worked with a consultant to develop a county data system that provides outcomes and information for the HAP program. This data is evaluated on a quarterly basis.

Other Housing Supports:

Innovative Supportive Housing services that are utilized under HAP funds include expenditures such as transportation and/ or clothes to assist the client who needs appropriate attire for a job interview. These services are rendered on a case by case base and only utilized when all other services have been exhausted. These services would meet a person or families' basic needs to strive would be considered supportive services.

Status of the county's HMIS implementation:

The County of Greene is actively collecting data in HMIS per HMIS requirements. HMIS has been utilized for all ESG and PATH, eligible clients, and clients that enter the shelters through Connect Inc., clients that are a part of the Master Leasing program, and those involved with Permanent Supportive Housing.

CHILDREN and YOUTH SERVICES

The successes of Greene County Children and Youth Services (CYS) are:

A) The agency continues to see an influx of referrals due to the implementation of the Child Protective Service Legislation (CPSL) that was implemented on December 31, 2014. The agency added 3 additional positions in FY 15/16 to create a second Intake Unit to adequately respond to the increased referrals to the agency. In FY 15/16, the

agency has also added a County Case Manager and an additional clerical staff to accommodate the influx. For FY16/17, the agency has been approved by the State to hire an additional 3 caseworkers to decrease the caseload within the on-going units.

B) The number of agency referrals that cross departments involving Drug and Alcohol and Mental Health has increased dramatically. The agency is able to collaborate quickly to form an MDT meeting with the other departments under Human Services to provide the most effective services to meet the needs of children and their families.

C) The Family Center continues to implement pre and post testing for their parenting programs which CYS utilizes for families. These outcomes enhance the parenting instructor and CYS to focus on the primary section where knowledge is needed to be offered to families. As of January 1, 2015, the Family Center has implemented an evidence based parenting program SAFE (Supportive and Affective Family Education). Due to the success of the SAFE Program, the Family Center most recently hired an additional worker to provide these services.

D) CYS continues to conduct more frequent visitation to families with children in out-of-home placement to reunify the family in a timely manner. CYS will also utilize Time Limited Family Reunification by making a referral to the contracted provider when a child is placed in out-of-home care.

Some of the challenges of Greene County Children and Youth Services are:

A) Neonatal Abstinence Syndrome (NAS, babies born with addiction) continues to be a challenge for the agency. The number of NAS babies referred to the agency has increased. From July 2015 to May of 2016, the agency has received 18 referrals from hospitals for newborns with drugs in their system at birth. Neonatal Abstinence Syndrome is also contributing to the increase of out-of-home placement for children. The agency has experienced a 67% increase placements of children due to drug and alcohol use/abuse. CYS has continuous collaboration with Greene County Drug and Alcohol for assessments and collaborates with UPMC especially when the mother is still pregnant. The agency make referrals to the Family Center to utilize their evidence based parenting programs (SAFE). The SAFE program is targeted for parents with substance abuse issues.

B) Safe affordable housing for our clients continues to be a challenge for CYS clients due to limited rental properties, the condition of the properties when they become available, the cost of the properties and also high incident of refusal to cooperate.

C) The new Child Protective Service Legislation (CPSL) that was implemented on December 31, 2014 has increased the agency's intake of referrals significantly. When Comparing FY 14/15 to FY 15/16, the agency experienced a 112% increase in CPS

investigations. The three main CPSL that is impacting the agency are; the change in the definition of a perpetrator, the definition of child abuse and who is now considered a mandated reporter.

D) The number of children/adolescents with Drug and Alcohol and severe Mental Health has increased significantly. The agency has a difficult time finding out-of-home placements when warranted and utilization of residential placements are then usually the last option due to the complex nature of the cases.

	Outcomes
Safety	1. Children are protected from abuse and neglect. 2. Children are safely maintained in their own home whenever possible and appropriate.
Permanency	1. Children have permanency and stability in their living arrangement. 2. Continuity of family relationships and connections are preserved for children.
Child & Family Well-being	1. Families have enhanced capacity to provide for their children's needs. 2. Children receive appropriate services to meet their educational needs. 3. Children receive adequate services to meet their physical and behavioral health needs.

Outcome	**Measurement and Frequency**	**The Specific Child Welfare Service(s) in the HSBG Contributing to Outcome**
Children are safely maintained in their own home whenever possible and appropriate.	Number of open cases who are not in out-of-home placement. This is tracked quarterly.	Greene County Drug and Alcohol, Housing, Family Group Decision Making, Mental Health, Parenting, and HFWA.
Children receive appropriate services to meet their educational needs.	Number of children who are receiving School Attendance Improvement and Truancy reduction Plans and/or Family Group Decision Making for the school year and monitor through home	Greene County Drug and Alcohol, Housing, FGDM, Mental Health, HFWA, Student Assistance Program (SAP), and SAFE Parenting Program

	visits and/or phone calls between the agency, family and service providers. This is tracked quarterly.	
Children have permanency and stability in their living arrangements.	Number of children that remain in the home and are not removed for placement. This is tracked quarterly.	Greene county Drug and Alcohol, Housing, FGDM, Mental Health, HFRA, and SAFE Parenting Program.

Program Name:	Truancy

Please indicate the status of this program:

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

In 2010 through the Pennsylvania Children's Roundtable, Greene County's President Judge received data from Pennsylvania Department of Education for the 2008/2009 school year relating to habitually truant students compared to the overall number of compulsory school age children in the State. Greene County was ranked 1 of 4 for the highest habitually truant Counties in Pennsylvania. Through the President Judge insistence the local Children's Roundtable set their first priority as addressing truancy in the County. Children and Youth Services (CYS) collaborated with the schools and magistrates, and in 2010/11 school year developed and implemented a County-wide truancy protocol that was accepted by all 5 County school districts. Since the implementation of the county wide truancy protocol, most of the schools have begun using Student Attendance Improvement Plans in collaboration with the agency so that families can be held accountable, necessary information can be provided to the families regarding truancy, and cases can be opened if/when in a timely manner. Truancy continues to be a priority to Greene County Children and Youth Services (CYS), the Court system, the President Judge and the County.

CYS continues to utilize the current County wide Truancy Protocol. The following service outcomes will be worked towards for FY 16/17:

1) Children are safely maintained in their own home whenever possible and appropriate. The agency will continue to complete a risk and safety assessment and a visual safety and risk assessment at every home visit. When a safety threat is identified, the caseworker will check for safety capacities and alternative care givers within the home to keep the child from out-of-home placement. Cases are discussed regularly and on a consistent basis between Caseworkers, Supervisor, Administrator and an agency Solicitor. The agency also includes any and all community providers to participate in multidiscipline team meetings to discuss the best interest of the child and the effectiveness of services being provided.

2) Children receive appropriate services to meet their educational needs. The development of the truancy protocol has allowed the agency to have staff dedicated to handling all of the truancy referrals that come in to the agency. Due to the abundance of referrals, the agency has added an additional caseworker position for a total of two fulltime caseworkers for truancy prevention. Each caseworker is assigned a particular school district to maintain a single point of contact for the schools, the magistrates, and the parents. The caseworkers are skilled with the laws of education and truancy, knows what kinds of questions to ask to get to the student's root cause of their truancy, and is able to refer families for the most appropriate service for them to help alleviate the child's truancy. The caseworkers also attend the magistrate hearings for truancy charges, Student Attendance Improvement Plan meetings at the school when necessary, and are in each of the 5 school districts bi-weekly to have their presence known to serve as a deference of truancy. The truancy caseworkers are instrumental is making timely referrals to providers for services such as Drug and Alcohol, Mental Health, Housing assistance, and Parenting classes. The agency also utilizes evidence Based Programs such as Family Group decision Making (FGDM), High Fidelity Wrap Around (HFWA), and Multi Systemic Therapy (MST) in order to try to prevent out-of-home placements and to try to increase the child's success in school.

3) Children have permanency and stability in their living arrangements. The agency makes referrals for the family's identified needs at the Intake process of an investigation. Making timely referrals and implementing services at the beginning of the case will reduce the number of cases being opened for services in the on-going unit. As a last resort and safety of the child being the first priority, children are placed in out-of-home care. With the parent's assistance, the agency contacts family members that have been identified by the parents for resource placements. When a child is dependent and/or in placement and is under the age of 6, the agency has 3 month review hearings and 5 month review hearings for all children. The agency has also held 30 day review hearing on some particular cases to expedite reunification. The agency focuses on limiting the number of moves of out-of-home placements for children to reduce the risk of further trauma.

Throughout the 2014/15 school term, the agency mailed out 160 truancy related letters with 21 (13%) receiving a second truancy offense within the same school term. The agency completed 78 intakes that resulted in 22 (28%) receiving a second truancy violation within the school term. In total, the agency opened 27 new truancy cases including 4 (14%) that were previous cases from either earlier in the 2015/16 school term or that were opened during the prior 2013/14 school term. Throughout the school term, 12 truancy cases were closed (4 due to family relocation, 1 aged out and 7 met academic attendance standards). At the conclusion of the 2014/15 school term, there were a total of 36 open truancy cases. Out of that total, 9 (25%) are monitored by on-going caseworker staff due to previously having an open case with the agency for non-truancy related concerns. In total 9 youth were ordered dependent.

During the 2015/16 school year 102 truancy letters were sent to families and 17(16%) received a second truancy notice within the same school year. In total, 34 cases were opened for the 2015/16 school term and 21 (61%) remain open at the conclusion of the school year. In addition, another 2 students are being monitored due to on-going truancy related concerns for a total of 23 students with on-going truancy and 1 case was opened due to drug/alcohol related concerns. A total of 13 cases were closed. Of the open and active cases, 8 are monitored by on-going caseworker staff due to having open cases with the agency for non-truancy related matters.

FY 16/17 the agency will revisit the County wide truancy protocol. Although the agency met with a few School Districts and made sure the other Districts had all of the pertinent information, referrals to the agency were inconsistent per School Districts and schools within the same District. The CYS Administrator, County Case Manager and the Truancy Supervisor will not only meet with all 5 school district Superintendents but also the District's Truancy Liaison per School prior to the start of the 16/17 school year to:

A) Establish a point of contact per School District and per School within the District. This is expected to increase a more unison approach County wide.

B) A more consistent process is expected to identify children in a timely manner for the agency to make referrals when necessary prior to the truancy issue becoming court involved with or without the agency's knowledge.

C) The agency will continue to focus towards elementary truancy due to elementary truancy typically involving a child welfare issue also. During the intake process the caseworkers will complete and Risk and Safety Assessment to identify potential safety threats and severity of risk that are enabling truancy and/or further dangers within the home. The truancy caseworkers will continue to make appropriate referral to expedite services to eliminate the identified household barriers by working collaboratively with community service providers.

There is additional funding of $50,000 being provided through the Needs Based Budget Special Grants for FY 16/17. Both the HSBG and the NBB are utilized for the two Truancy Caseworkers designated for Truancy only and 25% of the of the Truancy Supervisor's salary.

Complete the following chart for each applicable year.

	FY 15-16	**FY 16-17**
Description of Target Population	Truant children of compulsory school age	Truant children of compulsory school age
# of Referrals	129	129
# Successfully completing program	85	85
Cost per year	$81,000.	$81,000.
Per Diem Cost/Program funded amount	Program Funded	Program Funded
Name of provider	Greene County Children and Youth Services	Greene County Children and Youth Services

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

Were there instances of under spending or under-utilization of prior years' funds?
☐ Yes X No

Program Name:	Family Group Decision Making

Please indicate the status of this program:

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

FGDM is an evidence based model that empowers families to invest in their own strengths and energy in order to create a workable, personalized plan compared to an appointed professional developing the family's plan. The FGDM Coordinator has an organized meeting with relatives, friends, and other support persons in a FGDM Conference to create a plan for the best interest

of the child/children. This plan will ensure that the child/children are cared for and protected from future harm in ways which fit their culture and situation. Greene County CYS will continue to offer FGDM to families that are involved in with them. Information about FGDM will continue to be sent with the CYS's "accepted for service form" to encourage staff to make referrals and families to participate in the FGDM process. Through FGDM, CYS expects to engage families and empower them to develop plans that will assure the safety, permanency, and well-being of their children. With FGDM, the goal is to avoid the need for placement, to minimize the time of out of home placement or to reunify the family when possible.

The PA State Baseline is a measurement tool used by the State of PA to assess improvement. It is completed by all families prior to a conference assessing the family's current status with the child welfare service systems. This baseline assessment measures if the child is placed outside of the home, if the child is in kinship care, foster care residential placement or if the child remains in the family home. The Baseline assessment also measures if the family is court dependent or delinquent. After the FGDM conference has been completed, the Family completes a PA State Survey to assess the family's experience with FGDM. At the family plan review approximately 30 days following the FGDM conference, an outcome form is completed to assess if the family has been able to prevent out of home placement, reunify the family or decrease the system dependence or involvement to assess improvement in the family as compared to the Baseline form.

There is an additional $50,000 being funded through the Needs Based Budget for FY 16/17.

Complete the following chart for each applicable year.

	FY 15-16	**FY 16-17**
Description of Target Population	Families involved with Greene County Children and Youth Services, Drug and Alcohol, Mental Health, High Fidelity Wrap or Juvenile Probation, and other service providers, for the purpose of providing a permanent, safe and secure environment for the general wellbeing of children in Greene County	Families involved with Greene County Children and Youth Services, Drug and Alcohol, Mental Health, High Fidelity Wrap or Juvenile Probation, and other service providers, for the purpose of providing a permanent, safe and secure environment for the general wellbeing of children in Greene County
# of Referrals	10	12 families
# Successfully completing program	8 families	10 families
Cost per year	$12,825	$12,825

Per Diem Cost/Program funded amount	Program funded	Program funded
Name of provider	Greene County Human Services-Family Resource Program	Greene County Human Services-Family Resource Program

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

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

Yes x No

All of the Block Grant funds were utilized in FY 14/15 and FY 15/16. There were additional funds utilized from the Needs Based Budget. $50,000 has been requested for FY 16/17 and has been approved.

In FY 2015/2016 there have been 10 referrals made to FGDM. 8 FGDM conferences completed and 2 declined the service. FGDM did struggle the past year in getting referrals. This was due to the CYS system changing so drastically with all of the new laws and procedures and also because of the high turnover of staff for CYS. With this high turnover FGDM was constantly meeting with new CYS staff to explain the program, but before referrals would generate, that staff person would be not working for the CYS department any longer. That is why we have expanded the areas from which a family can be referred from. Families have been in the past only been referred from the Greene County CYS System and Greene County Juvenile Probation. As of the January 2016, referrals are accepted from Custody, Mental Health, High Fidelity Wrap and other providers. We have met with these programs and have explained the process, also the FGDM coordinator is available to talk with a family directly to help answer any question. To help with the problem of training new CYS staff, FGDM, the CYS Administrator re-meet with the CYS supervisors to ensure each of them understood how FGDM fits in with the concurrent planning and their regulations.

The Courts and agency attorneys are very supportive of the FGDM process, so to insure FGDM is being properly explained to families, the FGDM coordinator started to attend custody day at the court house as of May 2016. When the FGDM is at the court house on custody day he speaks with the families directly to explain the program. Since this has taken place in May of 2016 we have received 5 referrals, or half of the program year referrals. With these changes in place the FGDM program has a goal of 20 successful conferences in FY 16/17.

Program Name:	Children and Youth Housing Contingency Fund

Please indicate the status of this program:

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

Safe, affordable housing continues to be a significant problem in Greene County. The competition for housing is driven primarily by the Marcellus Shale workers. The number of properties available remains inadequate to meet the housing needs of Greene County residents despite housing initiatives funded through our Human Services Block Grant and other sources. Greene County Human Services Department (GCHSD) offers a full continuum of housing services. The philosophy of the County is to keep people housed whenever possible and if they become homeless, to assist them to move to permanent housing. In January of 2013 Greene County Housing Program (GCHP) launched a" single point of contact" assessment process to provide coordinated and comprehensive services for those with housing needs. GCHP achieved in FY 13/14 a Landlord outreach process. GCHSD held quarterly Landlord meetings to develop relationships with the landlords willing to work with our CYS population. GCHP recently developed a landlord rental rehabilitation program through PHFA PHARE dollars. The program offers grant dollars to landlords to bring rental units up to code. The Landlord has to have worked with GCHP clients for one year and agree to continue to rent to the GCHP clients for an additional three years after the rehabilitation is complete. CYS views the housing initiatives as a success. At the time the FY 14/15 NBPB was submitted, the number of children requiring foster care due to inadequate housing equaled the number of children requiring foster care due to parental substance use/abuse and physical abuse combined. The Block Grant special grant-housing is a way for CYS to pay rent, security deposits, utilities, and even emergency housing in a hotel/motel for a specified period of time (short term), while working with the family through our County Housing Programs and their case manager. In FY 15/16, Greene County CYS assisted 10 families with housing issues, so that the family could remain together and work toward their housing goals. The CYS Housing dollars have been incorporated into the Greene County Housing Program which provides outreach, case management, and intake services for our CYS families as part of their continuum. Greene County CYS explores every possible avenue to keep families united. Placement of children for housing conditions is the last resort and is typically done to ensure safety and the wellbeing of the child/children.

Emergency Shelter money is used for vouchers for emergency stays at local motels. During the motel stay, case managers work with consumers to create a plan for the homeless person to purse options for safe, quality, affordable housing. The housing Coordinator who will work with

the family on their housing needs will have open communication with the CYS agency and work together with the family to ensure that the housing needs are being meet.

Through the Needs Based Budget special Grants, the agency receives $2,295 to serve additional CYS clients with their housing needs.

Complete the following chart for each applicable year.

	FY 15-16	**FY 16-17**
Description of Target Population	Families that have been identified by Children and Youth Services and do not have adequate housing. Families with children that are homeless or are near homelessness.	Families that have been identified by Children and Youth Services and do not have adequate housing. Families with children that are homeless or are near homelessness.
# of Referrals	28	28
# Successfully completing program	10	10
Cost per year	$2,295	$2,295
Per Diem Cost/Program funded amount	$2,295	$2,295
Name of provider	Greene County Housing Program and Children and Youth Services	Greene County Housing Program and Children and Youth Services

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

Were there instances of under spending or under-utilization of prior years' funds?
☐ Yes x No

<u>DRUG and ALCOHOL SERVICES</u>

Greene County Drug and Alcohol Program's mission is to assure that affordable, accessible and cost effective drug and alcohol services are made available to all Greene County residents. Also, to provide quality school and community prevention services.
Greene County Drug and Alcohol Program performs this mission by assessing, planning,

developing and coordinating programs and treatment to meet the County's drug and alcohol needs. These programs include: assessment, case management, intervention, treatment, prevention, education, DUI services, Tobacco Control, Gambling and Drug Free Community Coalition building.

The SCA is available to provide substance abuse services to all Greene County residents through the PA Department of Drug and Alcohol Programs, Greene County match dollars, and Block Grant dollars. The County “opted out” of managing the behavioral health MCO in 2000 so therefore has no reinvestment dollars. Value Behavioral Health supports the County projects financially through requested support of specific projects.

The Drug and Alcohol Program is an integral part of the Greene County Human Services Program as a sister entity to: Mental Health, Intellectual and Developmental Disabilities, Children and Youth Services, Childcare Information Services, Transportation, and other Human Services administered by the County. A hallmark of Greene County Human Services Programs, as well as Greene County Drug and Alcohol programs is our “cross systems integration” within the Human Services Department. The Drug and Alcohol Program currently collaborates with a multitude of professional entities to include: Multi-Disciplinary Teams, Co-Occurring Council, Children and Youth Services, IDD, Mental Health, Washington Health Systems-Greene Staff, DUI Department, Greene County Jail, Office of Vocational Rehab (OVR), the Criminal Justice Advisory Board (CJAB) etc.

Waiting List

Greene County Drug and Alcohol Program’s treatment philosophy encourages referral of clients to the lowest level of care while wrapping community services around them. When detox is indicated, a post-referral to the least restrictive level of care is always considered. Intensive Out-Patient, which offers individual and group treatment three days a week can be an effective alternative to rehab. The Greene SCA has a waiting list policy but has not had a waiting list for any level of care for the last 3 ½ years. All level of care decisions are determined by the PCPC and often client willingness as well. At that point, the program changed its practice to refer to the lower level of care when appropriate, and to community supports rather than begin a waiting list. If the client fails at that lower level of care, all attempts are made to ensure admittance to rehab.

Accessing Services

Greene County Drug and Alcohol Program provides administrative case management services in the form of screenings, Pennsylvania Client Placement Criteria (PCPC) Level of Care assessments (LOC), referrals to residential treatment services, intensive case management and coordination of treatment services to all of Greene County residents. A full continuum of direct

drug and alcohol services are provided to Greene County residents through contracts with agencies licensed by the Pa Department of Health. Such services include: Out-patient, Intensive out-patient, Detoxification, Non-Hospital Rehabilitation, Hospital Rehabilitation, Long-term in-patient treatment, Halfway Houses and Methadone.

The priority populations for the SCA which the SCA addresses immediately are:

- Pregnant injection drug users
- Pregnant substance users
- Injection drug users
- Overdose Survivors and
- Veterans

Barriers/Capacity Issues

Greene County has a challenge of getting residential beds when treatment is indicated by the PCPC. De-tox wait can be 6-7 days for a bed. Residential be wait can be a minimum of 2 weeks. If a client has preference that needs to be addressed such a location etc., the wait can be 30 days. Greene County also has a challenge placing women with children in residential. Greene County is also limited on the bed availability in dual/co-occurring facilities.

System Barriers with Overdose Survivors

1. Need to develop a better policy with Washington Health Systems-Greene for a “Warm Hand-off Process”.
2. Work with County EMS to become aware of their barriers to address the overdose survivor and work towards solutions.
3. Work with local providers to ensure a smooth transition for overdose survivors from Emergency Room to treatment.
4. Advocate for more immediate abed availability at residential treatment providers. Waiting time can be several weeks.

County Limits on Services

Greene County Drug and Alcohol Program will limit funding for inpatient treatment episodes to two (2) per year per client. Exceptions to this residential policy will be reviewed on a case-by-case basis and must have approval of the SCA Director. There are no limits fir detox referrals. These restrictions do not apply to pregnant women.

Impact of Opioid Epidemic/Emerging Trends

An emerging trend in Greene County that is effecting the community is the increase in opiate and prescription drug abuse among all populations. An in depth review of our assessment data over the past two state fiscal years confirms this trend.

In 2015, County Coroner investigated 14 overdose deaths. The heroin that is on the streets of today is a much purer form as drug dealers seek to control the market by branding their stamp bags and driving addicts to seek out their product at the exclusion of other, less potent formulations.

In FY 15/16, the SCA completed 204 level of care assessments. Stats for primary drug of choice from these SCA assessments:

Heroin	29.4%
Suboxone	25.5%
Other Opiates	5.4%

The County Program is addressing the overdose issue by:

1. Greene County Drug and Alcohol Programs will enhance number of prescription drug "Take Back Boxes" program in the County. State and national data indicates that prescription drug diversion is one of the leading pathways to prescription/opiate abuse. Drug take back boxes offer residents a safe and convenient method for disposing of unused and/or expired prescription medication. Currently, the County has three sites that are made available when the buildings where the boxes are located open. More outreach needs to occur to make the public aware of the availability of these drop-off boxes.

2. Support use of Narcan. Work with law enforcement, pharmacies, families and friends to assure that Narcan is available to all who want it.

3. Engage with PA Overdose Coalition at PITT for technical assistance to study the overdose epidemic in the County.

4. Greene County Children and Youth Services has been seeing more infants with (Neonatal Abstinence Syndrome). (NAS) is a group of problems that occur in a newborn who was exposed to addictive illegal or prescription drugs while in the mother's womb. CYS reports they are aware of 22 infants being born with chemical substances in their system in FY 15/16. Greene County Drug and Alcohol Program believes the first step is awareness by providing cross training the CYS case workers and other blended case managers who work with these families to increase their skill set and knowledge of NAS. Also, to develop a relationship with Magee Hospital NAS Program to ensure better access for Greene County pregnant women.

5. An evidence based parenting program has been implemented with our families called Supportive and Affective Family Education (SAFE) to engage with the parents themselves to break the trend of drug thinking. One outcome is that children born with NAS would not be placed in alternative out of home care but remain with parents as they achieve their goals in a parenting program that is especially designed for those with addictions to illegal drugs. If a child is placed in out of the home care, reunification can occur more quickly. This parenting program is available for all appropriate referrals, not just referrals from Children and Youth Services.

6. Provide the Botvin Lifeskills Training in all 5 school districts.

7. Be involved in town hall meetings that bring awareness to the community on the opioid epidemic.

Target Populations

Older Adults (ages 60 and above)

Greene County Drug and Alcohol offers the older adult population a full continuum of D & A services.

Strengths:

- Implementation of Greenecares Program which provide specialized services for adults 55 and over. Currently, drug and alcohol services tailored to the needs of the older adult consumer is provided.
- Provided Problem Gambling prevention and referral services to all six county senior centers.
- Collaborate with the Area Agency on Aging, Community Action Southwest Pa Senior Services and the MAGIC Older Adult Alliance.
- Greene County Drug and Alcohol conducts drug and alcohol assessments for older adults at Washington Health Systems-Greene.
- The County's Crisis Hotline is receiving calls from older adult family members and assisting them by making referrals to appropriate services.

Needs:

- Provide on-going training to mental health staff, providers, and professionals that enhances their knowledge of drug and alcohol issues of the aging population, co-occurring issues of the aging population, older adult suicide prevention, etc.

- Provide information of the Greenecares Program to seniors and their caregivers, community members, and potential referral sources through pubic fairs, brochure dissemination, doctors' offices, senior centers, Senior Times, etc.
- Enhance the SPHS Greenecares program to expand the awareness of prescription medication abuse and medication diversion to older adults.

Adults (ages 18 to 55)

Greene County Drug and Alcohol offers this population a full continuum of D & A services supported by DDAP and Block Grant funding.

Strengths:

- E-TRACKS program, **(E**ngagement in **T**reatment, **R**ecovery, **A**wareness, **C**ommitment, **K**nowledge and **S**upport) is an engagement service for clients in rehabilitation centers whereby an outpatient therapist has a face to face contact with the client to encourage follow through with outpatient services upon discharge.
- Refer appropriate clients to the Greene County Housing Programs and Housing case managers.
- Make referrals to the Benefits Engagement Specialist to assist the client in getting their Behavioral Health Medicaid benefits activated when necessary.
- Greene County Drug and Alcohol conducts drug and alcohol assessments for adults at Washington Health Systems-Greene when requested.
- Intensive Case Management services are offered when clients have significant barriers to entering into treatment.
- System has a Certified Recovery Specialist.
- Men's Oxford House in operation since 11/15.
- Women's Oxford House in operation since 01/16
- Assessments on CYS referrals including pregnant women.
- Integrated Reporting Center for Co-occurring criminal justice involved individuals.

Needs:

- Training on current Drug and Alcohol issues for system providers.
- Training on co-occurring issues for system providers.
- Assurance that quality MAT services are offered to county residents.
- Better coordination among service providers regarding drug and alcohol referrals.
- Vivitrol implementation at provider.
- Second Certified Recovery Specialist trained.
- Support Police carrying Narcan.

- Train Probation Officers to carry Narcan.

Transitioning-Age Youth (ages 18 through 26)

Greene County Drug and Alcohol offers this population a full continuum of D & A services supported by DDAP and Block Grant funding.

Strengths:

- E-TRACKS program, **(E**ngagement in **T**reatment, **R**ecovery, **A**wareness, **C**ommitment, **K**nowledge and **S**upport) is an engagement service for clients in rehabilitation centers whereby an outpatient therapist has a face to face contact with the client to encourage follow through with outpatient services upon discharge.
- Greene County Drug and Alcohol Program works in collaboration with the Family Group Decision Making (FGDM) process. When appropriate Greene County Drug and Alcohol staff participate in the FGDM process, a strength-based empowerment model.
- Collaboration with the Greene County Children and Youth (Independent Living) population to assist with drug and alcohol assessments and referrals.
- GCDAP collaborates with the Greene County Human Services homeless outreach worker to assist youth ages 21 to 25 and families with children who have substance abuse issues and refers to treatment when appropriate.
- Support Helping to Overcome (H2O) Transition Age Youth Drop In Center activities available 1 day a week every 2 weeks.
- Assessments on CYS referred individuals including pregnant women.

Needs:

- Re-instate Sober Saturdays, an educational awareness program offered by Greene County Drug and Alcohol to District Magistrates, School Officials, and parents. This program offers an educational component to clients who have been cited for underage drinking.
- Greene County lacks community based drug free alternative activities.
- Enhanced activities at Helping to Overcome (H2O) Drop In Center.

Adolescents (under 18)

Strengths:

Greene County Drug and Alcohol offers this population a full continuum of D & A services supported by DDAP and Block Grant funding.

- E-TRACKS program, **(E**ngagement in **T**reatment, **R**ecovery, **A**wareness, **C**ommitment, **K**nowledge and **S**upport) is an engagement service for clients in rehabilitation centers whereby an outpatient therapist has a face to face contact with the client to encourage follow through with outpatient services upon discharge.
- Strong collaboration with Greene County Human Services Department High Fidelity Wraparound Program.
- Strong collaboration with Family Group Decision Making (FGDM).
- Greene County Drug and Alcohol Programs has partnered with "Quarterbacks of Life" to bring this student mentoring program into all 5 County school districts.
- Greene County Drug and Alcohol Program employs a Student Assistant Program (SAP) liaison to all five school districts. The (SAP) liaison also works with the CYS truancy caseworker in all the schools.
- SPHS CARE Center provides in-school drug and alcohol assessments as well as treatment opportunities to students referred by SAP teams. Students participate in educational support groups considered appropriate by the SAP team members on various topics such as social skills, anger management, and conflict resolution.
- Provide screenings, assessments, and referrals to treatment with this population in schools and in office.
- Provide "Interrupted", a state approved prevention program for High School aged students who are at risk of using tobacco, drinking underage or using marijuana.
- Two (2) Prevention Specialist active in all school districts offering many ATOD programs.
- All 5 school districts administered PAYS.
- Communities That Care Program active in 2 school districts.
- Central Greene School District Raider Wellness Program – a school based intervention and treatment program providing therapy to K through 12 grade.

Needs:

- More outpatient group opportunities and topics to keep these adolescents engaged in treatment.
- A transition plan for students who are receiving treatment in the schools under SAP services that they immediately are referred back to the treatment provider when school is on summer break.

- Sober Saturdays, educational awareness program that Greene County Drug and Alcohol makes available to District Magistrates, School Officials, and parents. This program offers an educational component to clients who have been cited for underage drinking.
- Life Skills Curriculums in all 5 school districts. Provides screening, assessment and level of care referrals to treatment.
- Coordinated school based intervention and treatment services in our county schools.
- Implement the new BH-Works screening tool for SAP referrals.

Individuals with Co-Occurring Psychiatric and Substance Use Disorders

Greene County Drug and Alcohol offers this population a full continuum of D & A services supported by DDAP and Block Grant funding to include dual diagnosis facilities.

Strengths:

- E-TRACKS program, **(E**ngagement in **T**reatment, **R**ecovery, **A**wareness, **C**ommitment, **K**nowledge and **S**upport) is an engagement service for clients in rehabilitation centers whereby an outpatient therapist has a face to face contact with the client to encourage follow through with outpatient services upon discharge.
- Greene County has an active Co-Occurring Intervention Program (COIP) that utilizes and MDT approach, which include the consumer being present, that brings together all professionals involved with that consumer to provide consultation, coordination of services by identifying gaps and common breakdowns and to develop a mutual plan with action steps that all agree upon.
- Integrated Reporting Center (IRC) is a half day a week services whereby County and State criminal justice co-occurring clients are referred to a centralized venue for all involved providers and systems to meet with their identified client for updating their status. Clients also are involved in psycho-education group, information on community resources, exposure to 12 step recovery community, assistance with benefit applications and referral to drug and alcohol and mental health treatment as necessary.
- Referrals to Mental Health Case Management and Drug and Alcohol Intensive Case Management.
- Oxford Recovery House availability
- Drug and Alcohol Assessments provided by Washington Health Systems-Greene on Behavioral Health Unit and Physical Health floors.

Needs:

- Continued specialized cross trainings to further increase staff and provider skills with working with the co-occurring population.

- Co-Occurring Disorders and Disabilities in Greene (CODDIG) process needs revitalized and expanded throughout the co-occurring providers in the county.

Criminal Justice Involved Individuals

Strengths:

- Supportive collaborative relationship with County Probation and State Parole.
- A dedicated Forensic Re-entry Specialist works with the courts, jail, probation and provider to ensure criminal justice involved clients are receiving services.
- Level of Care assessments are being completed with inmates and referrals to treatment are being made and when appropriate inmates leave jail and go straight to a treatment facility.
- A “Career Options Group” a local collaboration between Career Link, Southwest Job Training, and Human Services to specifically assist justice involved clients in an employment and training process.
- Integrated Reporting Center (IRC) is a half day a week services whereby County and State criminal justice clients are referred to a centralized venue for all involved providers and systems to meet with their identified client for updating their status. Clients also are involved in psycho-education group, information on community resources, exposure to 12 step recovery community, assistance with benefit applications and referral to drug and alcohol and mental health treatment as necessary.
- Re-integration group process in the county jail.
- A Value Behavioral Health/Greene County Human Services Engagement Specialist is expediting Medical Assistance enrollment in the jail so that inmates to go to Drug and Alcohol treatment upon discharge.
- Supportive Housing Availability through Pennsylvania Commission on Crime and Delinquency (PCCD), a Master Leasing supportive housing program (7 units).
- Four (4) people trained in the evidence based “Thinking for Change” CBI Intervention Program.

Needs:

- County wide philosophy among providers on how to treat the “criminal justice” mind.
- Smoother transition of inmates from jail to community based services.
- Advocate for suspend vs terminate benefits.
- Continuum of treatment services to address the specific needs of Justice involved individuals including the development of the evidence based “Thinking for Change” CBI Intervention Program.

Women with Children

Strengths:

- DDAP has this population as a priority population.
- Catholic Charities has counseling and resources for pregnant women and women with children.
- Housing options for women with children.

Needs:

- Residential services for women with children.
- Specialized therapy services for women's issues.
- Education on appropriate childcare options.

Recovery-Oriented Services

Greene County Drug and Alcohol Program believes:

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Steps are being undertaken at Greene County Drug and Alcohol Program to transform our drug and alcohol service delivery system into one of recovery oriented systems of care. We are working toward the goal to establish a coordinated network of community based services and supports that is person centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve abstinence and improved health, wellness and quality of life for those with or at risk of drug and alcohol or mental health problems.

Current recovery support services offered in Greene County:

- Many 12 Step programs across the County—AA, NA, Al-Anon.
- Drug and Alcohol Planning Council of the Human Services Advisory Board is made up with members who have a specific interest of the disease of addiction and the devastating effects it can have on a person's life.
- Forensic Re-entry Specialist who is well known in the recovery community and works with our justice involved clients.
- Availability of the Integrated Reporting Center.
- E-TRACKS program, **(E**ngagement in **T**reatment, **R**ecovery, **A**wareness, **C**ommitment, **K**nowledge and **S**upport) is an engagement service for clients in rehabilitation centers

whereby an outpatient therapist has a face to face contact with the client to encourage follow through with outpatient services upon discharge.

- Availability of food resources through the Greater Pittsburgh Food Security Partnership, Produce to People, Catholic Charities, Salvation Army.
- Consumer and client engagement in Drug and Alcohol service delivery planning.
- School and Community education and trainings.
- Town Hall meetings are conducted to bring awareness to the community on drug issues.
- Consumer/Family Satisfaction Team (C/FST) process for all consumers of treatment services.
- Outcomes collected are based on recovery philosophies.
- Supportive Housing Programs with specific case management.
- 2 Oxford Recovery Houses.
- Certified Recovery Specialist is available to all County Drug and Alcohol clients.
- Steps Inside Drop In Center.
- Gambling counseling services.
- Parenting classes.
- Co-occurring awareness and services.
- A “Coalition for a Brighter Greene”, a group of community stakeholders, was established to facilitate a continuous progress towards a drug free Greene County.

Proposed recovery support services being developed:

- Processes for Providers to better address relapse risk.
- More family education on drug addiction.
- More family support through children’s or significant other’s drug abuse.
- More school and community education and training on drug and alcohol issues.
- Collaborative effort with the “Coalition for a Brighter Greene” to assist them with their goals.

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

Adult Services:

Program Name: Greene County Transportation

Description of Services: Funds to provide “emergency transportation” not covered under any funding stream, i.e. homeless transportation to an out of county shelter.

Service Category: Transportation

Planned Expenditures: $250.00

Allowable Adult Service Categories:

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

Children and Youth Services:

Program Name: SPHS STARRS Sexual Assault Counseling Program

Description of Services: A leverage for PCAR (PA Coalition Against Rape) and CYS Needs Based Budget monies so that the provider can employ a full time person in Greene County to provide sexual assault counseling to Greene County individuals and families.

Service Category: Counseling/Intervention

Planned Expenditures: $5000.00

Allowable Children and Youth Service Categories:

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

Generic Services:

Program Name: Catholic Charities Pregnancy and Parenting Program

Description of Services: To provide dollars to Catholic Charities Pregnancy and Parenting program to fund staff counseling psychoeducation, parenting techniques, and follow up to mothers of children birth to 2. Catholic Charities has sources of tangible goods, i.e. diapers, formula, clothes, and other pantry items that are made available to these mothers 12 times a year. Catholic Charities estimates they can serve 80 unduplicated mothers a year.

Service Category: Service Planning/Case Management

Which client populations are served? Adults and Children and Youth clients that meet the HSDF Poverty Guidelines.

Planned Expenditures: $15,000.00

Allowable Generic Service Categories:

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

Program Name: Information and Referral

Description of Services: Greene County has been the implementer of the Information and Referral "FINDOUT" system in the County for over 16 years. Due to the past budget cuts, the system has been reduced to a call in number and a resource website. The website is very outdated. HSDF monies will be used to update the website to be more user friendly and to add a social media component to the system. Greene County Human Services currently has sought bids for the update of this system.
Service Category: Information and Referral

Which client populations are served? General Population

Planned Expenditures: $9,325.00

Allowable Generic Service Categories:

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

Interagency Coordination:

Greene County Human Services Department has utilized the flexibility within the Block Grant to allocate a portion of the HSDF dollars to hire a Family Resources Coordinator (FRC) or a general case manager. The FRC coordinates/caseworks services across all categorical areas of Greene County Human Services. This person has been trained in Family Group Decision and has a target of 16 CYS and JPO families to work with in FY 2016-2017. The FRC also coordinates meetings for families involved in our multi-categorical, multi-disciplinary team called Full Family Focus (F3). F3 brings together the family and the stakeholders working with the family, to develop a treatment plan that identifies all areas of need and goals to achieve them. Most families identified for this process are involved with CYS. The FRC is a referral agent to any appropriate resources in the County, The FRC is SOAR trained to assist all homeless consumers with Social Security applications. The FRC engages the families and individuals to have a voice in their treatment or services through various components he works with. The FRC is trained as a trainer in Mental Health First Aid Training for Adults and provides 3 trainings per year.

Greene County recently received an OMHSAS award to be a partner in the OMHSAS “System of Care” partnership. A Youth Leadership Group has been developed and several youth participate in state-wide coalition meetings. Hi Fidelity Wrap is implemented in Greene County and in FY 15-16 worked with 17 families.

The Greene County Human Services Department staff and Advisory Board serve as a planning and development, implementation and quality assurance entity for the Human Services delivery system of the County for the Greene County Commissioners.

Responsibilities of the Greene County Human Services Department include needs assessment, program development, contract procurement and management, and system reform. The goal is to provide quality efficient accessible services that can be measured through outcomes to the residents of Greene County.

Some of the Greene County Human Services planning and coordination occurs through the Greene County MAGIC collaborative board which has over 200 community partners. Through strategic retreats and needs assessments, task groups are in place to develop programs to address gaps in service. An annual retreat is held to allow the task groups to assess their work, analyze their data, and discuss their outcomes. Greene County was an ICSP Tier 1 county since the beginning of ICSP, and was funded every year that it existed for planning and implementing an integrated collaborative service delivery system for children and families. Strategies and practices developed and implemented through by the ICSP process are still in place today. Greene County Human Services Department intend to utilize $85,712 of the HSDF funds to interagency coordination for FY 16/17.

Greene County Human Service Department continues to provide system coordination for the Greene County Food Security Partnership. In fiscal year 2015-2015 The Greene County Food Security Partnership became a M.A.G.I.C. (Making A Great Impact Collectively) community team. The Greene County Food Security Partnership is a task group comprised of individuals, organizations and businesses who work together to help address food insecurity in Greene County. The Greene County Food Security, a partner of the Southwestern PA Food Security, works to increase access to public and private food assistance programs and to continue building local community engagement. The Greene County Food Security Partnership has the following goals:

- Increase access to and utilization of public and private food assistance programs;
- Increase outreach and community engagement to address food insecurity;
- Develop a weekend food program in partnership with local school districts;
- Maintain and expand the Summer Food Program.

The Greene County Food Security Partnership continues to support the Weekend Food Program and Summer Food Program. The Weekend Food Program aims to increase the availability of nutritious food to children over the weekend by providing two breakfasts, two lunches and two dinners. These are non-perishable and child friendly meals that children can consume over the weekend. During the 2015-2016 school year, 140 students received meals each weekend. All 5 Greene County School Districts participate in this program.

The Summer Food Program provides free meals for anyone 18 and under so they can receive the same quality nutrition during the summer months that they would get during the school year. During the summer of 2015, 23,999 meals were served at ten different sites throughout Greene County. For the summer of 2016, the Summer Food Program is projecting a 10% increase in the number of meals served.

Outreach and community engagement are also goals of the Greene Food Security Partnership. In the fall 2015 and spring 2016, a free four week workshop “Sauté and Save” was held. Healthy food demonstrations were done by a local chef. There were also presentations on various topics such as money saving tips, nutrition, gardening and couponing. Twenty-six Greene County residents participated in the program.

Greene County Human Services will continue to support and assist the Greene County Food Security Partnership FY 16-17, focusing on senior food security and outreach to the community on local food resources that are available. Greene County Human Services will utilized $2,500 of HSDF funds to cover staff salary and benefits.