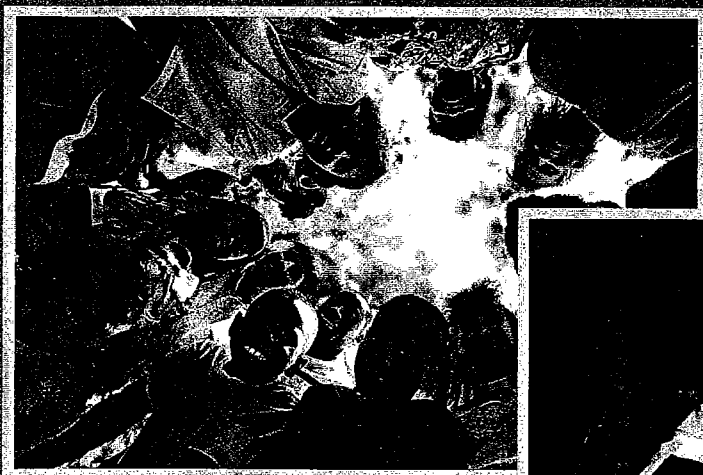


Voices, Values and Vision

*Recommendations for Action
from the Special Task Forces
2001*



Final Report – 1999 Needs Assessment

Voices, Values and Vision

Recommendations for Action

from

The Special Task Forces

March 2001

Final Report from the 1999 Study Sponsored By:

Centre County Community Foundation
Centre County Council for Human Services
Centre County Government
Centre County United Way
The John S. and James L. Knight Foundation
The Pennsylvania State University
The Borough of State College

Produced by:

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VOICES, VALUES AND VISION
March 2001

INTRODUCTION

In 1999, the Needs Assessment Task Force concluded a two-year study of human service needs in Centre County. A copy of this report, titled *Voices, Values and Vision from the Public and Human Service Professionals*, is available from the Centre County United Way. An analysis of the data collected indicated that the most severe needs in Centre County fall into five categories:

Children and Youth
Those in Personal Crisis
Employment and Health Care
Transportation
Shelter Care

The Task Force recommended that a separate task force of professionals, experienced volunteers, and representatives of funding agencies be organized around each of the five needs. Their charge was to:

- assess the origins of the problem and identify those most likely to have unmet needs;
- review existing programs and identify success and areas needing improvement;
- recommend specific ways resources can be increased to meet the need;
- propose structural and programmatic innovations that would help meet the need; and
- suggest specific steps by which changes could be made.

The five task forces were organized in 2000 under the leadership of the United Way Board. Each task force worked diligently and met numerous times. They identified the key issues and developed specific recommendations for both the public and private sector, which are summarized in the pages that follow.

There are several themes that cut across the recommendations of all task forces. That these issues recur so often is an indicator of the need for special attention.

1. Needs can be met more effectively if there is greater coordination among public and private agencies offering similar or allied services;
2. Low income residents in rural areas of the county are especially challenged in accessing human services;
3. Low-cost early intervention or preventive services are needed to prevent problems from escalating to the point of requiring high-cost services;
4. Continuously educating and informing key leaders on the most severe needs, and services to meet them, is essential to achieve Task Force goals;
5. Offering human services during non-traditional hours is key to success in meeting many of the severe needs;

6. Resources need to be devoted to attracting, training, and retaining qualified staff;
7. There is an overwhelming need for affordable housing, as well as transportation, for low-income working families.

The five task forces have, to the extent possible, formulated recommendations that require little or no funding increases. Meeting needs can be achieved by shifting emphases, reorganization, and cooperative ventures. However, a number of needs cannot be met without new funds. One way of increasing funds to meet severe needs would be to designate a high portion (80%-90%) of new funds for severest needs. In the case of government, designation means allocating efforts to applying for new sources of funds.

Designating new funds or applying for new funds is a relatively painless way to fund severe human service needs. While it increases the work of those allocating and applying for funds, it does not substantially decrease funding for clients. We recommend that County and Borough Government, and Centre County Community Foundation form a council or committee dedicated to identifying new sources of funding and formulating a plan for dedicating new funds toward severest needs. This committee or council should report on the change in funding for severe needs on an annual basis.



Alan Booth, Co-Chair
1999 Needs Assessment Task Force



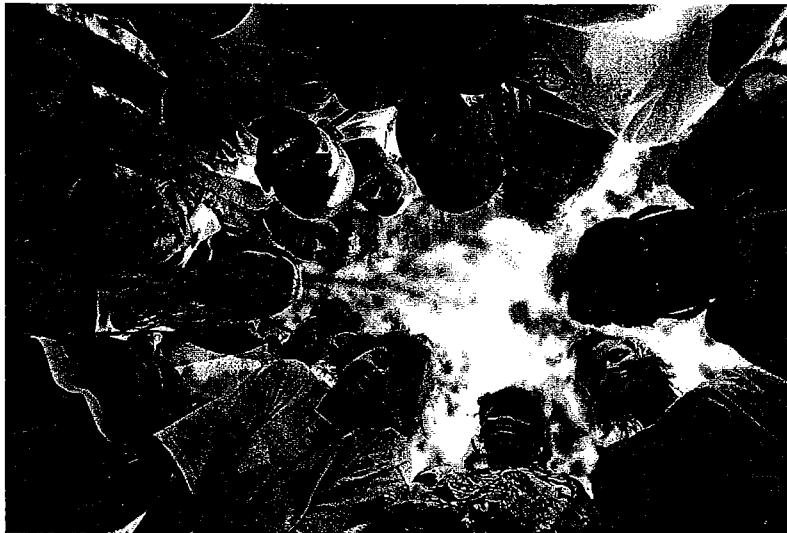
Mildred Cornelison, Co-Chair
1999 Needs Assessment Task Force

Glossary

FREQUENTLY-USED ABBREVIATIONS

- ABRAXAS – Drug and alcohol long-term treatment center
- BB/BS – Big Brother/Big Sister program of the Centre County Youth Service Bureau
- CATA – Centre Area Transportation Authority
- CDBG – Community Development Block Grant program of State College Borough
- CDFC – Child Development and Family Council of Centre County, Inc.
- CTC – Communities That Care (youth-serving initiatives in Centre Region and Centre County)
- D&A – Centre County Office of Drug and Alcohol
- MH/MR – Centre County Office of Mental Health and Mental Retardation
- MPO – Metropolitan Planning Organization
- PICCC – Private Industry Council of Centre County, Inc.
- Skills – Skills of Central Pennsylvania, Inc.

Recommendations for Children and Youth



CONCLUSIONS FROM THE ORIGINAL NEEDS ASSESSMENT STUDY

Greatest priority was placed on issues impacting the lives of Centre County's children and youth. More services and resources appear to be needed for the care of children whose parents are working or going to school, children in need of adult role models, and children who are abused and/or neglected.

**CHILDREN AND YOUTH TASK FORCE
COMMITTEE MEMBERSHIP**

Norma Keller, Task Force Chair
Centre County Youth Service Bureau

Eleanor Beaver, Centre County United Way

Kathy Clayton, Strawberry Fields, Inc.

Dennis Ditmer, State College Family YMCA

David Immel, Centre County Prison
Centre County United Way Board Liaison

Tom King, State College Police Chief

Mary Ellen Sabatino, Bellefonte Area School District

Julie Segal, Centre County MH/MR Program

Ann Walker, Centre County Child Development and Family Council

Terry Watson, Centre County Children and Youth Services

CHILDREN AND YOUTH TASK FORCE

ISSUE (Critical Needs)	RECOMMENDATIONS	
	Public Sector	Private Sector
Insufficient adoptive and foster care homes to meet current, local needs	<ul style="list-style-type: none"> • Centre County Children and Youth Services continues to raise community awareness through public speaking, advertising, and other recruitment methods • A committee of county service providers continue their current exploration of local therapeutic foster care and small group residential services for children and youth with severe mental health issues 	<ul style="list-style-type: none"> • Private children and youth providers continue to sensitize community leaders and the public about the continuing, serious need for more adoptive and foster care homes • Local groups invite speakers, include articles in newsletters, etc. helping to publicize foster care programs
Insufficient professionally supervised one-to-one mentoring relationships available to meet early intervention/delinquency prevention needs through Big Brother/Big Sister (BB/BS) Program	<ul style="list-style-type: none"> • Support Communities That Care (CTC) Initiatives, which further document the need for increased mentoring services; provide a letter of endorsement to the CTC as they work to expand the BB/BS Program through state funding • Inform County Commissioners and State College Borough CDBG Program of needs assessment findings which document the need to expand mentoring services; request consideration of additional funding and/or funding sources 	<ul style="list-style-type: none"> • Raise funds in support of BB/BS special activities and education funds; sponsor activities for children and for youth participants in BB/BS; encourage community volunteer to become mentors • Inform Centre County United Way of needs assessment findings which support the need for expanded mentoring opportunities; request consideration of additional funding and/or funding sources
Insufficient resources to address the critical needs of children with severe mental, behavioral or emotional problems	<ul style="list-style-type: none"> • Consider school co-funding of school-based mental health initiatives to supplement current County Mental Health/Mental Retardation programs • Submit written communication to County MH/MR Advisory Board and County Commissioners, documenting the severity of needs identified in needs assessment review process and urging support of expanded resources for these children 	<ul style="list-style-type: none"> • Increase participation of agencies and organizations in needs-based planning process conducted by county programs to publicly consider the needs of these children • Support community initiatives to expand short-term and long-term family counseling opportunities including written support for upcoming CTC proposals submitted to PA Commission on Crime and Delinquency • Encourage local businesses and organizations to underwrite the expense of specialized services for children with severe mental health issues

Children and Youth Task Force (cont'd)

ISSUE (Critical Needs, cont'd)	RECOMMENDATIONS	
	Public Sector	Private Sector
Insufficient services and resources for children and families in need of quality, affordable, accessible child care while parents work, attend school/training, and/or receive rehabilitation services; insufficient services and resources for child care during non-traditional work hours/days/weeks	<ul style="list-style-type: none"> • Increase access to public schools facilities and use of school-based transportation for on-site child care when there is a demonstrated need • Support Centre Region and Centre County CTC initiatives to fund private providers who will address parent education and child care issues • Support County planning grant focused on "Building a Quality, Comprehensive Child Care System" led by Child Development & Family Council (CDFC) • Increase short and long term supplemental funds to support child care for parents pursuing training/education programs and/or rehabilitation services 	<ul style="list-style-type: none"> • Increase supplemental resources for CDFC's Child Care Safety Net Program through Centre County United Way and Centre County Community Foundation • Support new County Early Child Care and Education Initiative led by CDFC in partnership with Centre County United Way • Support Early Childhood Consulting On-Site (ECCO) lead by Infant Evaluation Program
Insufficient community-based specialized treatment services for sexually offending youth	<ul style="list-style-type: none"> • Support current Children and Youth, MH/MR, and Juvenile Probation efforts to develop in-county specialized treatment services using in-county providers • Support Centre County Children and Youth Services commendable efforts to maintain ongoing contact with victims and their families, offering support services at several intervals after the abuse has occurred in an effort to break the cycle of abuse 	<ul style="list-style-type: none"> • Make the placement of mentors with victims very high priority in Big /Sister Program placements
Insufficient aftercare resources for youth returning from drug/alcohol treatment, including intensive out-patient and case management services	<ul style="list-style-type: none"> • Collaborate with In-School Probation Officers and consider their potential involvement in the delivery of services • Extend length of court-assigned probation services when appropriate to ensure that returning youth participate in important aftercare services • Encourage County D&A Program to establish a case manager position dedicated to youth aftercare programming 	<ul style="list-style-type: none"> • Convene a task force to address complex roadblocks which have impeded the County's ability to provide comprehensive, easily accessible programming • Refer youth to Juvenile Mentoring Program (JUMP), a court-sponsored division of the Big Brother/Sister Program aftercare programming

Children and Youth Task Force (cont'd)

ISSUE (Important Needs)	RECOMMENDATIONS	
	Public Sector	Private Sector
Insufficient resources for dental, orthodontic, and vision care	<ul style="list-style-type: none"> Inform the Centre County Commissioners that these serious, unmet health needs persist despite previous local efforts 	<ul style="list-style-type: none"> Local Child Care Planning Initiative Task Force on Health, Safety, and Nutrition further explore this issue, develop a resource inventory, review the extent of need, and determine service barriers
Insufficient preventive services focused on child rearing techniques and prevention of family management and family conflict issues	<ul style="list-style-type: none"> Support Communities That Care (CTC) proposals to PA Commission on Crime and Delinquency intended to fund private providers who will increase the use of currently certified 'Parents as Teacher' instructors to provide this valuable preventive service 	<ul style="list-style-type: none"> Support Early Childhood Initiative currently under consideration by CDFC and Centre County United Way Reconvene local 'Parent Educators' group to coordinate and collaborate on their respective efforts
Insufficient early intervention counseling services for children, youth, and families who experience serious family management problems and family conflict	<ul style="list-style-type: none"> Support CTC proposal to PA Commission on Crime and Delinquency to fund private providers to offer no cost/low cost counseling programs to resolve problems that might otherwise lead to entry into the child welfare, mental health, and court systems 	<ul style="list-style-type: none"> Private sector groups could underwrite proven early intervention counseling designed to help children before they must be referred to formal public programs
Insufficient opportunities for at-risk youth to benefit from specialized programming addressing recreational and personal/social growth needs	<ul style="list-style-type: none"> Explore the development of additional school-based activities during non-classroom hours targeted at at-risk youth 	<ul style="list-style-type: none"> Support groups such as Stand for Children as they work with others to establish a local Skatepark Develop delinquency prevention programs that would be available on-site at the Skatepark Support more community-based activities during non-school hours targeted at at-risk youth

Children and Youth Task Force (cont'd)

ISSUE (Basic Needs)	RECOMMENDATIONS	
	Public Sector	Private Sector
Inadequate public awareness of the many local services which provide advocacy with legal, educational, and/or human service issues	<ul style="list-style-type: none"> • Inform all public and private providers of health, legal, education, and human services for children and youth of the perception that more services are needed • Encourage all service providers to review and expand their public education efforts to ensure that children, youth and families are more aware of service opportunities 	<ul style="list-style-type: none"> • Increase public awareness of advocacy services through media services, public meetings, newsletters and other efforts

(Also see: Appendix I. Children and Youth: Public Perceptions/Current Resources/Service Needs)

Recommendations
for
Those in Personal Crisis



CONCLUSIONS FROM THE ORIGINAL NEEDS ASSESSMENT STUDY

Greater efforts and funds need to be devoted to individuals and families facing personal crises. This includes services for disaster victims, and shelter for special populations such as victims of domestic violence, the mentally ill, and individuals with drug and/or alcohol abuse issues.

**PERSONAL CRISIS TASK FORCE
COMMITTEE MEMBERSHIP**

Bobbi Bronstein, Task Force Chair
Housing Transitions, Inc.

Anne Ard
Centre County Women's Resource Center

Val Barner
Centre County Office of Mental Health and Mental Retardation

Virginia Brown
American Red Cross – Centre Community Chapter

Brenda Fry
Centre County Can Help
Meadows Psychiatric Center

Tammy Gentzel
WellSpring, Inc.

Dennis Heitzman
Penn State University

Cindy Pasquinelli
Strawberry Fields

John Yeager, United Way Board Liaison
Murata Electronics

PERSONAL CRISIS TASK FORCE

Overall gaps, limitations, and unmet needs:

- Lack of long-term affordable housing was one of the highest priorities for all five task forces
- Limitations imposed by State and Federal Guidelines
- Time limitations of other funding sources
- Lack of employment options for clients (supervised and otherwise)
- Lack of child care options
- Lack of dollars for long term chronic Mental Health/Mental Retardation clients (e.g., therapy, medication, monitoring, and the staff to do this in the community)
- Inadequate supervision to serve clients in less restrictive settings
- Inadequate resources to serve clients with a criminal history, violent behaviors, Drug & Alcohol clients, and clients who are non-compliant

General recommendations emerging from Task Force deliberations:

- Increase private donations to the individual agencies, to the United Way Campaign, and to the Centre County Community Foundation
- Increase collaboration among community agencies and government entities
- Increase housing and employment options for clients with long term needs
- Increase grant writing opportunities and the skills necessary to write them

CLIENT ISSUES	RECOMMENDATIONS	
	Public Sector	Private Sector
<p>Current programs are unable to serve clients with limited abilities in sheltered setting</p> <p>Current programs can only help those clients with mild to moderate problems</p> <p>Current programs cannot provide a quick response to personal crisis to avoid long-term system use.</p>	<ul style="list-style-type: none"> • Additional funding for MH/MR clients for the Choice Rental Assistance Program, Shelter Plus Care Program, and Community Residential Rehab Program • Centre County Office of Adult Services, Office of Aging, and Base Service Unit work in conjunction with Social Security to develop and fund a representative payee program for clients unable to manage their own resources • Shelter and housing providers conduct a survey of existing public and private providers to determine if another type of shelter should be created to serve clients who do not qualify for existing services 	<ul style="list-style-type: none"> • Request Centre County Community Foundation create a fund to help those who, for whatever reason, fall through the "cracks" and are not eligible for help through traditional sources • Shelter and housing providers conduct a survey of existing public and private providers to determine if another type of shelter should be created to serve clients who do not qualify for existing services
<p>Develop a screening system to determine the appropriateness or triage of clients</p>	<ul style="list-style-type: none"> • Develop a collaborative centralized screening system -- phone or face-to-face, or within each agency 	

Personal Crisis Task Force (cont'd)

CLIENT ISSUES (Cont'd)	RECOMMENDATIONS	
	Public Sector	Private Sector
Clients with chronic MH/MR needs who are non-compliant with program rules and regulations	<ul style="list-style-type: none"> Establish a public/private committee to find solutions for clients who are non-compliant or who have chronic needs 	<ul style="list-style-type: none"> Establish a public/private committee to find solutions for clients who are non-compliant or who have chronic needs
Length of stay/treatment limited by funding or regulations	<ul style="list-style-type: none"> Work with providers and funders to allow flexibility on case-by-case basis 	
Clients with mild to moderate issues experiencing delays in receiving services	<ul style="list-style-type: none"> MH Professionals work together to provide services more quickly for mild to moderate need consumers 	<ul style="list-style-type: none"> MH Professionals work together to provide services more quickly for mild to moderate need consumers
Provide clients with chronic MH/MR needs with additional therapy options	<ul style="list-style-type: none"> Recruit more therapy specialties to the area 	<ul style="list-style-type: none"> Centre Community Hospital or the Meadows could evaluate the need to set aside a room for a 24-hour observation facility for clients who do not need immediate hospitalization but should not return to their home without being monitored
Limited services for clients from the prison system, and lack of services for those who have committed a crime of violence or crime of a sexual nature	<ul style="list-style-type: none"> Establish a halfway house in conjunction with Parole and Probation and Centre County Prison Develop programs with prison staff that could come online with the new prison 	
Difficulties working with non-county and international clients	<ul style="list-style-type: none"> Work with PSU international group, faith community to help internationals work through challenges of America and Centre County Create centralized file with information on services (medical, citizenship, etc.) for non-county and non-country clients 	<ul style="list-style-type: none"> Support creation of centralized file with information on services (medical, citizenship, etc.) for non-county and non-country clients

Personal Crisis Task Force (cont'd)

EMPLOYMENT ISSUES	RECOMMENDATIONS	
	Public Sector	Private Sector
Job opportunities and options for clients (under educated, under skilled, returning homemakers, and MH/MR clients)	<ul style="list-style-type: none"> Encourage clients to work with State Job Center to help find jobs -- on-line and in person 	<ul style="list-style-type: none"> Encourage private employers to develop training and mentoring programs
Training for better jobs	<ul style="list-style-type: none"> Encourage PICCC, school districts, South Hills Business School to become more involved in the area of training programs for all levels of ability 	<ul style="list-style-type: none"> Encourage PICCC, public schools, South Hills Business School to become more involved in the area of training programs for all levels of ability
Lack of Job Coaching programs	<ul style="list-style-type: none"> School districts establish programs to help clients with limited abilities or clients re-entering the work force acquire skills to support themselves and their families 	<ul style="list-style-type: none"> PICCC, Skills, and business community should meet to develop a strategy to create a funding stream for a job coaching program to help clients with limited ability be productive South Hills Business School establish programs to help clients with limited abilities or clients re-entering the work force acquire skills to support themselves and their families

TRANSPORTATION ISSUES	RECOMMENDATIONS	
	Public Sector	Private Sector
Lack of public transportation in outlying areas for weekend and evening travel for work		<ul style="list-style-type: none"> Meet with representatives of the business community to discuss contribution to CATA for more bus runs to solve employee attendance problems
Need for funding to purchase cars in running condition and car insurance so low income people in outlying areas can commute to jobs	<ul style="list-style-type: none"> County could apply for additional funds through the State and Federal governments for cars and insurance 	

Personal Crisis Task Force (cont'd)

CHILD CARE ISSUES	RECOMMENDATIONS	
	Public Sector	Private Sector
More subsidized daycare	<ul style="list-style-type: none"> Pool government and private dollars to fund childcare 	<ul style="list-style-type: none"> Pool private and government dollars to fund childcare
Evening and weekend childcare for working families	<ul style="list-style-type: none"> Local school systems need to develop a course to expand the base of and the training of potential childcare providers 	<ul style="list-style-type: none"> Pool private and government dollars to fund childcare
Employer on-site daycare		<ul style="list-style-type: none"> Major employers should explore funding for on-site daycare

FUNDING ISSUES	RECOMMENDATIONS	
	Public Sector	Private Sector
Limited funding for all agencies	<ul style="list-style-type: none"> Look for new funding opportunities Research grants and government requests for funding 	<ul style="list-style-type: none"> Work to increase contributions to United Way, Centre County Community Foundation, and individual agencies
Funding to purchase medications Funding for medical, dental and vision needs for uninsured		<ul style="list-style-type: none"> Work with United Way, the Centre County Community Foundation, and other private foundations to establish a pool of money for prescriptions, medical, dental, and vision needs Contact Four Diamonds Fund at Hershey to see if these needs would be an appropriate use of their fund

STAFF ISSUES	RECOMMENDATIONS	
	Public Sector	Private Sector
Low pay/high turnover Limited staff supervision Few opportunities for advancement Minimal raises Staff morale	<ul style="list-style-type: none"> Make education of the importance of the human service jobs a priority for local funders and legislators 	<ul style="list-style-type: none"> Talk to businesses and employment agencies for help with staff training and motivation Contact Penn State for help from Human Resources and the College of Business
Recruitment, training and retention programs for new and ongoing volunteers	<ul style="list-style-type: none"> Network with public and private agencies that successfully retain and utilize volunteers Contact school districts Community Service Projects 	<ul style="list-style-type: none"> Network with public and private agencies that successfully retain and utilize volunteers Network with AT&T Volunteer Center on campus and with the Volunteer Center

(Also see: Appendix II. Personal Crisis Services Continuum)

Recommendations
for
Employment and Health Care



CONCLUSIONS FROM THE ORIGINAL NEEDS ASSESSMENT STUDY

There is a need for jobs that pay more than minimum wage and provide benefits such as health insurance. With the absence of health insurance, there is a need for low-cost health care and preventive services so those with modest incomes can obtain needed medical care.

**EMPLOYMENT AND HEALTH CARE TASK FORCE
COMMITTEE MEMBERSHIP**

Mildred Cornelison, Task Force Chair
Retired, Centre County Office of Human Services Planning

Mike Baron
Pennsylvania Job Center at Philipsburg

Grace Derr
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Pam Strouse
Private Industry Council of Centre County

Susan Youtz
Penn State University

EMPLOYMENT AND HEALTH CARE

ISSUE	RECOMMENDATIONS	
	Public Sector	Private Sector
Many part-time and full-time minimum wage jobs carry no health insurance coverage	<ul style="list-style-type: none"> • Work together with the public sector, health professionals, the faith community, charitable foundations, education institutions and other community stakeholders on a community health care collaborative model 	<ul style="list-style-type: none"> • Work together with the private sector, health professionals, the faith community, charitable foundations, education institutions and other community stakeholders on a community health care collaborative model
Men, especially in low-income rural areas, are working but have no health coverage and are not eligible for Medicaid or Medicare	<ul style="list-style-type: none"> • Work together with the private sector to create a mobile preventive health care unit to visit workplaces, rural areas, shopping centers, and heavily populated low-income areas to provide basic health care services and make referrals to appropriate providers 	<ul style="list-style-type: none"> • Work together with the public sector to create a mobile preventive health care unit to visit workplaces, rural areas, shopping centers, and heavily populated low-income areas to provide basic health care services and make referrals to appropriate providers
Services available to uninsured low-income workers are inadequate and/or unaffordable	<ul style="list-style-type: none"> • Work together with the private sector to create a mobile preventive health care unit to visit workplaces, rural areas, shopping centers, and heavily populated low-income areas to provide basic health care services and make referrals to appropriate providers 	<ul style="list-style-type: none"> • Work together with the public sector to create a mobile preventive health care unit to visit workplaces, rural areas, shopping centers, and heavily populated low-income areas to provide basic health care services and make referrals to appropriate providers
Employers with excellent intentions are not able to provide health coverage benefits to workers without driving up costs of their services and products to uncompetitive levels		<ul style="list-style-type: none"> • Invest in the community health care collaborative to buy into the most basic of health care and prescriptive needs programs for all employees
Public views health care employment benefits as an entitlement, and is only aware on an intellectual level of the problems of increased costs to employers	<ul style="list-style-type: none"> • Work together with the private sector to support efforts to educate the public as to what escalating health care costs mean to employers 	<ul style="list-style-type: none"> • Work together with the public sector to support efforts to educate the public as to what escalating health care costs mean to employers
Centre Community Hospital does not receive federal funding for "charity care." When the existing \$1 million fund being used to provide preventive and primary health care to qualifying uninsured residents is expended, there is no assurance this care will continue at Centre Community.	<ul style="list-style-type: none"> • Work together with the private sector to establish a fund to assist individuals and/or families facing financially catastrophic health care needs 	<ul style="list-style-type: none"> • Work together with the public sector to establish a fund to assist individuals and/or families facing financially catastrophic health care needs

Recommendations for Transportation



CONCLUSIONS FROM THE ORIGINAL NEEDS ASSESSMENT STUDY

Transportation for the elderly, handicapped, and rural residents is needed so they can access health care and other human services, or travel to and from work.

**TRANSPORTATION TASK FORCE
COMMITTEE MEMBERSHIP**

Tammy Gentzel, Task Force Chair
WellSpring, Inc.

George Bugyi, United Way Board Liaison
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Penn State University Transportation Services

Jack Shannon
Board of Supervisors, Rush Township

TRANSPORTATION TASK FORCE

The Centre County populations with greatest needs are:

Working poor who have unexpected and unmanageable transportation repair or maintenance costs (e.g., higher gas prices).

Elderly and disabled persons who cannot drive themselves.

Youth and disabled persons enrolled in employment transition programs.

Commuters in need of reliable, consistent and flexible carpool matching programs.

The problem areas associated with these population groups are:

Lack of consistent, reliable services for special populations: working poor, elderly, and disabled especially those living in outlying and rural areas and for out of county services.

Lack of coordinated municipal services across the county as a result of municipal fragmentation.

Inadequate infrastructure to deal with intra-municipal and inter-municipal transportation issues: commuters, parking, etc.

Inequitable state funding formulas for public transportation services in rural communities.

ISSUE	RECOMMENDATIONS	
	Public Sector	Private Sector
Transportation roadblocks created by fragmentation of local governments	<ul style="list-style-type: none"> • Transportation Council of key stakeholders, including human service providers, within the Metropolitan Planning Organization (MPO) to coordinate county wide transportation planning 	
Transportation roadblocks created by fragmentation of human services	<ul style="list-style-type: none"> • Safety net of coordinated human services to address county transportation needs for issues addressed by all five task groups. 	<ul style="list-style-type: none"> • Fund administrative and direct service costs associated with coordination
Service for the elderly, handicapped, and rural residents that would provide access to health care and other human services, or travel to and from work.	<ul style="list-style-type: none"> • Agencies and county and local governments provide increased: <ul style="list-style-type: none"> • Car-pool matching • Shared ride programs • Volunteer Provide-a-Ride service • Short term vehicle loan programs • Subsidized car repair • Subsidized auto purchase • Transportation vouchers 	<ul style="list-style-type: none"> • Work with United Way and Centre County Community Foundation to increase funding for innovative and flexible alternative programs such as: <ul style="list-style-type: none"> • Shared ride programs • Volunteer Provide-a-ride service • Short term vehicle loan programs • Subsidized car repair • Subsidized auto purchase
More innovative programs to serve low-income, elderly and disabled individuals and families	<ul style="list-style-type: none"> • Transportation vouchers • Short-term vehicle loans • Low-cost loans • Subsidized car repair 	<ul style="list-style-type: none"> • Short-term vehicle loans • Low-cost loans • Subsidized car repair

Transportation Task Force, cont'd

ISSUE	RECOMMENDATIONS	
	Public Sector	Private Sector
Working poor have unexpected and unmanageable transportation repair or maintenance costs (e.g., higher gas prices)	<ul style="list-style-type: none"> Agencies and county and local governments provide increased: <ul style="list-style-type: none"> Car-pool matching Shared ride programs Short term vehicle loan programs Subsidized car repair Subsidized auto purchase Transportation vouchers 	<ul style="list-style-type: none"> Businesses support flexible park and ride programs, worker ride-match programs, and subsidized transportation costs for transition-to-work program participants
Inadequate infrastructure to deal with intra-municipal and inter-municipal transportation issues such as commuters and parking	<ul style="list-style-type: none"> Public sector support for a program to provide reliable, consistent and flexible county-wide car-pool matching 	<ul style="list-style-type: none"> Citizens use public transportation and shared-ride programs whenever possible Businesses support flexible park and ride programs, car pool and worker ride-match programs
Inequities in Pennsylvania's public transit funding formulas which favor urban areas	<ul style="list-style-type: none"> Work with MPOs and Local Development Districts to address these inequities 	
Small local municipalities cannot generate the required local match for state/federal transportation grants	<ul style="list-style-type: none"> County funding of local match for at least a minimal level of public transportation to rural areas 	
Need for long-range plan encompassing new technology and innovative solutions to rural transportation issues	<ul style="list-style-type: none"> Key stakeholders group make recommendations to the full MPO regarding allocation of resources, pursuit of new programs, support of existing programs, impact of the development of Corridor O and I-99 on transportation gaps across the county, and coordination with other MPOs and Local Development Districts 	

(Also see: Appendix III. Transportation Task Force Discussion)

Recommendations
for
Shelter and Housing



CONCLUSIONS FROM THE ORIGINAL NEEDS ASSESSMENT STUDY

Nursing home care is needed for some low-income elderly, while others need support services to enable them to remain independent; affordable housing is needed for low-income persons; and temporary shelter needs to be provided to adults and families in crisis situations.

**SHELTER & HOUSING TASK FORCE
COMMITTEE MEMBERSHIP**

Membership is comprised of public and private funders, housing developers, representatives of local government, human service providers, and representatives from Centre County United Way.

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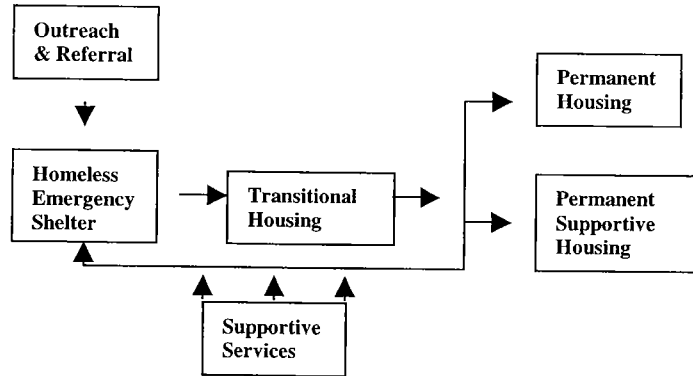
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SHELTER AND HOUSING TASK FORCE

HOUSING CONTINUUM MODEL

IDENTIFIES CURRENT SHELTER SERVICES & HOUSING OPPORTUNITIES



*For a visual method of segmenting existing programs/services, and distinguishing the distribution of resources along the housing continuum, please see Appendix IV.

Emergency Shelter

Short-term housing for homeless families and individuals, victims of domestic violence, and runaway youth

CAUSES AND LIMITATIONS

Existing shelter services/programs are typically denied to:

- ❖ Mental Health (MH) consumers with acute mental health service needs requiring intensive supervision;
- ❖ Persons who have a dependency on and are actively using drugs or alcohol (D&A consumers);
- ❖ Persons being released from prison with criminal histories that include conviction for a crime of violence or a crime of a sexual nature;
- ❖ Transients and persons wishing to relocate to Centre County without employment or resources.

Public funding for the operation of existing shelters remains limited. Lack of new funding sources creates difficulty in creating new service initiatives.

RECOMMENDATIONS

- Local professionals within mental health and drug and alcohol agencies, along with shelter providers, explore:
 - ❖ The development of a pilot project that would expand the service capacity of existing shelters to benefit consumers who may have been deemed ineligible. Additional staffing and support services would be required.
 - ❖ The development of specialized emergency shelter services providing immediate response for the residential needs of homeless Mental Health (MH) or Drug and Alcohol (D&A) consumers who do not meet designated thresholds for hospitalization.
- Community shelter/housing case management services and criminal justice professionals should develop a program whereby each has a working knowledge of the opportunities and limitations of the others' services, and the facilities and professionals within each system that can expedite requests for pertinent information. This would address the following service gaps for persons within the criminal justice system:
 - ❖ Those who have been convicted of a specific crime that is cause for denial of service;
 - ❖ Those persons recently released from prison and in need of shelter.
- Explore the following options for those individuals not eligible for present shelter service:
 - ❖ The expansion of the hotel voucher program. Currently the system provides for two or three nights of motel stay. Up to two weeks of motel stay should be considered. A modest increase in funding from existing resources would be necessary.
 - ❖ The development of a new shelter facility for homeless persons who will not participate in a goal oriented program. Resources may be available through the Salvation Army, which has expressed an interest in expansion into Centre County.
- Public and private funding organizations need to be aware of:
 - ❖ Funding has remained flat for the operation of homeless programs and services. To assure present program continuation, as well as addressing above recommendations, funds will need to be identified.
 - ❖ The need for close coordination between public and private funding organizations as to each other's resources and limitations.

Shelter and Housing Task Force (cont'd)

Transitional Housing

A housing option that acts as a "bridge" between emergency shelter and a more autonomous living arrangement with a service limit of between one and two years.

GAPS AND LIMITATIONS

Lack of affordable permanent housing alternatives creates increased demand for existing transitional housing:

Length of stay may not be sufficient to serve families who are enrolled in specific educational or employment programs.

Person ineligible for emergency shelter are also ineligible for transitional housing.

Transitional site development is often restricted due to lack of public transportation near site and public fear of residential "programs"

Uncertain long-term funding and difficulty in attracting qualified entry-level residential staff can threaten program stability

RECOMMENDATIONS

Recommendations requiring the cooperation of the public and private sectors:

- Key community leaders participate in the planning process to encourage the development of affordable permanent housing options.
- Public education in addition to careful planning is necessary when considering placement of a program. Community leaders need to be involved in the initial planning and then willing to "step up" and publicly support programs that are considered essential.*
- Human service organizations should pool efforts to attract and retain employees. Efforts could include joint professional development opportunities geared to entry-level staff and a "career day" that focuses exclusively on human service providers.*
- Funding for transitional housing is largely single-source funding for three to five years, with no guarantee beyond this period. If funding is not renewed, emergency financial assistance or a shift in financial support by local funders should be considered. The creation of an "emergency fund" and establishment of a process to evaluate such a crisis would address this problem.

Recommendations for the public sector to address:

- Transitional housing providers should formally engage funding sources to consider a more flexible approach to length of stay, whereby length of stay requirements would be influenced by the service needs of the consumer.
- Current transitional providers need to be challenged to find a means to serve more persons currently considered ineligible.* This may require referring agencies to share additionally in the program oversight responsibilities. It may require the creation of a new transitional housing program for those individuals not eligible for current services.

*Resources to initiate these recommendations could be available through the Centre County Affordable Housing Coalition and/or the Centre County United Way, and in some cases in conjunction with case management.

Permanent Supportive Housing

A housing option that includes nursing home care, personal care, Family Self-Sufficiency rental assistance for low-income families, on-going rental assistance for special need populations, and supervised living arrangements for special need populations.

GAPS AND LIMITATIONS

Availability of supportive housing services for special needs populations (MH/MR, D&A, criminal justice) is very limited and typically has restrictive qualifications.

Waiting lists persist for developmentally disabled persons seeking in-home support services and community residential placement.

Supportive housing specifically for low-income persons is time limited.

Nursing Home care:

- ❖ A shortage of service exists for the low-income population;
- ❖ Pennsylvania's In-Home Skilled Nursing Care funding structure impedes its use by Centre County residents;
- ❖ Waiting lists exist for Dementia Care in Centre County nursing homes;
- ❖ A total of 714 Skilled Nursing beds are provided by 8 nursing homes. Medicaid certifies only 4 facilities.

Personal Care facilities:

- ❖ Of the 640 personal care beds in Centre County, only 69 are eligible for SSI/Medicaid reimbursement;
- ❖ Only one of 16 Personal Care facilities is specifically designed to provide assisted living to persons with dementia;
- ❖ Placement of persons representing special needs populations is difficult. This is primarily due to the provider's concern that additional staffing may be required.

Administration of permanent supportive housing programs is staff intensive. Paperwork and changing regulations make it difficult to initiate new programs.

RECOMMENDATIONS

(See following page)

Permanent Supportive Housing

RECOMMENDATIONS

- Develop and build a Mainstream and Section 811 housing facility. Resources necessary for this effort would include matching monies from local funders.
- Strategically examine the need to expand additional supportive housing options for low-income and special need populations. Involve housing organizations that are not traditionally seen as supportive housing program/service providers. The Supportive Housing Subcommittee and the Centre County Affordable Housing Coalition could help initiate this action.
- Review and recommend improvements in the reimbursement structure for services delivered to special need populations.
- Nursing Home care:
 - ❖ Rates for services requires review for both inclusiveness of care items and the type of beds certified through the Dept. of Health's determination process;
 - ❖ Reimbursement structures need to be revised to provide a higher level of reimbursement for beds serving special needs populations;
 - ❖ More Alzheimer's/Dementia care beds are needed in Centre County;
 - ❖ Encourage efforts that promote on-going public awareness of services offered by PA's Aging program.
- Personal Care facilities:
 - ❖ There is a need to pursue higher reimbursement levels from the Commonwealth so more low-income persons can afford Personal Care Services;
 - ❖ Pursue the creation of a higher reimbursement structure for special needs Assisted Living Care when additional staffing is required.
- Support the need for adequate staffing level for the administration of supportive housing programs.

Shelter and Housing Task Force (cont'd)

Permanent Housing

Permanent Housing includes First-Time Homebuyer programs, Section 8 Voucher Program, Rural Development, Veteran's Affairs, and Section 42 Housing.

GAPS AND LIMITATIONS

Lack of public/consumer awareness of housing programs that assist lower income families in securing permanent housing. Existing programs can appear to be complicated and often are.

Lack of housing development within certain areas of Centre County, geographical restrictions of funding for homeownership programs, and the rising costs of single-family homes - all contribute to limiting the options available to lower-income families seeking home ownership.

A lack of community awareness, misinformation, and fear of unchecked sprawl hinders the development of rental housing that targets lower-income families.

Lack of developable land within the State College Borough is an impediment to the creation of housing stock that would benefit families seeking affordable housing.

Lack of funding to provide security deposits assistance, the growing list of landlords unwilling to accept Section 8 vouchers, and market rents influenced by PSU student housing needs, all make it difficult for working persons with lower incomes to live within the Centre Region.

RECOMMENDATIONS

- Develop a booklet listing the various permanent housing programs. This Booklet will include standard information on each program available within Centre County.
- Establish an ongoing permanent housing committee that will meet at least every six months to discuss service gap issues. In addition this group could provide input on regional planning issues relating to housing development.
- The permanent housing committee and housing program/service providers should become more visible within the community. This includes creating opportunities to educate the general public on issues relating to affordable housing.
- Prepare information for distribution at various service agencies (e.g., food banks) and businesses. This information could also be included in the Council for Human Services newsletter.

(Also see: Appendix IV. Housing Services Continuum of Centre County)

Appendices

Appendix I

REPORT OF CHILDREN AND YOUTH TASK FORCE PUBLIC PERCEPTION/CURRENT RESOURCES/SERVICE NEEDS

PUBLIC PERCEPTION OF NEED*	CURRENT RESOURCE INVENTORY	SERVICE NEEDS
<p>1. Children that need protection because they are abused and or neglected. (24)</p>	<p>Centre County Children & Youth Services, Youth Service Bureau's (YSB) Parenting Plus and Youth & Family Services, Family Intervention Crisis Service (FICS), YSB's Stormbreak Shelter, Women's Resource Center Case management, private practice therapists, mandated reporter training.</p>	<p>Need for community-based specialized treatment services to address the needs of sexually offending youth.</p>
<p>3. Children in need of adoption or foster care. (25)</p>	<p>Centre County Children & Youth Services Foster Care Program, YSB's Youth and Family Services and FICS Family Reunification Programs, Heart-to-Heart, Children's Aid Society of Clearfield County, and the Second Mile.</p>	<p>Insufficient foster and adoptive families within Centre County; additional foster care resources are needed.</p>
<p>4. Children and youth needing supervision, positive role models, group experiences, and other healthy outlets that encourage children/youth development or delinquency prevention. (8)</p>	<p>Child Care: Bellefonte and State College YMCA's provide before/after school care and all districts have before and after in-school care; in-school sports programs. Child care is also provided through community-based child care programs and educational facilities. YSB operates youth centers in Bellefonte, Snow Shoe and in Philipsburg YMCA for afterschool child care and there are community opportunities with sports programs, the arts, music dance and drama.</p> <p>Mentoring: Youth Service Bureau's Big Brother Big Sister Program and Youth Centers in Bellefonte, Snow Shoe and outreach in Philipsburg, Second Mile's Friends Fitness Program.</p> <p>Group Experiences: YMCA's in Bellefonte, State College and Philipsburg, Youth Service Bureau's Youth Outreach in Bellefonte, Snow Shoe and Philipsburg, Camp Cadet, DARE, School-based Probation Officer/Police Officer, 4H Programs, Boy/Girl Scouts, Second Mile, Drug and Alcohol Mini-Grant Programs, and Parks & Recreation Programs.</p>	<p>Child Care: Lack of transportation to after school programs; costs; limited coverage, especially in summer months; lack of in-school child care in Bald Eagle Areas Schools (including kindergarten).</p> <p>Mentoring: Loss of funding for Big Brother/ Big Sister has reduced staff from 4 full-time to 2.5 curtailing growth in the program at a time when there is an increased need for this service.</p> <p>Group Experiences: Inadequate coordination and inefficient use of school facilities in afterschool hours; lack of transportation; cost; inadequate resources close to schools; absence of a Skatepark after 8 years of discussion.</p>

PUBLIC PERCEPTION OF NEED*	CURRENT RESOURCE INVENTORY	SERVICE NEEDS
<p>8. Children needing support and/or advocacy with legal, educational and human service issues. (<i>Original #8: People such as children or the disabled who need someone to act on their behalf to ensure that they are treated fairly and receive the services to which they are entitled.</i>) (15)</p>	<p>Central Intermediate Unit Advocacy, Parent Education Network (PEN), Parent Involvement Network (PIN), Educational Advocacy Network (EAN), Special Kid's Network, Family Connections, Educational Law Center, Mid-Penn Legal Services, Guardian Ad Litem, Parent Involvement Network. . Resources for special needs children include: LIFT (Life Independence for Today, Community Resources for Independence, and Voice for Independent Living (VFI).</p>	
<p>11. Children and families in need of health information, prevention services, health care, parenting or daily living skills. (<i>Original #11: People in need of health information, preventative services and health care.</i>) (2)</p>	<p>CHIP (Children's Health Insurance Program), PA Medical Asst., WIC (Women, Infant and Children), EPSDT, Family Health Services, Centre Home Care, PA Health Dept., Youth Service Bureau's Parenting Plus/Baby Connections and D&A Prevention, Head Start, American Red Cross, Aids Project, Well Springs, Center for Alternatives in Community Justice (CACJ) Mediation Program, Can Help Line, Medical Centers, Schools, Doctors, Lions' Clubs, Cooperative Extension, Drop-in Medical Centers, Blue Pages, Phillipsburg Health Education Center.</p>	<p>Medical assistance is not accepted by dentist and orthodontists; vision care coverage is inadequate. Lack of parenting enhancement/ prevention programs such as PAT (Parents as Teachers). Inadequate transportation to access services.</p>
<p>12. Families with children who have severe mental, behavioral or emotional problems and need treatment and support services. (<i>Original #12: Adults and children with severe mental or emotional problems who need treatment, special housing or job training placement.</i>) (21)</p>	<p>For Children/Youth: School-based mental health, Family-Based Mental Health Program, EPSDT Wraparound Services (mobile therapy, therapeutic staff support, behavioral consultation), Student Assistance Programs, Case management, in-patient and out-patient psychiatric services, partial hospitalization, residential programs, CASSP Program with strong community collaboration, and private therapists. For Adults: MH/MR Programs; Counseling, Drop-in Centers, housing subsidy, job training, case management, counseling services, in-patient and out-patient psychiatric services, partial hospitalization, CRR, support groups.</p>	<p>Lack of partial funding commitment from school for school-based mental health initiatives; shortage of community residential facilities; inadequate psychiatric hours available; lack of space within schools for day treatment services; lack of transportation to access services. Inadequate services and inadequate specialized therapists for sexual offenders and reactive attachment disorder (RAD). Inadequate placement options for children and youth with severe mental, behavioral or emotional problems.</p>

Appendix I. Report of Children and Youth Task Force (cont'd)

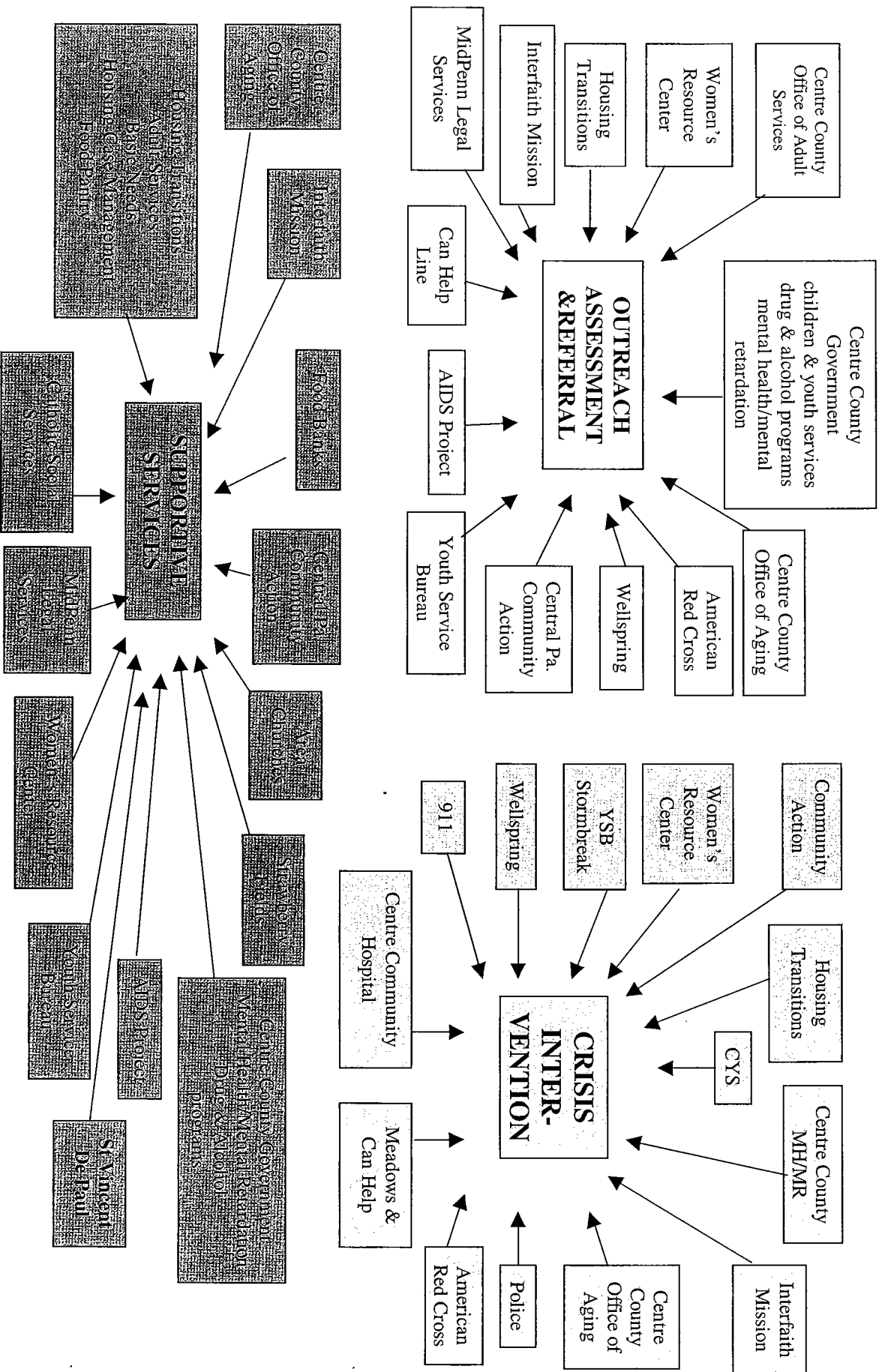
PUBLIC PERCEPTION OF NEED*	CURRENT RESOURCE INVENTORY	SERVICE NEEDS
<p>13. Children who need low cost care while their parents are working or going to school. (1)</p>	<p><u>Financial:</u> County assistance office including TANF, food stamps and training; Child Care Information Services of Centre County (CCIS), DPW subsidy; entry up to 200th percentile and exit up to 235th percentile of Federal Poverty Guidelines (FPG; CDFC, United Way funding of Child Development and Family Council (CDFC) and State College and Bellefonte YMCA's, CDFC's Safety Net Child Care Fund, Stand Together/single parent women at PSU; St. Paul's Pre-school, PSU through OHR, scholarships for PSU employees. Short-term funding through Interfaith Mission, Catholic Social Services and St. Vincent DePaul Society.</p> <p><u>Programs:</u> In Centre County, there are 42 DPW Licensed Day Care Centers, 64 DPW-licensed Family Day Care Homes, and 9 DPW-licensed Group Day Care Homes.</p>	<p><u>Financial</u> 200th percentile entry CAP is too low for Centre County population; requirement to seek child support through Domestic Relations is a deterrent; 25 hr/week work requirement poses problems for those in training/schooling programs; subsidy dollars only cover 12 hours/week class time; funding for single disabled parents is nonexistent; lack of child care funds for mental health clients pursuing outpatient therapy services; lack of significant business support for child care issues.</p> <p><u>Programs</u> Little outreach programming except in Snow Shoe; Little programming in non-traditional hours-evenings, weekends and summer; Inadequate care for children with disabilities; Children in single parent home with disability [12 per year]; Not enough licensed infant spaces.</p>
<p>16. Children and youth needing residential care because they are pregnant, in trouble with the law, have runaway from home or face other personal crises. (27)</p>	<p>Youth Service Bureau's Stormbreak (6 bed); Stepping Stone Transitional Living Program (12 beds); Zerby Gap Familyworks (14 beds); CYS and Probation contracts with statewide resources. Family Reunification services through FICS and YSB's Youth and Family Services Program.</p>	<p>In Centre County, inadequate bed space; inadequate bed space for females; inadequate bed space respite options.</p>
<p>19. Children, youth and families needing counseling to prevent entering children and youth, mental health and juvenile justice systems. (Original #19: Families, adults, and children needing counseling to help them deal with their problems). (3)</p>	<p>Catholic Social Services, Counseling Ministries, Family Intervention Crisis Service/FICS, Penn State's Psych Clinic, Counseling Alternatives Group, CACI Mediation Services, private practice therapists and faith-based program.</p>	<p>Diminished capacity to provide early intervention, community-based individual and family counseling through state/county funded resources; inadequate transportation to access services.</p>

PUBLIC PERCEPTION OF NEED*	CURRENT RESOURCE INVENTORY	SERVICE NEEDS
<p>20. Drug and alcohol dependent youth in need of treatment services, support groups, in-patient, counseling in non-hospital setting or emergency assistance. (<i>Original #20: Drug and alcohol dependent persons who need treatment in a residential setting, rehabilitation, counseling or emergency assistance.</i>) (23)</p>	<p>County-funded and private D & A counselors; student assistance programs, Youth Service Bureau's Probation funded support groups (Phase I and II), Counseling Alternatives Group, Well Spring Crisis Intervention Counseling, Alanon.</p>	<p>Lack of support through groups such as Alateen; inadequate case management; lack of dual diagnosis expertise; lack of an array of aftercare services for youth returning from treatment including case management; inadequate intensive out-patient services; lack of transportation to access services.</p>
<p>23. Individuals of all ages who need recreational, social and personal growth opportunities for the prevention of social and behavior problems. (10)</p>	<p>Bellefonte, Philipsburg and State College YMCA's, community parks and recreation programs, Youth Service Bureau's Drug and Alcohol Prevention Program, Big Brother/Big Sister, JUMP, and Youth Centers in Bellefonte, Snow Shoe and Philipsburg, Second Mile's Friends Fitness Program, 4H Programs, Boy and Girl Scouts, Drug and Alcohol Mini-Grant Programs. after school and faith-based programs.</p>	<p>Major funding losses for Big Brother/Big Sister; absence of Skatepark after many years of planning; inadequate of transportation to access services.</p>

The Task Force worked diligently to develop a comprehensive list of service providers; however, it is recognizes that various programs may have been inadvertently omitted. If you are aware of such an omission, please call it to the attention of Centre County United Way.

- 1) Table A from Voices, Values and Vision rank orders the need statements obtained through the telephone survey of 800 households from the general public.
- 2) Table B from Voices, Values and Vision rank orders the needs statements obtained through the telephone survey of "households with needy inhabitants." The ranking of needy inhabitants appears in parentheses following each needs statements to facilitate the comparison of the general public with those who identify themselves as having needs.
- 3) In some instances, the committee reworded the original statement to focus on children and youth; when this occurs, the original statement appears in italics.

Personal Crisis Continuum



Appendix III

Transportation Task Force Discussion

Transportation issues cannot be considered in a vacuum. Issues affecting the five areas of need identified by *Voices, Values and Vision*, e.g., needs pertaining to children and youth, shelter and housing, transportation, underemployment and healthcare, and people in crisis exacerbate one another. This committee strongly recommends that providers representing each of these areas work together to formulate solutions.

As policy makers allocate resources to these areas, it is important to note the severity of transportation gaps and the barriers they create to accessing medical and mental health care, employment, day care, and adequate nutrition.

The members of this task force recommend that a safety net of coordinated services be developed to address the diversity of transportation needs across the county. With the understanding that the current Metropolitan Planning Organization (MPO) will be expanded to encompass the entire county in the near future, the task force recommends that the MPO create a council comprised of key stakeholders to resolve transportation roadblocks created by fragmented municipal services and fragmented human services. This Transportation Council would be responsible for making recommendations to the countywide MPO regarding allocation of resources, pursuit of new programs, support for existing programs and coordination with other MPOs and Local Development Districts. The initial members of this council should include, but need not be limited to, executives and staff of the Centre County Office of Transportation (CCOT), Centre Area Transportation Authority (CATA), Pennsylvania Department of Transportation (PADOT), all relevant municipal planners, and transportation providers and funders in the social service sector, e.g., Volunteer Center of Centre County and Centre County Public Assistance Office. This task force recommends that the Council on Transportation be charged with:

1. Expansion of existing, outcomes-based programs such as carpool matching, Shared Ride, Volunteer Provide a Ride, and subsidized individual transport and automobile purchase by coordinating existing and advocating for additional resources sufficient to meet existing and future needs.
2. Exploring the development of more innovative programs to serve low-income, elderly and disabled individuals and families such as transportation vouchers, short-term loan vehicles, low-cost loans, and subsidized car repair.
3. Developing a long-range plan that encompasses new technology and innovative solutions to rural transportation issues.
4. Working with other MPO's and Local Development Districts to address the inequities that exist in Pennsylvania's public transit funding formulas.
5. Assessing the impact of the development of Corridor O and Interstate 99 on transportation gaps across the county.

While Pennsylvania has one of the foremost transit assistance programs of any state in the nation, over 90% of the funds go to the Southeastern Pennsylvania Transportation Authority (SEPTA) in the Philadelphia area and Port Authority Transit (PAT) in Allegheny County. The rationale is that 90% of the transit riders are concentrated in these two areas. However, this approach ignores the simple fact that it is much more expensive to transport small groups of passengers who must travel for miles in rural areas than it is to haul thousands of riders for short distances in major urban areas.

Across the remainder of the state there are similar inequities. The formulas that allocate funding among the small urban areas such as State College are largely based on historical precedent, which puts growing areas like ours at a disadvantage. The problem is even more pronounced in the rural areas. The legislation that governs transit assistance programs identifies which counties get funding, and Centre is not among them. As a result, while the residents of Chester Hill in Clearfield County get the benefits of rural transit service, their counterparts across the county line in Philipsburg do not.

These inequities have persisted largely as a result of transit systems' fear of losing any of their existing funding. For instance, the current recipients of rural transit assistance funds have resisted allowing any new areas to join the program, presumably because the more ways the pie gets sliced, the smaller each piece is going to be. Likewise

Transportation Discussion (cont'd)

SEPTA, PAT and certain other transit systems have effectively blocked any consideration of changes to the current funding formula, apparently because they fear the negative consequences of a more up-to-date formula.

In Centre County we have a microcosm of what is happening statewide - the urban area gets the lion's share of the state funding available to support public transportation. It is this committee's understanding that at the time CATA was established there was little interest in public transportation outside of the Centre Region. As a result the program got started under the auspices of the Borough of State College, and was later expanded to include the four surrounding townships. Meanwhile the CCOT has evolved into the provider of special needs transportation.

Overcoming the present institutional and financial barriers will be a very challenging proposition, for several reasons. On the governance side, simply expanding CATA to countywide would require a reorganization of the Transit Authority, CATA's policy-making body. Where now each member municipality simply appoints one Board member, some structure would have to be developed to provide for representation from the 20+ municipalities outside of the Centre Region. Increasing the size of the CATA policy body would also diminish the influence of the individual members, which could be seen as a significant negative by the incumbents.

In 1997, the majority Commissioners and the CATA Board attempted to merge the CCOT and CATA. Barriers ranging from institutional, to organizational culture, to political, to economic differences in the two groups prevented any substantive progress. Overcoming the present barriers will prove to be challenging. The issue of representation equitable or at least satisfactory to all participants must be addressed. Finally, issues related to labor, contracted services, pay for service, subsidized service, and hours of operation would also need to be integrated or acknowledged in a manner satisfactory to the institutional structure and organizational culture of both CATA and CCOT.

The end result is, in our view, a very inequitable distribution of transit resources. For example, if a person lives in the Centre Region, where CATA operates, he or she receives a very high level of service. Centre Line bus service operates seven days a week, and for seniors and persons with disabilities the Centre Ride dial-a-ride program offers curb-to-curb service at very modest fares. On the other hand, for the person who lives in one of the outlying areas must access a "patchwork" of programs that are intensely regulated and, therefore, difficult to access "on-demand."

On the financial side, state and federal funds specifically available for rural transit service in Centre County are so limited and regulations and standards so restrictive that for practical purposes they can be considered unavailable. Even if they were accessed on a larger scale, or if CATA were to divert some of its urban funds to rural use, there would be a requirement for local match. CATA's Articles of Agreement stipulate that any service outside of the urban area must be fully self-supporting, i.e. not require any local tax subsidy from the Centre Region. Although the local share requirement is quite modest, it is not realistic to expect that the small rural municipalities will be able to collectively generate the required matching funds. Even if they were, allocating the local match among them would be a daunting task.

The only realistic alternative, then, is for the County to provide the local match. While County funding of public transportation is commonplace throughout the Commonwealth, Centre County has no such tradition. In fact, it appears that historically the Commissioners have tried very hard to ensure that the CCOT operates on a break-even basis, even though by so doing they effectively limited service to only clients of various government programs. Although the current Commissioners seem more willing to consider funding the required local match for rural bus service, their commitment will no doubt be limited by the other major financial needs currently facing the County.

Providing public transportation in the rural areas of the County will be inherently costly. Distances are large, the population is spread out, and travel patterns are very diverse. Unlike in State College, where CATA is able to transport large numbers of riders short distances to and from the Penn State campus, in rural areas there will be small numbers of riders traveling large distances to many different destinations. Nonetheless, with state and federal assistance and innovative programming from human service providers, at least a skeletal level of rural public and service transportation should be achievable.

