

**A. Executive Summary**

The McKean County Department of Human Services had a very positive year filled with building relationships and lines of communications with the people we serve and the providers who provide excellent and quality care. Our Community Support Program has been an excellent avenue to share ideas as well as provide community outreach. The environment of equality makes for good discussion and sharing of ideas.

McKean County providers partnered with us to get through our first year as a new county entity. Open and honest communication and a desire to meet the behavioral health needs of the community has been the key to the many successes we have seen and energizes us to move ahead with new initiatives.

Because we operate under a human services model, we are able to meet the multiple needs of children, families, and individuals in a more holistic manner. We have also seen provision of services happening more expeditiously. We have also been working very hard to standardize our services delivery making it easier for everyone to navigate a sometimes bewildering system.

We have three people in our county who have been trained to be peer specialists and with HealthChoices there is greater promise to use their talents and really extenuate recovery in McKean. Our Drop In Center is active. They work very hard to establish good relationships with the patients at Warren State Hospital in hopes that upon discharge, these patients will feel comfortable in seeking out their fellowship.

McKean County continues to work very hard to divert patients from Warren State Hospital with great success. We have been part of the Consumer Service Planning process. We have been successful in creating a good working relationship with the county prison and adult probation. This collaboration shows great promise.

We have built an infrastructure that allows for good partnership with consumers, families, the community and the providers to ensure their interests are being addressed. This relationship fuels our efforts toward a system of care that supports those in need and those who are on their way to recovery and everything in between.

## **B. Vision and Mission Statement**

### **Mission:**

It is the missions of the McKean County Department of Human Services to ensure that every person served by mental health, mental retardation, children and youth, drug and alcohol services have the opportunity for growth, recovery, and inclusion in their community, access to an array of services that meet their individual needs so they can enjoy a quality of life that includes family and friends.

### **Vision:**

1. Our collaboration with other agencies and service providers promotes the concepts of recovery, self-determination, hope and empowerment. There is also a strong focus on prevention and early intervention.
2. Services are developed, monitored, and evaluated in partnership with consumers, families, and advocates.
3. Individual human rights are respected and free of discrimination and stigma.
4. Funding of programs is done in a fiscally responsible manner that ensures an array of unifying programs that build on natural and community supports that meet the individual and family needs.
5. Coordination of care is holistic and multifaceted.

## **C. Process Used for Completing the Plan Update**

As a new entity, the need for community involvement has been paramount. The following avenues were used to ensure all stakeholders were included:

1. Community Support Program
2. Provider Relation Meetings
3. McKean County Collaborative Board
4. Human Services Advisory Board
5. Multi-disciplinary Team Meetings
6. Ad hoc work groups

### ***1. Community Support Program***

A great amount of time and effort has been put into the growth of the Community Support Program. Monthly meetings have been held. Several meetings were used to organize the program. By-laws were developed to explain the mission and provide structure. Life and Independence for Today is the most recent provider who joined CSP. This provider works with people with all disabilities and their input will help CSP to see the whole picture. There have been some personality conflicts that have come up in CSP. We have asked the Western Region CSP to provide us with technical assistance in getting past these issues. At risk is CSP membership as well as the potential for the creation of a NAMI group in McKean County

Some of the initiatives that were accomplished by McKean County's CSP are:

- a. Transportation. A survey was made available at various providers and the Steps Drop-In Center. The survey asked people to rate their satisfaction with the Area Transportation Authority (ATA), the MAPT in this county. The results of the survey were compounded and sent to the ATA. Representatives from the ATA were invited to speak at the Steps Drop-In Center. The presentation was well attended and covered by the local media. The ATA reported that they were looking into adding a regular route from Bradford, the most populated city in McKean County to Smethport, the county seat.
- b. Three CSP participants completed the Peer Specialist Training. They are eager to use their skills to provide peer services in the county.
- c. The Steps Drop-In Center and CSP joined together to provide some holiday cheer to the patients at Warren State Hospital in December. They updated the patients on the events of the past year in McKean County, activities offered at Steps as well as gifts. Steps is now sending their monthly newsletter to patients at WSH and are working with WSH on other activities like a picnic and pen pals.
- d. Managed care came to McKean County on January 1, 2007. CSP members participated in the community meetings. We are looking forward to having CFST as a spin off of CSP. We are very fortunate in McKean to have people trained to the satisfaction surveys.

## **2. *Provider Relations Meetings***

Throughout the year we have hosted several provider relations meetings where we invited all of the providers of human services including juvenile and adult probation, drug and alcohol services, and the like. Here the county updated all of the providers on the happenings and the State and County levels. Providers shared their existing and new services with the group. We also met with providers individually to get feedback from them on what they need from us at the county. Corrective actions plans were developed for internal issues and regular discussions occur on what we need. The most outstanding issue this past year has been the coming of managed care. To date, it has been a smooth transition and McKean is an active partner with BHARP, the State, and Community Care to ensure its success in our region.

## **3. *McKean County Collaborative Board***

Both the Director of Children and Youth and the DHS Administrator are active participants on the Collaborative Board. The Collaborative Board's vision is "To create a safe and positive environment where citizens will be healthy, educated, and responsible community members." Its membership is made up of a cross section of community members from providers, to schools, to family members, to government agencies. It has proven to be a sounding board for DHS on topics such as managed care and the Integrated Children's Services Plan. They also provide trainings that are requested by families and promote community focused events to teach the community how to keep communities drug free. One of their roles is to develop local strategies to improve the lives of children and families and DHS is right there in the planning and implementation.

**4. *Human Services Advisory Board***

Because we are under a human services model, we recently combined the Human Services Advisory Board with the Children and Youth Advisory Board. This has increased the diversity of our membership thereby getting better and more well rounded feedback. Our diverse board includes mental health and substance abuse consumers, providers, school board members, foster family provider, representatives from the local university and hospital. We have sub-committees where a more concentrated effort can be explored on specific topics.

**5. *Multi-disciplinary Team Meetings***

Multi-disciplinary team meetings are quarterly meetings held by Children and Youth services with local provider, law enforcement, and schools. The meetings serve as an educational session on the Child Protective Services law and then real cases are anonymously reviewed that demonstrate the application of the piece of the law that was reviewed. This has proven to be very beneficial in identifying opportunities to better meet the clinical needs of the children and families involved in both Children and Youth and the mental health system. Policies have been developed that have helped the communication process. This is an opportunity of us at the county to see our system at work.

**6. *Ad Hoc Workgroups***

Grant opportunities were the reason some of our ad hoc workgroups got started. In particular, the Criminal Justice/MH work group. This group continues to meet to devise a way to either keep mentally ill people out of our county prison or minimize their stay. Other ad hoc workgroups include getting Intensive Case Management and Adult Probation to work more collaboratively, sexual offender counselor for the prison, and a group made up of CYC, DHS, and the local Family Centers met to see how to get our families to use the programs at the local Family Centers more often. Lastly, a group of providers met to examine the current housing situation in McKean County and explore housing options such as Fairweather Lodges.

**D. Update from FY 2007/2008 County Plan**

***1. System Needs***

For a rural area, it is always surprising and impressive the number of services and providers we do have. However, these are the needs that have been identified:

- a. Warm Line. We have three people who have received the proper training to work a Warm Line. It is something that providers feel would be a great benefit to the county. The “how” of a Warm Line is a challenge that hasn’t been resolved at this point.
- b. We frequently run into families who have mental health issues who need respite for themselves or for their child/children. This is costly unless they become part of the Children and Youth system and give up their parental rights. We have found ways to fund many situations without going to that extreme but funding is slim. We have willing and certified foster families who are willing to provide this service.

- c. The ad hoc group working on the criminal justice/mental health grant was organized originally because of a grant opportunity. McKean was not awarded that grant however we feel that one of the ideas that came from this effort was to have a county employed legal liaison. This person would work with the public defender, the providers, and the county prison to divert or expedite the legal process. This person would also be responsible for working with local law enforcement agencies to
- d. Transportation is a huge issue in this rural county. A very informal look at the impact of the lack of transportation indicated that activities of daily living are difficult for people and seem to correlate with their relapse. Missed doctor appointments and other outpatient services are no shows because of transportation. Because there are no routes in the evening, community members are not able to take advantage of the local events during this time. Establishing and maintaining normalcy in the community is difficult because of the transportation issues.
- e. Centralized data bank. We are presently contracting with a software developer to design a software package that will help McKean County meet the goals of the Integrated Children's Services Plan. Presently and historically, much of the information we have on clients have been given to us by providers. We are unable to see if people are receiving duplicate services, we are unable to assess the timeliness of services that are authorized by the county. This software is cutting edge and is able to integrate the various categoricals, provide quick and real time data, as well as the ability to do quality assurance studies that are relevant and substantial.

## 2. *System Change*

Two intensive case managers have been designated for the forensic population and the elderly population (58 years and older). This is relatively new so the impact of these additions cannot be measured. It is anticipated that because these ICMs are focused, the forensic ICM will have a better working relationship with probation and the court system and the geriatric ICM will bridge the relationship with various health care providers and the stigma that riddles that population.

The former MH/MR administration closed all of the Certified Residential Rehabilitation homes (CRR) in McKean County in 2003. One of them made their facility into an apartment program that was being funded by this administration while really not meeting a need. This provider is in the process of getting the proper certifications in place to make this facility into an enhanced personal care home. This is a huge need and one that is being met by an organization who will insure the home is safe, its residents are getting their needs met all in a recovery oriented environment.

We at the county looked at the individuals receiving Supportive Living services and were surprised to see that a significant handful had been receiving the same services for years. We felt it was important to standardize this level of care in an effort to maximize the number of people we can serve and provide people with services they need to help them achieve their other life goals. We feel that by setting treatment

standards, clients are free to change providers without regressing in their treatment goals.

As mentioned in the Systems Needs section, youth in transition is something that we would like to work on more aggressively. Presently, we are allocating HSDF funds for youth with mental health issues to participate in the Independent Living Program. This program not only offers great classes that teach life skills, there is plenty of hands-on experience that occurs. This is a great program and the stipends earned have gone to put down payments on apartments, college applications, college books, and the like.

In addition to weekly and as needed Base Service Unit meetings, DHS has organized quarterly meetings with the local psychiatric unit, crisis services, and case management to review high risk, high cost users of the system. These meetings have proven to make and admission and more importantly a diversion more of a reality. It is a proactive way to getting services in place for individuals who frequent the local emergency room and inpatient psychiatric unit.

Finally, we are in the midst of completing the design of a software program that will help us to track and more effectively integrate the services that the children and families we serve need. This program will allow a generic care manager to manage the services of a family in the most effective way possible. Data for quality management initiatives will be readily available and when the MCO wants to reinvest in McKean County, we will have our data to help justify the needs.

### *3. Evidence Based and Recovery Oriented/Promising Practices*

The biggest change since our last plan is that our CSP is more organized and active as stated in a previous section. We have three people who are Certified Peer Specialists. A satellite drop in center was opened in Kane, PA. There is a lot of energy among the stakeholders to get more recovery oriented.

### *4. Peer Support*

Three people received their certifications for Peer Specialists. How they will be utilized has yet to be determined. These individuals are also trained to do consumer, family satisfaction surveys. Community Care Behavioral Health, the managed care organization for the North Central Region is providing funding as part of their contractual agreement. Counties may be looking at regionalizing the CFST. The potential to offer paid employment is promising.

### *5. Quality Management*

Service Area Planning Goals:

Goal 1: *Within five years no person will be hospitalized in a state hospital beyond two years.*

Currently, nine McKean County residents are patients at Warren State Hospital, five of whom have been there continuously for over two years. McKean County has provided the required personnel to participate in the Consumer Support Planning

process that began in December 2006. Prior to these sessions, one patient who had been in WSH more than two years was discharged. McKean County is actively involved in the Service Area Planning sessions with the other counties in the WSH catchment area.

Goal 2: *Within five years no person will be involuntarily committed to a community hospital more than twice in one year.*

Below is a graph of the involuntary admission rates by fiscal year for McKean County:

Fiscal Year	Total Involuntary Admissions	One Involuntary Admission	Two Involuntary Admissions	Three Involuntary Admissions	Four Involuntary Admissions
2004	44	36(82%)	4 (9%)	3 (7%)	1 (2%)
2005	42	39 (93%)	3 (7%)	0	0
Current to date	10	10 (100)	0	0	0

The special base service meetings with the hospital, crisis program, and the ICM program staff members have made an impact on admissions and coming up with alternatives.

Goal 3: *Within five years the incidences of incarceration of the target population will be reduced.*

The numbers we report for this goal are gotten from the mental health nurse that is funded by the county. The accuracy of this data is questionable because previous data was given by non clinical staff. Additionally, the operational definition of “target population” may have been misinterpreted. This will be remedied through our special prison meetings we will be having.

Adult and Older Adult Satisfaction Outcomes:

The Consumer Family Satisfaction Team (CFST) completed the required CHIPP surveys this past year. The group met and they are very interested in pursuing this initiative. Community Care is providing finances for CFST. Technical assistance is being provided to the counties in need that are part of the North Central HealthChoices zone.

Other Quality Management Initiatives:

As mentioned above, the software program that is being developed will insure that our CCR POMS data is not only timely but completely accurate. Additionally, we will be able to do meaningful quality assurance studies that can look at a variety of services, age groups, and people who are being served in various systems. Contract management and negotiations will be based on data we have first hand. Anecdotally, we discuss what is needed in the county and soon we will be able to have data to substantiate the efforts. Completion of the this software is critical.

## **E. Housing**

Housing . Below describes a change in housing for the community. The Housing Initiative that OMHSAS introduced will present its challenges but we are excited to work toward the goals of that initiative. The closing of the CRRs in this area has presented many challenges. We have partnered with our local YWCA for a HUD grant to do transitional housing. There is concern that since this provider and the joinder dissolution, McKean County has lost its political positioning with the regional area housing consortium.

We are actively pursuing a partnership with the county housing authority to establish a housing workgroup. An informal housing assessment was done with providers. The Community Support Program hosed a housing meeting with the County Housing Authority. Issues relating to living conditions were addressed. The Housing Authority was invited to participate in CSP, but has not to date.

Our Community Services Director has been designated as the county contact person for this project. Bonnie Leposa also supervises the Independent Living program that accesses the PATH program. The PATH program is currently being managed by Cameron-Elk Mental Health Mental Retardation Program. Since the joinder break up, the PATH activity in McKean County has dropped significantly. We are gravely concerned that McKean County is not being properly served. We had requested that this grant be split with the dissolution but this request was denied. This will be a priority area for Ms. Leposa.

**SIGNATURES OF LOCAL AUTHORITIES**

**INTENT OF SECTION**

The intent of this section is to provide the necessary signatures of the local authorities as required by Chapter 4215 of the Pennsylvania Code. "Local authorities" are defined as, "the county commissioners or county executives of a county, or the city councils and the mayors of first class cities, or two or more of these acting in concert." The signatures apply only to the County Plan, including the County's Service Area Plan.

**REQUIREMENT**

Please provide appropriate signatures on the attached form (Form I or Form II) that best corresponds with your county program structure. Include the signatures as Attachment A in the order specified in the packaging of the final plan document. The county program may retain the original signatures.

**Attachment A: Form I**

***SIGNATURES OF LOCAL AUTHORITIES: COUNTIES***

I/We assure that I /we have reviewed and approve the attached FY 2008/2009 County Mental Health Plan.

**COUNTY : McKean**

**Chairperson/County Commissioner:**

Name: Clifford Lane Signature \_\_\_\_\_  
Date \_\_\_\_\_

**County Commissioner:**

Name: John Egbert Signature \_\_\_\_\_  
Date \_\_\_\_\_

**County Commissioner:**

Name: Bruce Burdick Signature \_\_\_\_\_  
Date \_\_\_\_\_

**Attachment B (Required)**

**County** McKean\_\_\_\_\_

**PUBLIC HEARING NOTICE**

**Attachment C (Required)**

County McKean

**COMMUNITY SUPPORT PROGRAM (CSP) INPUT INTO COUNTY PLAN  
PROCESS**

**Instructions:** The following checklist should be completed by County CSP Committees to guide and document their input into the development of the County Mental Health Plan. Check the appropriate “Yes” or “No” column to indicate sources of information or completion of each task. Use the “Comments” section to qualify your answers.

**YES NO**

1. What group (s) provided reports/information to help the CSP committee develop its recommendations for the County Mental Health Plan?

- Consumer Satisfaction Team
- County Office of Mental Health
- Consumer groups
- Family groups
- Provider organizations
- Mental Health Association
- Other (\_\_\_\_\_)

**Comments:**

2. The CSP Committee completed the CSP Indicators Rating Scale to evaluate areas of strengths and needs of their local mental health system. [checklist attached]

**Comments:**

**NOT APPLICABLE FOR FY 2008-2009 COUNTY MH PLAN**

3. The CSP Committee prioritized at least one or more CSP service components and exemplary practices they would like the county to develop.

**Comments:**

4. The CSP Committee held meetings with county Office of Mental Health representatives to discuss CSP recommendations for the mental health plan prior to public hearing sessions.

**Comments:**

**YES NO**

5. The CSP Committee received written notification of when and where the public hearings on the mental health plan will be held.

**Comments:**

6. The CSP Committee submitted written testimony at the scheduled public hearing. If “YES”, attach a copy of the testimony to this report.

**Comments:**

**Minutes are attached**

7. The CSP Committee endorses the County’s Annual Mental Health Plan.

**Comments:**

8. The CSP Committee see evidence that the CSP Recovery Model Wheel is used to guide planning activities.

**Comments:**

9. The CSP Committee members are invited to attend the OMHSAS review of the County’s Annual Mental Health Plan.

**Comments:**

10. The county office of Mental Health submitted a written response (describing action and timeliness) to the County CSP Committee outlining how it intends to implement the Committee's recommendations.

**Comments:**

**YES NO**

11. The County CSP Committee has requested the County Office of Mental Health to submit a semi-annual report outlining progress in implementing the current year's Plan.

**Comments:**

12. The CSP Committee submitted a copy of the completed Plan Development checklist with comments to:

The County Office of Mental Health

The Regional Office of Mental Health and Substance Abuse Field Office

The Regional CSP Advisory Committee

**Comments:**

Name of CSP Committee \_\_\_CSP of McKean\_\_\_\_\_

CSP Committee Chair: \_\_\_n/a\_\_\_\_\_

Address\_ STEPS Drop In Center 65 Main Street

City, State, Zip \_\_\_Bradford, PA 16701\_\_\_\_\_

Phone \_\_814.362.362.6260\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_ Date \_\_4-13-07\_\_\_\_\_

Members Representing Consumer: \_\_Francesca Cecchetti\_\_\_\_\_

Members Representing Family: \_\_Mary Francis\_\_\_\_\_

Member Representing Professional: \_\_Ken Davis\_\_\_\_\_

Names of other participants:

1. \_\_See sign in sheet\_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Attachment G1 (Required)**

**County \_McKean \_\_\_\_**

**QUALITY MANAGEMENT ACTIVITIES STATUS REPORT**

<b>ACTIVITY</b>	<b>BRIEF DESCRIPTION</b>	<b>CURRENT ACTIONS/STATUS</b>
<b>1 SAP Goal 1</b>	<i>Within five years no person will be hospitalized in a state hospital beyond two years.</i>	We have a Warren State liaison who works with WSH on discharge planning, we are actively participating at the CSP conferences. McKean Co. Administrator and consumer participate on the Service Area Planning team. McKean chairs this group and is facilitating meetings to get the catchment counties to put together a proposal to meet the needs of those needing to be discharged .
<b>2 SAP Goal 2</b>	<i>Within five years no person will be involuntarily committed to a community hospital more than twice in one year</i>	McKean County, local hospital, Crisis staff, and Case Management staff meet quarterly to discuss high risk, high users of the system to be proactive on diversion to any hospital and creative plans to keep them safe and integrated in the community.
<b>3 SAP Goal 3</b>	<i>Within five years the incidences of incarceration of the target population will be reduced. Within five years the incidences of incarceration of the target population will be reduced.</i>	We will be starting similar team meetings as described above with the Prison. We see this as a first step into making an impact on the length of stay in the prison of this population. The next step would be to have a liaison with the legal system and the county to divert prior to incarceration.
<b>4 CFST</b>	<i>The Consumer/Family Satisfaction Team will be an established entity that will provide consumer satisfaction data to the county and the managed care organization.</i>	We are now in managed care. Community Care is providing funding for this effort. We have trained peers who are excited about becoming more involved. There is talk about regionalizing the concept and McKean County is very involved with those discussions.
<b>5 Centralized Date Base</b>	<i>McKean County will have first hand control and knowledge of the services being provided in the community and will use this data to ensure quality.</i>	Software designers are in the midst of designing and implementing a web based system that will aid us in doing meaningful QA studies in the future. QA studies would include timeliness of service delivery, hours of services being asked for vs hours actually being delivered. Incident monitoring and related items.

County McKean

**HEALTHCHOICES QUALITY MANAGEMENT SUMMARY**

**A. Description of linkages**

Briefly describe the functional linkages between your county program’s Quality Management program and the Quality Management program of the contracted Behavioral Health Managed Care Organization responsible for your county. Include any linkages to 501(c)3 organizations. The description should include responsible individuals, level of responsibility and how the county program will actively participate in Quality Management activities. Existing HealthChoices counties should describe their current involvement. New HealthChoices counties should describe their planned involvement.

McKean County is an active member of the Behavioral Health Alliance of Rural PA. The DHS administrator is on the executive board. Members of the BHARP will participate in the following committees with the State and Community Care Behavioral Health Organization related to Quality services and network improvements. Community Care’s Quality Care Management Committee will meet quarterly to work on quality improvement plans and initiatives. The BHARP has 6 members representing MH/MR and the SCAs from the North Central Zone participating. In addition to county representation, consumers and family members from the North Central Zone will participate. Community Care’s Service Expansion Committee meets approximately every 2 months to review requests for new services and expansion of existing services. Again the BHARP has 6 members on this committee representing the North Central Zone. Participation on both these committees will allow McKean County to provide input and provide feedback on quality improvement initiatives for this plan period.

**B. Proposed or Recommended Changes**

Briefly describe any changes that your county proposes to recommend or make to the linkages described above in Section A.

**Attachment H (Required)**

County McKean \_\_\_\_\_

**TOP FIVE SYSTEMS CHANGES**

<b>PRIORITY</b>	<b>SYSTEMS CHANGES</b>
<b>1</b>	McKean County now has an Intensive Case Manager who works specifically with the forensic population. There is also and Intensive Case Manager assigned to the geriatric population.
<b>2</b>	A former CRR, turned apartment living will be a provider run Enhance Personal Care Home.
<b>3</b>	The Supportive Living program has been standardized to ensure goal achievement even if a person changes provider. This revise model also helps us identify sooner individuals who may need more intensive services.
<b>4</b>	The Independent Living program was supplemented with HSDF (Human Services Development Funding) to reach out to mental health youth transitioning to adulthood.
<b>5</b>	Quarterly base service unit type meetings are held with the local psychiatric unit, crisis program, intensive case management program, and this administration to trouble shoot and proactively managed high users of the system.

**Attachment I (Required)**

County McKean

**EVIDENCE BASED PRACTICES FOR ADULTS WITH SERIOUS MENTAL ILLNESS**

	# Receiving Family Psycho- education	# Receiving Integrated Treatment for Co- Occurring Disorders	# Receiving Illness and Management Recovery Skills	# Receiving Supported Housing	# Receiving Supported Employment	# Receiving Assertive Community Treatment	# Unduplicated Adults w./ Schizophrenia Receiving New Generation Meds
<b>Age</b>							
18-20							
21-64		2	31	11	17	7	14
65-74					1		
75+							
Not Available							
<b>Totals by Age</b>	0	2	31	11	18	2	14
<b>Gender</b>							
Male		1	23	10	16	6	11
Female		1	8	1	2	1	3
<b>Race</b>							
American Indian/Alaskan Native							
Asian							
Black/African American							
Hawaiian/ Pacific Islander							
White		2	31	11	18	7	14
Hispanic							
More than one race							
Other							
Unknown							
<b>Fidelity</b>							
Do you monitor fidelity for this service? Yes or No	No	No	No	No	No	No	No
If "Yes", what measure do you use?							
Who measures fidelity? County or Contractor							
How often is fidelity measured?							

**Attachment J (Required)**

County McKean

**COUNTY DEVELOPMENT OF RECOVERY ORIENTED/PROMISING PRACTICES\*\***

<b>Practice Type</b>	<b>Services Existing (Check all appropriate)</b>	<b>Services Planned (Check all appropriate)</b>	<b># Currently Served</b>	<b>\$ Allocated for Existing Services</b>	<b>\$ Targeted for Planned Services</b>
Consumer Satisfaction Team		X		\$20844 from CCBH	
Family Satisfaction Team		X		Part of above	
Compeer					
Self Help / Advocacy (Specify)					
Outreach for Older Adults					
Warm Line		X			
Home Health/In Home Meds					
Fairweather Lodge					
Medication Management (SAMHSA Evidence Based Practice)					

**Attachment K (Required)**

County McKean

**TOP FIVE FUNDING REQUEST FOR INFRASTRUCTURE SUPPORT OR  
ENHANCEMENT OF SERVICE CAPACITY, THAT REQUIRE NEW STATE  
FUNDS**

<b>Top 5</b>	<b>Target Group Pop. 1 (or as noted)</b>	<i>Brief Description of Infrastructure Support or Enhancement of Service Capability that Require New State Funds</i>	<b>Cost Center*</b>	<b>Six (6) Month Cost</b>	<b>Annualized Cost</b>
<b>1</b>		<p>Youth in Transition                      This would be an extension of the already existing Independent Living Program that is offered through McKean County Children and Youth Services. This program will not require the participants to be adjudicated. We will need to do some construction for a larger, more centrally located lab as well as two additional staff members.</p>	FS	\$10000 \$25000 +Benefits \$25000 +Benefits	\$25000 +Benefits \$25000 +Benefits
<b>2</b>		<p>Warm Line                      This has been a request of the STEPS Drop In Center members. With the additional peer training three members have had, we would like to see this come to fruition this year.</p>	SR	\$12500	\$25000
<b>3</b>		<p>Emergency Mental Health Placements and Shelter Placements                      Presently, families have to give up their parental rights to CYS so their child can receive Emergency Placement. We would like to having funding to pay for these short term placements without families having to relinquish their rights. Additionally, we would like to use foster care homes for</p>	CI	\$2538	\$5076

		<p>these placements as well.  Emergency Placements \$185/day at 12 youth/year</p> <p>Foster Care Home \$25/day at 5 days/each</p>			
<b>4</b>		<p>Information Systems</p> <p>In an effort to be more fiscally responsible to the citizens of McKean County and the PA Department of Public Welfare it is imperative that we get first hand information on the program and services directly funded by the county. A centralized data base will help us to insure that all families in the county are receiving quality services that meet their needs in a timely manner.</p>	<p>Spread over all cost centers</p>	\$125,000	\$250,000
<b>5</b>		<p>County Liaison with prison and public defender.</p> <p>There is still a large number of mental health clients that get involved with the judicial system. We would like to have a County Staff position that would act as a liaison between the public defenders office and the prison as well as local municipalities. Best practice program recommend such a position to bridge the gap between law enforcement and the mental health arena.</p>	<p>AM</p>	\$23625	\$47250 with benefits

**Attachment M (Required)**

County McKean

**INVENTORY OF SERVICES OPERATED OR FUNDED BY COUNTY**

<b>Service Name</b>	<b>Available County-Wide (Yes or No)</b>	<b>Available Only in Some Areas (Yes or No)</b>
Intensive Case Management	Yes	No
Intensive Outpatient	No	No
Assertive Community Treatment	No	No
Emergency	Yes	No
Services for persons with Mental Illness and Mental Retardation or Developmental Disabilities	Yes	No
Integrated services for persons with Mental Illness and Substance Abuse	No	Yes
Employment/vocational rehabilitation	Yes	No
In home family services	Yes	No
School based services	Yes	No
Consumer run services	No	No
Intake/screening	No	Yes
Diagnostic evaluation	No	Yes
Information and referral services	Yes	No
Individual therapy	No	Yes
Family/couple therapy	No	Yes
Group therapy	No	Yes
Collateral services	No	Yes
Electro-convulsive therapy	No	No
Medication therapy	No	Yes
New generation medications	No	Yes
Activity therapy	No	No
Behavioral therapy	Yes	No
Mobile treatment team	Yes	No
Peer support	No	No
Psychiatric emergency walk in	No	Yes
Telephone hotline	Yes	No
Vocational rehabilitation services	No	Yes
Supported employment services	Yes	No
Education services	Yes	No
Psychiatric rehabilitation	No	No
Case Management services	Yes	No
Family support services	Yes	No
Wrap around services	Yes	No

<b>INVENTORY OF SERVICES (page 2)</b>		
<b>Service Name</b>	<b>Available County-Wide (Yes or No)</b>	<b>Available Only in Some Areas (Yes or No)</b>
Legal advocacy	No	No
Drop in center	No	Yes
General support	Yes	No
Intensive residential services	No	No
Supportive residential services	No	Yes
Housing services	No	No
Respite services (non-residential)	Yes	No
Therapeutic foster care	Yes	No
Foster care	Yes	No
Supported housing	No	Yes
Partial hospitalization	No	No
Day treatment	No	No
Community support	No	Yes
Community support per-diem	No	No
OTHER (Please list)		

**Attachment P (Required)**

County McKean

**RECOVERY ORIENTED SYSTEMS INDICATORS (ROSI) MEASURE:  
ADMINISTRATIVE DATA PROFILE**

Please respond to each item as thoroughly as possible. Please report data from your current activities or your most recently completed fiscal year. When the available data does not fully meet the specified item definition, please define the data used for that item on the form and continue to the next item. When data is not available, please indicate this on the form and continue to the next item.

For Indicators numbered 1 and 21, one of the things we are looking for are strong programs that show evidence of the use of recovery principles in an interesting and innovative way. If you feel your program is innovative, please include a narrative regarding why you think it is a good program.

County Indicators:	County to complete Indicators 1, 2, and 21
<p><b>Indicator 1: Independent Peer/Consumer Operated Programs</b></p>	<p>Is there is at least one independent peer/consumer operated program in your County?</p> <p>1a. Yes____ No__X__</p> <p>1b. If answer above is yes, how many independent peer/consumer operated programs are located in your county? _____</p> <p>If you feel your program(s) is innovative, please attach a brief description regarding why you think it is a good program.</p> <p><u>Definitions:</u>  <b>County</b> encompasses the geographic boundaries for providing mental health services</p> <p><b>Independent Peer/Consumer Operated Program</b> is an organization where primary consumers and survivors form the majority of those in governance, management, and leadership (e.g., budget, policies, procedures, personnel decisions, etc.). The majority of staff who operates the program and delivers direct services consists of consumers/survivors.</p>

ROSI ADMINISTRATIVE DATA PROFILE (Page 2)	
County Indicators:	County to complete Indicators 1, 2, and 21
<b>Indicator 2: ▲ Peer/Consumer Delivered Service Funding</b>	<p>What percent of county program funds are allocated for peer/consumer delivered services?</p> <p>2d. Numerator: For the reporting period, the amount of program funds in the county mental health budget allocated for peer/consumer delivered services:  <div style="text-align: right;">2d. <b>_\$30866 (9 months)</b></div> </p> <p>2e. Denominator: For the reporting period, the total amount of program funds in the county mental health budget:  <div style="text-align: right;">2e. <b>\$2024214</b></div> </p> <p>2f. Indicator: For the reporting period, the percentage of county program funds allocated for peer/consumer delivered services.  (Numerator 2a. divided by denominator 2b.)  <div style="text-align: right;">2f. <b>1.5%</b></div> </p> <p><u>Definitions:</u>  <b>Peer/Consumer Delivered Services</b> include both (a) Independent Peer/Consumer Operated Programs as well as (b) services that may be sponsored by an umbrella organization but are delivered by consumers/ survivors. Examples include paid consumers/ survivors working as peer specialists, support group facilitators, drop-in center staff, case managers, recovery educators, etc. as well as funding for the services, such a consumer drop-in centers, club houses, support groups, etc. This includes Medicaid match funds for such services.</p> <p><b>Allocated funds</b> are those set apart or earmarked for the peer/consumer delivered services.</p>

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<b>ROSI ADMINISTRATIVE DATA PROFILE (Page 3)</b>	
<b>County Indicators:</b>	<b>County to complete Indicators 1, 2, and 21</b>
<b>Indicator 21: Diversion from Criminal Justice System</b>	<p>Does your County have a jail diversion program for adults?</p> <p>21a. Yes____ No__X__</p> <p>If you feel your program(s) is innovative, please attach a brief description regarding why you think it is a good program.</p> <p><u>Definition:</u> <b>Jail diversion programs</b> are programs, for example: mental health court that diverts individuals with a mental illness from the criminal justice system to community-based services. The diversion program should be integrated with existing systems of care and foster collaboration between the systems (criminal justice, mental health and substance abuse).</p>
<b>County Indicators:</b>	<b>County to complete Indicators 5, 9, and 14 by surveying its Providers</b>
<b>Indicator 5: Affirmative Action Hiring Policy</b>	<p>Of those local mental health provider agencies who responded to your survey, how many have an affirmative action hiring policy regarding primary consumers?</p> <p>5a. Numerator: The numbers of responding local mental health provider agencies that have an affirmative action hiring policy regarding primary consumers. 5a. _____</p> <p>5b. Denominator: The total number of responding local mental health provider agencies. 5b. _____</p> <p>5c. Indicator: The percentage of local mental health provider agencies responding that have an affirmative action hiring policy regarding primary consumers. (Numerator 5a. divided by denominator 5b.) 5c. _____%</p> <p><u>Definition:</u> <b>Local mental health provider agencies</b> are the legally established</p>

	<p>organizations where people go to get mental health services or treatment.  <b>This information is not available. Agencies do have employees who are mentally ill but they are not singled out as such.</b></p>
<p><b>ROSI ADMINISTRATIVE DATA PROFILE (Page 4)</b></p>	
<p><b>County Indicators:</b></p>	<p><b>County to complete Indicators 5, 9, and 14 by surveying its Providers</b></p>
<p><b>Indicator 9: Local Agency Recovery Oriented Mission Statement</b></p>	<p>Of those local mental health provider agencies who responded to your survey, how many have a mission statement which explicitly includes a recovery orientation?</p> <p>9a. Numerator: The number of local mental health provider agencies responding whose mission statement includes a recovery orientation.  9a. <u>  2  </u></p> <p>9b. Denominator: The total number of responding local mental health provider agencies.  9b. <u>  6  </u></p> <p>9c. Indicator: The percentage of local mental health provider agencies responding whose mission statement explicitly includes a recovery orientation.  (Numerator 9a. divided by denominator 9b.)  9c. <u> 33 </u>%</p> <p><u>Definition:</u>  <b>Local mental health provider agencies</b> are the legally established organizations where people go to get mental health services or treatment.</p>

<b>ROSI ADMINISTRATIVE DATA PROFILE (Page 5)</b>	
<b>County Indicators:</b>	<b>County to complete Indicators 5, 9, and 14 by surveying its Providers</b>
<b>Indicator 14: Consumer Representation on Local Boards</b>	<p>Of those local mental health provider agencies who responded to your survey, how many disclosed primary consumers (unduplicated) serve on their governing boards?</p> <p>14a. Numerator: For the reporting period, the number of disclosed primary consumers (unduplicated) who serve on governing boards of responding local mental health provider agencies.</p> <p style="text-align: right;">14a. _____</p> <p>14b. Denominator: For the reporting period, the total number of governing board members (unduplicated) of responding local mental health provider agencies.</p> <p style="text-align: right;">14b. _____</p> <p>14c. Indicator: For the reporting period, the percentage of governing board membership that are primary disclosed consumers of responding local mental health provider agencies. (Numerator 14a. divided by denominator 14b.)</p> <p style="text-align: right;">14c. <u>  0  </u>%</p> <p><u>Definitions:</u> A <b>disclosed primary consumer</b> is a person who is open about having received psychiatric treatment/mental health services and/or managing significant mental health problems</p> <p><b>Local mental health provider agencies</b> are the legally established organizations where people go to get mental health services or treatment.</p>

