Tioga County Department of Human Services FY 25/26 Block Grant

Appendix A
Fiscal Year 2025-2026

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: Tioga

A. The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith.

B. The County assures, in compliance with Act 153 of 2016, that the County Human Services Plan submitted herewith has been developed based upon the County officials' determination of County need, formulated after an opportunity for public comment in the County.

C. The County assures that it and its providers will maintain the eligibility records and other records necessary to support the expenditure reports submitted to the Department of Human Services.

D. The County hereby expressly, and as a condition precedent to the receipt of state and federal funds, assures that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; and the Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (relating to contract compliance):

1. The County does not and will not discriminate against any person because of race, color, religious creed, ancestry, origin, age, sex, gender identity, sexual orientation, or disability in providing services or employment; or in its relationship with other providers; or in providing access to services and employment for individuals with disabilities.
2. The County will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

Signature(s)	*Please Print Name(s)*	
		Date:
		Date:
		Date:

Appendix B
County Human Services Plan Template

The County Human Services Plan (Plan) is to be submitted using the template outlined below. It is to be submitted in conjunction with Appendices A and C (C-1 or C-2, as applicable) to the Department of Human Services (DHS) as instructed in the Bulletin 2025-01.

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

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

1. Please identify, as appropriate, the critical stakeholder groups, including:
    a. Individuals and their families
    b. Consumer groups
    c. Providers of human services
    d. Partners from other systems involved in the county's human services system.

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

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

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

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

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

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

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

Assistance Program (HAP), Human Services and Supports (HSS), PHARE Funding, Contract Services and Fiscal Services. The TCDHS Administrator and TCDHS Assistant Administrator are tasked with providing oversight and monitoring of the contract with SAM.

Advisory boards that have participated in the planning process include:

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

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

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

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

Tioga County is not planning on any substantial programmatic or funding changes in Fiscal Year (FY) 25/26. Tioga County will take this FY to continue to focus on the systemic and cultural changes across all categoricals. We will maximize services within existing funding to meet the increasing demands of services, coordinate with stakeholders on how best to remove identified barriers to services, and/or identified needs, and work on the unanticipated needs identified among all services and providers. Some community services were decreased or closed as a result of the pandemic. Tioga County continues working to help re-establish former groups and services that may have been reduced due to program closures or lack of staffing.

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

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

communities. Tioga County will reconvene with our various boards and seek their input on how best to utilize granted FY 24/25 Retained Earnings to meet the current demand for services.

PART II: PUBLIC HEARING NOTICE

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

1. Proof of publication;
    a. Please attach a copy of the actual newspaper advertisement(s) for the public hearing(s).
    b. When was the ad published?
    c. When was the second ad published (if applicable)?

    *If other media options were utilized, such as social media, internet, etc., for the public hearing announcement, please attach a copy(screenshot) of the notice, along with the date(s) posted.

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

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

PART III: CROSS-COLLABORATION OF SERVICES

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

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

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

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

    Tioga County recognizes that, in order for individuals to be successful in competitive employment, they not only need a job, they need social skills, transportation, housing and in some cases support. These factors

are critical when developing the plan, as they will assist individuals in becoming successfully employed and sustaining their employment. To this end, Tioga County will continue with some non-traditional approaches in seeking better employment outcomes for those we serve.

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

2 Housing:

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

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

As housing needs are identified by a categorical, the Housing Specialists participate in any discussion regarding need, identifying existing resources to meet that need, and assist in brainstorming available options. It continues to be of note that individuals between the ages of 18-23 are struggling in obtaining and maintaining housing as well. The forensic population also struggles to locate and maintain affordable housing options since many housing resources prohibit admission based on an individual's legal history. Additionally, Tioga County continues an upward trend in requests for supervised MH housing options. Currently, Tioga County is seeking to collaborate with providers to maximize funding and supports through existing means.

Tioga County will continue to fund a shelter apartment to utilize across the human service system for up to 45 days. This apartment, accessed through the HAP Program, assists in meeting the immediate needs of individuals and families while a more permanent solution in the community is located. This apartment may assist families to remain unified and will be available to the co-responding program.

A local D&A provider continues to operate a home for individuals in recovery. This home enables the individuals to reside there for up to ninety days free. Thereafter, they must obtain employment and pay rent of $200.00/month. Previously, this provider has identified that a similar home for women is an identified need, and this need has been met by opening a facility for females involved with D&A.

A local faith-based organization continues to provide housing options. This organization continues to seek out funding and expand options as funding becomes available. They are not only a beneficial housing resource, but they also help to keep us updated on any expansions, opportunities, and identified needs. Recently, this facility has opened a larger facility that has more beds than their previous setup.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

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

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

Please highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY 24-25.

- Tioga County continues to have 24/7 supervisory coverage to support on-call emergency delegate workers outside normal business hours.
- Tioga County case management service providers have reported staffing stability during FY 24/25.
- Tioga County MH/C&Y and the Tioga County CASSP Coordinator are conducting weekly calls with our Behavioral Health -Managed Care Organization (CCBH) in an attempt to identify at-risk youth earlier and reduce placements in Residential Treatment Facilities.
- Tioga County will continue to work with community providers to provide updates on MH Procedures Act to ensure that collaboration continues to occur in the best interest of the community members in the least restrictive means possible. A quarterly meeting has been established with the local emergency department staff, emergency delegate services provider and county administrator to discuss concerns, trends and areas for improvement.

- Community Outreach and Prevention
  - Tioga County holds quarterly provider meetings to share updates on MH policies, procedures, and awareness between providers in the area.
  - Tioga County will explore Question Persuade Refer (QPR) training for the community as a possible suicide prevention goal for FY 25/26.
  - Tioga County's DEC Alliance Task Force hosted several events open to the community to allow children and families the opportunity to participate in safe structured activities within their own communities.
  - Tioga County's Base Service Unit continues to host the annual Mental Health Awareness Picnic for the community in May.

- Big Brother/Big Sister Program
  - The BB/BS Program is available in Tioga County although the office is located in Towanda.
- Development of a Resiliency Workgroup
  - Tioga County has established a Resiliency Workgroup comprised of individuals from various professions, communities, socio-economic and cultural backgrounds. This group was formed after a public presentation and training on poverty. It focuses on how best to assist individuals throughout Tioga County overcome the challenges and the stigma associated with poverty as well as to educate individuals on the challenges and stigma.
- Trauma Informed Care Center
  - There are three MH providers in the County that offer this service.
- School Based Services are offered year-round.
  - Tioga County has expanded the Community School Based Behavioral Health Program from a local high school to a Middle and elementary school.

b) <u>Strengths and Needs by Populations:</u> *(Limit of 8 pages #1-11 below)*

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

1. Older Adults (ages 60 and above)

- Strengths:

-Collaboration with PA Link and the Area Agency on Aging through Person Centered Counseling
-Training and ongoing communication with the Office of Long-Term Living/CHC
-Strong commitment from Administration to serving this population

- Needs:

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

2. Adults (ages 18 to 59)

- Strengths:

- A large continuum of services
- Recovery-oriented Psychiatric Rehabilitation
- Continued support of the Physical Health/Behavioral Health model by three service providers
- Active, consumer driven Drop-in Center
- Emergency shelter apartment
- Increased utilization of Peer-to-Peer services
- Strong collaboration across all service providers, law enforcement, the court system and the Partnership for Community Health in resolving emerging trends
- High Risk Review Team meetings

- Availability of Community Support Specialist services

- Needs:
- Positive community activities and transportation
- Psychiatric time
- 24/7 Supervised Transitional Housing to assist individuals in reintegration into the community after hospitalization or to prevent hospitalization
- Adequate staff to fill vacancies in the Human Services field.
- Improved community awareness to remove the stigma associated with mental illness and addiction

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

- Strengths:
- Strong CASSP involvement that identifies the need for transition planning
- Strong IL Program that provides ongoing support for those aging out of the C&Y system who are diagnosed with a mental illness
- Transitional housing apartments for youth eligible for the IL Program
- Funding for employment supports for youth eligible for the IL Program
- Funding for post-graduated education for youth eligible for the IL Program
- Implementation of a Co-Responder Program
- Behavior Specialist Services
- Collaboration with neighboring counties on shared needs

- Needs:
- 24-hour supervised/supportive housing setting
- Positive after-hour activities
- Development of additional employment support providers and employment opportunities
- Increased awareness among peers
- Services for those transitioning that are not eligible for C&Y IL

4. **Children (under age 18) -** Please describe your county's efforts to support children, youth, and families through home and community-based services. Please be specific in describing how you believe these efforts will decrease Psychiatric Residential Treatment Facility utilization.

- Strengths:
- Strong CASSP involvement that identifies the need for transition planning
- Availability of a Shelter Apartment
- Strong IL Program that provides ongoing support for those aging out of the C&Y system who are diagnosed with a mental illness
- Transitional housing apartments for youth eligible for the IL Program
- Funding for employment supports for youth eligible for the IL Program
- Funding for post-graduated education for youth eligible for the IL Program
- Behavior Specialist Services
- Participation in SOC

- Collaboration with neighboring counties on shared needs

▪ Needs:

- 24-hour supervised/supportive housing setting
- Positive after-hour activities
- Development of additional employment support providers and employment opportunities
- Increased awareness among peers

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

5. Individuals transitioning from state hospitals

▪ Strengths:

- Collaborative working relationship with Clarks Summit State Hospital and Danville.
- Base Service Unit monitoring the individual's recovery during inpatient treatment
- Availability of Blended Case Management to link, monitor and coordinate desired services and supports
- Array of community mental health services to meet the individual's identified needs and goals
- Access to 24/7 crisis services

▪ Needs:

- Lack of supervised housing options to provide the appropriate level of support
- Supported Living Services to provide ongoing assistance to individuals with activities of daily living

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

▪ Strengths:

- Strong coordination with the SCA
- Active participation with BHARP subcommittees
- Two providers have counselors trained in co-occurring service
- Two providers are dual licensed
- The provision of Community-Based D&A services
- One provider has been designated as a Center for Excellence (COE)

▪ Needs:

- Treatment facilities that will allow parents to bring their children
- Increased utilization of Case Coordination
- Ongoing training for Casework Staff across all categories of service
- Provider expansion of inpatient options for youth
- Community support groups that will assist youth in understanding what members of their family may be experiencing what they may expect as their family member works through recovery, and a safe haven to express their emotions.

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

   - Strengths:

   - Counseling provided within the Tioga County Prison
   - Forensic Caseworker within the Tioga County Prison
   - The Utilization of a Drug Court
   - A mobile Intake/screener housed at the courthouse during hearings
   - Strong collaboration between MH, D&A, C&Y Tioga County Prison and Tioga County Probation office
   - Agreement among all Stakeholders on identified needs
   - The designation of a point person for the Stepping Up initiative
   - Provision of Peer-to-Peer services while incarcerated to assist in the transition back to the community
   - Development of a Re-entry Workgroup

   - Needs:

   - Transition Housing options for community re-entry
   - Identify options for filling the vacant Co-Responder position
   - Increased sexual offender counseling
   - Formalize re-entry support and services
   - Continued usage of funds for Peer-to-Peer services during incarceration

8. **Veterans** - counties are encouraged to collaboratively work with the Veterans' Administration and the PA Department of Military and Veterans' Affairs (DMVA) and county directors of Veterans' Affairs (found at the site):
   https://www.pa.gov/agencies/dmva/pennsylvania-veterans/county-director-of-veterans-affairs.html
   - Strengths:
   - The Bath Veterans Affairs Office location in Wellsboro shares space with the Tioga County Veterans Office. This places them on the same campus as a licensed D&A and MH Outpatient Provider.
   - Funding for transportation to the Bath VA Office, if necessary

   - Needs:
   - In FY 23/24, the needs for veterans remained reflective of all populations with psychiatric time, housing, choice of providers, and transportation being the primary areas.
   - Recognition and public awareness of the special needs this population may experience.

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

- Strengths:

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

- Needs:

-Continuing cultural competence training to ensure all TCDHS staff and Provider staff understand the terminology and persons behind the descriptive words.

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

- Identification and outreach to local grassroots organizations that support the LGBTQI population.

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

- Strengths:

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

- Needs:

-Continued and ongoing training is necessary because the available resources are not used on a regular basis
-Bi-lingual staff
-Staff that are proficient in ASL

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

Program Wide:

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

- Strengths:

- Tioga has attended trainings on Traumatic Brain Injury and has worked with the Brain Steps program and the Association of Pennsylvania for Brain Injury
- Tioga County has access to the Dual Diagnosis Treatment Team (DDTT) to work with individuals in the community diagnosed with an ID and experience mental illness. This service works to prevent and/or reduce hospitalizations.
- Tioga County has access to the Community Stabilization and Reintegration Unit (CSRU) which is licensed as a RTF-A. The focus is on crisis intervention, stabilization, and acute state hospital diversion for individuals that present with co-morbidity specific to an intellectual and developmental disability (documented prior to age 18), and an Axis 1 diagnosis or qualifying Axis II diagnosis. Other Admission criteria must be met as well.
- The use of a Transportation Coordinator to maximize transportation options.
- Meetings continue with the local hospital and emergency room staff to better collaborate regarding individuals presenting in crisis.
- Utilization of DEC and Handle with Care to bring members of a child's community around to support them in times of crisis.

- Needs:

- Tioga County's local provider network is unable to meet the residential and/or programmatic needs of individuals exhibiting difficult behaviors due to co-occurring MH/ID issues. This results in the majority of Tioga County residents relocating to other counties in order to receive the necessary supports.
- Higher reimbursement rates. Tioga County is a rural community. There are services available elsewhere that are not available here simply due to the rural nature, and there not being enough individuals to support the service. Economy of scales makes it difficult for providers to expand or enhance their services at the current rates.
- Decreased wait time for psychiatric services for all individuals.
- Employment opportunities for all individuals.

A primary, ongoing identified need across all populations is a housing option that is community-based and provides 24-hour support. It is believed that a community-based housing option with up to 24-hour support would help prevent institutionalization or aid in the transition back to a community-based setting. There are no services like this in Tioga County, and when searches have been conducted statewide, there were no available openings. Tioga County will continue to explore various options to meet the needs of these individuals through existing services, but it is proving to be increasingly difficult to ensure health, welfare, and safety disorders (FASD), or any other groups not listed.

c) <u>Recovery-Oriented Systems Transformation (ROST):</u> *(Limit of 5 pages)*

i. *Previous Year List:*
- Provide a brief summary of the progress made on your FY 24-25 plan ROST priorities:

i. Priority 1 Housing

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

ii. Priority 2 Self- Directed Care

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

ii. Coming Year List:
- Based on Section b **<u>Strengths and Needs by Populations,</u>** please identify the top three (3) to five (5) ROST priorities the county plans to address in FY 25-26 at current funding levels.
- For <u>each coming year</u> (FY 25-26) ROST priority, please provide:

a. A brief narrative description of the priority including action steps for the current fiscal year.
b. A timeline to accomplish the ROST priority including approximate dates for progress steps and priority completion in the upcoming fiscal year.
   - Timelines which list only a fiscal or calendar year for completion are not acceptable and will be returned for revision.
c. Information on the fiscal and other resources needed to implement the priority. How much the county plans to utilize from state allocations, county funds, grants, HealthChoices, reinvestment funds, other funding and any non-financial resources.
d. A plan mechanism for tracking implementation of the priorities.
   - Example: spreadsheet/table listing who, when and outputs/outcomes

1. (Identify Priority)

☒ Continuing from prior year ☐ New Priority

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

b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables)
1st Quarter-Identify task force leader and potential team members.
2nd Quarter-Initiate monthly task force meetings to identify needs.
3rd Quarter-Identify several potential housing services or programs that could meet the needs of the identified populations.
4th Quarter-Present the suggested housing services or programs to the County Commissioners for consideration.

c. Fiscal and Other Resources:
Explore CHIPP funding, PATH funding, grant funding opportunities and HSBG-MH.

d. Tracking Mechanism:
The progress will be tracked through task force meeting minutes and the task force will create a timeline that they will follow to track progress with this priority. The Tioga County Advisory Board will receive quarterly updates.

2. (Identify Priority)

☐ Continuing from prior year ☐ New Priority

a. Narrative including action steps:

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

c. Fiscal and Other Resources:

d. Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided)

3. (Identify Priority)

☐ Continuing from prior year ☐ New Priority

a. Narrative including action steps:

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

c. Fiscal and Other Resources:

d. Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided)

4. (Identify Priority)

☐ Continuing from prior year ☐ New Priority

a. Narrative including action steps:

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

c. Fiscal and Other Resources:

d. Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided)

5. (Identify Priority)

☐ Continuing from prior year ☐ New Priority

a. Narrative including action steps:

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

c. Fiscal and Other Resources:

d. Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided)

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

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

a. How is telehealth being used to increase access to services?

b. Is the county implementing innovative practices to increase access to telehealth for individuals in the community*? (For example, providing technology or designated spaces for telehealth appointments)*

c. *What are the obstacles the county encounter in the deployment of telehealth services? (limited access to reliable internet, digital literacy, privacy concerns, and cultural and language barriers).*

As a result of the COVID-19 Pandemic, many services began offering some type of telehealth services. The allowable telehealth services continue to offer this as an option for many of the services providing consumers with the choice to participate in person or through telehealth visits based on their individual

comfort levels, transportation needs, and effectiveness of service. Tioga County has a public library in every town which offers internet and computer access to any library member. Many local businesses offer free Wi-Fi. IL worked to assist the young adult population with obtaining smart phones and minutes for those phones in order to attend their needed services through telehealth.

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

☒ Yes ☐ No

If yes, please describe how this is occurring. If no, indicate any plans to embed TIC in FY 25-26. (Limit of 1 page)

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

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

☒ Yes ☐ No

If yes, please describe the CLC training being used, including training content/topics covered, frequency with which training is offered, and vendor utilized (if applicable). If no, counties may include descriptions of plans to implement CLC trainings in FY 25-26. *(Limit of 1 page)*

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

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

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

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

Assessing Individual Cultural Competence (2 Hours):
This interactive workshop considers culture as who we are: our personal beliefs and value systems which influence all of our interactions with people. It utilizes an informal assessment process to help participants examine the importance of understanding their personal culture, the value of using that personal culture as a foundation in building relationships, and the development of personal cultural competence within the context of difference.

Course Objectives: *Participants will be able to:*

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

- Understand principles of cultural and linguistic awareness and application.

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

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

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

   ☐ Yes ☒ No
   If yes, please describe the DEI efforts undertaken. If no, indicate any plans to implement DEI efforts in FY 25-26. *(Limit of 1 page)*

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

   ☒ Yes ☐ No
   If yes, please describe the initiatives and any age-specific initiatives. If no, counties may describe plans to implement future initiatives in the coming fiscal year. *(Limit of 1 page)*

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

Additionally, the BCM, BSU, IDD, EI and C&Y Programs are in process of implementing a Suicide Prevention approach to service delivery. This approach integrates the following components, of comprehensive and effective suicide prevention:
- Identifying and assisting persons at risk for suicide.
- Increasing help-seeking.
- Increasing access to the effective mental health and suicide treatment.
- Supporting safe care transitions and creating organizational linkages.
- Responding effectively to individuals in crisis.
- Reducing access to means of suicide.
- Enhancing life skills and resilience.
- Promoting social connectedness and support.
- Providing for immediate and long-term postvention.

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

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

The Employment First Act (Act of Jun. 19, 2018,P.L 229, No 36 Cl. 35 EMPLOYMENT FIRST ACT ENACTMENT, 2018) requires county agencies to provide services to support competitive integrated employment for individuals with disabilities who are eligible to work under federal or state law. For further information on the Employment First Act, see Employment-First-Act-three-year-plan.pdf (pa.gov)

a. Please provide the following information for your County MH Office Employment Specialist single point of contact (SPOC).
   - Name: Roxy Roslund
   - Email address: rroslund@sam-inc.org
   - Phone number: 570-662-0524

b. Please indicate if the county **Mental Health office** follows the SAMHSA Supported Employment Evidence Based Practice (EBP) Toolkit:
   ☐ Yes ☐ No

Please complete the following table for all supported employment services provided to **only** individuals with a diagnosis of Serious Mental Illness (SMI), defined as persons age 18 and over, who currently or at any time during the past year, have had a diagnosable mental, behavioral or emotional disorder that is listed in the current DSM that has resulted in functional impairment, which substantially interfere with or limits one more major life activities.

Previous Year: FY 24-25 County Supported Employment Data for **ONLY** Individuals with Serious Mental Illness		
• Please complete all rows and columns below • If data is available, but no individuals were served in a category, list as **zero (0)** • Only if no data available for a category, list as **N/A** and provide a brief narrative explanation. *Include additional information for each population served in the **Notes** section. (For example, 50% of the Asian population served speaks English as a Second Language, or number served for ages 14-21 includes juvenile justice population).*		
Data Categories	**County MH Office Response**	**Notes**
i. Total Number Served	5	
ii. # served ages 14 up to 21	0	
iii. # served ages 21 up to 65	5	
iv. # of male individuals served	4	
v. # of female individuals served	1	
vi. # of non-binary individuals served	0	
vii. # of Non-Hispanic White served	5	
viii. # of Hispanic and Latino served	0	
ix. # of Black or African American served	0	
x. # of Asian served	0	
xi. # of Native Americans and Alaska Natives served	0	
xii. # of Native Hawaiians and Pacific Islanders served	0	
xiii. # of multiracial (two or more races) individuals served	0	
xiv. # of individuals served who have more than one disability	1	
xv. # of individuals served working part-time (30 hrs. or less per wk.)	5	
xvi. # of individuals served working full-time (over 30 hrs. per wk.)	0	

xvii. # of individuals served with lowest hourly wage (i.e.: minimum wage)	5	
xviii. # of individuals served with highest hourly wage	0	
xix. # of individuals served who are receiving employer offered benefits (i.e., insurance, retirement, paid leave)	0	

7. Supportive Housing:

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

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

b. Please indicate if the county **Mental Health office** follows the **SAMHSA Permanent Supportive Housing Evidence-Based Practices** toolkit:
☒Yes ☐ No

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

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

c. **Supportive Housing Activity** *to include:*
- *Community Hospital Integration Projects Program funding (CHIPP)*
- *Reinvestment*
- *County Base funded*
- *Other funded and unfunded, planned housing projects*

i. Please identify the following for all housing projects operationalized in SFY 24-25 and 25-26 in each of the tables below**:**
- Project Name
- Year of Implementation
- Funding Source(s)

ii. Next, enter amounts expended for the previous state fiscal year (SFY 24-25), as well as projected amounts for SFY 25-26. If this data isn't available because it's a new program implemented in SFY 25-26, do not enter any collected data.

- Please note: Data from projects initiated and reported in the chart for SFY 25-26 will be collected in next year's planning documents.

1. Capital Projects for Behavioral Health	Check box ☐ if available in the county and complete the section.

Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15–30-year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e., an apartment building or apartment complex).

1. Project Name	2. Year of Implementation	3. Funding Sources by Type (Including grants, federal, state & local sources)	4. Total Amount for SFY 24-25 (only County MH/ID dedicated funds)	5. Projected Amount for SFY 25-26 (only County MH/ID dedicated funds)	6. Actual or Estimated Number Served in SFY 24-25	7. Projected Number to be Served in SFY 25-26	8. Number of Targeted BH United		9. Term of Targeted BH Units (e.g., 30 years)
Totals									
Notes:									

2. Bridge Rental Subsidy Program for Behavioral Health	Check box ☐ if available in the county and complete the section.

Short-term tenant-based rental subsidies, intended to be a "bridge" to more permanent housing subsidy such as Housing Choice Vouchers.

1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total $ Amount for SFY 24-25	5. Projected $ Amount for SFY 25-26	6. Actual or Estimated Number Served in SFY 24-25	7. Projected Number to be Served in SFY 25-26	8. Number of Bridge Subsidies in SFY	9. Average Monthly Subsidy Amount in SFY 24-25	10. Number of Individuals Transitioned to another Subsidy in SFY 24-25
Totals									
Notes:									

3. Master Leasing (ML) Program for Behavioral Health	Check box ☐ if available in the county and complete the section.

Leasing units from private owners and then subleasing and subsidizing these units to consumers.

1. Project Name	2. Year of Implementation	3. Funding Source by Type (include grants, federal, state & local sources)	4. *Total* $ Amount for SFY 24-25	5. Projected $ Amount for SFY 25-26	6. Actual or Estimated Number Served in SFY 24-25	7. Projected Number to be Served in SFY 25-26	8. Number of Owners/ Projects Currently Leasing	9. Number of Units Assisted with Master Leasing in SFY 24-25	10. Average Subsidy Amount in SFY 24-25
Totals									
Notes:									

4. Housing Clearinghouse for Behavioral Health				Check box ☒ if available in the county and complete the section.					
An agency that coordinates and manages permanent supportive housing opportunities.									
1. Project Name	2. Year of Implementation	3. Funding Source by Type (include grants, federal, state & local sources)	4. *Total* $ Amount for SFY 24-25	5. Projected $ Amount for SFY 25-26	6. Actual or Estimated Number Served in SFY 24-25			7. Projected Number to be Served in SFY 25-26	8. Number of Staff FTEs in SFY 24-25
Housing Specialist		HSS Generic	$184,215	$182,069	9			11	2
Totals									
Notes:									

5. Housing Support Services (HSS) for Behavioral Health				Check box ☒ if available in the county and complete the section.					
HSS are used to assist consumers in transitions to supportive housing or services needed to assist individuals in sustaining their housing after move-in.									
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. *Total* $ Amount for SFY 24-25	5. Projected $ Amount for SFY 25-26	6. Actual or Estimated Number Served in SFY 24-25			7. Projected Number to be Served in SFY 25-26	8. Number of Staff FTEs in SFY 24-25
Residential Supportive Housing	2012	HSBG-MH	$14,458	$15,390	9			11	0
Totals									
Notes:									

6. Housing Contingency Funds for Behavioral Health	Check box ☒ if available in the county and complete the section.

Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings, and other allowable costs.

1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. *Total* $ Amount for SFY 24-25	5. Projected $ Amount for SFY 25-26	6. Actual or Estimated Number Served in SFY 24-25			7. Projected Number to be Served in SFY 25-26	8. Average Contingency Amount per person
Housing Specialist	2013	PHARE	$79,388	$62,461	101			115	$786.02
Totals									
Notes:									

7. Other: Identify the Program for Behavioral Health	Check box ☐ if available in the county and complete the section.

Project Based Operating Assistance (PBOA) is a partnership program with the Pennsylvania Housing Finance Agency in which the county provides operating or rental assistance to specific units then leased to eligible persons; **Fairweather Lodge (FWL)** is an Evidenced-Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness; **CRR Conversion** (as described in the CRR Conversion Protocol), **other.**								
1. Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. *Total* $ Amount for SFY 24-25	5. Projected $ Amount for SFY 25-26	6. Actual or Estimated Number Served in SFY 24-25			7. Projected Number to be Served in SFY 25-26
Totals								
Notes:								

e) <u>Certified Peer Specialist Employment Survey:</u>

Certified Peer Specialist (CPS) is defined as:

An individual with lived mental health recovery experience who has received the Department approved peer services training and certified by the Pennsylvania Certification Board.

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

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

County MH Office CPS Single Point of Contact (SPOC)	Name: Wellspring Community Support Services, Inc. Email: bdingerwess@frontier.com Phone number: 570-662-2821
Total Number of CPSs Employed	
Average number of individuals served (ex: 15 persons per peer, per week)	**113**
Number of CPS working full-time (30 hours or more)	**11**
Number of CPS working part-time (under 30 hours)	**6**
Hourly Wage (low and high), *seek data from providers as needed*	**$14.00 - $17.50**
Benefits, such as health insurance, leave days, etc. (Yes or No), *seek data from providers as needed*	**Yes**
Number of New Peers Trained in CY 2024	**5**

f) Existing County Mental Health Services

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

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

Note: HC= HealthChoice

g) Evidence-Based Practices (EBP) Survey

Please include both county and HealthChoices funded services.

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

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

SAMHSA's EBP toolkits: https://www.samhsa.gov/libraries/evidence-based-practices-resource-center?f%5B0%5D=resource_type%3A20361

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

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

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

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

Reference: Please see SAMHSA's National Registry of Evidenced-Based Practices and Programs for more information on some of the practices**:** Resource Center | SAMHSA

i) Involuntary Mental Health Treatment

1. During CY 2024, did the County/Joinder offer *Assisted Outpatient Treatment (AOT)* Services under PA Act 106 of 2018?
   ☒ No, chose to opt-out for all of CY 2024
   ☐ Yes, AOT services were provided from: _____ to _____ after a request was made to rescind the opt-out statement
   ☐ Yes, AOT services were available for all of CY 2024

2. If the County/Joinder chose to provide AOT, list all outpatient services that were provided in the County/Joinder for all or a portion of CY 2024 (check all that apply):
   ☐ Community psychiatric supportive treatment
   ☐ ACT
   ☐ Medications
   ☐ Individual or group therapy
   ☐ Peer support services
   ☐ Financial services
   ☐ Housing or supervised living arrangements
   ☐ Alcohol or substance abuse treatment when the treatment is for a co-occurring condition for a person with a primary diagnosis of mental illness
   ☐ Other, please specify: _____

3. If the County/Joinder chose to opt-out of providing AOT services for all or a portion of CY 2024:
   a. Provide the number of written petitions for AOT services received during the opt-out period. __0_____
   b. Provide the number of individuals the county identified who would have met the criteria for AOT under Section 301(c) of the Mental Health Procedures Act (MHPA) (50 P.S. § 7301(c)). _____0_____

4. Please complete the following chart as follows:
   a. Rows I through IV fill in the number
      i. **AOT services column**:
         1) Available in your county, BUT if no one has been served in the year, enter 0.
         2) Not available in your county, enter N/A.
      ii. **Involuntary Outpatient Treatment (IOT) services column:** if no one has been served in the last year, enter 0.
   b. Row V fill in the administrative costs of AOT and IOT

	AOT	IOT
I. Number of individuals subject to involuntary treatment in CY 2024	N/A	0
II. Number of involuntary inpatient hospitalizations following an IOT or AOT for CY 2024	N/A	0
III. Number of AOT modification hearings in CY 2024	N/A	
IV. Number of 180-day extended orders in CY 2024	N/A	0
V. Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY 2024	N/A	0

j) Consolidated Community Reporting Initiative Data reporting

DHS requires the County/Joinder to submit a separate record, or "pseudo claim," each time an individual has an encounter with a provider. An encounter is a service provided to an individual. This would include, but not be limited to, a professional contact between an individual and a provider and will result in more than one encounter if more than one service is rendered. For services provided by County/Joinder contractors and subcontractors, it is the responsibility of the County/Joinder to take appropriate action to provide the DHS with accurate and complete encounter data. DHS' point of contact for encounter data will be the County/Joinder and no other subcontractors or providers. It is the responsibility of the County/Joinder to take appropriate action to provide DHS with accurate and complete data for payments made by County/Joinder to its subcontractors or providers. DHS will evaluate the validity through edits and audits in PROMISe, timeliness, and completeness through routine monitoring reports based on submitted encounter data. (Pennsylvania General Assembly, (1966). *Mental Health and Intellectual Disability Act of 1966*, P.L. 96, No. 6 Section 305. http://www.legis.state.pa.us/wu01/li/li/us/pdf/1966/3/006..pdf)

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

- ❖ Have all available claims paid by the county/joinder during CY 2024 been reported to the state as an encounter? ☒Yes ☐ No

k) Categorical State Base Funding (to be completed by all counties)

Please provide a brief narrative as to the services that would be expanded or new programs that would be implemented with increased base funding in FY 25-26:

Supportive living or step-down programming for individuals coming out of state hospitals. Diversionary programs.

l) Categorical State Funding-FY 25-26 [ONLY to be completed by counties not participating in the Human Services Block Grant (i.e. Non-Block Grant)]

If an allocation is expected in the following categoricals for FY 25-26, please describe the services to be rendered with these funds, estimates of number of individuals served, and plans to use any carryover funds, if approved, from FY 24-25:

Respite services:

Consumer Drop-In Centers:

Direct Care Worker Recruitment & Retention:

Philadelphia State Hospital Closure:

Forensic Support Team:

Student Assistance Program:

<u>m) Federal Grant Funding</u> (to be completed by all counties, where appropriate). Please limit response to no more than one page for each question.

- **CMHSBG – Non-Categorical (70167): Please describe the services to be rendered with these funds for the expected FY 25-26 allocation:**

- **CMHSBG – General Training (70167): Please describe the plans to use any carryover funds from FY 24-25:**

- **Social Service Block Grant (70135): Please describe the services to be rendered with these funds for the expected FY 25-26 allocation:**

- **KEEP EMPOWERING YOUTH - PARTNERS, PROVIDERS, LIVED EXPERIENCE KEY-PPLE (71022) - Please describe the project milestones you expect to achieve with these funds and plans to use any carryover funds from FY 24-25.**

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

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

Please provide the following information for FY 24-25:

1. **Waiting List Information:** If Waiting List data is not reported, please provide a brief narrative explanation.

Services	# of Individuals*	Wait Time (days)**
Withdrawal Management	< 1%	< 1
Medically-Managed Intensive Inpatient Services	0	0
Opioid Treatment Services (OTS)	<1%	<4
Clinically-Managed, High-Intensity Residential Services	<1%	<3
Partial Hospitalization Program (PHP) Services	0	0
Outpatient Services	< 1%	<7
Other (specify)	0	0

*Average weekly number of individuals

**Average weekly wait time per person

2. **Overdose Survivors' Data**: Please describe below the SCA plan for offering overdose survivors direct referral to treatment for FY 24-25.

# of Overdose Survivors	# Referred to Treatment	Referral method(s)	# Refused Treatment
35	35	Direct	0

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

LOC American Society of Addiction Medicine (ASAM) Criteria	# of Providers	# of Providers Located In-County	# of Co-Occurring/Enhanced Programs
4 WM	0	0	0
4	0	0	0
3.7 WM	19	0	0
3.7	4	0	0
3.5	27	0	5
3.1	6	0	0
2.5	3	0	0

2.1	2	0	0
1	3	3	3

4. **Treatment Services Needed in County**: Please provide a brief overview of the services needed in the county for FY 25-26 in sections a, b, and c below.

    a. Provide a brief overview of the services needed in the county to afford access to appropriate clinical treatment services: Tioga County does not have a contract with 4.0 and 4.0WM due to the distance away from county and infrequency of the need for this specific level of care. We have MAT in the county but cannot contract with 2 of the providers due to regulations. We are currently looking at other alternatives through a health system in the county to resolve this issue.

    b. Provide an overview of any expansion or enhancement plans for existing providers: The three local providers are continuing to address the needs in the county by expanding school-based counseling, working with the VA for our veteran population, expanding CRS services, and piloting a program that is Tioga County specific for prevention and intervention.

    c. Provide an overview of any use of HealthChoices reinvestment funds to develop new services: Tioga County has not used any reinvestment funds and is not currently looking to ask for any in the near future.

5. **Access to and Use of Narcan in County**: Please describe the entities that have access to Narcan, any training or education done by the SCA and coordination with other agencies to provide Narcan.
   Tioga County SCA is now a recognized entity for Narcan. The SCA will be providing distribution and training on the usage of Narcan. The SCA plans on distributing to other local agencies, businesses and schools. One of the outpatient providers also provides training. All three of our outpatient providers have Narcan on hand. Tioga County first responders and police utilize Narcan when needed.

6. **County Warm Handoff Process:** Please provide a brief overview of the current warm handoff protocols established by the county including challenges with implementing warm handoff process.
   The single hospital in Tioga County contracts with Harbor Counseling and the SCA also contracts with Harbor Counseling for after-hours services. Harbor Counseling staff report to the hospital and work with individuals to refer them to appropriate levels of care. If funding is needed, the SCA is contacted the next business day. Harbor Counseling tracks the information needed for the monthly report and shares this information with the SCA who then reports to the state.

    a. **Warm Handoff Data:**

# of Individuals Contacted	39
# of Individuals who Entered Treatment	32
# of individuals who have Completed Treatment	17

INTELLECTUAL DISABILITY SERVICES

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

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

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

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

Individuals Served

	Estimated Number of Individuals served in FY 24-25	*Percent of total Number of Individuals Served*	*Projected Number of Individuals to be Served in FY 25-26*	*Percent of total Number of Individuals Served*
Supported Employment	1	0.56%	11	0.56%
Pre-Vocational	2	1.12%	2	1.12%
Community participation	5	2.79%	5	2.79%
Base-Funded Supports Coordination	64	35.75%	64	35.75%
Residential (6400)/unlicensed	0	0.00%	0	0.00%
Lifesharing (6500)/unlicensed	1	0.56%	1	0.56%
PDS/AWC	2	1.12%	2	1.12%
PDS/VF	0	0.00%	0	0.00%
Family Driven Family Support Services	0	0.00%	0	0.00%
Assistive Technology	1	0.56%	1	0.56%

Remote Supports	1	0.56%	1	0.56%

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

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

Tioga County believes in "Employment for All" and thus continues to work with the local SCO, local agencies, and other stakeholders to promote this service. Discussions continue to focus on employment opportunities, individual readiness, level of support needed and identification of interested individuals.

Overall, employment opportunities and other resources across Tioga County remain limited. That said, close to 23 people remain employed. The AE continues to support providers to engage in individualized/customized employment opportunities as they expand their efforts. Local providers are encouraged to focus on community outreach as well with families/caregivers. The Tioga AE is hopeful that through the Employment Coalition and Supporting Families Collaborative, improvements can be made.

As the AE explores the reasons others do not choose employment, many of the people want to remain at their CPS or other program. They want to be productive, involved and have a routine but their "co-workers" are their friends and social circle. Again, through connection with the Supporting Families Collaborative and engagement with the provider community the AE continues to encourage opportunities for social engagement, community events, and educational/self-advocacy activities.
Tioga County continues to engage with the educational system and partner agencies. The hope is that these outreach activities will enhance engagement and generate new employment opportunities for graduates and young adults. During the upcoming year, the Tioga AE plans to collaborate with community partners to enhance the employment coalition. We hope that further combing efforts will lead to additional progress.

The Tioga AE is not an employment county but is always interested in potential opportunities to enhance the local program.

Supports Coordination:

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

From the time of referral for service through SCO assignment, time is spent engaging the individual and caregiver(s) to gain an understanding of service/support needs, wants and aspirations. In addition, the eligibility manager provides a great deal of information about process expectations, resources and timeframes. Once assigned, the selected SCO works with the individual and/or caregiver to better understand their personal situation and needs. They go further into discussion about all options and choices available to them, including self-direction, introduction to the SSD and sharing of The Gold Book. It is through

the intake process that the discussion of Charting the LifeCourse is introduced, with the goal of identifying existing natural supports can be reinforced/expanded rather than supplanted. LifeCourse materials and other helpful resources are also provided to all new enrollees to the local system. Supports Coordinators are encouraged to utilize Charting the LifeCourse tools with individuals during the plan review process. The AE believes these tools are also crucial to teams working through complex situations.

The Tioga AE continues to encourage use of Charting the LifeCourse tools across the local system, as it provides a common language for individuals, families/caregivers and providers. With continued rejuvenation of the Tioga Supporting Families Collaborative last year, the local SCO remains an important partner. The Tioga AE is also fortunate to have a LifeCourse Ambassador on staff, completing intakes and serving as the Supporting Families Collaborative Lead. This helps to encourage the SCO and other partners to focus on discussions about natural support, self-direction and building community/social capacity. For years, the SCO has been asked to emphasize early discussions about backup planning and emergency planning with individuals and families. Whenever possible, Block Grant Funds are requested to help alleviate emergent needs. High Risk situations and PUNs status is also monitored closely to determine when more intensive support might be needed.

Additionally, the Tioga AE meets monthly with the SCO Leadership Team. High-Risk situations, service review, use of natural support and self-direction are discussed. There is also a strong focus on the identification of back-up plans for families to understand what is in place and what is being offered to support them in maintaining those supports. The AE understands that this is a difficult conversation in some cases, however, the AE believes it is an important one. Again, we are fortunate to have one member of the AE complete the Charting the LifeCourse Ambassador Program. This continues to be an invaluable resource to teams as they move through the process. This Ambassador participates in statewide gatherings and discussions to remain abreast of best practice in this area. The AE will also continue to explore ways to support our ambassador to attend the LifeCourse Showcase in 2026.

Lastly, in FY 2024/2025, the Tioga AE began working with both AE and SCO staff to better understand and support the ODP Multi-Year Growth Plan. Through this continued effort, the AE is encouraging more thoughtful person-centered planning, a focus on more intense service monitoring and utilization review. In addition, ISP are more thoroughly reviewed and PUNS Training is planned for the SCO in the coming months.

Lifesharing and Supported Living:

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

Tioga County is committed to increasing options for Lifesharing and Supported Living to support those individuals who need additional services, can no longer reside independently or in their current environment. Unfortunately, there continue to be limited resources in the area and provider recruitment is challenging. Local providers of the service continue to identify barriers to Lifesharing as, not being able to meet the needs of most individuals in such a setting and not being able to locate families that are willing to become host families. Because of this, the AE collaborates with the SCO to ensure they are being pro-active regarding all needs for residential services. Lifesharing needs are being identified in advance, so that recruitment activities can occur so out-of-county placement, or a higher level of care can be avoided. Most times, the local network cannot meet individual needs in a Lifesharing option. Tioga County has often resorted to out-

of-county providers when the individual is willing to relocate. The AE recognizes that this is not an ideal situation and continues to keep recruitment of services and providers at the highest priority.

Regarding Supported Living, Tioga County does have one qualified provider for this service and one in a nearby County. Unfortunately, this is a service that is very much underutilized. Conversations will continue with SCOs, individuals, caregivers and community partners to promote this service. Conversations about provider recruitment and expansion in the coming year will also continue, so that individuals and families will have true choice of services and providers in their local communities.

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

Cross-Systems Communications and Training:

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

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

The AE remains available to participate in some transition team meetings at each of the schools within the County. Participation not only provides education to the schools, but this also enables us to remain current on future referrals. In addition, the AE offers to speak with local school districts to educate them on the referral process and eligibility criteria. Several wonderful partnerships, and a more effective referral process, have resulted from this collaboration. The AE also continues to attend Back to School Nights, to share information and reach unserved individuals/families. This effort has been very successful to date.

The Tioga AE follows applicable requirements and participates in planning activities for those identified to transition from EPSDT, RTF, C&Y, State Facilities and CSRU. This coordination continue to occur with the State, the Managed Care Organizations (MCO), and Behavioral Health Administrative Unit (BHAU). Providers, the individuals/families involved, the court system, the SCO, the CASSP Coordinator and other necessary partners are also invited to the table.

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

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

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

As in other years, the Tioga AE will continue to plan for young children developmental delays and those with complex medical challenges. To date there have not been many referrals in this area but the AE does work in collaboration with the local Early Intervention System. We hope to continue this exploration and the potential for collaboration with the Local Interagency Coordinating Council and the Supporting Families Collaborative.

Emergency Supports:

- Please describe how individuals in an emergency situation will be supported in the community (regardless of availability of county funding or waiver capacity).
- Please provide details on the county's emergency response plan including:
    - Does the county reserve any base or HSBG funds to meet emergency needs?
    - What is the county's emergency plan in the event an individual needs emergency services, residential or otherwise, whether within or outside of normal working hours?
    - Does the county provide mobile crisis services?
    - If the county does provide mobile crisis services, have the staff been trained to work with individuals who have an ID and/or autism diagnosis?
    - Do staff who work as part of the mobile crisis team have a background in ID and/or autism?
    - Is training available for staff who are part of the mobile crisis team?
    - If the county does not have a mobile crisis team, what is the county's plan to create one within the county's infrastructure?
- Please submit the county 24-hour emergency crisis plan as required under the Mental Health and Intellectual Disabilities Act of 1966.

As noted previously, the Tioga AE closely monitors High-Risk Cases and situations and has the potential to discuss the most complex cases with other human service partners. All reviews help to identify points of intercept that will help to avoid unexpected emergencies. Also, it is anticipated that through use of Charting the LifeCourse Tools, and thorough Person-Centered Planning that individuals will have a more comprehensive plan that will alleviate emergent needs or, at a minimum, provide options for informal support to meet such needs.

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

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

Since being approved for Virtual Budgeting, the Tioga AE has been paying close attention to new measures related to ISPs, authorizations, PUNS and related trends. To assist with trending and overall budget monitoring, the AE is utilizing the Dashboard and some internal spreadsheets. Prioritizing utilization vs. authorization among other requirements will help the AE be more proactive in supporting individuals waiting for services. Due to the small number of individuals served, the AE team can review this information frequently and accurately. We look forward to expanding our knowledge to fully engaging in this process, to eventually make future decisions related to waiver service capacity.

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

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

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

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

Tioga County continues to have a relationship with the PA Family Network to help provide support and training for local families. The AE shares information about PAFN activities directly to families/caregivers, as well as through SCOs and Providers. As the Supporting Families Collaborative continues to develop, PAFN Mentors will remain active and valuable members of this group. During the upcoming year, Tioga

County plans to further engage in Supporting Families Collaborative activities. Plans are also being made to participate in community events, to increase awareness. Engagement can be difficult, but we hope new opportunities and more collaboration will occur. ODP will also be a very valued partner in this effort. We appreciate the support of the Northeast Region and trust that we can reach out whenever necessary.

Regarding navigation and support, the Tioga AE has and will continue to collaborate with staff across the human service system to share opportunities for training and education on various aspects of our system. As possible, the LifeCourse principles, will be promoted and shared. We hope this will create better understanding across service lines and help with the development of informal supports and building of community capacity. The AE will also engage people in the process at the point of intake by introducing LifeCourse and promoting the Supporting Families Collaborative. In attempt to widely share resources, training and important system announcements, a Facebook Account is also maintained.

The AE will also continue efforts to support individual teams with frequent case discussion and provide coaching, when necessary, through our Life Course Ambassador. Lastly the AE will work with its partners to identify and track barriers identified by individuals, caregivers and system stakeholders. The AE continually works to recruit providers, especially in the areas of residential and respite care. The rural nature of the County makes this challenging, especially when identifying supports for children and adults with complex support needs.

- Please describe how the county will engage with the Health Care Quality Units (HCQUs) to improve the quality of life for individuals in the county's program. The function of the HCQUs is to enhance the health and wellness of individuals with an intellectual disability or autism through collaboration with providers, counties, Supports Coordinators/Targeted Support Managers and health care providers, as outlined in ODP Bulletin 00-18-03, Health Care Quality Units.
- Please describe how the county will use the data generated by the HCQU as part of the Quality Management Plan process.
- Please describe how the county will engage the local Independent Monitoring for Quality (IM4Q) Program to improve the quality of life for individuals and families. The IM4Q provides ODP with data on the quality of services to consumers, as required in the county's Administrative Entity Operating Agreement.

  Tioga County continues to request individual case consultation/training for individuals and caregivers from the HCQU. They have provided information and education pertaining to various illnesses, Fatal Five, pressure sores, healthy relationships and other important topics. The HCQU also participates in the Tioga AE's Human Rights Committee and provides a great deal of medical insight and information during the review of incidents and restrictive procedure plans.

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

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

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

The Tioga County AE continues to meet with providers to discuss the changing trends, what the anticipated needs will be and how to continue to ensure the safety of those currently receiving services. Tioga County understands the issues providers are experiencing and will continue to seek technical assistance from ODP on how to address and/or remove barriers identified when necessary. Of utmost importance is assisting and encouraging the local provider network to further develop clinical capacity. As mentioned previously, it is crucial for those in need of intensive services not to be forced to accept placement outside of the county. With the start of Performance Based Contracting, we look forward to increased capacity in this area.

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

A strong priority for the Tioga AE continues to be provider and service development. A great deal of effort is spent reaching out to agencies, to see if they would consider expansion into Tioga County. There is also a focus on neighboring counties, so that services for those with complex needs, could remain local or at least closer to their community of choice. During conversations with providers, the inevitable barriers surface. Tioga is very rural, with fewer resources and cannot as easily meet the needs of some individuals. That said, there will continue to be a focused effort to recruit providers into the County, especially for additional residential options such as LifeSharing and Supported Living. The AE will welcome the assistance of ODP for the provision of technical assistance to the local system.

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

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

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

There is a strong focus on Provider Risk Screening and the AE participates in scheduled regional discussions on the topic. While Tioga County is directly responsible for only one Residential Agency, potential risk is a typical part of all provider discussions. If there appears to be a question about risk with

another provider, the Tioga AE will intervene directly or possibly reach out to the assigned AE for further discussion.

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

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

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

Participant Directed Services (PDS):

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

Tioga County strongly believes in Person Directed Services. It is a great complement to enabling the individual to retain their natural support and not supplant them with traditional service providers. The flexibility and individual choice it offers the individual and caregiver/family, is important to meet their needs in the most independent setting possible. As people experience or develop challenges, the first solution is to move towards a more formalized or restrictive service. The AE continues to monitor that this service delivery approach is offered to individuals and their team during enrollment and at each review. This is done through the monthly AE/SCO meeting and periodic High Risk Case Review discussions.

Individuals and families in Tioga County continue to gravitate towards the Agency with Choice (AWC) model. This seems to be due to the assistance and support AWC provides through the co-employer relationship. The largest barrier with utilizing this model continues to be recruiting staff. Some individuals come with many options, and others have very limited options, and assistance is needed with recruitment. Tioga County hoped that expanding the use of the Charting the LifeCourse tools would help expand options for those with limited support, but to date this has not occurred. Overall, there have been challenges with staffing across the system.

The largest barrier to the Vendor Fiscal model remains the same: that majority of the responsibility rests with the individual and/or their family. Although this offers a great deal of freedom and choice for the individual, the responsibility is also significant, causing many chose the AWC for the support.

ODP continues to provide a great deal of support in this area through education and individual case consultation. Participant Directed Services are seen as the first option for service delivery, and standard practice. Individuals who have been enrolled in ID/A Services for some time and have utilized provider driven services, continue to have a difficult time with any change in how their services are delivered. They often choose to remain with their current services. However, we are seeing an upward trend for newly

enrolled individuals. They appear to embrace the idea that they can "drive" the direction of the planning process as others have in the past couple of years.

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

- Please describe how the county will enable individuals in congregate settings to return to the community.
  Tioga County has assisted many people in the past to transition from congregate settings into community placements. The AE also pays very close attention to people residing in Nursing Homes, Residential Treatment Facilities, Private ICF's and other congregate care facilities. The AE Team will continue to maintain this as a priority and will assess the needs of individuals residing in such settings. In addition, education will continue to occur with the local provider network, to identify their needs related to supporting people in the community with complex medical and behavioral needs. Tioga County believes that everyone should have the opportunity to reside in the community of their choice with the support they need to live the best life possible.

Technology: ODP supports the use of assistive technology and remote supports in order for individuals to achieve their goals and live more independently.

- Please describe how the county will enable individuals to access technology as a means to support greater independence.
  The Tioga AE has been educating themselves and the local SCO regarding options for technology and remote supports. Resources such as Tech Owl and Remote Support Agencies have been shared with the local provider network through email and online stakeholder meetings. Information is also shared through the AE social media page in attempt to reach caregivers and the community in general. The AE strongly encourages individual teams to consider technology and remote supports to not only assist with staffing but to offer supports that will offer the highest degree of independence. The AE is also taking seriously, the fact that many individuals require communication assistance. We hope to work more intensely this year to further educate families about this topic. With the assistance of the Supporting Families Collaborative and with the help of the local network, we know this can be accomplished.

HOMELESS ASSISTANCE PROGRAM SERVICES

DHS encourages Homeless Assistance Program (HAP) partners to participate in their Continuum of Care (CoC). Continuums of Care are regional or local planning bodies that coordinate housing and services funding for families and individuals experiencing homelessness. Please describe the continuum of services to individuals and families within the county who are experiencing homelessness or facing eviction. An individual or family is facing eviction if they have received either written or verbal notification from the landlord that they will lose their housing unless some type of payment is received.

- The Housing Specialists are funded through HSBG. Funding for their position is in the HSS-Generic.
- The Housing Specialists are the first point of centralized contact for all individuals facing homelessness or near homelessness. The Housing Specialists will work with the person and assess what the immediate needs are and assist the individual in addressing such needs. This may be through accessing PHARE funding, Contingency funding through reinvestment, HAP funding, or referring to Trehab (for utility, foreclosure, rental assistance) Housing Authority, the Bridge Housing (BH) Program, MH Residential Supportive Housing, Independent Living Program, the Homeless Shelter, the Emergency Shelter apartment, and/or various landlords.
- The following statistics, from 7/1/2024-6/30/2025 demonstrate the continual need for housing services in Tioga County.
- Bridge Housing – 35 adults, 30 children – 80 applications received.
- Residential Supportive Housing – 12 adults, 0 children – 51 applications received.

- Housing Specialists received 193 calls regarding people experiencing homelessness or near homelessness.
- The Tioga County Housing Authority reports 485 individuals met the homeless preference status.
- Tioga County is not looking to develop any Master Leasing options in FY 25/26.

Bridge Housing Services:

- Please describe the bridge housing services offered. Include achievements and improvements in services to families at risk or experiencing homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of bridge housing services? Please provide a brief summary of bridge housing services results.
- Please describe any proposed changes to bridge housing services for FY 25-26.
- If bridge housing services are not offered, please provide an explanation of why services are not offered.

-The BH Program provides housing to families and individuals who are homeless or facing homelessness, victims of domestic violence, working with individuals on reunification of their children who are in care, or families who are at risk of losing their children due to having unstable housing. This is a transitional setting where they may stay up to one year. Residents in the BH program are provided with services such as obtaining permanent housing, obtaining their GED, budgeting, parenting, MH and D&A Counseling if needed, and Independent Living Skills classes. There are six apartments designated as Residential Supportive Housing units, and individuals residing in these apartments meet BH criteria and are diagnosed with a mental illness or substance abuse disorder. The BH staff are cross trained to meet the needs of those who enter the programs.
-In FY 25/26 Tioga County will continue to capture individualized outcomes. The residents complete an exit evaluation which allows us to gather information about their housing, and goal progress upon their exit; what they felt was most helpful, least helpful, what recommendation they would make about the program, and would they recommend the program to others. Residents are encouraged to complete an online survey regarding the program and staff. Discharge outcomes for BH are below:

<u>Successful Discharges:</u>

- Private landlord – 3
- Family/Friends – 5
- Housing Complex – 7

<u>Other Discharges</u>

- Deceased – 0
- Jail – 1
- Homeless Shelter – 0
- Unknown - 6

Case Management:

- Please describe the case management services offered. Include achievements and improvements in services to families at risk or experiencing homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of case management services? Please provide a brief summary of case management services results.
- Please describe any proposed changes to case management services for FY 25-26.
- If case management services are not offered, please provide an explanation of why services are not offered.

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

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

<u>Some specific functions the Housing Specialists provide are:</u>
-Coordinating with the Housing Authority on re-accepting individuals who have been asked to leave due to violations.
-Coordinating with housing facilities in Tioga County in order for people to gain permanent housing.
-Teaching the Prepared Renters Education Program (PREP).
-Assist individuals with applying for on-line benefits and/or paper applications. For example, paperwork for the Assistance Office, Social Security Office, employment applications.
-Explaining available funding resources and requirements.
-Provide basic living skills, budgeting, resume preparation, and education on parenting.

Rental Assistance:

- Please describe the rental assistance services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of rental assistance services? Please provide a brief summary of rental assistance services results.
- Please describe any proposed changes to rental assistance services for FY 25-26.
- If rental assistance services are not offered, please provide an explanation of why services are not offered.

-For FY 25/26 Tioga County projects 115 individuals will access PHARE funding. However, this number may change depending upon the needs and eligibility of individuals in relation to additional funding being made available through other monies.
-Tioga County is not making changes to the eligibility requirements for the use of PHARE funding and will adopt these requirements for any requests that will be funded through HAP funds. The requirements are the funds will assist persons/households below 50% of the County MAI and the remaining 50% of funds assist individuals/ families between 50%-100% MAI. Those applying must show sustainability.
-Reinvestment Contingency Funding were utilized prior to HAP or PHARE funding for individuals who qualify; however, this fund has been depleted.

Emergency Shelter:

- Please describe the emergency shelter services offered. Include achievements and improvements in services to families at risk or experiencing homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of emergency shelter services? Please provide a brief summary of emergency shelter services results.
- Please describe any proposed changes to emergency shelter services for FY 25-26.
- If emergency shelter services are not offered, please provide an explanation of why services are not offered.

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

-A home that assists those who are in recovery is available in Tioga County. This home enables individuals to stay for free up to the first 90 days. They are then expected to obtain employment and pay $200.00 /month rent. The average length of stay is three to six months. Tioga County does not anticipate any funding on this program in FY 25/26; however, it serves as an excellent resource for emergent housing needs.

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

Innovative Supportive Housing Services:

- Please describe the other housing supports services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.
- How does the county evaluate the efficacy of other housing supports services? Please provide a brief summary of other housing supports services results.
- Please describe any proposed changes to other housing supports services for FY 25-26.
- If other housing supports services are not offered, please provide an explanation of why services are not offered.

-Tioga County meets with providers as needed to discuss housing needs and local resources that may be available to those who are homeless or near homeless. Those in attendance include but are not limited to Bridge Housing Supervisor, Housing Specialist, MH providers, landlords, Housing Authority, Trehab, C&Y workers, Administration, community people, Homeless Shelter, and other local agencies. The Bridge Housing Supervisor and one Housing Specialist participated in the local Housing Task Force, which was held monthly, and spearheaded by the Tioga County Partnership. Those in attendance include but are not limited to Commissioners, Realtors, Housing Authority, local Mayors, Borough Managers, landlords, State Representative, transportation staff, and township supervisors. As a result, a Housing Specialist completed a resource guide for the County, and there was conversation about a direct contact appointed to keep the resource guide up to date. There were sub-committees who met prior to the monthly

meetings to discuss housing needs and other related housing topics and bring their findings to the table when the group met.
-Tioga County employs two full-time Housing Specialists. This position is funded through HSS. The effectiveness of this position is measured through the number of individuals served.
-Tioga County continues to explore working with MH and ID/A providers in developing a supportive living service that mirrors the ID/A service definition that would allow up to 24/7 support of the individuals, however, “funding and buy in” have prevented this from being developed.

Homeless Management Information Systems:

DHS encourages counties and HAP partners to participate in their Continuum of Care (CoC) and for eligible providers to collect and track client-level data and services in their CoC’s Homeless Management Information System (HMIS). HMIS tracks and analyzes the characteristics and service needs of people at-risk or experiencing homelessness.

Please describe the county’s utilization of HMIS to include how HAP providers enter data and enrollments into HMIS for any or all components of the program.

- If the HAP provider does not utilize HMIS, describe how the provider collects client-level data and data on the provision of housing services. Is this data provided to the CoC that coordinates housing and services funding for families and individuals experiencing homelessness?

- Describe any change the county has identified in the service needs of families or individuals experiencing homelessness over the past program year.

-Housing Specialists do not currently utilize HMIS. Tioga County Housing Specialists act as the central point of contact for housing needs. The Housing Specialist work with Tioga County residents and focus on the housing needs of the family/individual. Having this Clearing House helps from having duplication of services and resources. Ongoing research and networking are key components of the Housing Specialist program. They will coordinate across all service lines (for example ID/A, IL, AAA, OLTL) to ensure the individual’s needs can be met while remaining safely in the community in the least restrictive setting while preventing duplication of service.
-In addition, the Housing Specialist partake in the annual state-wide Point in Time survey, maintain a local landlord list, track the reason for homelessness/near homelessness for those that request assistance, coordinate the requests across the various agencies, manage financial assistance (PHARE, Contingency an HAP funds), and serve as the Local Lead Agency. These responsibilities, as well as others, help the Housing Specialists maximize the existing resources throughout Tioga County.
-As housing needs are identified across the categorical, the Housing Specialists participate in any discussion regarding the need for existing resources to meet that need and assist in brainstorming available options. It continues to be of note that individuals between the ages of 18-23 are struggling in obtaining and maintaining housing as well. The forensic population also struggles to locate and maintain affordable housing options since many housing resources prohibit admission based on an individual’s legal history. Additionally, Tioga County continues an upward trend in request for supervised MH housing options. Currently Tioga County is seeking to collaborate with providers to maximize funding and supports through existing means.
-Tioga County will continue to fund a shelter apartment to utilize across the human service system. This apartment, accessed through HAP Program assists in meeting the immediate needs of any individuals and families while a more permanent solution in the community is located. This apartment is used to keep families unified and available after hours.
-A local D&A provider continues to operate a home for individuals in recovery. This home enables the individuals to reside there for up to 90 days free. Thereafter, they must obtain employment and pay rent of

$200.00/month. Previously, it was identified by the provider that a similar home for women was needed, but a female facility was opened to resolve this need.
-A local faith-based organization continues to provide housing options. The organization continues to seek out funding and expand options, as funding becomes available. They are not only a beneficial housing resource, but keep us appraised of any expansions, opportunities and identified needs.

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

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

Dropdown menu may be viewed by clicking on "Please choose an item." Under each service category.
Copy and paste the template for each service offered under each categorical, ensuring each service aligns with the service category when utilizing Adult, Aging, Children and Youth, or Generic Services.

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

Aging Services: Please provide the following:
Program Name: Meals on Wheels
Description of Services: Provides hot and cold nutritious noon-time meal to older adults in their homes. The meal meets the one-third (1/3) Recommended Daily Allowance Criteria of the United States Department of Agriculture and special diets are available to meet special medical needs. Meals are delivered by trained volunteers Monday through Friday. Weekend and holiday meals are also available.
Service Category: Home-Delivered Meals - Provides meals, which are prepared in a central location, to homebound individuals in their own homes.

Aging Services: Please provide the following:
Program Name: Emergency Services
Description of Services: Older adults aged 60 and older living on a fixed or limited income occasionally experience emergency situations that put them at a health or safety risk. Emergency services can help in funding emergency situations that put them at a health or safety risk. Emergency services can help in funding emergency snow removal, basic needs, emergency fuel, broken pipes, etc.
Service Category: Home Support- Services include basic housekeeping activities necessary to ensure safe and sanitary conditions. This service may also include the activities of shopping assistance, laundry, etc

Children and Youth Services: Please provide the following:
Program Name: Fit for Life Summer Program and After-School Program
Description of Services: Fit for Life seeks to promote positive youth development through safe and structured physical activity, reduced childhood hunger, and to promote healthy eating habits.
Service Category: Life Skills Education - Practical education/training to the child and family, in or outside of the home, in skills needed to perform the activities of daily living, including child care and parenting education, home management and related functions.

Generic Services: Please provide the following:
Program Name: Housing Coordinator
Description of Services: The Housing Coordinator is the first point of centralized contact for all individuals facing homelessness or near-homelessness. This individual will work with the person and assess what the immediate needs are and help the individual address those needs. This may be through accessing PHARE, HAP, Contingency or other available funding, TREHAB (for utility, foreclosure, rental assistance), or referring to the Housing Authority, the Bridge Housing Program, MH Residential Supportive Housing, Independent Living Program, the Homeless Shelter, the Emergency Shelter Apartment, and/or various landlords.
Service Category: Service Planning/Case Management - a series of coordinative staff activities to determine with the client what services are needed and to coordinate their timely provision by the provider and other resources in the community.
Please indicate which client populations will be served (must select at least **two**):
☒ Adult ☒ Aging ☒ CYS ☒ SUD ☒ MH ☒ ID ☒ HAP

Generic Services: Please provide the following:
Program Name: Camp Partners Transportation Services
Description of Services: Transportation to Partners In Progress will be provided. This camp serves a wide range of youth with disabilities (intellectual disability, mental health, physical disabilities and multi-handicapped) alongside their non-disabled peers. The camp provides secure, structured, and recreational and academic activities for youth aged 5 to 21.
Service Category: Transportation - Activities which enable individuals to travel to and from community facilities to receive social and medical service, or otherwise promote independent living. The service is provided only if there are no other appropriate resources.
Please indicate which client populations will be served (must select at least **two**):
☐ Adult ☐ Aging ☒ CYS ☐ SUD ☐ MH ☒ ID ☐ HAP

Generic Services: Please provide the following:
Program Name: Integrated Service Planning Team
Description of Services: Currently, every case open for service with C&Y Case Management is reviewed prior to closure of service and any case that is experiencing difficulties is reviewed by the Integrated Service Planning Team(SPT). The SPT meets one time per week. This team consists of a Licensed Social Worker, a Licensed Psychologist, representation from C&Y, MH, ID, EI, and D&A, a Casework Supervisor, representation from the Management Team, and the Case Manager presenting. The purpose of the team is to support the caseworkers, review the assessed needs of the individual/family, and the appropriateness of the service plan, and identify any service gaps that are preventing the individual/family from progressing.
Service Category: Service Planning/Case Management - a series of coordinative staff activities to determine with the client what services are needed and to coordinate their timely provision by the provider and other resources in the community.
Please indicate which client populations will be served (must select at least **two**):
☒ Adult ☐ Aging ☐ CYS ☒ SUD ☒ MH ☒ ID ☐ HAP

Generic Services: Please provide the following:
Program Name: Wellspring Mobile Social Rehabilitation Program
Description of Services: The Mobile Social Rehabilitation Program will provide the opportunity for isolated and vulnerable individuals in Tioga County to have the opportunity to learn new social skills, improve existing social skills and practice using the new skills in the community. Locations of these groups will occur in various small communities in Tioga County where public transportation is not available or does not stop more than one round trip per day. The groups will occur in spaces provided by churches, housing authorities or other spaces that are

available such as community centers. The expected areas of service will include Westfield/Knoxville area, Elkland/Nelson area, Lawrenceville/Millerton area, and Liberty and surrounding communities.
Service Category: Social Rehabilitation Services- Programs or activities designed to teach or improve self-care, personal behavior and social adjustment for adults with mental illness.
Please indicate which client populations will be served (must select at least **two**):
☒ Adult ☒ Aging ☐ CYS ☐ SUD ☒ MH ☐ ID ☐ HAP

Generic Services: Please provide the following:
Program Name: Batterer Intervention Services
Description of Services: Services will be provided to individuals who have been convicted of crimes involving domestic violence, or as a result of a protection from abuse order. Services will include weekly group sessions, as well as domestic violence assessments. The Duluth Model will be used. Additionally, educational hours will be provided to members in the community, law enforcement, and spouses of those who may enroll in programming. Prevention activities will also reach out to the schools to offer education to young adults. The school prevention will focus on dating violence, risk with cyber relationships, and overall safety in relationships.
Service Category: Counseling - Nonmedical, supportive or therapeutic activities, based upon a service plan developed to assist in problem solving and coping skills, intra- or inter-personal relationships, development and functoning.
Please indicate which client populations will be served (must select at least **two**):
☐ Adult ☒ Aging ☒ CYS ☒ SUD ☒ MH ☒ ID ☒ HAP

Generic Services: Please provide the following:
Program Name: Mobile Intake Workers
Description of Services: These individuals will respond to all requests for service, whether face-to-face or via telephone for MH/C&Y/D&A/EI and conduct all initial screenings for service. Service will be provided in the office and community. Additionally, this individual will provide information and referral services and authorize services if necessary.
Service Category: Service Planning/Case Management - a series of coordinative staff activities to determine with the client what services are needed and to coordinate their timely provision by the provider and other resources in the community.
Please indicate which client populations will be served (must select at least **two**):
☐ Adult ☐ Aging ☒ CYS ☐ SUD ☒ MH ☒ ID ☐ HAP

Generic Services: Please provide the following:
Program Name: Transportation
Description of Services: The Tioga County Partnership for Community Health(TCPCH) will be contracted to address transportation needs and will be responsible for all aspects of service provision and payment, except for the actual transport. The TCPCH will work directly with local and existing transportation providers to develop various options and maximize available funding while ensuring all other revenue sources are exhausted, as well as work to recruit volunteer drivers.
Service Category: Transportation - Activities which enable individuals to travel to and from community facilities to receive social and medical service, or otherwise promote independent living. The service is provided only if there are no other appropriate resources.
Please indicate which client populations will be served (must select at least **two**):
☐ Adult ☒ Aging ☒ CYS ☒ SUD ☒ MH ☒ ID ☒ HAP

Specialized Services: Please provide the following: (Limit 1 paragraph per service description)
Program Name: Shelter Services
Description of Services: Shelter Services are necessary to assist those who have an emergent need of housing and/or a safe place to stay for 45 days. Tioga County has a shelter apartment for individuals that need emergency

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

Interagency Coordination: (Limit of 1 page)
If the county utilizes funds for Interagency Coordination, please describe how the funding will be utilized by the county for planning and management activities designed to improve the effectiveness of categorical county human services. The narrative should explain both:

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

Other HSDF Expenditures – <u>Non-Block Grant Counties Only</u>

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

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

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

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

Appendix D
Eligible Human Services Cost Centers

Mental Health

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

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

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

Adult Development Training (ADT)
Community-based programs designed to facilitate the acquisition of prevocational, behavioral activities of daily living, and independent living skills.

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

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

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

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

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

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

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

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

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

Family-Based Mental Health Services
Comprehensive services designed to assist families in caring for their children or adolescents with emotional disturbances at home.

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

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

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

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

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

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

Peer Support Services
Refers specifically to the Peer Support Services which meet the qualifications for peer support services as set forth in the Peer Support Services Bulletins (OMHSAS-22-08), effective December 28, 2022, and OMHSAS-24-05, effective December 20, 2024.

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

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

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

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

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

Intellectual Disabilities

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

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

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

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

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

Homeless Assistance Program

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

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

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

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

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

Substance Use Disorder

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

Inpatient Non-Hospital

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

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

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

Inpatient Hospital

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

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

Outpatient/Intensive Outpatient

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

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

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

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

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

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

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

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

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

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

Human Services Development Fund

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

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

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

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

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

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

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

Attachment 1

Public Hearing Documentation

AFFP
NOTICE PUBLIC HEARING

Affidavit of Publication

STATE OF PENNSYLVANIA } SS
COUNTY OF TIOGA }

Pat Patterson, being duly sworn, says:

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

February 27, 2025, March 06, 2025

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

Publisher

Subscribed to and sworn to me this 6th day of March 2025.

Tracy L. Schuckers, Notary Public, Clearfield County, Tioga County, Pennsylvania
My commission expires: April 08, 2025

00000215 00655740

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

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

PUBLIC NOTICE / PUBLIC HEARING

The Tioga County Department of Human Services Advisory Board meeting wil... Wednesday ... 2025 at 12:... the W.M. To... ing Center, w... ated on NY... in Wel... Pennsylvan... this meeting ... will be hosti... 2025/2026 E... public hearin... man service... who inten... funding th... 2025/26 Hu... vices Supp... gram. The ... this hearing ... stakeholder ...

Persons int... attending th... should conta... Parsons, Ad... Assistant, ... Shumway ... Wells... Pennsylvani... telephone ... 5766/724-8...

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

2/27/25 & 3/6/2025

Legals/Notices

PUBLIC NOTICE / PUBLIC HEARING

The Tioga County Department of Human Services Advisory Board meeting will be held Wednesday March 12, 2025 at 12:00 noon in the W.M. Tokishi Training Center, which is located on NYPUM Drive in Wellsboro, Pennsylvania. During this meeting, the Board will be hosting the first 2025/2026 Block Grant public hearing for all human service providers who intend to seek funding through the 2025/26 Human Services Supports Program. The purpose of this hearing is to solicit stakeholder input.

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

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

2/27/25 & 3/6/2025

TCDHS
Advisory Board
March 12, 12:00 Noon

Sign-In Sheet

Name	Please Initial	Email Address/Phone #
Boyce, Chad	CB	wpdchief@ptd.net
Chamberlain, Janice		
Coots, Amy	ACC	acoots@wellsborosd.org
Hamilton, Kristin		
Harmon, Tanya		
Kennedy, Brett	BWK	brett@wellsboroswim.org
Kaufman, Kristopher		
Lamonski, Holly		
Largey, Ben	BL	blargey@wellsborosd.org
Lutchko, Katlyn		
McIlwain, Trisha	TM	Tioga 717 377 5547
Nickerson, Shane, Commissioner		
Olson, Saira		
Parsons, Mellissa	MLP	
Rice, Marc, Commissioner		
Rice, Sara, Administrator	SJR	
Sticklin, Sue		
Thompson, Kail		
Vanloon II, Sam, Commissioner		
Visitors:		
Hazel Smith-Guild	HSG	hazelsgwcss@frontiernet.net
Tonya Wilkinson	TW	tonyawcss@frontier.com
Mark Hamilton	MLH	mhamilton@consolidated.net, com
ROGER BUNN		
Laurie Roof	LR	lroof@harbor-counseling.org
Andrew Morgan	KM	lorem@partnersapp.com
Ashley Wagner	AW	ashleyw@partnerspip.com
Diane Weed		

Tioga County Department of Human Services
Advisory Board
March 12, 2025
12:00 p.m.

Attendance: Chad Boyce, Roger Bunn, Amy Coots, Kristin Hamilton, Mark Hamilton, Brett Kennedy, Ben Largey, Trisha McIllwain, Irene Morgan, Mellissa Parsons, Sara Rice, Laurie Roof, Hazel Smith, Commissioner Sam VanLoon, Ashley Wagner, Diane Weed, Tanya Wilkinson, Mary Wilson

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

"The Tioga County Department of Human Services Advisory Board will facilitate the Public Hearing regarding the 2025/2026 Human Services Plan from 12:00p.m. -1:00pm. The purpose of these hearings is to inform the public and solicit stakeholder input. During the Public Hearings any member of the public is invited to provide testimony, verbally or in writing, regarding the plan."

Secretary's Report: Sara asked the Advisory Board to review the minutes from the June, August, and November 2024 meetings. No voiced concerns, questions, or discrepancies. Ben made a motion to accept the minutes as presented, Amy seconded. Motion carried.

Sara informed the board that we had Chad Boyce, Roger Bunn, Kristopher Kaufman, and Trisha McIllwain agree to join the advisory board. Introductions were made. Commissioner Vanloon made a motion to have all four members join the advisory board. Kristin seconded. Motion carried.

Amy made a motion to have Kristin Hamilton as Chair, Roger Bunn as Vice-Chair, Holly Lamonski as Secretary, and Sara Rice as Treasurer. Ben seconded. Motion carried.

Treasurer's Report: As of the end of February 2025, the Advisory Board balance is $2,468.49. Chad made a motion to accept the treasurer's report, Ben seconded. Motion carried.

Sara thanked everyone for being here and asked providers to attend today's meeting so that we can get insight to what they are seeing in our communities and what needs there are to be met. Chad Boyce with Wellsboro Police Department began with concerns regarding gaps in between services for mental health needs. Officers are often tied up at the hospital due to security concerns with individuals that have mental health needs. Sara mentioned that Concern used to have a co-responder program for these types of situations however it was a difficult position to fill. Chad agreed that something like that would help.
Ben Largey from Wellsboro School District has concerns regarding lack of bed availability at mental health facilities for youth, lack of step down into the community, and follow up with outpatient services. Diane Weed said that Community Care Behavioral Health has recognized that the outpatient follow up has been a problem and has been addressing the follow-up services with the providers to make sure they are following up with case managers.

Hazel from Wellspring states that transportation is still an ongoing problem. Irene Morgan agrees and that it has been challenging for intellectually disabled individuals to get to and from work and appointments. Mark Hamilton from BeSt Transit has been working on a micro transport program that will hopefully help.

Concerns regarding affordable housing were raised. Kristin Hamilton states that the Department of Community and Economic Development was in Tioga County for small group meetings following up from the governor's work on housing. They are interested in very detailed recommendations that our area would like to see the legislature address in policy and legislation action. They were very honest that housing across the state is very much needed. Two-thirds of employers reported that it is hard to attract or retain employees due to lack of affordable housing. We currently have over one-hundred individuals in Tioga County on the waitlist for vouchers for assisted housing and the homeless shelter is full. Abby from the homeless shelter has extended the time of stay from thirty days to beyond sixty days. There is no easy fix however this is something we are actively working on.

Sara made a request to the Advisory Board to have one member attend the 2nd hearing for HSBG/HSS proposals. Amy Coots volunteered.

Kristin made a motion to adjourn the meeting, Roger seconded. Meeting adjourned at 1:00 p.m.

Submitted by:

Holly Lamonski
Secretary

Sara J. Rice
Administrator of TCDHS

AFFP
NOTICE PUBLIC HEARING

Affidavit of Publication

STATE OF PENNSYLVANIA } SS
COUNTY OF TIOGA }

Pat Patterson, being duly sworn, says:

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

April 17, 2025, April 24, 2025

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

Publisher

Subscribed to and sworn to me this 24th day of April 2025.

Tracy L. Schuckers, Notary Public, Clearfield County, Tioga County, Pennsylvania
My commission expires: April 08, 2029

00000215 00660238

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

Commonwealth of Pennsylvania - Notary Seal
Tracy L. Schuckers, Notary Public
Clearfield County
My commission expires April 8, 2029
Commission number 1275896
Member, Pennsylvania Association of Notaries

PUBLIC NOTICE / PUBLIC HEARING

The Tioga County Department of
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5766/724-8634 (TDD).

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

4/17/25 & 4/24/2025

Legals/Notices

PUBLIC NOTICE / PUBLIC HEARING

The Tioga County Department of Human Services will be hosting the second Public Hearing regarding the fiscal year 2025/26 Human Services Block Grant Plan on Wednesday April 30, 2025 at 9:30 A.M. at the W.M. Tokishi Training Center, which is located on NYPUM Drive in Wellsboro, Pennsylvania. The purpose of this hearing is to inform the public and solicit stakeholder input.

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

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

4/17/25 & 4/24/2025

HUMAN SERVICES AND SUPPORTS
2025/26 PUBLIC HEARING
PROVIDER ATTENDANCE
April 30, 2025

Name & Organization:

1. Hazel Smith-Guild — Wellspring CSS
2. Tonya Wilkerson — "
3. Wm Dwiggins — "
4. Amy Coats — Wellsboro ASD
5. Sue Stricklin — Tioga Cty. Partnership
6. Ashley Wagner — Partners In Progress
7. Margaret Dunaway Smith — Sam Inc.
8. Tiffani Warner — BSSS TAPP
9. David Kirk — FSA NEPE
10. Marc Rice
11. ~~Shanon Dickerson~~
12. Sam VanCleave
13.
14.
15.

Tioga County Department of Human Services
Advisory Board
April 30, 2025
9:30 a.m.

Attendance: Amy Coates, William Dinger, Margaret Dunning-Smith, David Kale, Commissioner Shane Nickerson, Mellissa Parsons, Commissioner Marc Rice, Sara Rice, Hazel Smith, Sue Sticklin, Commissioner Sam Vanloon, Ashley Wagner, Tiffani Warner, Tonya Wilkinson
Remote Attendance: Edlynn Flannery, Judith Hershel, Antonia Whittle

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

2025/2026 Human Services and Supports Proposals:

"The Tioga County Department of Human Services Advisory Board will facilitate the Public Hearing regarding the 2025/2026 Human Services Plan from 9:30 a.m. – 10:30 a.m. The purpose of these hearings is to inform the public and solicit stakeholder input. During the Public Hearings any member of the public is invited to provide testimony, verbally or in writing, regarding the plan."

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

- Area Agency on Aging/Meals on Wheels (20,000.00)
- Area Agency on Aging/Emergency Services (2,000.00)
- Family Services Association of NEPA/Helpline (7,500.00)
- Partners in Progress Inc./Camp Partners-Transportation (8,280.00)
- Tioga County Partnership for Community Health/Resource Directory (7,000.00)
- TREHAB/Housing Services (5,000.00)
- Wellspring Community Support Services/Mobile Social Rehabilitation Program (33,806.44)

Each provider has the opportunity today to present their proposals to the County Commissioners.

Area Agency on Aging is requesting $20,000.00 for the Meals on Wheels program. This program serves hot and cold nutritious meals 5 days per week to the elderly in their homes ages 60+ delivered to their homes. We begin by doing an assessment to set them up and establish their need with quarterly check-ins.
We also are requesting $2,000 for emergency services that could be applied to fuel for heating, furnace repairs, electric shutoff's, broken/frozen pipes, or hot water replacements. We use other funding first, like LIHEAP to cover any of these types of expenses.

David Kale from Family Services of Northeastern PA Helpline is requesting $7,500.00 for their PA211 program. This is a free informational and referral service that is available on several different platforms, which is utilized daily in rural counties due to transportation issues. Tioga County has seen an increase in use of the online platform rather than calling in.

Partners In Progress is requesting $8,280.00 for their Camp Partners program. During camp there is swimming, crafts, games, Fit For Life program, music therapy, academics, and art classes for school-aged youth. This is a very active camp. The amount we are requesting is for transportation. We transport individuals to and from Wellsboro to our location in Mansfield and

then to the pool. We have had to cap enrollment at 50 campers per day due to the space we have, which is the Methodist Church in Mansfield. Camp begins one week after school gets out and ends the week before school begins.

Sue Sticklin from the Tioga County Partnership states they are requesting funds in the amount of $7,000.00 for the comprehensive resource directory that includes an online searchable database and app. The app is called Discover Tioga and is specific to Tioga County. We've partnered with Develop Tioga for this app and the amount being requested would support on-going maintenance of this directory.

Trehab is requesting $5,000 to help support staff salaries. Trehab services include utility assistance, weatherization programs, case management for the underemployed and unemployed, food banks, HUD, and housing assistance. Last fiscal year, we have served 231 households which has helped 517 individuals that avoided shut-off's with their utilities.

Wellspring is requesting $33,806.44 to help support a Mobile Social Rehabilitation Program. We have found individuals are having difficulty attending our Social Rehabilitation Program due to transportation issues. We would like to take this program out to those communities who are underserved- Westfield, Elkland, Liberty, and Millerton. Wellspring provides support and services to those that have mental health illnesses age 18+. The drop-in location is in Mansfield.

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

Submitted by:

Sara J. Rice
Administrator of TCDHS

Attachment # 2

Emergency Response Plan

Administrative Entity
Tioga County

Policy: Emergency Services

Date: 6-1-2016

Revised:

Background:

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

Policy:

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

Procedure:

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

References:

- MH/ID Act of 1966

Attachment # 3

FY 2024-25 Block Grant Budget

County: Tioga	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT						
Administrative Management	4		$ 51,344		$ 2,794	
Administrator's Office			$ 229,321		$ 16,021	$ 60,381
Adult Developmental Training						
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment						
Community Residential Services						
Community Services	-		$ 18,746		$ 1,310	
Consumer-Driven Services						
Emergency Services	98		$ 67,011		$ 4,681	
Facility Based Vocational Rehabilitation	4		$ 66,977		$ 4,155	
Family Based Mental Health Services	1		$ 617		$ 43	
Family Support Services	2		$ 39,892		$ 2,787	
Housing Support Services	10		$ 14,385		$ 1,005	
Mental Health Crisis Intervention	44		$ 2,399		$ 168	
Other						
Outpatient	9		$ 45,864		$ 3,203	
Partial Hospitalization						
Peer Support Services	9		$ 75,677		$ 5,287	
Psychiatric Inpatient Hospitalization						
Psychiatric Rehabilitation	12		$ 50,088		$ 3,499	
Social Rehabilitation Services	9		$ 101,833		$ 2,097	
Targeted Case Management	26		$ 46,805		$ 3,270	
Transitional and Community Integration	58		$ 74,376		$ 5,196	
TOTAL MENTAL HEALTH SERVICES	286	$ 1,359,038	$ 885,335	$ -	$ 55,516	$ 60,381
INTELLECTUAL DISABILITIES SERVICES						
Administrator's Office			$ 365,892	$ 31,530	$ 27,765	$ 199,303
Case Management	64		$ 90,262		$ 6,306	
Community-Based Services	38		$ 186,202		$ 11,957	
Community Residential Services	1		$ 43,389		$ 3,031	
Other	2		$ 11,626		$ 813	
TOTAL INTELLECTUAL DISABILITIES SERVICES	105	$ 879,995	$ 697,371	$ 31,530	$ 49,872	$ 199,303
HOMELESS ASSISTANCE SERVICES						
Bridge Housing	35		$ 184,657		$ 12,901	
Case Management						
Rental Assistance						
Emergency Shelter						
Innovative Supportive Housing Services						
Administration						
TOTAL HOMELESS ASSISTANCE SERVICES	35	$ 130,883	$ 184,657		$ 12,901	$ -
SUBSTANCE USE DISORDER SERVICES						
Case/Care Management	204		$ 102,080		$ 7,131	
Inpatient Hospital						
Inpatient Non-Hospital						
Medication Assisted Therapy						
Other Intervention						
Outpatient/Intensive Outpatient						
Partial Hospitalization						
Prevention	48,007		$ 34,050		$ 2,380	
Recovery Support Services						
Administration			$ 25,798		$ 1,802	
TOTAL SUBSTANCE USE DISORDER SERVICES	48,211	$ 153,291	$ 161,928	$ -	$ 11,313	$ -

HUMAN SERVICES DEVELOPMENT FUND						
Adult Services	231		$ 4,674		$ 327	
Aging Services	16		$ 20,563		$ 1,437	
Children and Youth Services	462		$ 27,047		$ 7,071	
Generic Services	985		$ 366,770		$ 25,625	
Specialized Services	19		$ 145,253		$ 10,149	
Interagency Coordination			$ 6,543		$ 453	
Administration			$ 73,066		$ 5,105	
TOTAL HUMAN SERVICES DEVELOPMENT FUND	1,713	$ 50,000	$ 643,916		$ 50,167	$ -
GRAND TOTAL	50,350	$ 2,573,207	$ 2,573,207	$ 31,530	$ 179,769	$ 259,684