

CUMBERLAND COUNTY HUMAN SERVICES PLAN

2015 - 2016

July 6, 2015

(Revised 8/27/15)

Cumberland County Commissioners:

Barbara Cross, Chair

Jim Hertzler, Vice-Chair

Gary Eichelberger, Secretary

For any questions regarding this plan please contact:

Jack Carroll

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jcarroll@ccpa.net

Cumberland County Human Services Plan

July 6, 2015

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APPENDIX A

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: CUMBERLAND

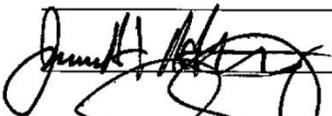
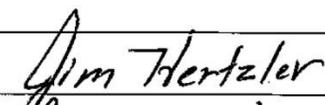
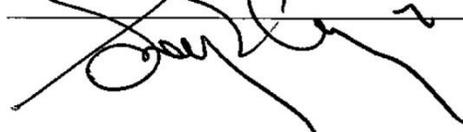
- A.** The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith,
- B.** The County assures, in compliance with Act 80, that the Pre-Expenditure Plan submitted herewith has been developed based upon the County officials' determination of County need, formulated after an opportunity for public comment in the County.
- C.** The County and/or its providers assures that it will maintain the necessary eligibility records and other records necessary to support the expenditure reports submitted to the Department of Public Welfare.
- D.** The County hereby expressly, and as a condition precedent to the receipt of state and federal funds, assures that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; and the Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (Contract Compliance regulations):

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

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

Signatures

Please Print

		Date:
		Date: 7/6/15
		Date: 7/6/15

APPENDIX B

Cumberland County Human Services Plan

2015 / 2016

INTRODUCTION

This plan is being submitted on behalf of the Cumberland County Board of Commissioners and represents input from Cumberland/Perry Mental Health and Intellectual and Developmental Disabilities, Cumberland/Perry Drug and Alcohol, Cumberland County Aging and Community Services, and Cumberland County Children and Youth Services. The Plan was developed by a workgroup serving as an arm of the Cumberland County Human Services Policy Team.

Cumberland County is a joinder with Perry County for Mental Health, Intellectual and Developmental Disability Services and the Drug and Alcohol Commission. In 1967, the Boards of Commissioners of Cumberland County and Perry County signed a joinder agreement establishing the Cumberland/Perry Counties Mental Health and Intellectual and Developmental Disabilities Program (C/P MH.IDD). The Drug and Alcohol Commission, initially was a part of the MH.IDD Program, and in 1980 became a separate agency, continuing the joinder arrangement. For these services, coordinated planning is ongoing between the two counties with service providers, consumers, family members, other County Human Services, and Commissioners evaluating current services, need areas and how best to meet the needs of the residents of Cumberland and Perry Counties.

I. COUNTY PLANNING PROCESS

The Cumberland County Human Services Policy Team serves as the focal point for Human Services Plan development in Cumberland County. Since 2002, Cumberland County has utilized a formal mechanism to share information and to encourage collaboration between and among the County Human Service agencies and related County agencies (such as Veteran's Affairs, CASA, Claremont Nursing Home, etc.) and various stakeholder organizations. Team members participate in bi-monthly meetings to share information, discuss needs, develop strategies for solutions, review outcomes, and encourage collaboration. In addition, County Commissioner representatives from both counties participate on the Cumberland/Perry MH.IDD Advisory Board and on the Cumberland/Perry Drug and Alcohol Commission Advisory Board. The Advisory Boards are comprised of representatives from both counties who are appointed by the Board of Commissioners of their respective county.

The mission of the Cumberland County Human Services Policy Team is to improve the health and quality of life for the residents of Cumberland County through enhancements in the delivery of Human Services. The Team:

- serves as a source of program expertise, support and information to assist the Cumberland County Commissioners in decisions related to Human Service Programs;

- serves as a forum for collaboration among Human Service departments with a focus on planning and problem solving related to Human Services; and
- ensures the development of appropriate policies and programs that will provide a framework for delivering efficient and effective Human Services to Cumberland County residents.

The Policy Team utilizes an array of tools and strategies to fulfill this mission such as:

- delivering public information and outreach programs;
- conducting needs assessments;
- developing outcome measures; and
- implementing service models.

The Human Services Policy Team is chaired by the Deputy Chief Clerk and has representation from all of the county human service agencies. Agendas are developed with input from all participants. The entire membership of the Cumberland County Board of Commissioners usually participates in the meetings along with the Chief Clerk.

A Steering Committee provides direction for the Human Services Policy Team. The Steering Committee consists of the Directors of Aging/Community Services, Intellectual Developmental Disabilities, Mental Health, Children and Youth Services, Drug and Alcohol, as well as the Chief Juvenile Probation Officer, the County Chief Clerk and Deputy Chief Clerk.

Currently, the Human Services Policy Team meets bi-monthly. The Steering committee meets during the alternate months. Many members of the Human Services Policy Team also participate on the County Criminal Justice Policy Team which engages human services and criminal justice representatives in addressing issues that affect all departments.

Stakeholder input occurs at the community advisory committee meetings that each department holds and through the monthly Mental Health Community Support Program (CSP) meetings. Many program committees include stakeholders as well to ensure consumer voice and participation in the planning process. Specific information regarding planning and services can be found in the narrative sections of the following plan. Many county level measures are used in each department/service to monitor provision of service and determine needed focus areas. Data is also available for review by the various planning teams. Needs assessments are identified in the narratives for each department in the plan that follows.

The County intends to use allocated funds to provide services to its residents in the least restrictive settings appropriate to individuals' needs. A major value that cuts across all the County-managed human services is an emphasis on building a broad range of community-based treatment and support services that reduce the need for and reliance upon more restrictive (and costly) residential, inpatient, and institutional programs. A guiding principle in our local human service planning for more than a decade has been to develop networks of care that will allow County residents to access appropriate services while retaining as much self-sufficiency as possible in the community. This approach applies to the recipients of all the human services described in this plan: consumers of mental health services, citizens with intellectual and/or developmental disabilities, persons in recovery from a substance abuse disorder, youth (including juvenile offenders), individuals who are homeless, older citizens, and individuals with physical disabilities. Specific examples of this programmatic philosophy can be found within each human service area in this plan.

Each department has an array of services available to residents and various processes to determine the most appropriate level of care to meet the consumers' needs. Our priority is to continue providing community based services that meet those needs. Each program/service develops its own budget and determines expenditures based on the allocation of funds and needs of each program and their consumers as Cumberland County is not part of the Human Services Block Grant Pilot Project. Each department/service reviews available data to determine the budget and anticipated expenditure of the state allocated funds.

No substantial programmatic and/or funding changes are planned for 2015-2016 as a result of last year's outcomes. While the Governor's Proposed State Budget for 2015-2016 provides additional resources for the County-managed human services that are the focus of this Human Services Plan, no budget is yet passed; therefore this plan is based on flat funding. As a result, our ability to make major changes is limited. Instead, the priority will be to sustain the current infrastructure of community-based services despite level funding and cost of living increases.

II. PUBLIC HEARING NOTICE

Legal Notices were placed in several local newspapers in Cumberland County as well as on the Cumberland County website calendar to alert residents of the Public Hearing. The public hearing was held on July 2, 2015 to offer the opportunity for input into the planning for mental health services as part of the Human Services Plan. Notices of this Public Hearing were advertised in the Sentinel, the News Chronicle, the Valley Times Star, the News Sun, the Perry County Times, and the Duncannon Record. Copies are attached on the following pages.

A. MH.IDD Public Hearing Notice



LEGAL NOTICE

The public hearing on the 2015-2016 update for the Mental Health component of the Human Services Plan has been scheduled by the Cumberland/Perry Counties Mental Health/Intellectual & Developmental Disabilities Board.

The hearing is scheduled for July 2, 2015. Starting time is 10:00 am. The hearing will be held in Conference Room D, 3rd Floor, the Human Services Building, 16 W. High Street, Carlisle, PA 17013.

The Pennsylvania Mental Health and Mental Retardation Act of 1966 states that the MH/IDD Advisory Board must hold a public hearing, and that the date, time and place of this hearing must be made public knowledge by informing the press, agencies, associations, institutions and individuals whom are representative of the population served by this bi-county program. This hearing will be so arranged and conducted that anyone so desiring can ask questions, make an oral statement limited to five (5) minutes, or submit a written statement concerning the Plan and Budget Request.

Copies of the Mental Health Plan Update and budget request will be available at the MH/IDD Program Office upon completion.

Scott Trayer, Chairman
Cumberland/Perry MH/IDD Advisory Board

Advertised In:

News Chronicle
Valley Times Star
The Sentinel
News Sun
Perry County Times
Duncannon Record

**B. MH.IDD Public Hearing Proof of Publication:
1. Cumberland County**

PROOF OF PUBLICATION

State of Pennsylvania, County of Cumberland

Cathy Clark, Advertising Director, of The Sentinel, of the County and State aforesaid, being duly sworn, deposes and says that THE SENTINEL, a newspaper of general circulation in the Borough of Carlisle, County and State aforesaid, was established December 13th, 1881, since which date THE SENTINEL has been regularly issued in said County, and that the printed notice or publication attached hereto is exactly the same as was printed and published in the regular editions and issues on June 11, 2015.

COPY OF NOTICE OF PUBLICATION

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Copies of the Mental Health Plan Update and budget request will be available at the MH/IDD Program Office.

Scott Trayer, Chairman
Cumberland/Perry MH/IDD Board

Affiant further deposes that he/she is not interested in the subject matter of the aforesaid notice or advertisement, and that all allegations in the foregoing statement as to time, place and character of publication are true.

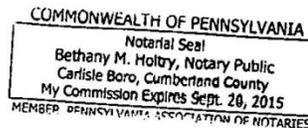
Cathy Clark

Sworn to and subscribed before me this

18th day of June 2015

Bethany M. Holtry
Notary Public

My commission expires:



2. Perry County

Affidavit of Publication

County of Perry }
State of Pennsylvania } ss:

LEGAL NOTICE

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Copies of the Mental Health Plan Update and budget request will be available at the MH/IDD Program Office upon completion.

Scott Trayer, Chairman
Cumberland
Perry HM/IDD Advisory Board

Curt Dreibelbis being duly sworn (affirmed) according to law, deposes and says that he is the publisher of The News-Sun, Perry County Times, and Duncannon Record, newspapers published weekly at New Bloomfield, Perry County, Pennsylvania; and that the notice of which the annexed clipping from one of said newspapers, is a copy that was printed and published for 1 weeks in the regular editions and issues of said newspaper on the following dates 6/11/15 that the affiant is not interested in the subject of said advertisement: and that all of the allegations of this statement as to the time, place and character of publication are true.

Curt Dreibelbis

Subscribed and sworn to before me,
a Notary Public, this 6/11/15

Brittany A. Burkhardt

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
BRITTANY A. BURKHART, Notary Public
New Bloomfield Boro. Perry County, PA
My Commission Expires October 13, 2018

C. Cumberland/Perry County MH.IDD Public Hearing Minutes

MINUTES
PUBLIC HEARING
07/02/15

A public hearing regarding the mental health planning efforts for the 2015/16 Human Services Plan was held on Thursday, July 2, 2015. The hearing was held at the MH/IDD Program Office in Carlisle, PA. Silvia Herman, MH/IDD Administrator opened the hearing at 10 a.m. A copy of the signature sheet of the attendees follows these minutes. A copy of the notice of the public hearing and the newspapers in which the hearing was advertised is included in this plan. The notes from this hearing and the written testimony that was received will be maintained and will be a part of any submission to the State regarding a plan for services.

Mrs. Herman, MH/IDD Administrator, opened the hearing discussing the ongoing, year-round planning efforts involved in the development of the MH component of the Cumberland and Perry Counties' Human Services Plans. At the monthly CSP meetings, the agenda includes the topic of Mental Health planning and services for discussion. There are also discussions held at the Perry Family Services Partnership Board monthly meetings regarding mental health planning and services. In recognition of the fact that the mental health allocation has been cut each fiscal year for the last several years and it is expected that there will be flat funding again this year, a program priority will be to sustain the current infrastructure of community-based services.

Robin Tolan, MH Quality Assurance Coordinator, reviewed the makeup of the plan. She noted some of the achievements obtained over the past year, which includes: using Managed Care Reinvestment funds to implement Dialectical Behavioral Therapy (DBT), Cognitive Behavioral Therapy (CBT) and Parent Child Interactional Therapy (PCIT). These services address a significant need in our communities – access to therapists who are trained and experienced in providing trauma-informed treatment. Additionally using some of the funds from the Mental Health Matters grant, public service announcements/videos were developed to address stigma and aid in improving awareness of mental illness and available supports and services. Also in Perry County the CASSP Elementary School Based Program again collaborated with the Perry County Food Bank to hold cooking classes during the summer. The program – “Plan, Prepare and Partake” helps to strengthen the families through the preparation and partaking of a meal together. Priorities for the upcoming fiscal year include: the development and implementation of a Suicide Prevention initiative, to address the increasing rate of suicides in Cumberland and Perry Counties. Additionally a new priority includes an awareness of available mental health services and supports in Cumberland and Perry Counties and how to access services and supports.

Mrs. Tolan shared the written testimony submitted by Theresa Myers (who was unable to attend the hearing). Mrs. Myers wanted it noted that while Cumberland/Perry MH funds and supports a number of excellent, high quality programs, there are deficiencies in some areas. Mrs. Myers feels one deficiency is in the county's outpatient programs. She feels it would be helpful

for individuals if programs would be offered in the evenings and offer other events separate from the “Drop-In center” setting. She also thinks that holding some of the CSP meetings routinely in the evenings would afford the opportunity for a different group of people to participate and provide input into discussions regarding the development of the annual mental health planning process.

Joseph Martin also presented written testimony as a consumer, family member and professional. Mr. Martin shared his involvement with the mental health program over the past 19 years on his road to recovery. Mr. Martin commented on how the lack of adequate funding has impacted on the provision of mental health services and how individuals and their families are affected by this. He noted that the suicide rate in Cumberland and Perry Counties is higher than the state-wide average, with Perry County coming in at the highest level within the region.

The public hearing was adjourned at 10:45 a.m.

d

D:1 MH.IDD Public Hearing Testimony:

Mental Health Hearing Plan Public Hearing Testimony

Cumberland and Perry Counties MH Program funds and supports a number of excellent, high quality programs and has numerous positive outcomes and accomplishments to its credit. The scope that must be covered is substantial. However, these are some areas that I think could be improved on.

Broader Outreach: One thing that is deficit in the county's outpatient outreach is having available programs that help maintain people's mental wellness outside of "Drop In" center users. Currently the social/psych rehab services center around "Drop-In" centers where a person has to be registered through the county base service unit to attend.

It would be helpful for the county's MH Program to fund and support outreach programs in the evening for people who don't want to go to a "Drop-In" center or who may desire something to do in the evenings. Funds are available because the county supports/funds—CSP week-day picnics and other events primarily focusing on the users of the "Drop-In" centers. Moreover, instead of saying there is no money for this type of service, it comes down to making a choice to think differently and broader about mental wellness, promotion, and early intervention.

Evening Meetings: Additionally, CSP serving as the lead for the County's annual mental health planning process, leads me to ask why is there no effort to incorporate some evening meetings on a routine bases. It would afford the opportunity of a different group of people to provide input and also learn about what is happening.

Communication: In an effort for transparency, it is difficult to find information on exactly what/who/how much the county MH Program funds. It would be nice to have this available. I don't know if this is available by request or if you have to know who a provider is first before you can ask how much their contract is for. This is tax money that is being spent and it needs to be available easily for review.

Submitted June 25, 2015 for inclusion in hearing (July 2, 2015)
Theresa Myers

D:2 MH.IDD Public Hearing Testimony:

My name is Joseph Alex Martin.

I am presenting this testimony as a consumer, family member, and professional. As a consumer, I am a product of the array of services offered by Cumberland/Perry Mental Health/Intellectual & Developmental Disabilities (MH.IDD).

If we go back 19 years, I was completely dependent upon the human services system, but more importantly, I had no hope for anything more. If I would still be in that place, the state would continue to be my sole means of support.

About 9 years ago, I began progressing, slowly adding one service then another from the array of services offered by C/P MH.IDD into my life. Most of the services that our in our county's current service array have played a part in that progression, as well as some of the services that we have lost over the past four years.

One of the things that I have learned in the past few years is that I love learning about and discussing policy, budget and other complex topics.

One of the most disheartening sections of our Mental Health Plan is the section on State Hospital Transitions. Over the past four years, there has been a more than three-fold increase in both the census and new referrals to the State Hospital. Each of these causes a substantial interruption in the lives of the consumer, their family and friends, and our community. But not only that, they cause a substantial financial burden on our state's financial resources.

I will try to relate it in a way that visualizes what most people in the decision making process haven't been able to understand for the past four years. A few years ago, I had a car, I would drive easily three to five thousand miles a month; but I couldn't find the 30 minutes or \$20.00 to get an oil change. After about a year, I am driving on I-81, the engine light comes on and within seconds my car stops along the side of I-81, with a broken rod in the engine.

Having an array of community mental health services which are adequately funded can prevent the disruption that occurs when people are not able to find or access the services that they need in the community. The adequate funding of our community mental health system not only prevents the disruption of our consumers, their family and friends, and our community, but it saves the increased financial burden on our state's financial resources which state hospitalization causes.

Complicating the State Hospital Transitions problem is Housing. While we have a wide array of housing opportunities available in Cumberland and Perry Counties, waiting lists for vouchers

keeps affordable long-term housing out of reach, keeping some people in higher levels of care that could be utilized for bringing someone out of the state hospital.

An additional complication is that it has become increasingly difficult over the past four years to find a provider which takes Medicare; and as demand has increased for outpatient services, staffing levels have had to remain neutral or shrink to be able to fit into the decreasing revenues of the past four years. It can take months to get an available slot in one of the few providers who accept Medicare, and when someone is severely in need, that is time that we simply do not have.

Suicide rates in both Cumberland and Perry Counties are higher than the state-wide average, with Perry County coming in at the highest levels within the region. While we have services like Respite, Crisis Intervention and the Warm Line to hopefully dissipate crisis situations, and hospital options for more substantial interventions, as needed, they are not a replacement for increased capacity in our community mental health system.

We need to realize that our system cannot continue to do more with less. Then end up paying more because of the increased costs of higher levels of care then have been reduced by the budgets in the first place.

I say this not as just someone who is a user of the services provided by C/P MH.IDD, but as a tax-payer who realizes that what we've been doing over the past four years in Pennsylvania hasn't been working. It makes a good sound bite to say that we the people are keeping our money in our pockets; but we cannot continue to overlook the needs of the human services system, because when the engine light comes on, it's too late. We cannot continue to exponentially increase our reliance on the state hospital system because decision makers can't comprehend that as Benjamin Franklin said "an ounce of prevention is worth a pound of cure."

Sincerely,



Joseph Alex Martin

E. Public Hearing Signature Sheet

Public Hearing MH Plan ATTENDANCE 7/2/15

NAME	AGENCY or ADDRESS	PHONE	E-MAIL
David A. Cook	Perry County Transportation	(717) 567-2490	dcook@perycb.org J Brown Kyston@humanaservices.org
Jeff Brown	Kyston Human Services	717 262-9010	
Karen M. Sunday	csp office	254-6060	NicoleMorgan19@aol.com
Nicole Morgan		(717) 860-7201	
Joseph M. Martini	CSP	846-0060	josephalexmartini@gmail.com
Annie Oiler	NHS Stevens / STAR	243-2278	aoiler@nhsonline.org jessic@nhsonline.org
Annie Steate Oiler	C.P. MH.100	(717) 240-6320	astrite@ccpa.net
Gene Colan	C/P MH.100	717-240-6320	rtolan@ccpa.net
Charles D Allen	215 PINE CREEK DR CARLISLE PA 17013	717-249-6319 (717)	allen.cd@pa.nsl
Silvia Mearns	Cumby/Peggy/IDP	840-6320	sherman@ccpa.net

III. WAIVER REQUEST

This section is not applicable since Cumberland County is not a participant in the Human Services Block Grant Pilot Project.

IV. HUMAN SERVICES NARRATIVE

A. Cumberland/Perry Mental Health & Intellectual & Developmental Disabilities (C/P MH.IDD)

In December 1967, a joint Mental Health & Mental Retardation program was established with the Boards of County Commissioners of Cumberland and Perry Counties in compliance with the Mental Health & Mental Retardation Act of 1966. The agency now known as **Cumberland-Perry Mental Health and Intellectual and Developmental Disabilities Program (C/P MH.IDD)** operates as a department of Cumberland County government and serves residents of Cumberland and Perry Counties in need of those treatment services and rehabilitative supports. The joinder agreement remains in effect today.

1. MENTAL HEALTH PROGRAM

a. PROGRAM HIGHLIGHTS

PLANNING

Our core values and vision of supporting “***All people with mental illness to live and participate fully as valued, integrated members of our communities with the choices, responsibilities, dignity, respect, and opportunities afforded all citizens***” drive our planning process and provision of community based mental health services within Cumberland and Perry counties.

Strong consumer and stakeholder involvement is evident in all of our planning processes. A vital planning component for mental health services is the **Cumberland/Perry (C/P) Community Support Program (CSP)**. As the lead in our annual mental health planning process, CSP brings together consumers, family members, and program staff to review needs and opportunities within the counties to support individuals with mental illness. C/P CSP meetings offer strong consumer and stakeholder involvement in the MH Planning process and the MH Plan is a standing agenda item during every local monthly CSP Meeting. These meetings provide for excellent dialogue for all stakeholders, providing direction for services and supports as we move forward. The key aspect in our planning is the process – the communication with stakeholders, the discussions regarding individual and community needs, and the education regarding available services and opportunities that occur are invaluable.

The C/P CSP **MH Plan meetings** were held on 1/20/15, 2/17/15, 3/17/15, 4/21/15 & 6/16/15. This consumer-driven planning process included consumers (adults, older adults, and transition age youth) with serious mental illness, and co-occurring substance abuse disorders, certified peer specialists, consumer staff, family members, service provider staff, Managed Care staff and county MH staff. Discussion also occurred with the Transition Age Youth Coordinator who gave feedback from the youth

with whom she works with regard to planning for mental health concerns with the transition age youth population. A **Public Hearing** was held on 7/2/15 regarding the MH Plan which gave the community another opportunity to give input into the planning for mental health services and supports.

In addition, **Cumberland/Perry Child/Adolescent Service System Program (CASSP)** brings together the expertise of county human services, families, providers, the education system, and other involved parties to develop plans focused on resiliency and recovery. Those individualized plans identify both strengths and needs of each family in order to assist in meeting needs creatively, offering excellent support through the use of community resources, treatment services and rehabilitative supports while embracing CASSP principles.

The CASSP core team also meets to discuss larger system needs and explore creative solutions to meeting those needs. Previously addressed by the Integrated Children's Services Plan (ISCP), the Cumberland County team is focused on a proactive approach for children in out of home placements through the mental health system. The Perry County (ICSP) team is focused on addressing school truancy and identifying the needs of transition age youth involved in multiple systems in order to develop solutions.

Other stakeholders are regularly involved in the planning process as a function of ongoing collaboration. Service needs and system enhancements with regard to mental health planning are discussed at the following regular meetings, many of which involve consumers and various community service agencies:

- Cumberland County Community Needs meetings (Carlisle and West Shore)
- Shippensburg Human Service Council meetings
- Perry County Family Partnership Board meetings
- Cumberland/Perry Housing Initiative (CPHI) meetings
- Cumberland/Perry Local Housing Options Team (LHOT) meetings, which includes the Cumberland County Housing & Redevelopment Authority
- Cumberland & Perry Counties' CASSP Core Teams
- Perry County Integrated Children's Service Plan meetings
- Cumberland/Perry Community Support Program (CSP) meetings
- NAMI PA-Cumberland/Perry Counties' meetings
- Cumberland & Perry Older Adult Support Team meetings
- Cumberland & Perry MH Provider and Base Service Unit (BSU) meetings
- Behavioral Health Managed Care committee meetings including Quality Improvement/ Utilization Management (QI/UM), Clinical, and Consumer & Family Focus Committees (CFFC) with Capital Area Behavioral Health Collaborative (CABHC) & PerformCare
- Human Service Policy Team – internal county meetings
- Criminal Justice Policy Team & Mental Illness Sub-Committee – internal county meetings

Information for the MH plan is gathered continuously throughout the year via these collaborative and joint planning processes.

ACHIEVEMENTS

One area of achievement occurred using **Managed Care Reinvestment funds** to implement **Dialectical Behavioral Therapy (DBT)**, **Cognitive Behavioral Therapy (CBT)**, and **Parent Child**

Interactional Therapy (PCIT). These services address a significant need in our communities – access to therapists who are trained and experienced in providing trauma-informed treatment. Many of the consumers needing mental health services have experienced significant trauma in their lives which seriously impacts their recovery. The addition of staff trained in treatment modalities such as DBT and CBT is necessary to effectively address these needs and has substantially enhanced current services. One provider has several staff members that have received this training and certification as part of our Managed Care Reinvestment Plan through the CABHC Reinvestment Committee. As another piece of our Managed Care Reinvestment Plan, that same provider has also implemented PCIT which serves children 2-7 years old and their families. PCIT aims to improve family relationships and decrease mental health needs later with this earlier intervention.

Additionally, a dual **Mental Health/Intellectual Disability (MH/ID) team** is in the implementation process through this year's Managed Care Reinvestment Plan. To better address needs identified within this dual population, the five counties have partnered with PerformCare, CABHC and a local experienced provider.

The **Mental Health Matters Grant** was awarded to our agency two years ago to help address stigma around mental illness. Our department took the lead in getting training, purchasing needed equipment, and using technical assistance in the development of videos to use in the community, in the media, and online to address stigma and aid in improving awareness of mental illness and available supports and services. Utilized to provide education about mental illness and mental health to the community at large, these stigma-busting videos can be viewed on our county website (www.ccpa.net).

In addition, the **Consolidated Community Reporting Initiative (CCRI) Grant** was awarded to our county and was utilized in the development of a web-based system to collect data/units from contracted providers in order to report to the state as required. Data reporting is a challenge for many of our smaller providers, so this provider portal allows a more streamlined and consistent data submission and processing system.

The **licensure and expansion** of Psychiatric Rehabilitation services was achieved last fiscal year in our counties with NHS-Stevens Center, the STAR program, becoming a licensed Psych Rehab provider. STAR has worked in partnership with two local social rehabilitation providers to provide three Psych Rehab satellites at the Shippensburg Empowerment Dock (New Visions) Shippensburg site and at Aurora Social Rehabilitation Services Mechanicsburg and New Bloomfield sites. These satellite locations recently passed state site visit and licensure with flying colors and are all licensed to provide psychiatric rehabilitation through STAR. While this service is not MA or HealthChoices billable in our counties, it is imperative to have fidelity to the regulations and principles of true psychiatric rehabilitation and provide the service in all realms of our service area which we are doing through county MH base funds.

In Perry County, the **CASSP Elementary School Based Program** again collaborated with the Perry County Food Bank to hold cooking classes last summer at three locations and dates. Utilizing available community supports, these classes help to strengthen families through the preparation and partaking of a meal together. An initiative that was well received when it began in the summer of 2013, the focus is working with the families that utilize the food programs and services in Perry County to provide nutritional education and recipes as well as helpful information and resources for the family. This project is planned again for the upcoming 2015 year and will include parenting information as well.

Finally of note was the **stigma busting activities** that occurred within Mental Health Awareness Month in May, 2015. Coordinated and led by our local Community Support Program (CSP), these community outreach efforts kicked off with an Annual Awareness Walk and speech at the Cumberland County Courthouse with almost 200 people in attendance. Then Cumberland/Perry and Dauphin Counties' CSP's joined together to host their Annual CSP Conference with 234 registered. The final event was a screening of the movie "Canvas" at a local church in Perry County that focused on the impact of mental illness on family members and the individual in recovery. In addition we partnered with the Perry County Food Banks and distributed over 1000 "Accessing Mental Health Services" brochures during food bank distribution in May 2015.

b. STRENGTHS AND UNMET NEEDS

- **ALL populations**

Strengths Include the Following:

Please refer to the Existing County MH Services Chart (**Attachment**) for specific services currently provided within our counties for all populations with severe mental illness.

The **C/P MH Program** is committed to providing a continuum of community-based services to support **ALL individuals with severe mental illness** in need of mental health supports, including adults, older adults, transition age youth, children and families. We strive to maintain our focus on recovery and supporting individuals in their lives. Alternatives across the system must be in place to serve and support individuals at all stages in their recovery journey. The **Cumberland-Perry Existing MH Services Chart (Attachment)** identifies all of the services currently available within our county mental health system, including those that are funded through the state and county, HealthChoices, and Reinvestment. This array of services is a significant strength that helps to provide needed services for each person in an individualized manner which is a key component in effective service development and delivery. This continuum (and not a one size fits all approach) is imperative since no one person's needs are the same as another's. Within the two counties, we continue to support services that promote and foster recovery and individuals' abilities to be independent within the community setting.

The **Community Support Program (CSP)** has two paid part-time staff (a chair & a secretary) to assist in the administrative duties. Commitment to the development of consumers in leadership roles is evident through the continued funding of these remaining paid CSP positions. CSP participants also form the sub-committees that focus on Mental Health Awareness Month, Annual CSP Conference Planning, Mental Illness Awareness Week and a quarterly Newsletter, in addition to the MH Planning process.

Consumer and Family Satisfaction Teams (CFST) exist in the counties and are provided through two entities - Consumer Satisfaction Services, Inc. (CSS) for managed care recipients within the 5 county collaborative and the local Consumer/Family Satisfaction Team (CFST) for consumers of county-funded mental health services that includes a part part-time coordinator and several consumer surveyors. Results of these surveys are reviewed with the providers and strategies are developed to address gaps or concerns.

County funding continues to support our local **National Alliance on Mental Illness (NAMI) PA – C/P** which offers the local support group as well as psycho-education for family members and individuals living with mental illness that includes “Family-to-Family” and “Peer-to-Peer” classes which are held annually. In addition, Wellness Recovery Action Plan (WRAP) training was held in the fall of 2014 and was supported by county and managed care funds.

Providing this **continuum of supportive community services** has been fundamental to meeting the needs of the individuals we serve within Cumberland and Perry counties. Unfortunately due to fiscal constraints, there are not funds to provide all of the needed services. These remaining supports are critical to recovery in our communities.

Positive working relationships within the community are a strength that is evident within Cumberland and Perry counties, many of which are identified on the previous stakeholder list. Those worthwhile associations have proven beneficial in service development and delivery. Connections with local community service agencies such as the housing authority, homeless services, emergency preparedness, public safety, transportation department, aging office, children and youth services, the criminal justice system and local employment services have been vital in the ability to provide and maintain various mental health supports.

In addition MH provides funding for a **Mental Health Housing Specialist** at the Cumberland County Housing and Redevelopment Authority. An MH representative also participates in the Local Housing Options Team (LHOT). These connections have been invaluable in supporting individuals and families successfully in the community. The Cumberland County Housing and Redevelopment Authority offers priority for persons with mental illness leaving a Community Residential Rehabilitation (CRR) program or state institution in order to expedite the process of obtaining a housing voucher. Recently we have been able to utilize **Managed Care Reinvestment funds** to develop **integrated housing opportunities** for individuals in the community. Several housing developments have incorporated set-asides for 6–8 apartments within their developments using Reinvestment funds. The **Housing First** philosophy has recently been implemented in Cumberland County to expand the supports available to individuals who are homeless and decrease the requirements or “hoops” they need to meet to become initially housed.

Another strength is our positive relationship with **The PARTNERSHIP for Better Health** (formerly known as Carlisle Area Health and Wellness Foundation). This organization works not only to fund critical services for our system, but also works with our county MH office and the community in developing strategies to enhance services, like integration efforts around physical health and behavioral health. Working with our community partners and utilizing shared resources only strengthens our entire system and scope.

Working closely with our **managed care partners**, both Capital Area Behavioral Health Collaborative (CABHC) and PerformCare, has produced a successful partnership that stems from collaboration and open communication. C/P MH Program staff sit on the CABHC Executive Committee and Board, CABHC Clinical Committee, PerformCare Quality Improvement and Utilization Management Committee (QI/UM), and CABHC Consumer Family Focus Committee (CFFC). In addition to involvement at the committee level, C/P MH Program staff meets monthly with a PerformCare care manager to review issues related to consumers in PerformCare’s enhanced care management program to ensure appropriate connections to community services. C/P MH Program staff also attends quarterly provider

meetings that PerformCare holds to keep abreast of any changes or expectations of community providers. Participation to this extent is important so as to not develop dual systems of care that require an individual to have medical assistance in order to get the services needed. We continue to work positively together with our managed care and community partners.

The **remaining Mental Health services and supports** in our counties are a blending of a multitude of opportunities. Each individual benefits from a combination of services unique to their situation with treatment as a component. What works for one individual is different than what works for another, so services are individualized. These services and supports are offered for those with severe mental illness, including adults, older adults, children, families, transition age youth, and those who are involved in the forensic system. More information about the specific services available is discussed in the categories following this section.

Unmet Needs Include the Following:

The United Way of the Capital Region in conjunction with other community partners recently presented the results of a five year **Assessment of our Community**. Perry County was identified as having the highest suicide rate in the region (15 suicides per 100,000 people). The rate for both Cumberland County and the state of PA is 12 suicides per 100,000 people. In addition, through this assessment 24% of the population in Perry County identified as lacking adequate social or emotional support compared to 16% of the Cumberland County population with 21% being the percentage for the region, state and nation.

From 2013 to 2014, the **Perry County Health Coalition** commissioned a countywide healthcare market study for the purpose of providing a detailed analysis of factors that influence health conditions in Perry County. In March 2015, their presentation relayed recommendations on possible actions and initiatives that may help to improve health conditions in the county. One primary recommendation was to “Cultivate New Behavioral Health Services” by pursuing the establishment of satellite offices dedicated to behavioral health at all three Key primary care locations in Perry County.

In the Fall of 2014, the Shippensburg Resource Coalition (which includes representatives from both Cumberland and Franklin counties) presented the results of their Community Assessment. The survey was developed as a result of a 2013 strategic planning process of the Shippensburg Community Resource Coalition (SCRC). The focus was to understand more about the community’s satisfaction with social service and youth programming in Shippensburg. Mental Health services were identified as an area felt to have high need, but low satisfaction with regard to being available in the Shippensburg area. Awareness of existing programs and services as well as access to services locally were noted as significant concerns.

Given the results of these various assessments, two county mental health initiatives are in the development process:

- For the upcoming fiscal year, a **Suicide Prevention Initiative** has been selected as our county-specific project involving our HealthChoices Behavioral Health partners. During the upcoming months, we will be working together to develop aspects of this initiative to address this need in Cumberland and Perry Counties.

- Our county mental health office expressed concern over the **lack of awareness of existing services** with regard to mental health needs. In May 2015 a **task group** of county MH representatives, staff and consumers was formed to address this need as a priority. That task group is in the process of developing a plan to address outreach and increasing awareness of existing services. The initial focus is on Perry County since the above referenced assessments showed a greater need in that county. (Some outreach has started by providing the Food Banks in Perry County with “Accessing Mental Health Services” brochures that they agreed to distribute with the food bags in May.)

With the **budget cuts** over the last several years, there has been a **significant demand** for community based services with **lengthier waits and increased utilization** of higher levels of care including crisis intervention and hospitalization. In addition many recently insured individuals (non-MA eligible) are finding very **high deductibles and co-pays** with their policies and are opting to not get the outpatient mental health treatment they may need. The result in several instances was inpatient psychiatric admissions due to exacerbation of symptoms that were not managed with community outpatient services due to those high co-pays and deductibles.

Our **philosophical values** revolve around putting supports in place early to prevent increased need for more intensive (and costly) services later. **Prevention and earlier intervention** are keys to promoting recovery. Staff continues to encourage and support use of **Wellness Recovery Action Plans (WRAP)** and involvement with **peer supports**. In the past, with earlier involvement in services and getting needed community supports in place sooner, we have been able to prevent longer term inpatient stays. It is more recovery oriented and more cost effective to support folks within the community.

However, with the current economic climate, the **demand** for mental health services and supports is rising while we continue to deal with a significant decrease in available funds. C/P has a higher percentage of individuals who are not eligible for Medical Assistance (MA), and do not have other insurance which increases the need for county base funding. The split in C/P is 70% (county-funding) & 30% (MA eligible) which puts an **additional strain on our county resources** especially given current state and federal budget constraints.

Heavy reliance on MA for service payment is only helpful when the majority of individuals have MA/HealthChoices. We have intentionally used **county MH base funds** as a resource for individuals ineligible for MA. The same adult services funded by MA/HealthChoices are also county-funded so as to not create a dual system of care. Requiring individuals to have a certain funding stream to gain access to services is neither effective nor recovery-oriented. The past 10% decrease to county base funds **significantly impacted service delivery and availability**. With those funds no longer available, re-evaluation regarding service provision continues ongoing.

With the recent changes and implementation of **Medicaid Expansion**, it is unclear what the impact will be as yet, but we expect additional increases in demand for service within the public mental health system, again without an increase in capacity to manage those needs. We continue to **monitor the utilization** of, as well as the **wait periods** for, existing services to determine impact and trends. We continue to note an **increase in community and state hospitalizations and crisis intervention contacts** as well as **longer waits for outpatient services and residential supports**. There has been an increase in the number of people requesting service, but no increase in the capacity to provide that

service. Without timely access to services and supports in the community, there has been **less ability to divert** from more intensive (and costly) services.

In addition, it has been critical in our development of a **recovery oriented system** to provide services for all individuals regardless if an individual has insurance. Having a dual system of care in which an individual must have Medical Assistance in order to receive a particular service is neither practical nor beneficial in someone's recovery. However with the recent budget cuts and increased demand for service, **fewer individuals' needs are able to be met at the community level**. An increase in referrals to State Hospital instead of the community based Extended Acute Care (EAC) unit has been necessary this year due to those individuals not being MA eligible and the county mental health program not having the county funding to support them in the EAC.

Medication management clinics are critical in a recovery oriented system by allowing opportunities for individuals to have medication stability. 75% of the direct cost for these clinics is provided through county base funding, but this service supports over 3000 local citizens in our counties. Funding for this service was decreased by 40% in the past due to state budget cuts to our base allocations. We are working with one provider now to try to increase these opportunities by shifting funds within the outpatient budget. The need for this service continues to grow.

Access to psychiatric services continues as a significant need area. While several psychiatrists have been added by local providers, the demand continues to increase. Tele-psychiatry is available through one provider for managed care recipients in our counties. This pilot allows an individual to have their psychiatric appointments through a secure Virtual Private Network (VPN) connection. While this service has been embraced by consumers and the provider, the demand for psychiatry services continues to exceed the availability. It can take 6 - 8 weeks or longer to get an Outpatient appointment with a psychiatrist. In addition, psychiatrists are not used as "specialists" to be seen during an acute phase and transferred back to the personal physician for ongoing visits as would be appropriate. This is an issue facing the mental health system state-wide that needs to be addressed in order to increase access.

An **increase in service requests** has also been noted from individuals covered by **Medicare**, who do not qualify for MA due to family income. Serving individuals with Medicare is challenging due to the regulations that impact how services are provided. Service providers are reluctant to become Medicare providers due to the service delivery requirements. Access to needed psychiatric services is extremely problematic for those Medicare recipients as county base funds are not allowed to be used per regulation.

In addition a number of individuals have attempted to get mental health services through their insurance through the **Affordable Care Act (ACA)** only to find that they cannot afford the deductibles or copays required, so have then opted to not get those community based services. The result in some cases has been accessing higher level/cost services such as inpatient to address those needs that have exacerbated without the needed community treatment and supports.

Transportation continues to be a significant concern especially for those who reside in rural communities. Cumberland County Commissioners recently contracted with York County Transportation Authority/dba rabbittransit to take over our Cumberland County Transportation program beginning July 1, 2015. Last year, Perry County Transportation began limiting out of county transportation to specific

days each week which limits access to all medical and behavioral health services. Lack of transportation impacts one's ability to access treatment services and supports as well as other social and emotional supports within one's community that are necessary in recovery. Transportation is often noted as a barrier to successful community living. In a recovery-based community, transportation for grocery shopping, visiting friends, spiritual and recreational activities are critical to success. Finding creative ways to improve transportation that supports full community access at an affordable cost is a significant need for our communities. Persons with Disabilities (PWD) funds, which offer transportation opportunities at a reduced fare for other than medical appointments, are available on a limited basis in both counties, but use is dependent on scheduling. Rabbittransit does provide limited opportunities for evening and Saturday transportation at a cost to the rider. Due to the rural nature of these counties and the lack of a public transportation system however, transportation remains an unmet need.

Housing continues to present challenges within our communities. Housing is, in large part, an income issue; many individuals in recovery with mental illness lack the financial resources to live in safe, affordable housing. Even with priorities given to certain populations, with the state of the economy and federal/state budgets, vouchers continue to be limited within the housing system. Another noted housing issue is that programs that require involvement in behavioral health services that supplement housing have not been successful, especially with the homeless population, as many individuals do not want the rules associated with such services. In addition, current funding streams that require chronic homelessness for eligibility are fundamentally at odds with our philosophy to prevent homelessness and assist in connecting folks with housing while they are sheltered or doubled up in temporary settings.

Finally, given the current budget constraints, there are not the resources to develop strategies to address all of these unmet needs. The **current focus** is on how to support individuals in their recovery without the wealth of services previously available in our communities. Specific needs are reviewed on a case-by-case basis to determine resolution. We regularly review and revise MH provider budgets based on utilization in order to meet program needs.

Please see the chart at the end of this section for additional Strengths and Unmet Needs.

- **Older Adults (ages 60 and above)**

Strengths Include the Following:

Please refer to the Existing County MH Services Chart (**Attachment**) for specific services currently provided within our counties for all adults with severe mental illness as we consider our **service array** to be a strength, despite the last few years of budget decreases.

We continue to participate in the **Older Adult Support Team conference calls**, which offer the opportunity for representatives of older adult serving agencies, including Area Agency on Aging, Mental Health BSU providers, C/P MH/IDD county program staff and community providers to review complex situations affecting consumers of these services and to develop options to meet the needs of these older adults. Cooperative relationships have been an outgrowth of these meetings.

The addition of a **Certified Peer Specialist** was funded by the Cumberland County Office of Aging to provide peer support services to older adults. Also, a **Senior Care Manager** works with a Psychiatrist who is a Geriatric Specialist to address older adult needs at one local mental health provider agency.

Mobile Crisis also plays a key role in supporting nursing homes, personal care homes and families around assessment and referral in order to meet the needs of the older adult.

Specialized Community Residences (SCR) are in place to support individuals with severe mental illness when they develop significant physical health needs, often with age, in order to support them in the community. Licensed as a personal care home and enhanced with a nurse and specially MH trained staff, these three SCR's are full to capacity. The need for this type of living environment is significant especially as the population continues to age and develop additional medical needs.

Through the CABHC Consumer Family Focus Committee (CFFC) training needs were identified. The **Healthy Aging training** for consumers, family members, and providers was funded to increase awareness of the need and opportunities to remain active in the community. These trainings and discussions are beneficial for all who support older adults with severe mental illness. Other initiatives previously terminated due to county budget constraints, such as older adult outreach and collaborative efforts, depression screenings at local senior centers and senior residences, and additional trainings were not able to be re-implemented at this time.

Please see previous section under ALL Populations as well as the following section under ADULTS for additional strengths.

Unmet Needs Include the Following:

Older Adults have access to all of the services that all adults have within our communities. When **Medicare** is the insurer however, access to those services becomes more difficult. There has been a significant decrease in the number of outpatient community providers accepting Medicare. Many providers are opting to not be Medicare providers. While this is less of an issue for those who are dual eligible (Medicare and MA), for those having Medicare without MA, county funding as payer of last resource is not able to be accessed, nor is there sufficient county base funding to cover this need. Since Medicare is the primary funder of treatment for many older adults in our counties, this significantly impacts service options as well as access to care. As the county MH office does not have any control over Medicare provider enrollment and capacity, this gap significantly impacts consumers obtaining the needed mental health services.

Please see previous section under ALL Populations that discusses the need for increased awareness of available services, expanded medication management clinic capacity, improved access/capacity for psychiatric services due to the high demand, solutions for high deductibles and co-pays, rural transportation options, and housing.

Please see the chart at the end of this section for additional Strengths and Unmet Needs.

- **Adults (ages 18 and above)**

Strengths Include the Following:

Please refer to the Existing County MH Services Chart (**Attachment**) for specific services currently provided within our counties for all adults with severe mental illness as we consider our **service array** to be a strength despite the last few years of budget decreases.

Available supports include expanded Psychiatric Rehabilitation and Social Rehabilitation Services in four home community locations throughout the two counties, Supported Employment, Supportive Living, Community Residential Rehabilitation Services (CRRS), an Extended Acute Care (EAC) inpatient unit, three Specialized Community Residences (SCR), two Supported Apartment Programs, Certified Peer Specialists (CPS) embedded in several community programs as well as a stand-alone CPS unit, and three Fairweather Lodges. These non-traditional services have made the difference for a substantial number of individuals in their recovery. Of course, traditional Outpatient and Inpatient services as well as Administrative and Targeted Case Management supports continue to be provided.

In addition to our licensed **Peer Support** program funded by Medical Assistance (MA), we also have county-funded Certified Peer Specialists integrated throughout various programs, including Social Rehabilitation, Supported Living, Assertive Community Treatment (ACT) Team, Specialized Community Residences (SCR), and the Extended Acute Care (EAC) programs through 4 different provider agencies. County base dollars fund all of these Peer Support initiatives in addition to funding Peer Support for individuals who are not eligible for medical assistance. Another significant strength in our system has been the addition of a **Forensic Peer Specialist** who works closely with the Forensic case management program and the Cumberland & Perry counties' prison staff to help support those individuals with mental illness who have been incarcerated locally has been. He established support groups in the prison with 6-8 inmates with mental illness attending. In addition Cumberland County Office of Aging and Community Services has recently implemented a **Certified Peer Specialist position for older adults** needing peer support.

The **consumer-run WarmLine** offers telephonic peer support 7 days per week. This county-funded service is available to C/P residents Sunday, Monday, & Friday 7-9 pm; Tuesday, Wednesday, Thursday 7-10 pm; Saturday & Sunday 1-4 pm. The WarmLine notes an average of 8 calls per night with 2,678 calls received so far this fiscal year (14/15). Training was recently completed and several new workers joined the WarmLine staff for a total of 11 WarmLine employees.

Psychiatric Rehabilitation is provided by one licensed provider – NHS Stevens Center STAR Program. This licensed Psych Rehab provider employs two Certified Psychiatric Rehabilitation Practitioners (CPRP). Psych Rehab is focused on skill building in the four domains of living, learning, working, and socializing. This program is based at STAR and operates as a satellite at the three additional Social Rehab programs throughout Cumberland and Perry Counties. In addition, three **Social Rehabilitation** providers operate programs at four sites throughout Cumberland and Perry counties. Social Rehab is focused on recovery and community connectedness.

Three **Fairweather Lodges** are operational in Newport, Shippensburg, and Carlisle with members running two businesses: janitorial and transportation within the two counties.

As previously mentioned, three **Specialized Community Residences (SCR)** provide services to individuals who require personal care for physical health supports with a specialized mental health focus. These residences are licensed personal care homes that are enhanced to meet the needs of individuals with mental illness. The existence of the SCR has enabled several residents to transition from higher levels of care (State Hospital or LTSR) to this more community based setting and/or avoid being placed in a higher level of care.

Supportive Living services are provided to over 100 individuals by 2 different providers to aid in maintaining their housing in the community, in keeping with the Evidence Based Practice (EBP) of Supported Housing and our local and state Housing Plans.

Assertive Community Treatment (ACT) is available for C/P residents as an EBP with HealthChoices/MA funds or county funds. This service continues to be successful in assisting individuals to remain in the community setting, thereby diverting from more intensive and costly services.

Supported Employment (SE) services are available and have demonstrated outcomes that exceed national standards (at 33%) with over 50% of individuals with mental illness receiving this service becoming competitively employed. C/P was selected by OMHSAS as an exemplar county in providing SE services and has provided technical assistance to other counties in a recent OMHSAS Supported Employment state-wide initiative.

Mobile Psychiatric Nursing has also expanded to serve individuals in Cumberland and Perry counties more readily. A local provider has implemented these services to address these needs in our communities.

Please see previous section under ALL Populations for additional strengths.

Unmet Needs Include the Following:

Please see previous section under ALL Populations that discusses the need for increased awareness of available services, expanded medication management clinic capacity, improved access/capacity for psychiatric services due to the high demand, solutions for high deductibles and co-pays, rural transportation options, and housing.

Please see the chart at the end of this section for additional Strengths and Unmet Needs.

- **Transition Age Youth (ages 18-26)**

Strengths Include the Following:

Please refer to the Existing County MH Services Chart (**Attachment**) for specific services currently provided within our counties for all individuals with severe mental illness as we consider our **service array** to be a strength, despite the last few years of budget decreases.

A **Transition Age Youth Coordinator** continues to assist in addressing the needs of youth ages 16–24 as they transition from the child to the adult mental health system of care. This position is available through Managed Care Reinvestment funds to support youth in planning for employment, housing, education, and other life activities that support them in functioning safely within the community. The biggest issues these individuals face are a lack of housing supports (vouchers, especially) and employment opportunities.

The Office of Vocational Rehabilitation (OVR) has implemented a **new initiative** to begin connecting with students at an earlier age (grade 9) to get them thinking about their future. While the Transition Resources for Independence Post-Secondary (TRIPS) committees that include various vocational, educational, mental health and intellectual disability agencies have been in place for years through the

school districts, this earlier intervention will allow better planning for the student and the family for their post-secondary future with longer collaboration and review of resource options.

Outpatient services are available and connections with natural and community supports are vital in providing the positive support that is needed for transitional age population. Supporting youth to find jobs and become productive citizens is paramount as opposed to allowing young adults to become entrenched in the public welfare system with SSI and publicly funded services.

Please see previous section under ALL Populations as well as ADULTS for additional strengths.

Unmet Needs Include the Following:

Transition age youth (TAY) aging out of Behavioral Health Rehabilitative Services (BHRS) or Residential Treatment Facilities (RTF) often do not meet the diagnostic criteria of serious and persistent mental illness (SMI), which the state has established as eligibility criteria for county base-funded adult services. Many of these young adults have historically been successful in transitioning away from mental health services. A smaller subset of those young adults who have spent their youth in institutional environments and have not had more normalizing experiences also present with significantly challenging circumstances such as serious self-harm behaviors. These transition age youth present the biggest challenge as to keeping them safe and supporting them in their recovery and independence in a community setting, especially in a time that financial resources within the mental health system are dwindling.

Planning to meet the needs of these youth is difficult, often due to loss of connections and normalizing experiences that typically families have supported their children in attaining. Additionally, some young adults are not interested in continuing mental health services. Another challenge in providing support to this population is in building values at a younger age to be productive, contributing citizens within the community. Connecting with natural community supports and having typical expectations (such as work and school) are imperative to improving outcomes with this population. In addition, supporting those individuals with an autism diagnosis within the mental health system is problematic. The ACAP waiver does not start until age 21 which provides a huge gap especially when schools graduate students based off of their IEP goals and not at a specific age.

Please see previous section under ALL Populations that discusses the need for increased awareness of available services, expanded medication management clinic capacity, improved access/capacity for psychiatric services due to the high demand, solutions for high deductibles and co-pays, rural transportation options, and housing.

Please see the chart at the end of this section for additional Strengths and Unmet Needs.

- **Children (under 18)**

Strengths Include the Following:

Please refer to the Existing County MH Services Chart (**Attachment**) for specific services currently provided within our counties for all individuals with severe mental illness as we consider our **service array** to be a strength, despite the last few years of budget decreases.

The majority of **children's services** are not funded by county base dollars but rather by medical assistance and managed care as well as parents' private insurance. County funded outpatient and case management services are also available for children if they are not covered by alternate insurances.

Children's Evidence Based Practices (EBP) are funded by our Medical Assistance Managed Care partners and not by county Mental Health base dollars. For some services, referrals are generated through the Children and Youth Services (CYS) or Juvenile Probation Office (JPO) systems. **Community Residential Rehabilitation-Intensive Treatment Program (CRR-ITP)** and **Multi Systemic Therapy (MST)** are available in our counties. The CRR-ITP includes components of Cognitive Behavioral Therapy (CBT) and Dialectical Behavioral Therapy (DBT) within the home-like environment, intensive family therapy, and an expected short-term length of stay as reunification is the goal. MST was created for children and adolescents struggling with chronic, delinquent behavior as well as youth with severe emotional issues. It provides high-intensity family-based counseling for adolescents with court involvement or at risk for out-of-home due to delinquent behaviors. Services include in-home counseling, case management and crisis support.

As previously mentioned, another service implemented in our counties through our Managed Care Reinvestment Plan is **Parent-Child Interactional Therapy (PCIT)**. Two staff from NHS-Stevens Center have received the initial training with eventual PCIT certification through a pilot with the University of Pittsburgh. This program serves children 2-7 years old and their families. Cumberland Cares for Children & Families and Nurse-Family Partnership are two additional services available in our communities that are aimed at early intervention and parenting.

In addition, with our managed care partners (CABHC & PerformCare), the **CANS (Child & Adolescent Needs & Strengths) Evaluation Initiative** is being implemented in a statewide collaborative outcomes project. PerformCare has participated in the development of a CANS specifically designed for Pennsylvania's child-serving Medicaid system. With the support of CABHC, and the CAP-5 CASSP Coordinators, beginning in late October 2015, the CANS will be required for all evaluations for BHRS & Family Based Services. The CANS is a multi-purpose tool developed for children and adolescent services to support treatment planning, compliant treatment integration, treatment team collaboration, clinical supervision, quality improvement initiatives, decision making, and monitoring of service outcomes.

Through our **Child & Adolescent Service System Program (CASSP)**, families participate in cross system meetings and planning discussions with our CASSP core team, made up of representatives from MH, CYS, Drug & Alcohol (D&A), JPO, Education System, IDD, and Community Services. These meetings are held twice per month in each county and more frequently if needed. In addition a **Cross-System coordinator** works with CYS and JPO in both counties to improve education and awareness about appropriate access to needed mental health services for youth in their service systems. **Family Group Decision Making (FGDM)** is also utilized to support youth and their families in developing plans that best support their needs. Our **CASSP elementary school based workers** are present in each public elementary school within the two counties to support school staff and families with connections to local resources and community services as needed. This service is short term and aimed at early intervention in order to promote resiliency and build up natural supports. In addition the CASSP Coordinator and/or the Cross-System Coordinator **provide training** for incoming volunteers in the Court Appointed Special Advocates (CASA) program for dependent children.

As previously mentioned an additional **Perry County “Plant, Prepare, & Partake” Initiative** continues with the **collaboration of the CASSP Elementary School Based Program and the Perry County Food Bank** to hold cooking classes this summer at three locations and dates. Utilizing available community supports, these classes help to strengthen families through the preparation and partaking of a meal together. An initiative that was well received when it began last summer (2013), the focus is working with the families that utilize the food programs and services in Perry County to provide nutritional education and recipes as well as helpful information and resources for the family.

The **Student Assistance Program (SAP)** is provided through Teenline at Holy Spirit at the middle and high school level throughout the counties for the mental health component. The CASSP coordinator reviews and approves the quarterly reports/data for this program and is SAP trained. C/P D&A provides this service in the schools for substance abuse referrals.

Respite is provided through Youth Advocate Program brokerage through Reinvestment funds from our Managed Care partners. The Respite workgroup currently meets on a bimonthly basis to review county specific outputs such as units delivered for In and Out of Home Respite. This committee continues to suggest and solicit new providers to provide both in home and out of home services to address the continued need for this service.

Family Based workgroup was developed to address an identified issue within our region of high utilization of this service as well as high number of extension requests. Various stakeholders participate including managed care representatives, family based providers, and county representatives. Family Based best practice guidelines have been developed and submitted to the state for approval; quarterly meetings are held with each provider to address noted concerns and review quarterly outputs such as referrals per quarter, utilization rates, extension requests, critical incident reports, complaints, and treatment record review results. Barriers and challenges from the provider, county, and managed care are also discussed which has created an open dialogue and more collaboration. Yearly audits also occur which provides the opportunity for onsite immediate feedback. Family Based referrals, approvals and extension requests have decreased considerably with these initiatives which allow better service and management of this program.

Each county has developed **collaborative workgroups to address active substance abuse by parent(s) with or without mental illness** whose families are involved in CYS. In Cumberland County, this committee made up of the county D&A commission, CYS, and MH is in the beginning phases having been selected as part of a CYS grant. The initial focus will be to gather and review data, perform a root cause analysis, and gather information around the issues these families are facing in order for the system to then determine how to provide preventative treatment and support services. In Perry County, Project HOPE was established. This initiative involves a larger stakeholder group that includes CYS, MH and D&A along with a number of providers including the Maternal Assistance Program (MAP), Diakon, Perry Human Services, the RASE Project, Nurse Family Partnership, Early Intervention Program, and Perry Family Center. A two person team through Diakon has been implemented to provide intensive services to identified families in a community based recovery oriented way with emphasis on natural supports, incorporating Family Group Conferencing as a central component.

Please see previous section under ALL Populations for additional strengths.

Unmet Needs Include the Following:

Identification of parenting resources are needed that help to address some children's behaviors as not all behaviors are a function of mental illness. The propensity to label and diagnose all behaviors as some type of mental illness is problematic and unfortunate as alternate strategies that may be more appropriate are often missed in this pursuit. While PCIT, Cumberland Cares, and Nurse-Family Partnership are great resources and early intervention, these are only available to pre-school and elementary age children and families.

Please see previous section under ALL Populations that discusses the need for increased awareness of available services, improved access/capacity for psychiatric services due to the high demand, solutions for high deductibles and co-pays, rural transportation options, and housing.

Please see the chart at the end of this section for additional Strengths and Unmet Needs.

- **State Hospital Transitions**

Strengths Include the Following:

Please refer to the Existing County MH Services Chart (**Attachment**) for specific services currently provided within our counties for all adults with severe mental illness as we consider our **service array** to be a strength, despite the last few years of budget decreases.

Currently there are 18 individuals from Cumberland and Perry Counties receiving inpatient treatment at Danville State Hospital. Individuals being discharged from state hospital are connected prior to discharge with needed community supports and treatment services. Historically, we have a documented **community integration philosophy**. This is evidenced by the many community supports available and previously low state hospital inpatient utilization. However during the past three years, a noted substantial increase in referrals to the state hospital (7 this fiscal year) has occurred, possibly due to the budget cuts and subsequent community program changes. As previously stated, several State Hospital referrals would have been diverted to the community based Extended Acute Care (EAC) unit if county base funding had been available to support them at that level of care. This increase is unusual for our counties, as there was an average of only two admissions to the state hospital during the previous fiscal years prior to the budget cuts.

Funded through county base dollars, a **Base Service Unit (BSU) liaison case manager** routinely participates in state hospital team meetings and assists in the coordination of discharge planning. A certified peer specialist position that worked with the BSU liaison was unfortunately eliminated two years ago due to budget cuts. Both individuals were instrumental in providing support to individuals during their hospitalization and assisting them in their transitions to the community. 17 out of the 18 individuals who currently receive services at the state hospital have a **community support plan (CSP)** in place. One individual was admitted within the last 30 days and a CSP is scheduled for completion with him. Three individuals are in active discharge planning at this time. Upon discharge from the state hospital as well as from the EAC, follow-up CSP meetings are held within the community as needed to address concerns and review or update the CSP.

Please see previous section under ALL Populations for additional strengths.

Unmet Needs Include the Following:

Please see previous section under ALL Populations that discusses the need for increased awareness of available services, expanded medication management clinic capacity, improved access/capacity for psychiatric services due to the high demand, solutions for high deductibles and co-pays, rural transportation options, and housing.

In addition, discharge plans from the state hospital often indicate significant personal care needs or specialized community residence type settings. Our **SCR's** are full with no capacity to expand so discharge planning remains difficult to meet the person's needs within the community without additional funding.

Discharge planning is also impeded by the previously discussed issues with identifying a **Medicare** provider for aftercare services. It can take 10–12 weeks to schedule an appointment for psychiatric follow-up which significantly delays discharge or puts the individual's stability at risk without follow-up and support.

Please see the chart at the end of this section for additional Strengths and Unmet Needs.

- **Co-Occurring**

Strengths Include the Following:

Please refer to the Existing County MH Services Chart (**Attachment**) for specific services currently provided within our counties for all adults with severe mental illness as we consider our **service array** to be a strength, despite the last few years of budget decreases.

Individuals with co-occurring disorders have been identified as an underserved population through managed care data. Two of the county-contracted outpatient providers – NHS Stevens Center and Diakon Family Life Services – are **dually licensed** to provide mental health and substance abuse outpatient treatment. Through PerformCare's **Enhanced Care Management program**, county representatives from MH and D&A meet monthly with PerformCare care managers to review and discuss needs of those individuals.

Please see previous section under ALL Populations for additional strengths.

Unmet Needs Include the Following:

Please see previous section under ALL Populations that discusses the need for increased awareness of available services, expanded medication management clinic capacity, improved access/capacity for psychiatric services due to the high demand, solutions for high deductibles and co-pays, rural transportation options, and housing.

Efforts to have trained **co-occurring capable and competent providers** continue but are difficult without combined regulations from the state. In addition, several years ago OMHSAS was supportive of this initiative; however co-occurring capable and co-occurring competent trainings have not been made readily available making it an unrealistic expectation.

Please see the chart at the end of this section for additional Strengths and Unmet Needs.

- **Justice-involved individuals**

Strengths Include the Following:

Please refer to the Existing County MH Services Chart (**Attachment**) for specific services currently provided within our counties for all adults with severe mental illness as we consider our **service array** to be a strength, despite the last few years of budget decreases.

For persons being diverted or released from jail, **forensic case management services** are available to assist with linkage to needed services and community supports. The Sequential Intercepts for Developing Criminal Justice/Mental Health Partnerships model is used in Cumberland and Perry Counties to support justice involved individuals.

C/P Mental Health Office representatives participate in **Criminal Justice Advisory Board** (CJAB) meetings. The **Mental Illness Sub-committee** is an offshoot of the CJAB and meets quarterly specific to mental health concerns. This sub-committee has identified housing options for the forensic population as a priority need area. However, the forensic CRR service was eliminated two years ago due to the budget cuts. Our forensic case management (FCM) program assists with diversionary efforts as well as ongoing collaboration with county prison social workers to address reintegration needs after incarceration. Half of the social worker at each prison is funded through county base dollars to aid in connecting individuals with serious mental illness to the mental health services that are needed. In addition, the C/P MH Program funds ½ of the sex offender therapist position at both prisons and the cost for the psychiatrist through Holy Spirit Behavioral Health Center at Perry County Prison. Cumberland County Prison contracts with an alternate provider for psychiatric services there. Unfortunately the mental health therapist positions at the county prisons were also eliminated due to the MH budget cuts.

Work continues with the State Correctional Institutions (SCI) to improve the **coordination of services** for individuals being released. Only recently were we able to get primary diagnoses from the SCI's to identify targeted (Priority 1) population inmates. Of the 70 incarcerated individuals from C/P identified as having a MH diagnosis, only 25 are in the Priority 1 target population (that is, having a severe mental illness including schizophrenia, bipolar disorder, major depressive disorder, or borderline personality disorder). Since the Department of Corrections expanded their classifications of behavioral health disorders to include non-Serious Mental Illness (SMI) diagnoses, the lists have become much longer while the funds to community mental health continue to decrease. This increases the challenge to provide appropriate treatment and supports in the community. The forensic case manager monitors the list of anticipated releases with SMI to more effectively plan for reintegration needs. Although we are provided minimum and maximum dates from the SCI's, we can still only facilitate discharge plans if and when the SCI makes us aware that there will be an early release.

In addition, County MH staff and Mobile Crisis Intervention Staff have provided **education** to incarcerated individuals at the Camp Hill State Correctional Institution (SCI) with regard to community mental health services as part of their Transitional Housing Unit program. In conjunction with the PA Board of Probation & Parole and Department of Corrections, this program provides reentry services to offender participants. This partnership in providing information to inmates readying for release will continue as staffing is available.

The forensic population has access to a **forensic certified peer specialist** as well as community peer support and all other community services and supports as needed/requested. Existing residential programs also support this population as available.

Although we have been involved in all intercept points within the system, forensic mental health services have focused on the last 2 intercept points (re-entry to jails and community corrections & supports). Statistics continue to show that forensic mental health services have not only been more involved, but more effective at the 2 earlier intercept points (post arrest and post initial hearing). Through **education and relationship building** with public defenders and district attorneys, both have accessed forensic mental health services earlier in the process, which has significantly reduced the number of jail days for those individuals involved. Positive outcomes are evident such as over 3000 prison days being saved per year (using maximum sentencing guidelines) in the cases where forensic mental health services are involved. A concerted effort has been put in place to increase familiarity with all of the district justices, public defenders, and district attorneys to increase earlier forensic mental health involvement when appropriate.

In addition, the Mapping Project is a Criminal Justice-driven process in Cumberland County whereby (at the request of the county) a team from the Center for Excellence worked with the County to review data regarding the overall system (CJS, MH, D&A, etc.), discuss systems strengths and issues, use of various intercepts, and makes recommendations for system improvements. As a follow up to the Mapping Project the first item to be addressed is working with local police departments to provide CIT training. We are exploring funding options for this to occur.

Please see previous section under ALL Populations for additional strengths.

Unmet Needs Include the Following:

Please see previous section under ALL Populations that discusses the need for increased awareness of available services, expanded medication management clinic capacity, improved access/capacity for psychiatric services due to the high demand, solutions for high deductibles and co-pays, rural transportation options, and housing.

As previously part of the forensic program, we were unable to re-instate **training** provided to local police and correction officers on effective strategies in dealing with individuals with mental illness. This training has proven beneficial in the past to improving interactions and awareness with law enforcement. Due to budget constraints, this training was unable to be held this year.

In addition, **grant funding was not available** for the Crisis Intervention Team (CIT) Training that focuses on improving police officer response to individuals with mental illness and/or drug and alcohol issues.

Please see the chart at the end of this section for additional Strengths and Unmet Needs.

- **Special/Underserved Populations**

Please refer to the Existing County MH Services Chart (**Attachment**) for specific services currently provided within our counties for all adults with severe mental illness as we consider our **service array** to be a strength, despite the last few years of budget decreases.

The county mental health program strives to provide an array of services that are culturally competent. **ALL** individuals with severe mental illness have access to the same mental health services and supports in our communities (previously listed). While we do not provide any “special” services for consumers who identify as Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI), Racial/Ethnic/Linguistic minorities or Veterans, these populations identified by the state have access to any and all services and supports that anyone else with a severe mental illness has. The county mental health program expects **ALL** providers to provide culturally competent services in a caring and compassionate manner. All community supports and services are available to anyone with severe mental illness.

While ALL populations are served and have access to all appropriate services, there are not any specialized services offered for any of these populations. Per the state required template, the following sections are included:

- **Veterans:**

We do not provide special services specific to this population. We do connect with the local Veterans Affairs Offices to ensure they are aware of all available services and supports in the community that may meet their consumers’ needs. We do not complete a strengths and needs assessment specifically related to Veterans.

Strengths Include the Following:

Please refer to the Existing County MH Services Chart (**Attachment**) for specific services currently provided within our counties for all populations with severe mental illness as we consider our **service array** to be a strength. We also **work closely with our local Veterans Affairs offices** in Cumberland and Perry Counties to address needs as they arise. Additional strengths include **CSP, CFST, NAMI, Family to Family & Peer to Peer classes, continuum of supportive community services, positive working relationships with local community service agencies, Mental Health Housing Specialist, Managed Care Reinvestment funds to develop integrated housing opportunities for individuals in the community, Housing First philosophy at the Housing & Redevelopment Authority, CRR programs, Supported Apartment Programs, Fairweather Lodges, our positive relationship with The PARTNERSHIP for Better Health, working closely with our managed care partners, both CABHC and PerformCare, Older Adult Support Team conference calls, Certified Peer Specialist (including Forensic & Older Adult), Senior Care Manager, Targeted Case Management, Mobile Crisis, Specialized Community Residences (SCR), Healthy Aging training, consumer-run WarmLine, Psychiatric Rehabilitation, Social Rehabilitation, Supportive Living services, Assertive Community Treatment (ACT), Supported Employment (SE) services, and Mobile Psychiatric Nursing**. These strengths are applicable for this veteran population as well as the overall consumer population.

Unmet Needs Include the Following:

Needs include **expanded medication management clinic capacity, improved access/capacity for psychiatric services due to the high demand, increased awareness of available services, rural transportation options, and housing. Prevention and earlier intervention related to mental illness** as well as **encouraging planning and the use of WRAP** are additional need areas. The needs for the Veteran population are similar to those listed under ALL Populations as well as OLDER ADULTS and ADULTS.

Please see the chart at the end of this section for additional Strengths and Unmet Needs.

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

We do not provide special or specific services for this population. We do encourage providers to obtain training in providing services to LGBTQI consumers. We do not complete a strengths and needs assessment specifically related to this population.

Strengths Include the Following:

Please refer to the Existing County MH Services Chart (**Attachment**) for specific services currently provided within our counties for all populations with severe mental illness as we consider our **service array** to be a strength. Additional strengths include **CSP, CFST, NAMI, Family to Family & Peer to Peer classes, continuum of supportive community services, positive working relationships with local community service agencies, Mental Health Housing Specialist, Managed Care Reinvestment funds to develop integrated housing opportunities for individuals in the community, Housing First philosophy at the Housing & Redevelopment Authority, our positive relationship with The PARTNERSHIP for Better Health, working closely with our managed care partners, both CABHC and PerformCare, Older Adult Support Team conference calls, Certified Peer Specialist (including Forensic & Older Adult), Senior Care Manager, Mobile Crisis, Specialized Community Residences (SCR), Healthy Aging training, consumer-run WarmLine, Psychiatric Rehabilitation, Social Rehabilitation, Fairweather Lodges, Supportive Living services, ACT, Supported Employment services, Supported Apartment Programs, Targeted Case Management, and Mobile Psychiatric Nursing.** These strengths are applicable for the LGBTQI population as well as the overall consumer population.

Unmet Needs Include the Following:

Please see previous section under ALL Populations that discusses need for **expanded medication management clinic capacity, improved access/capacity for psychiatric services due to the high demand, increased awareness of available services, solutions for high deductibles and co-pays, rural transportation options, and housing. Prevention and earlier intervention related to mental illness** as well as **encouraging planning and the use of WRAP** are additional need areas. The needs for the LGBTQI population are similar to those listed under ALL Populations as well as OLDER ADULTS and ADULTS.

Please see the chart at the end of this section for additional Strengths and Unmet Needs.

- **Racial/Ethnic/Linguistic minorities**

We do not provide special or specific services for this population. We do require providers to have training and provide services that are culturally competent. We do not complete a strengths and needs assessment specifically related to Racial, Ethnic, and/or Linguistic minorities.

Strengths Include the Following:

Please refer to the Existing County MH Services Chart (**Attachment**) for specific services currently provided within our counties for all populations with severe mental illness as we consider our **service array** to be a strength. Providers are expected to **obtain interpreter services** as needed to communicate with consumers in an efficient and effective manner. Additional strengths include **CSP, CFST, NAMI, Family to Family & Peer to Peer classes, continuum of supportive community services, positive working relationships with local community service agencies, Mental Health Housing Specialist, Managed Care Reinvestment funds to develop integrated housing opportunities for individuals in the community, Housing First philosophy at the Housing & Redevelopment Authority, our positive relationship with The PARTNERSHIP for Better Health, working closely with our managed care partners, both CABHC and PerformCare, Older Adult Support Team conference calls, Certified Peer Specialist (including Forensic & Older Adult), Senior Care Manager, Mobile Crisis, Specialized Community Residences (SCR), Healthy Aging training, consumer-run WarmLine, Psychiatric Rehabilitation, Social Rehabilitation, Fairweather Lodges, Supportive Living services, ACT, Supported Employment services, Supported Apartment Programs, Targeted Case Management, and Mobile Psychiatric Nursing.** These strengths are applicable for the Racial, Ethnic, and/or Linguistic minorities population as well as the overall consumer population.

Unmet Needs Include the Following:

Please see previous section under ALL Populations that discusses need for **expanded medication management clinic capacity, improved access/capacity for psychiatric services due to the high demand, increased awareness of available services, solutions for high deductibles and co-pays, rural transportation options, and housing. Prevention and earlier intervention related to mental illness** as well as **encouraging planning and the use of WRAP** are additional need areas. The needs for this population are similar to those listed under ALL Populations as well as OLDER ADULTS and ADULTS.

The following chart summarizes the previous discussions regarding Strengths and Unmet Needs:

STRENGTHS	Older Adults (ages 60 & Above)	Adults (Age 18 & Above)	Transition Age Youth (age 18-26)	Children (under 18)	State Hospital Transitions	Co-Occurring	Justice-Involved	Veterans	LGBTQI	Racial, Ethnic, Linguistic Minorities
Continuum of Services to meet an array of various needs (Attachment)	X	X	X	X	X	X	X	X	X	X
Recovery Oriented & Early Intervention Philosophy	X	X	X	X	X	X	X	X	X	X
Community Integration Philosophy	X	X	X	X	X	X	X	X	X	X
Dialectical Behavioral Therapy (DBT) through HealthChoices	X	X	X	X	X	X	X	X	X	X
Cognitive Behavioral Therapy (CBT) with HealthChoices & County Funding	X	X	X	X	X	X	X	X	X	X
Certified Peer Specialist Program, with Forensic & Older Adult Specialties	X	X	X	X	X	X	X	X	X	X
Mobile Psychiatric Nursing	X	X	X		X	X	X	X	X	X
Community Support Program w/ Paid Staff	X	X	X		X	X	X	X	X	X
Licensed Psychiatric Rehabilitation Program	X	X	X		X	X	X	X	X	X
Social Rehabilitation Programs	X	X	X		X	X	X	X	X	X
Consumer Satisfaction Teams	X	X	X		X	X	X	X	X	X
Consumer Run WarmLine	X	X	X		X	X	X	X	X	X
Three Fairweather Lodges	X	X	X		X	X	X	X	X	X
Three Specialized Community Residences (license PCH)	X	X	X		X	X	X	X	X	X
Respite – HealthChoices and County-funded	X	X	X	X	X	X	X	X	X	X
Mental Health Housing Specialist & Housing Preferences	X	X	X	X	X	X	X	X	X	X

STRENGTHS (cont.)	Older Adults (ages 60 & Above)	Adults (Age 18 & Above)	Transition Age Youth (age 18- 26)	Children (under 18)	State Hospital Transitions	Co- Occurring	Justice- Involved	Veterans	LGBTQI	Racial, Ethnic, Linguistic Minorities
Positive Strong Working Relationships with Community Agencies & Managed Care Partners	X	X	X	X	X	X	X	X	X	X
Older Adult Support Team Calls	X	X			X	X	X	X	X	X
Senior Care Manager – Psychiatrist w/ Geriatric Specialty	X	X			X	X	X	X	X	X
Healthy Aging Training	X				X	X	X	X	X	X
Mobile Crisis	X	X	X	X	X	X	X	X	X	X
Supportive Living	X	X	X		X	X	X	X	X	X
Supported Living	X	X	X		X	X	X	X	X	X
Assertive Community Treatment Team	X	X	X		X	X	X	X	X	X
Supported Employment	X	X	X		X	X	X	X	X	X
Transition Age Youth Coordinator			X			X	X		X	X
CASSP Teams			X	X		X	X		X	X
CASSP Elementary School Based Program				X						X
Children’s Evidence Based Practices such as CRR-ITP & MST				X		X	X		X	X
Parent Child Interactional Therapy (PCIT)				X						X
Plant, Prepare, Partake Initiative for children and families		X	X	X		X	X		X	X
Cumberland Cares for Families				X						X
Nurse Family Partnership				X						X
Cross-System Coordinator – JPO & CYS			X	X		X	X		X	X
Family Group Decision Making			X	X		X	X		X	X
CASSP Training for the CASA Program			X	X		X	X		X	X
Student Assistance Program			X	X		X	X		X	X
Family Based Workgroup			X	X		X	X		X	X

STRENGTHS (cont.)	Older Adults (ages 60 & Above)	Adults (Age 18 & Above)	Transition Age Youth (age 18- 26)	Children (under 18)	State Hospital Transitions	Co- Occurring	Justice- Involved	Veterans	LGBTQI	Racial, Ethnic, Linguistic Minorities
ICSP - Collaboration between Perry CYIS, D&A & MH for Project HOPE		X	X	X		X	X	X	X	X
Targeted Case Management including Forensic	X	X	X	X	X	X	X	X	X	X
Criminal Justice Policy Team	X	X	X		X	X	X	X	X	X
Mental Illness Subcommittee	X	X	X		X	X	X	X	X	X
BSU State Hospital Liaison	X	X	X		X	X	X	X	X	X
Enhanced Care Management Program with HealthChoices	X	X	X	X	X	X	X	X	X	X
Family-to-Family and Peer-to-Peer Classes (NAMI)	X	X	X		X	X	X	X	X	X
Mapping Project (CJ, MH, SA)	X	X	X		X	X	X	X	X	X

UNMET NEEDS	Older Adults -ages 60 & Above	Adults Age 18 &Above	Transition Age Youth (age 18-26)	Children (under 18)	State Hospital Transition	Co-Occurring	Justice-Involved	Veterans	LGBTQI	Racial, Ethnic, Linguistic Minorities
Medication Mngmt. Clinics – lack of sufficient capacity due to budget decreases & high demand for services	X	X	X		X	X	X	X	X	X
Access to Psychiatric Services – lack of sufficient capacity & high demand for services	X	X	X	X	X	X	X	X	X	X
High Deductibles & Co-pays for obtaining services with private insurances, including Medicare	X	X	X	X	X	X	X	X	X	X
Suicide Prevention Initiative	X	X	X	X	X	X	X	X	X	X
Increase Awareness of Existing Services within the Community	X	X	X	X	X	X	X	X	X	X
Suicide Prevention Initiative	X	X	X	X	X	X	X	X	X	X
Delays in discharge planning from Inpatient and/or residential treatment	X	X	X	X	X	X	X	X	X	X
Transportation, especially in rural communities, for treatment access as well as community living	X	X	X	X	X	X	X	X	X	X
Lack of available, safe & affordable housing	X	X	X	X	X	X	X	X	X	X
Lack of awareness of available services	X	X	X	X	X	X	X	X	X	X
Aging Trainings about MI	X	X			X	X	X	X	X	X
Law Enforcement Trainings about MI	X	X	X	X	X	X	X	X	X	X
Crisis Intervention Team (CIT) Police Training	X	X	X	X	X	X	X	X	X	X
Transition Age Youth Aging Out of Children's Services and Not Meeting SMI (Serious Mental Illness) Criteria for Adult Services			X	X		X	X		X	X

UNMET NEEDS (cont.)	Older Adults -ages 60 & Above	Adults Age 18 &Above	Transition Age Youth (age 18-26)	Children (under 18)	State Hospital Transition	Co-Occurring	Justice-Involved	Veterans	LGBTQI	Racial, Ethnic, Linguistic Minorities
Planning to Meet the Needs of Transition Age Youth with Little Resources within the Mental Health System			X	X		X	X		X	X
Parenting Resources as Some Children's Behaviors are not a Function of Mental Illness		X	X	X		X	X	X	X	X

c. RECOVERY ORIENTED SYSTEMS TRANSFORMATION

The MH Plan discussion within the CSP committee meetings focused on maintaining the provision of quality services, increasing access to needed services and increasing awareness of available supports and services. Our focus must be on how to best support individuals in their recovery with the funds currently available to these counties. All of the service providers currently in place are committed to providing recovery oriented services. Continuing ongoing education and relationship development with others in the community as a means to address stigma and engage community members in supporting individuals with mental illness becomes critical in building natural supports as much as possible and are accomplished as time and opportunity present themselves. We will continue to embrace and support the philosophy of recovery and resiliency as well as monitor the impact of the current service delivery system. Once adequate funding is made available, then the CSP MH Plan sub-committee and county staff will evaluate the system in place at that time and develop future transformation priorities based on those needs. Until then, the following priority areas have been identified.

Priority Area: Ensure efficient and effective service delivery through our two mental health **Base Service Units**.

- **A brief narrative description of the priority:** Given the recent population increase in our counties, decrease in our mental health allocations budgetarily, and increased utilization of services within our county mental health systems, it is important to ensure quality, effective service delivery. At this point our county office priority focus continues from last year with reviewing our existing two MH BSU's to ensure efficient and effective service delivery in those two programs. In addition, due to Medicaid Expansion, the BSU has increased responsibility in monitoring payment source and use of base funds to ensure appropriate service provision. This data is tracked and trends are reviewed with both BSU providers to review processes and make any needed revisions on an ongoing basis.
- **A time line to accomplish the transformation priorities:** County staff has reviewed the processes in each BSU and are working with both BSU's to implement revisions to those programs by October 2015. Each BSU program will be formally reviewed again in April 2016 to assess outcome of changes. Intake, utilization and referral data is submitted by each BSU monthly. This data is

tracked and trends are reviewed with both BSU providers to review processes and make any needed revisions on an ongoing basis. Monthly meetings are held with the BSU providers that include a review of this priority.

- Information on the fiscal and other resources needed to implement the priorities: Existing staff and current funding will be utilized to complete this review as no additional funds are available or accessible.
- A plan/mechanism for tracking implementation of priorities: Ongoing review of the implemented revisions will occur via the county Mental Health staff through annual record audits, review of utilization, and monthly BSU meetings to discuss expectations and progress.

Priority Area: Ensure efficient and effective service delivery through our **Crisis Intervention Services (CIS)**

- A brief narrative description of the priority: Again, with the recent population increase in our counties, decrease in our mental health allocations budgetarily, and increased utilization of services within our county mental health systems, it is important to ensure quality, effective service delivery. At this point our county office priority focus continues from last year with reviewing our existing Crisis Intervention program to ensure efficient and effective service delivery. An increase in the use of mobile CIS has been noted as part of last year's process review and implementation of changes.
- A time line to accomplish the transformation priorities: County staff has completed the review of the processes of the CIS program. The CIS program will be reviewed again in December 2015 to assess outcome of changes. Quarterly meetings are held with this CIS provider that includes a review of this priority.
- Information on the fiscal and other resources needed to implement the priorities: Existing staff and current funding will be utilized to complete this review as no additional funds are available or accessible.
- A plan/mechanism for tracking implementation of priorities: Utilization and referral data is submitted by the CIS program monthly. This data is tracked and trends are reviewed with the CIS provider to review processes and make any needed revisions on an ongoing basis.

New Priority Area: Development and implementation of a **Suicide Prevention Initiative.**

- A brief narrative description of the priority: As identified on page 21 of this plan, suicide prevention has been identified as an increasing need in our counties. During the upcoming months, we will be working together with our HealthChoices Behavioral Health partners to develop aspects of this initiative to address this need in Cumberland and Perry Counties. Neither a team nor timeframes have been developed yet as this project is just getting underway.

- A time line to accomplish the transformation priorities: none has been established as yet since neither a team nor timeframes have been developed.
- Information on the fiscal and other resources needed to implement the priorities: unknown as the plan is still being developed.
- A plan/mechanism for tracking implementation of priorities: not yet developed.

New Priority Area: Increase awareness of available mental health services and supports in Cumberland and Perry Counties.

- A brief narrative description of the priority: As identified on page 22 of this plan, an increase in the awareness of available mental health services and supports is needed in our counties. In May 2015, a task group of county MH representatives, staff and consumers was formed to address this need as a priority. That task group is in the process of developing a plan to address outreach and increasing awareness of existing services. (Some outreach has started by providing the Food Banks in Perry County with “Accessing Mental Health Services” brochures that they agreed to distribute with the food bags in May as part of Mental Health Awareness month.)
- A time line to accomplish the transformation priorities: The task group is in the process of developing a time line and specific tasks to complete.
- Information on the fiscal and other resources needed to implement the priorities: Existing staff and current funding will be utilized to complete this priority as no additional funds are available or accessible.
- A plan/mechanism for tracking implementation of priorities: The task group plans to meet monthly to review the development and implementation of the plan.

As previously stated, all of the supports and services listed in this section have played a vital role in recovery for numerous individuals as well as the system transformation of Cumberland and Perry Counties’ Mental Health Program. Given the current budget constraints and recent cuts, there are not the resources to develop strategies to address many of these unmet needs. The current focus is on how to support individuals in their recovery without the wealth of services previously available in our communities. Continued funding is necessary to ensure that these services are available to the consumers and family members within our communities, both those currently in need and those with needs to come in the future.

ATTACHMENT – CUMBERLAND-PERRY MH SERVICES 15/16

Existing County Mental Health Services: 2015-16

SERVICE CATEGORY	CATEGORY DESCRIPTION	CONSUMER OUTCOME	MH SERVICES AVAILABLE IN CUMBERLAND / PERRY COUNTIES	FUNDING SOURCE: County, HealthChoices, or Reinvestment			PRIORITY POPULATION: Adult, Older Adult, Transition Age Youth, Children			
				C	HC	R	A	OA	TAY	CH
Treatment	Alleviating symptoms & distress	Symptom Relief	Outpatient	█	█		█	█	█	█
			Psychotropic Medications	█	█		█	█	█	█
			Inpatient Psychiatric Hospitalization	█	█		█	█	█	█
			Partial Hospitalization	█	█		█	█	█	█
			Family Based Services		█				█	█
			Assertive Community Treatment (ACT)	█			█	█	█	
			RTF/CRR HH Accredited and Non-Accredited		█				█	█
			Mobile Psychiatric Support Services		█		█	█	█	
Crisis Intervention	Controlling & resolving critical or dangerous problems	Personal Safety Assured	MH Crisis Intervention (Mobile, Walk-in, Phone)	█	█		█	█	█	█
			Emergency Services	█			█	█	█	█
Case Management	Obtaining the services consumer needs and wants	Services Accessed	Intensive Case Management	█	█		█	█	█	█
			Resource Coordination	█	█		█	█	█	█
			Administrative Case Management	█			█	█	█	█
			Forensic Case Management	█			█	█	█	
			State Hospital Liaison	█			█	█	█	
			Transition Coordinator (youth ages 16-24)		█	█	█		█	█
			Assertive Community Treatment		█		█	█	█	

Existing County Mental Health Services: 2015-16

(PAGE 2 of 3)

SERVICE CATEGORY	CATEGORY DESCRIPTION	CONSUMER OUTCOME	MH SERVICES AVAILABLE IN CUMBERLAND / PERRY COUNTIES	FUNDING SOURCE: County, HealthChoices, or Reinvestment			PRIORITY POPULATION: Adult, Older Adult, Transition Age Youth, Children			
				C	HC	R	A	OA	TAY	CH
Rehabilitation	Developing skills and supports related to consumer's goals	Role Functioning	Psychiatric Rehabilitation: site-based	█			█	█	█	
			Supported Employment	█			█		█	
			Community Residential (CRR) Services	█			█	█	█	
			BHRS for children & adolescents		█				█	█
Enrichment	Engaging consumers in fulfilling and satisfying activities	Self-Development	Social Rehabilitation	█			█	█	█	
			Stigma Busting Activities held during Mental Health Awareness Month & Mental Illness Awareness Week	█			█	█	█	█
Rights Protection	Advocating to uphold one's rights	Equal Opportunity	Community Support Program (CSP)	█			█	█	█	
			NAMI	█			█	█	█	█
			CFST	█			█	█	█	
			CFST – CSS		█		█	█	█	█
			Administrator's Office: Legal Rights/Civil Commitment Process	█			█	█	█	█
			County Participation in Grievance & Appeals Processes	█			█	█	█	█
Basic Support	Providing the people, places, and things consumers need to survive (e.g., shelter, meals, healthcare)	Personal Survival Assured	Respite Services Brokerage			█	█	█	█	█
			Supportive Living	█			█	█	█	
			Housing Support Services: MH Housing Specialist & Shelter Plus Coordinator positions	█			█	█	█	
			Fairweather Lodge Coordinators	█			█		█	
			Specialized Community Residences (SCR) staff	█			█	█		
			County Transportation	█	█		█	█	█	█

Existing County Mental Health Services: 2015-16

(PAGE 3 of 3)

SERVICE CATEGORY	CATEGORY DESCRIPTION	CONSUMER OUTCOME	MH SERVICES AVAILABLE IN CUMBERLAND / PERRY COUNTIES	FUNDING SOURCE: County, HealthChoices, or Reinvestment			PRIORITY POPULATION: Adult, Older Adult, Transition Age Youth, Children			
				C	HC	R	A	OA	TAY	CH
Self Help	Exercising a voice and a choice in one's life	Empowerment	Certified Peer Specialists	█	█		█	█	█	
			Warm Line	█			█	█	█	
			CSP	█			█	█	█	
			NAMI	█			█	█	█	█
			CFST	█			█	█	█	
			CFST: CSS		█			█	█	█
Wellness/ Prevention	Promoting healthy life styles	Health Status Improved	WRAP training	█	█		█	█	█	
			Family to Family (NAMI)	█	█		█	█	█	
			Peer to Peer (NAMI)	█	█		█	█	█	
			CSP	█	█		█	█	█	
			NAMI	█	█		█	█	█	█
			Wellness Summit, MH Awareness Walk, and other educational activities (stigma busting) in the community	█	█		█	█	█	█

2. INTELLECTUAL & DEVELOPMENTAL DISABILITIES SERVICES

DESCRIPTION OF CURRENT INTELLECTUAL AND DEVELOPMENTAL DISABILITIES SERVICES IN CUMBERLAND/PERRY COUNTIES

Cumberland-Perry Mental Health/Intellectual and Developmental Disabilities Services (MH/IDD) believes that individuals with disabilities should be able to receive the services and supports they need in their home communities. Cumberland/Perry MH/IDD is fortunate to be able to offer individuals with disabilities and their families who live within the two-county joinder an extensive selection of quality services and supports. These services/supports include supports coordination services, community residential services, supported employment/job training services, adult developmental services, family support services, transportation services and recreation/socialization services.

The services and supports provided by the Cumberland-Perry IDD Program are guided by the principles of Self-Determination and Everyday Lives. Individuals with developmental disabilities need to have choice and control in all aspects of their lives. They need to be afforded the opportunity to make decisions about the supports and services they receive. Services and supports need to be provided in a way that enhances client choice, growth and development, and as much independence as possible. Services and supports need to be provided in a way that enhances a person's dignity and self-worth. Hence, an individual's services are designed for a continuum of growth and development. The supports coordinators are charged with the role of enabling the individual and family to move along the continuum of growth and development to achieve their maximum potential. In addition, the Cumberland-Perry IDD Program recognizes that client advocacy is a major part of the supports coordinator's role within the service system. The supports coordination staff is available to discuss problem areas and assist in facilitating a resolution to the individual/family's concerns.

The 2014 - 2016 Quality Management Plan for Cumberland and Perry Counties supports the principles of Self Determination and Everyday Lives. Our Quality Management Team includes individuals with IDD, family members, providers, community advocates, and County staff. These team members worked together to develop our quality management goals for 2014 - 2016. Cumberland/Perry's 2014 - 2016 quality management goals are as follows:

1. All individuals are given the opportunity to communicate with others.
2. All individuals are given the opportunity to reside in a Lifesharing home.
3. All individuals are given the opportunity to pursue competitive employment.
4. All individuals are safe in their homes and community – decrease the number of restraints of individuals by 20%.
5. All individuals are safe in their homes and community – decrease the number of individual to individual abuse incidents by 20%.
6. All individuals who have needs identified through the PUNS process will have their PUNS reviewed and updated on an annual basis.

In January 2005, Cumberland/Perry Intellectual and Developmental Disabilities Services convened a Residential Task Force to study the increasing lack of available living arrangements for adults with intellectual disabilities in Cumberland/Perry Counties. The Task Force is comprised of parents, service providers, advocates, and community service organizations. The initial purpose of the Task Force was to

identify strengths and weaknesses of IDD residential services in Cumberland and Perry Counties and to create a Strategic Plan, the *Networked Neighborhood* strategy that addresses the planning, construction, and continued support of living arrangements for adults with intellectual disabilities. Our consumer/family/provider advisory group has been instrumental in helping us identify areas of our service delivery system that need to be improved; they are great teachers. This advisory group meets the first Wednesday evening of each month.

The *Networked Neighborhood* strategy was born from the concerns and recommendations of individuals and families. It is based on a current analysis of information regarding individuals and system resources plus projections of future needs. The *Networked Neighborhood* strategy is an overall strategy for the development of local services and supports. It includes a spectrum of natural and community resources, plus IDD-funded services and supports, involving both expansion of capacity and rebalancing of existing resources.

Over the past ten years, the purpose of the Task Force has evolved from focusing on just residential services to focusing on all services and supports that individuals with intellectual disabilities and their families need. The projected outcomes for the *Networked Neighborhood* Strategy include:

- MH/IDD will apply the *Networked Neighborhood* strategy to all system expansion and improvement efforts.
- Consumers will have the options and opportunities to live in less restrictive, yet appropriate, living arrangements.
- Consumers will have opportunities to experience services and supports of greater variety that are in their *neighborhood* and closer to home.

Task force members meet with the Deputy Secretary for the Office of Developmental Programs as well as state legislators from Cumberland and Perry counties on at least an annual basis to discuss service and support options that are more cost effective so that additional individuals who are currently on the Waiting List can be served.

Continuum of Services: Consumer/Family Transition Consultant

The Consumer/Family Transition Consultant is another service option available to all individuals and families registered with Cumberland/Perry IDD Services who are experiencing issues related to transitions of any kind. Cumberland/Perry IDD Services is placing an increased emphasis on family engagement and the development of a “strengths-based” approach to service delivery by contracting with a social worker/counselor to work with individuals and families around issues pertaining to transition. Historically, both schools and social service agencies have focused on the needs of the student/consumer with special needs. While there is no question that the needs of the individual are paramount, it also is important to address the needs of the families who care for individuals with special needs. Thus, by supporting the family as well as the individual during challenging transition processes, such as transitioning from high school into the world of adult services or transitioning from living at home to living in an apartment or a group home, positive outcomes can be achieved. By providing extra support to elderly caregivers who are reluctant to make plans for when they are no longer able to care for their son/daughter, positive outcomes can be achieved.

The County sees great value in this approach as a means of enhancing communication and helping individuals and families identify, express, and process the myriad of feelings that are common to the above experiences.

Continuum of Services: New Community Program Development

Cumberland/Perry IDD Services supports ~1000 individuals with IDD and their families. Of these ~1000 individuals, over half of the individuals we support are living at home with their families, at state centers and other ICF-MRs, and nursing facilities. Cumberland/Perry has approximately 30 individuals who are living at state centers or other ICF/MRs. Cumberland/ Perry IDD Services provides an array of services and supports to individual's living at home with their families that include day program options, job coaching, transportation, habilitation, and respite services. For Fiscal Year 2015-2016, we have \$1,071,695 from our Base funding targeted for Community Based Services.

Currently, all most all of the funding for residential services in Cumberland and Perry counties is provided through the Consolidated waiver program. However, we currently are supporting 10 individuals in residential settings with Base funds. For Fiscal Year 2015-2016, we have \$885,357 from our Base funding targeted for community residential services.

With respect to supported living or independent living, our consumer/family advisory group is advocating strongly for the provision of more independent living/apartment-type living opportunities as a more cost-effective residential option. Consumers and their families, as well as the supports coordination unit, have also indicated that there is significant interest in this type of living arrangement, however, families have real concerns about their son/daughter having the necessary skills to live independently in the community.

In response to this concern, we opened a new program, *The Pathways Academy: Transition to Independent Living Program*, in March 2014 in Cumberland County. *The Pathways Academy* assists those individuals with the ability to achieve a greater level of independence to live in their own apartment in their chosen community. The Pathways Academy program is an intensive, curriculum-based, 12-18 month residential program that teaches an individual the skills needed to live with minimal support in the community. When an individual has mastered targeted living skills and is ready to live independently, he/she will "graduate" from The Pathways Academy and move into a supported living opportunity in the community. During the summer of 2015, the first Pathways Academy class "graduated" from the program and moved into apartments in their home communities. Each of these individuals will receive individualized community habilitation supports. A new class of three individuals will move into the program in September 2015.

To assist with ensuring the safety of individuals with intellectual disabilities who want to live independently in the community, UCP of Central PA and SimplyHome forged a partnership to offer an array of *independent living technologies* to individuals with intellectual disabilities and their families in Cumberland and Perry counties. The SimplyHome system uses multiple sensors to proactively notify caregivers and loved ones of changes in an individual's life style patterns. This innovative technology includes an array of sensors, environmental controls, and medication dispensers all monitored via SimplyHome's secure website. Through UCP of Central PA's partnership with SimplyHome, a new model for monitoring to provide the maximum level of independence in a cost effective and efficient manner has been created. Cumberland/Perry IDD Services supports pairing technology with direct care to maximize each person's independence resulting in an enhanced quality of life for individuals with intellectual disabilities.

UCP of Central PA opened a new day program, the *Pathways Independent Living Program*, in March 2015. This community-based program is an innovative two-year adult-day program for people 18 or older with intellectual and developmental disabilities and is located in Camp Hill. Goals for participants in the program are two-fold: 1. To lead and maintain a self-sufficient lifestyle; and 2. To successfully transition to meaningful employment.

Hempfield Behavioral Health opened a *Farm Day Program* for individuals with intellectual and developmental disabilities in April 2015. The farm is located in Newville. The program will feature a farm with gardens, animals, crafts, baking, community outings, and volunteering.

As we talk with consumers and families about the supports that they need, it has become clear to us that most families want to keep their sons or daughters or loved ones with them in their home as long as possible. But, in order to do this, families need assistance. Respite care was discussed numerous times in our conversations with consumers and families. Structured or planned respite needs to be added to the ISP of an individual living at home when it is requested by the family.

A respite focus group formed as a sub-group of the Residential Task Force and assessed the respite needs of consumers and families in Cumberland and Perry counties via a "Survey of Respite Needs." The results of this survey indicated that having 4-hour evening respite options available to families was identified as a need. The respite focus group has developed an array of respite options to attempt to meet the respite needs identified by the families. The plan includes Friday evening respite programs in Carlisle, Mechanicsburg, and Shippensburg. Currently, ~12 individuals per site attend the Friday evening respite programs one to two times a month. Families are encouraged to utilize this service as often as they can.

In addition, the Residential Task Force and the County felt that it was important that planned overnight respite capacity be added as a service/support for families to utilize. One of our providers operates an overnight respite facility which has the capacity to provide respite for up to three individuals a night. This facility is located in western Cumberland County. Families are encouraged to utilize this service as well.

In 2015-2016, the respite focus group in Cumberland/Perry will combine efforts with the Dauphin County respite group in order to offer increased respite opportunities to individuals with IDD and their families living in all three counties.

	Estimated/Actual Individuals served in FY 14-15	Projected Individuals to be served in FY 15-16
Supported Employment	32	36
Sheltered Workshop	18	15
Adult Training Facility	12	15
Base Funded Supports Coordination	181	182
Residential (6400)	10	11
Lifesharing (6500)	0	0
PDS/AWC	11	11
PDS/VF	0	0
Family Driven Family Support Services	59	62

Supported Employment

Real jobs should be the first priority and preferred outcome for individuals with disabilities. Many people with intellectual disabilities are successfully working in a variety of real jobs plus receiving the support they need to be successful at work. Cumberland/Perry IDD Services is working collaboratively with Dauphin County ID Services to support individuals with IDD in all three counties in their search for competitive employment through the *Employment First* initiative. The *Employment First* initiative is focusing on educating individuals and families, the schools, and employers about the need to start the planning process early.

As part of our efforts to promote competitive employment as the most appropriate outcome for individuals with intellectual and developmental disabilities graduating from high school, Cumberland/Perry IDD Services awarded two Employment Initiative mini grants to Goodwill Keystone Area and Keystone Human Services to be implemented during the summer of 2015. Goodwill Keystone Area will provide soft skills training and paid work experience to 10 individuals with IDD from June to August 2015 at the Goodwill Store in Lemoyne and the Giant in Carlisle. Keystone Human Services will provide one-to-one support to four students to explore their career interests and develop their work skills through volunteering and/or gaining paid employment from June to August 2015.

As of June 2015, we have 111 individuals who are registered with us working competitively. Cumberland/Perry IDD Services also participates in the Employment Pilot. In Fiscal Year 2013-2014, we had 16 individuals participate in the pilot. Their wages ranged from \$7.25 - \$9/25 per hour. Cumberland/Perry historically has approximately 20 individuals graduating from high school each year. In keeping with our *Employment First* focus, the supports coordination unit will encourage the high school graduates to seek competitive employment or pursue a post-secondary education opportunity upon graduation. In addition, all individuals between the ages of 16-26, not just the graduates for 2014, will be encouraged to pursue competitive employment. Job coaching/job finding supports will be provided for those individuals who choose to pursue competitive employment. Recently, we were approached by Aerotek Industries in Carlisle and asked to assist them in identifying individuals with IDD who are looking for competitive employment. Currently, we are working with Keystone Human Services job support staff to help us develop these jobs for individuals with IDD at Aerotek Industries. For Fiscal Year 2015-2016, we have \$150,025 from our Base funding targeted for job coaching/job finding services.

Additionally, in 2012-2013, Cumberland/Perry IDD Services joined into a partnership with parents and other professionals in Central Pennsylvania to support The DREAM Partnership. The DREAM Partnership is working to establish a network of colleges across Pennsylvania that will provide educational opportunities for individuals with intellectual disabilities through a certificate program that will *ultimately lead to competitive employment* and independent living. Going to college is and always has been connected to greater rates of employment and higher wages. When students with intellectual disabilities go to college, positive impacts emerge for everyone involved. Arcadia College in Southeastern PA was the first college to join The DREAM Partnership in PA. Arcadia College's program opened in September 2013 with five (5) students with intellectual disabilities attending college classes on the campus; Arcadia finished its second year of offering post-secondary educational opportunities for individuals with IDD by graduating three of the five individuals. In September 2015, Millersville University will open an inclusive post-secondary education program with residential options for nine (9) individuals with intellectual disabilities. Two (2) individuals from Cumberland County are among the nine students who will begin taking classes at Millersville University in September 2015. Other colleges/universities who will be offering post-secondary education

opportunities for individuals with intellectual disabilities in 2015-2016 include Mercyhurst College, Penn State-Harrisburg, East Stroudsburg University, and Slippery Rock University.

Base Funded Supports Coordination

Cumberland/Perry has 181 individuals who do not qualify for medical assistance funding and can only be served utilizing the Base funding that we receive. Base funded supports coordination is provided to individuals registered with us who reside in their own home or in their family's home, the state centers, or in the nursing homes. We plan to focus on assisting some of our folks who are currently residing in nursing homes to transition back to their home communities to live over the course of next year. Our newly organized Nursing Home Transitions Team which includes representatives from the Cumberland/Perry IDD office, the Cumberland County Office of Aging and an advocacy organization is working diligently on several different cases. Our planned expenditures for supports coordination is \$209,376 for Fiscal Year 2015-2016.

Life Sharing Options

Our Lifesharing programs have had their "ups and downs." We currently have 15 individuals living in a Lifesharing home. All our individuals living in a Lifesharing home are funded through the Consolidated waiver. Our PUNS numbers indicate that we have 19 individuals on the Waiting List who would like to live in a Lifesharing setting. However, recruitment of Lifesharing families (the families who want to take individuals into their homes and care for them as a member of their family) has been very difficult for us. One of our providers came into our County and conducted two separate recruiting sessions for families interested in becoming Lifesharing families and no one showed up to even talk about the program. We will continue our efforts to support our providers in the recruitment of Lifesharing families.

Our Lifesharing point person continues to attend meetings of the joint Cumberland/ Perry/Dauphin Lifesharing group. This group is made up of providers who provide Lifesharing in both Cumberland, Perry, and Dauphin counties. This group works together to find provider families and come up with ideas for recruitment, retention, etc. It is the expectation that providers utilize many different options when searching for potential Lifesharing families, i.e. word of mouth, current staff, advertising, church and community flyers and newsletters, etc. The committee plans to do more educational outreach activities such as attending community events like job fairs, health fairs, and other public events to educate the general public about Lifesharing. We will continue our efforts to support our providers in the recruitment of Lifesharing families.

The Cumberland/Perry/Dauphin Lifesharing group is also working on creating a Lifesharing brochure that will have basic information about Lifesharing as well as contact information for all agencies providing Lifesharing in Cumberland, Perry, and Dauphin counties. In addition, the statewide Lifesharing subcommittee is working on a video that can be shared with individuals interested in living in Lifesharing as well as families interested in becoming lifesharing providers. Our supports coordinators will continue to discuss Lifesharing as a residential option with individuals, families, and teams at ISP meetings when residential services and supports are being explored.

Cross Systems Communications and Training

Cumberland/Perry IDD Services collaborates with other human service agencies in Cumberland and Perry counties via participation on the Cumberland County CASSP Team, the Perry County CASSP Team, and the Human Services Policy Team. A new cross systems team that includes Children and Youth, Mental Health, and Intellectual and Developmental Disabilities has been formed to ensure that the needs of children and youth who are open in multiple county systems are being adequately addressed. The goal is to have a strength-based, family-focused system in which families have prompt access to a continuum of services that support stability, safety and wellness within the family and the community.

Cumberland/Perry IDD Services also facilitates a Risk Management Team meeting on a monthly basis. The Risk Management Team convenes to review patterns, trends, analyses, emergent issues, impact of improvement activities and recommendations based on recent findings for individuals who are registered with Cumberland/Perry IDD Services. The Risk Management Team reviews the following agenda items as they relate to the Risk Management process: 1. The recent top six primary incident categories; 2. Recent provider incident category totals; 3. A list of providers who support individuals who have had three or more incidents in a three month time period; 4. Recent deaths; 5. "High profile" individuals being tracked by ODP and the County; 6. Statewide Quality Management Core Performance Measure goals which include recent data for Restraints and I-2-I Abuse incidents; and 7. Specific issues/concerns of individuals and/or providers as the issues relate to the Risk Management process.

Quarterly incident management reviews are completed by the Incident Manager. The Incident Manager evaluates the data, trends, and best practices to provide quality assurance and identify quality improvement needs. All newly hired supports coordination staff receive initial training in incident management policies from the County AE Incident Manager as well as on-going training support from the Supports Coordinator Supervisors.

The Cumberland/Perry AE Semi-Annual Incident Management Analysis Report is made available to all providers of IDD services to share information regarding overall incident management data summaries and trends. Providers are also required to implement their own Quality Improvement and Risk Management committees. In addition, the AE will assist in facilitating communications between providers and other agencies to discuss "best practice" programs and techniques as interest and needs arise.

This AE and our providers recognize that in order to move the IDD system of care toward improved services and outcomes for those we support, the analysis of accurate and meaningful data is necessary and collaboration amongst all entities caring for an individual must occur.

Aging Issues and Individuals with Intellectual and Developmental Disabilities

Individuals with developmental disabilities are healthier and are living longer than they have in the past due to medical technology and advances in the health field. Currently, 10% of our IDD population, or 100 individuals, are 60 – 85+ years old or older. Residential providers and day program providers as well as family caregivers encounter numerous issues on a daily basis related to supporting aging individuals with intellectual and developmental disabilities. There is a growing population of older individuals in our system requiring services for the transition from vocational to non-vocational settings. A significant number of these people will need specialized programming offering structured activities and supervision during the day. In addition, group homes that were once accessible for these individuals are no longer accessible.

Increasing medical needs make it difficult for residential providers to provide appropriate care. Providers have projected crisis level proportions for the elderly IDD population in both residential and day programs in a few years.

For the past five years, our Aging/IDD County Team composed of representatives from both the Cumberland County Aging and Community Services Office and the Intellectual and Developmental Disabilities Office, advocates from the ARC, a gerontology professor from Shippensburg University, and providers of service for senior citizens and individuals with intellectual disabilities have been meeting on a monthly basis in order to discuss the emerging needs of this population. The Aging/IDD County Team receives funding through a mini-grant offered by the Office of Long Term Living to provide cross systems training for the staff and providers from both departments. Emphasis has been placed on cross systems training via a series of Lunch and Learns for the staff working in Aging and Community Services and Intellectual and Developmental Disabilities as well as service provider staff who support individuals with IDD who are aging. In addition, the work group has developed a Later Life Planning training course for individuals with IDD. This training has been presented to approximately 55 individuals with IDD, 50 years old and older, since its inception in 2012. The work group also developed and piloted a senior center mentoring program for individuals with IDD in order to assist them in successfully assimilating into community based senior center programs.

Emergency Supports

On-call Procedures

Cumberland/Perry MH/IDD contracts with an answering service that responds to calls that are made to the office before or after normal working hours. The answering service will field the call and then transfer the call to the on-call worker. If the call is about an IDD consumer, the on-call worker will either manage the call or refer the call to the IDD Director or the SCO Director so that appropriate action can be taken. The IDD Director or the SCO Director will ask for assistance from the Incident Manager or our IDD providers in order to ensure the health and safety of the individual.

Funding for Emergency Needs

At the beginning of the fiscal year, Cumberland/Perry IDD Services reserves \$125,000 out of its Base funding for emergencies that may arise over the course of the fiscal year. Each quarter thereafter (October, January, April), these encumbered funds are reviewed for usage and, if funds have not been used, a decision is made on how much of these funds can be released for use by other consumers.

Meeting Unanticipated Emergency Need

Throughout the course of a year, IDD typically receives three to four calls requesting emergency services for individuals whom are registered with us as well as for those individuals whom are not registered with us. An Unanticipated Emergency must meet the following criteria:

1. An individual is at immediate risk to his/her health and welfare due to illness or death of a caretaker;
2. An individual living independently experiences a sudden loss of his/her home (for example, due to fire or natural disaster); or

3. An individual loses the care of a relative or caregiver without advance warning or planning.

The AE will immediately review available service resources within both Cumberland and Perry counties as well as the individual's waiver enrollment status before taking action. The AE will also determine if there are any family members to whom we can reach out to for assistance. If waiver capacity exists and the individual meets the criteria for entry into the waiver, waiver capacity will be used to meet the needs of the individual. If waiver capacity does not exist at the time of the emergency, the AE will then evaluate the status of our Base funding to see if it can be utilized to meet the emergency needs of the individual.

If we determine that there are no natural or local resources (i.e. Waiver Capacity or Base funding) available to address the emergency, we will contact the Waiver Capacity Manager at the Office of Developmental Programs (ODP) to review the situation and request assistance from ODP via the Unanticipated Emergency process.

During the past year, Cumberland/Perry IDD Services had four (4) emergency situations where the individual with IDD had an elderly caregiver who was no longer able to care for the individual any longer. Base funding was used to support these four (4) emergency situations at the onset. Two (2) of these individuals will soon receive Consolidated waivers as these waivers were just recently vacated by other individuals. The other two (2) individuals will continue to be supported with Base funds.

Please note that every effort will be made to meet the individual's emergency needs within the individual's home county. However, if capacity does not exist within Cumberland and Perry counties, potential services in another geographical area may be warranted.

The Cumberland/Perry Administrative Entity

The Cumberland/Perry MH/IDD program houses both the Administrative Entity (AE) for IDD services and the Supports Coordination Organization (SCO) for IDD services in Cumberland and Perry counties. The AE is comprised of the IDD director and three program specialists. Two of the program specialists serve as quality managers and oversee the Qualification and Monitoring of Providers, the AE Oversight Monitoring Process, ISP Approval and Authorization Process, the Independent Monitoring for Quality process, and the Incident Management process. The third program specialist is the Intake Specialist, the Waiver Capacity Manager, and the Public Relations Specialist. The AE contracts with The Advocacy Alliance and the Cumberland/Perry IDD SCO to complete Certified Investigations as part of our Incident Management process. Cumberland/Perry IDD Services will receive \$578,365 in Base funding to support our administrative costs in Fiscal Year 2015-2016.

The Cumberland/Perry AE is responsible for overseeing the Independent Monitoring for Quality (IM4Q) program. IM4Q is ODP's independent, statewide system to monitor the satisfaction and outcomes of individuals with IDD and their families. IM4Q teams, composed of individuals with disabilities, families, self-advocates and other interested citizens, conduct face-to-face interviews with approximately 6,600 individuals with IDD each year, regardless of their living arrangement. Participation in the IM4Q process is voluntary. Based on these interviews, IM4Q teams develop considerations that are intended to improve the quality of people's lives. Local IM4Q surveys offer the supports coordination organization an independent view of an individual's quality of life. Local IM4Q program considerations are to be viewed as a helpful perspective to what everyone wants – an Everyday Life for the people we support. In fiscal year 2014-2015, there were 79 independent surveys completed by the Center for Independent Living of Central PA for

Cumberland/Perry IDD Services. Cumberland/Perry IDD Services will receive \$35,520 in Base funding to support our IM4Q program in Fiscal Year 2015-2016.

The Cumberland/Perry AE serves as the lead county for the Southcentral Pennsylvania Health Care Quality Unit. The counties comprising the Southcentral Pennsylvania Health Care Quality Unit are Cumberland/Perry, Dauphin, Lebanon, Lancaster, Franklin/Fulton, and York/Adams. Health Care Quality Units (HCQUs) were developed as part of the strategy to address both health and safety needs and the need to build community capacity and competency around health issues for people with intellectual and developmental disabilities. HCQUs are units comprised of nurses, clinicians and others with expertise in the area of intellectual disabilities and health care. They provide training and technical assistance to stakeholders in the field including supports coordinators, provider staff, and families in order to help improve the understanding of the health issues and needs of individuals with intellectual and developmental disabilities. The ultimate goal of the HCQUs is to assure that the individuals served by each county IDD program are as healthy as they can be so that each individual can fully participate in community life. Cumberland/Perry will receive \$831,615 in Base funding to manage the Southcentral Pennsylvania HCQU in Fiscal Year 2015-2016.

B. Homeless Assistance Services

1. PROGRAM DESCRIPTION

The Director of Cumberland County Aging and Community Services is responsible for dispensing all Homeless Assistance Program (HAP) monies. Billing reimbursement requests for these programs are given to the fiscal officer, who in turn sends to the County Controller's office for payment. Bi-weekly checks are dispersed directly to the landlords of Rental Assistance Program applicants who are eligible to receive payments. The fiscal officer maintains accurate administrative records which are reported to PA Dept. of Human Services, Office of Social Programs on a quarterly basis. Monitoring of these Homeless Assistance Programs is completed by the planner and fiscal officer yearly.

Cumberland County Homeless Assistance Programs consist of Rental Assistance Program (RAP), Case Management, Bridge Housing, and Emergency Shelter. The two HAP case managers are located at 20 North Hanover Street, 3rd floor, Carlisle, PA. They keep all current written documentation of HAP client files as well as proof of distributed HAP monies on site.

Due to the volume of applicants and the limited time of the case managers, all households who wish to apply to receive Homeless Assistance Program funds must schedule office meetings. Appointments are normally placed in the schedule in the order they are received. Priority appointments are normally given to clients who appear to be in crisis and facing eviction in the immediate future, i.e. attended Court hearings, received eviction notices from their landlords, referred by Legal Services, etc. These serious cases are often placed ahead of others if the situation warrants it. In other words, the case managers make every effort to prevent evictions or a state of homelessness, if at all possible.

Every possible avenue is explored to insure that an applicant can get to their meetings and/or receive the funds they need to prevent eviction / purchase affordable housing. The case managers work closely with various community agencies to combine case management and/or financial services to

assist the RAP households. Some of these agencies include: County Assistance Office, New Hope Ministries, Samaritan Fellowship, Community Action Center, Legal Services, Cumberland County Transportation, Neighbors In Christ, American Red Cross, Veteran Affairs, area churches, concerned family and/ or friends of the household.

Once a household has been approved and is notified that they are about to receive HAP funding, the landlord is notified in writing to confirm and review their written arrears. Information such as where to send HAP payment(s) and to whom the check is made out is also verified. All HAP monies are documented by the county check writing process. The HAP case managers have assembled a clearinghouse located at 20 North Hanover Street in Carlisle to screen applicants in order to avoid overpayment or duplication of services.

Homeless Assistance Case Management responsibilities are to manage the Homeless Assistance Program (HAP) within the guidelines as outlined by the PA State Department of Human Services, Office of Social Programs for the fiscal year. Case management with the distribution of rental assistance is issued to all eligible homeless and/or near homeless Cumberland County households up to 175% of the poverty level. Financial assistance to a household may be distributed for first time applicants up to a total maximum amount of \$1,000 for adult household or \$1,500 for families with children households over a two year period, providing the applicants are able to meet the HAP eligibility criteria. Hopefully, as a result of these services, the household will reach their long-term goal of self-sufficiency.

The Cumberland County HAP has certain restrictions regarding disbursements of Rental Assistance funds. They are as follows:

1. Applicants must be Cumberland County residents. This means that they have resided in Cumberland County for the minimum of 30 consecutive days, with proof.
2. Rental assistance does not cover repairs, damages, court fees, late fees and maintenance fees.
3. Applicants who are moving into subsidized housing may only receive up to the first month's rent and/or security deposit. No arrearages or future rent assistance will be provided.
4. A client moving to or from another county because of special needs such as domestic violence, disaster or disability may be eligible for HAP.
5. Once the client has exhausted their initial maximum of \$1,000 or \$1,500 in the first two year time period, as repeat client(s), the following limits have been set. They are the amounts of \$750 for adult and individual households or \$1,000 for families with children households over a two year period. Budgeting classes may be required.
6. Eligible rental assistance client(s) will be asked to contribute at least 25% of the total amount due, if it appears they can do so.
7. There is no absolute guarantee of financial assistance until written documentation (of client's income eligibility, verification of eviction, landlords' willingness to continue renting to the client, or dropping eviction proceedings) has been received by the HAP case manager.

HAP Case Management duties include: screening and scheduling of client interviews, completing the initial intake process as documented in writing with all applicants to determine the extent of services

needed; assembling a written individualized HAP plan to document reason(s) why they need HAP services and the steps they need to complete in order to attain their housing stability; networking of services with community agencies, landlords, and applicants to insure prompt, quality service delivery; providing advocacy services as needed; monitoring client progress by maintaining daily client progress notes, and completing the HAP addendum service plans, as needed during monthly office interviews, once the initial HAP service plan is completed. As with the original documentation of client income, financial eligibility of each household must be re-determined at each interview especially if financial assistance is approved. Written HAP bookkeeping records are maintained to track financial transactions for statistical purposes and to prevent overpayment and/or duplication in funds with the County Assistance Office (CAO). Because the CAO may assist qualified households who are at/or below 80% of the poverty level and these two agencies combined cannot exceed the \$1,500 limit per household within a two year period of service, it is crucial to avoid duplication in funds. Financial management and life skills classes are issued to all households as deemed necessary by the case manager. Client(s) are referred to area agencies, institutions and/or persons as warranted to enhance their housing stability. A professional rapport is established with landlord(s) so as not to discourage them from providing future services to this low income population. DHS statistical information is completed in a timely fashion and reported back to the County for annual reporting to the State. Case managers are expected to keep a current awareness of all available community services and to participate in any continuing educational seminars and conferences which will improve the quality of service offered to their clients.

HAP case managers will also manage the Operation HELP (a utility assistance program offered by Pennsylvania Power and Light Company PP&L).

They will also provide both in person and over the phone information and referral services, budgeting tips, life skills, decision making tips and/or any brief hands-on services such as completing applications or reading documents to walk in client(s) as needed.

The HAP **Emergency Shelter** component consists of services through several county agencies. They include Carlisle C.A.R.E.S., American Red Cross, Domestic Violence Services, and Cumberland County Office of Aging and Community Services. The American Red Cross offers emergency shelter services to victims of natural disasters. The Domestic Violence Shelter offers emergency shelter to overflow clients in a hotel/motel situation. Elderly client(s) who are considered at risk are offered emergency shelter through the Cumberland County Office of Aging and Community Services. They can be placed in a hotel/motel or personal care home situation.

The HAP **Bridge Housing** component allows clients who are in temporary housing to move to supportive long term living arrangements while developing values and skills for independent and self-sufficient living. The program is better known as James Wilson Safe Harbour transitional shelter. They provide three levels of housing: (1) Bridge Housing (2) Single Room Occupancy (SRO), and (3) Decentralized Housing (Scattered Site Initiative). Eligible clients must meet DHS Homeless Assistance Program criteria and be residents of Cumberland County.

Bridge Housing client(s) are eligible to remain in the program for 12 months, however, Cumberland

County may permit them to stay 12 to 18 months without DHS approval.

SRO service provides supportive long-term affordable housing for the "chronic low income" single adult for whom there is no affordable rental unit on the open market. In many cases, the SRO service is utilized to provide transitional housing for individuals beyond the one year allowed through the Bridge Housing program.

Decentralized Housing (Scattered Site Initiative) services provide transitional housing when access to the main facility is not advantageous or accessible. Additionally, this service provides families additional housing assistance beyond the 12 to 18 months permitted through the Bridge Housing service.

Clients interested in entering the program are referred by social services, health, or other community agencies or organizations as well as walk-ins. After completing an application for admission and meeting eligibility criteria, clients enter the program and participate in a number of activities offered to disrupt the cycle of homelessness. The case manager's focus is centered on directing the resident's life so that they do not continue to live from "crisis to crisis". A safe environment, education and counseling opportunities, life and employment skills, self-esteem classes and other referrals are used to help improve the quality of their lives.

2. HAP CLEARINGHOUSE PROCESS

Cumberland County Homeless Assistance Programs consist of Emergency Shelter, Rental Assistance, Bridge Housing and Case Management Services. Each component of this program is an important part of our clearinghouse process. From the moment a homeless or near homeless household is identified for one of the components, the clearinghouse process begins.

Thanks to our case management component, referrals for services begin during the initial intake for any of these homeless programs. Cumberland County has a unique system of service coordination between agencies. This special process enables many of our homeless or near homeless clients to realize self-sufficiency for themselves.

The clearinghouse process normally begins at the emergency shelter or rental assistance level. The client(s) are automatically referred to apply for future housing through Cumberland County Housing Authority (HUD) programs such as Section 8 Vouchers, Family Public Housing, Senior Housing, Innovative Housing program, or privately owned subsidized low-income apartment units, and perhaps landlords known to the case managers who are willing to work with the Rental Assistance component of the Homeless Assistance Program.

This early intervention by the case manager may shorten the length of time that the client(s) need HAP services. Most of the above mentioned programs have waiting lists; therefore it is imperative that the client(s) sign up as soon as possible.

The following information shows the ongoing clearinghouse process and what steps are taken to ensure that the client is receiving not only emergency shelter, rental assistance, bridge housing and

case management services, but ongoing referrals and agency consultations as the case manager deems necessary to assist the client(s) toward stabilizing their lives and becoming self-sufficient.

a. EMERGENCY SHELTER SERVICES

Emergency Shelter programs consist of on-site, hotel/motel, domestic violence, catastrophic hotel/motel, and protective service assistance, housing assistance, low income housing and other local service which may enable the families or individual(s) to stabilize their homeless situation.

The Carlisle American Red Cross offers emergency shelter through local hotels/motels for families and individual(s) in a homeless situation due, many times to catastrophic situations such as fires, floods, or other natural types of disasters. They may receive calls for help from Crisis Intervention, fire companies, police departments or directly from the homeless person(s). The Red Cross has made arrangements with hotels/motels in the area who are willing to offer accommodations to the client(s) and then bill the Red Cross for services rendered. The Red Cross offers consultations and referral services to these clients. Many times these referrals include additional emergency shelter services through other agencies such as The Salvation Army, Domestic Violence Services or James Wilson Safe Harbour Bridge Housing. Many times client(s) are referred directly to Homeless Assistance Case Managers for other referrals and consultations.

If the emergency shelter client is found to be in a domestic violence situation they are then referred for shelter through the Domestic Violence Services portion of the Emergency Shelter program. These referrals may come from an individual call, Crisis Intervention, or state/local police departments. Additionally they may be given additional shelter services in an appropriate Domestic Violence Shelter for up to a total of 30 days.

Individuals who are 60 years of age or older and at imminent risk of danger to person or property if they return to their residence, can receive emergency, short-term placement in a nursing home, personal care home, domiciliary care home or a commercial facility (hotel/motel) when no other arrangements, such as with friends, family or neighbors can be made. This emergency shelter placement would continue until the risk is eliminated or until appropriate long term arrangements are finalized. This emergency shelter program is provided by the Cumberland County Office of Aging and Community Services. When the need for these shelter services is substantiated, the Office of Aging and Community Services determines the appropriate level of care and then coordinates with local long term care facilities. They may include: The Salvation Army, Domestic Violence Services, and the Cumberland County Nursing Home. Hotels and Motels are used as a last resort. Facilities which are used, agree to bill the Office of Aging & Community Service for emergency shelter services. The assessment and care plan process will include arranging for any necessary in-home services when it is safe for the consumer to return to their residence. If this is not a viable solution then additional consultations and referrals may be necessary to assist the consumer with relocation to another safe living arrangement.

b. RENTAL ASSISTANCE PROGRAM

The Rental Assistance component of the Homeless Assistance programs (HAP) provides payments for rent or security deposit to prevent and/or end homelessness. The Rental Assistance Case Managers work on site at 20 North Hanover Street, 3rd floor, Carlisle, PA 17013. All initial client inquiries are

generally handled by telephone, in person or by letter by one of the HAP Case Managers. An informal screening takes place and if the client is program eligible, they will be given an appointment time. If the client does not appear to meet the criteria, the client is immediately referred to other area service resources, which might better suit their needs. All possible HAP eligible clients who are seeking any type of rental assistance must complete a formal intake conducted by the Case Manager as soon as it can be arranged. This intake session not only determines the client(s) eligibility but it also documents the reason(s) for needing services. Once the client completes the written intake process and the actual housing need(s) are defined, a required written HAP Responsibilities Plan is voluntarily assembled and completed by the client(s) with the help of the HAP Case Manager. Clients usually participate both in the intake and the HAP Responsibilities process during the same scheduled meeting. Copies of pertinent written forms such as Intake, HAP Responsibilities Plan, Consent to Release Information, Legal Rights to Appeal forms, etc. are issued to the applicant following this meeting. All HAP clients are handled on a case-by-case basis according to the extent of services needed. Some applicants have one or two clear cut goals to complete, while other may have extensive community referral involvement and may be actively involved in the HAP program for over a year. Following the intake and HAP Responsibilities Plan reviews, all scheduled, formal meetings between clients, the HAP Case Manager and/or other network community resource providers takes place based on the household need(s) and are documented in writing by the use of a program HAP Addendum form. Daily notes are also maintained to track client progress and are located in the individual household client files. Both of these tools continue to assist the Case Manager with ongoing service determination. The involvement of a network of community referral resources are imperative and an asset in assisting clients toward attaining housing stability. Again, clients are referred to any set number of referral resources as deemed necessary throughout their program participation. Most direct coordination of services between the Case Manager and significant community agencies/persons occur when the clients are present and able to participate. Any referral and/or networking of clients to pertinent community resources for services are routinely documented on all HAP Responsibilities Plan forms and daily client notes. Examples of agency and organization referrals could include: County Assistance Office, Cumberland County Housing and Redevelopment Authority, Family Public Housing, Low Income Apartment Complexes, Senior Housing Units, Cumberland County Children and Youth Services, Cumberland County Office of Aging & Community Services, Cumberland County Domestic Relations, Social Security Office, Carlisle Job Center, Tri-County Community Action Center, Cumberland-Perry Drug & Alcohol, Cumberland County MH.IDD, Family & Children's Services, Stevens Center, Christian Counseling Services, YWCA, HEADSTART, Early Education Center, Tapestry of Health, State Health Center, Domestic Violence Services, SETCO, Employment Skills Center, Legal Services, Dickinson Law Clinic, Cumberland County Extension Office, Consumer Credit Counseling Services, Maranatha, United Way, Health Share, Hospital Clinic Services, The Salvation Army Social Services, My Brother's Table Soup Kitchen, County Food Pantries, Samaritan Fellowship, New Hope Ministries, Neighbor's In Christ, PEER program, Cumberland County Transportation, Cumberland County Veteran's Affairs, Cumberland County Attendant Care and Chore Services, and the American Red Cross.

c. BRIDGE HOUSING

James Wilson Safe Harbour is the site of the Bridge Housing Program in Carlisle. All appropriate Homeless Assistance Program clients are referred to this program as another component of the HAP coordinated planning process. Coordinating services between these sites continues to be routine in nature as a valuable referral resource to many of our clients. It appears that exchanging information between the programs is simplified as well due to the small size of their staff. The Cumberland County

Coalition for Shelter, Inc., better known as James Wilson Safe Harbour, is a residential housing program that provides individual service plans to help develop values and skills for independent and self-sufficient living. The program provides three levels of housing services: (1) Bridge Housing; (2) Single Room Occupancy (SRO); and (3) Decentralized Housing (Scattered Site Initiative). Eligible clients must meet low-income criteria, prove homelessness and have a history of residence in Cumberland County. The Bridge Housing Portion is a transitional service that allows individuals and family's temporary housing within a supportive living environment while they prepare to live independently. Residents are eligible for participation in this service for up to twelve months. Any additional time must be approved by the County HAP Coordinator via a waiver request and approval from the PA Department of Human Services. The Single Room Occupancy (SRO) service provides supportive long-term affordable housing for the "chronic low income" single adult for whom there is no affordable rental unit on the open market. The service is available to an individual with the ability to pay rent with a one-year lease. Residents participate in this service approximately three to four years before more permanent and stable housing is obtained. In some circumstance, the SRO service is utilized to provide housing for individuals beyond the one-year allowed through Bridge Housing. Client interested in entering the program are referred by social service, health or community organizations as well as walk-ins. After completing an application for admission and meeting eligibility criteria, clients enter the program and participate in a number of activities offered to disrupt the cycle of homelessness. The focus is centered on directing the resident's life so they do not continue to live from "crisis to crisis". By providing a safe environment, education and counseling opportunities, either at the facility or within the community, they strengthen the resident's emotional stability, life and employment skills, self-esteem, etc. and ultimately improve the quality of their lives. During the first two weeks an individual or family enters emergency shelter, a comprehensive assessment of need is made. This process, which is part of the intake, includes an interview with the assigned Case Worker. After several meetings and observations, staff discuss problem areas with each resident and give suggestions to help modify or prevent problems that accompany or contribute to homelessness. An individualized (both parent and child) service plan is developed and implemented to assist each resident in addressing specific needs and reinforcing their strengths. Many activities of this program include an After School Program, Woman's Life Skills, Parenting Classes, and Men's Life Skills in addition to education, counseling and referral services.

d. CASE MANAGEMENT

This component is present in all portions of the HAP clearinghouse process in Cumberland County. Whether the Case Management portion is paid-for through HAP funding or not, it still exists in each program. Historically, all aspects of the Homeless Assistance Program know how important this component is to the success of the client(s) attaining self-sufficiency. Case management begins as soon as the family or individual is determined eligible for services. It hopefully will continue throughout the period of service and many times indefinitely. Case management services may include goal planning for housing as well as related services. Life skills, budgeting skills, parenting skills, job preparation, employment training, researching for additional referrals that can provide a source of support for the client are all very important parts of this component. Once the intake and eligibility for a program has been completed the case manager seeks to establish a rapport with the client which will keep an open line of communication between both parties. The case manager does this in order to assist the client in learning to become independent and also to see that the client has a say in how they want to better their lifestyle. The case manager establishes linkages with other agencies known to serve families and individuals and becomes aware, as confidentiality allows, of service plans within

other agencies so as not to establish goals that could cause a conflict in assisting the client. If a conflict should arise between the case manager and the client, Cumberland County has a written and distributed Grievance procedure which should be used if the particular agency grievance procedure has not resolved the issue. If the county grievance procedure fails to resolve the issue, the client is then referred to appeal the case to the Department of Bureau of Hearings and Appeals, PO Box 2675, Harrisburg, PA17105.

e. ADDITIONAL INFORMATION

Many times after the client(s) have been able to secure an apartment or a subsidized housing unit, they are still unsure of what their next step to self-sufficiency may be. This is where the ongoing case management services begin to payoff. A client may be past their length of service for emergency shelter, financial assistance or bridge housing, but they are always eligible for ongoing case management. This support and referral system to other programs and agencies can make the difference in the success of the homeless assistance client(s).

• HAP COORDINATED PLANNING PROCESS

The Homeless Assistance Programs (HAP) in Cumberland County are all a unique part of a coordinated planning process which looks at the best way to deal with homelessness or near homelessness. Cumberland County has a tremendous system of networking between county and other social service agencies and organizations in finding a solution to those families or individual(s) in a homeless or near homeless situation. Through this system the most important portion seems to focus on the intensive case management which carries the client(s) far beyond emergency shelter or rent assistance. With this as the hub of the program, the client actually can assist in changing their present lifestyle to one that holds the promise of self-sufficiency. When the client becomes a part of this networking, it personalizes the support systems offered during the period of service. Because the HAP program offers so much flexibility, the agencies can creatively design their own methods of assisting the client to reach this level of self-sufficiency and thus assist in stabilizing their lives.

Until the DHS Office of Income Maintenance receives approval to rescind their Emergency Shelter Assistance (ESA) Program, the Rental Assistance Program Case Managers will continue to coordinate services with the Cumberland County Assistance Office regarding the ESA program and Rental Assistance for the client.

From the client(s) initial intake, throughout any of the HAP programs: Emergency Shelter, Rental Assistance, Bridge Housing and the ongoing Case Management portions, caring social service agencies and case managers' work diligently to combine resources, referrals and prove what a successful comprehensive Homeless Assistance Program can accomplish.

The coordinated planning process in Cumberland County includes a collaborative & diverse group of agencies and individuals such as those who meet monthly at the Cumberland County Human Service Council meetings. New agencies have the opportunity to introduce themselves as well as their services. The HAP Case Managers are active members of the Cumberland/Perry Local Housing Options Team (LHOT). The mission of the LHOT is to end homelessness in our communities and to advocate for the availability of safe, accessible, affordable housing choices that meet the needs of all people with disabilities or are homeless. This will be accomplished through collaboration among and

between organizations including private, commercial and public resources. These types of meetings improve service coordination, attempt to fill the gaps in service and help to discourage duplication of services.

The Cumberland County Housing and Redevelopment Authority coordinate with county agencies in the yearly update of the CHAS report.

3. GRIEVANCE PROCEDURE

Cumberland County is responsible for developing guidelines to aid clients who want to file a complaint at the County level to protest reason(s) they are denied services and/or are discharged from the Homeless Assistance Programs. Homeless Assistance Programs include: Emergency Shelter, Rental Assistance, Case Management, and Bridge Housing.

Any problems or complaints with the Homeless Assistance Programs should be directed to the program Case Manager. The Case Manager will work with the client to resolve the conflict.

If the conflict involves a program decision by the Case Manager pertaining to the program requirements, eligibility for service, and/or termination of program services, the Case Manager will meet with the client to attempt to resolve the problem. The Case Manager should provide the following information in writing to the client who has been denied or terminated from service: the action being taken; the reason for the action; the effective date of the action and the availability of the appeals process at the county and state level. Following written notice by the Case Manager, if the client objects to the decision and no agreement can be reached between them, then a formal meeting will be scheduled at the convenience of the client not to exceed five (5) calendar days following written or oral notice by the Case Manager. If both parties still cannot reach a mutual agreement the client may meet with the Cumberland Co. Director of Aging and Community Services.

If a conflict cannot be resolved at this point, the client has the right to meet with the local Homeless Assistance Programs Grievance Committee to air his or her grievance. This committee shall consist of the Director of Cumberland Co. Office of Aging and Community Services, the HAP Case Manager Supervisor of Cumberland Co. Office of Aging and Community Services and the Contract Administrative Coordinator.

In order to meet with the Grievance Committee, the client must file a formal grievance with the assistance of the Legal Services Housing Attorney. The formal complaint should be reported within five (5) calendar days to the Director or HAP Case Manager Supervisor of Cumberland Co. Office of Aging and Community Services located at 20 North Hanover Street, 3rd Floor, Carlisle, PA. Phone (240-6117). The Grievance Committee, in turn, will respond to the client in writing within five (5) calendar days of receipt of notification. Until the Grievance Committee reaches a formal decision, the client is ineligible to receive any Homeless Assistance services.

All conflicts must be directed through the appropriate channels (i.e. Case Manager, Administrator, Grievance Committee) in order to promptly resolve the conflict. If the County Grievance Committee is unable to resolve the problem to the satisfaction of the client, the client then may appeal the case to:

Department Bureau of Hearings and Appeals
P.O.Box 2675
Harrisburg, PA 17105

This document was revised as of May 8, 2009. As of that date, the following Grievance Committee existed:

Director of Aging and Community Services - Terry L. Barley
HAP Case Management Supervisor for Aging and Community Services – Patrice A. Pickering,
CAE, FDC, SFW
Contract Administrative Coordinator – Wendy S. Sheaffer

4. RENTAL ASSISTANCE PROGRAM - CLIENT INTAKE PROCESS

Cumberland County Rental Assistance component of the Homeless Assistance Program provides payments for rent, security deposits, and rental costs for trailer lots, to prevent and/or end homelessness or near homelessness by maintaining individuals and families in their own residences. As always, emphasis has been placed on the prevention of homelessness for families with children.

Cumberland County has complied with changes in the Homeless Assistance Program for the 2012--2013 fiscal year. The county program administrator, case management supervisor and case managers have all had input into the Homeless Assistance Program. They have refined many forms, thus creating less paper work but still are capable of gathering all pertinent information for statistics and reporting purposes.

In 1998-99 the HAP (Housing Assistance Program) & TPF (Transition to Permanency for Homeless Families) programs folded into one component known as the Rental Assistance Program (RAP). This change has eliminated the once in a life time limit that was set on the (TPF) program. Income levels for this program have been raised to 175% of the poverty level. First Time Applicants: Adult households are eligible for up to \$1,000 or \$1,500 for households with children within a twenty-four month period.

Initial client inquiries are generally handled by telephone, in person or by letter at random by one of the contacted case managers. If the client looks program eligible they are given an appointment time as soon as possible and a client information form which shows what information is needed for their first meeting with the case manager. They are also given a needs assessment form which looks at what additional concerns or problems the client may be having other than the homeless or near homeless issue. This form can be very beneficial for the case manager when filling out the HAP responsibilities plan. NOTE: ESA eligible, Court ordered evictions, and Domestic Violence clients will be served as expediently as possible to ensure that the client is served in time to resolve the crisis and prevent homelessness.

In Cumberland County two case managers have divided the alphabet, so that the work load is distributed. All possible HAP eligible clients who are seeking any type of financial assistance must make an appointment with their designated case manager. When the appointment time arrives, the case manager will complete the Homeless Assistance Intake form and at this point determine whether or not the client is eligible to participate in the Rental Assistance Program. If the client does not appear

to meet the HAP criteria, they are immediately referred to other area service resources that may better suit their needs. Note: Participation in the Rental Assistance Program does not ensure the client of any financial assistance at this point. When the case manager has received all of the necessary documented information for financial assistance, they will then contact the client and landlord of their decision.

After the intake form has been completed and eligibility has been established, the client and case manager review the needs assessment form and work together to establish the HAP responsibilities form. This form clearly shows the case manager and client responsibilities as participants in this HAP component. If the client does not complete their responsibilities, they may be refused any financial assistance at this time. If they have additional responsibilities to complete, they may be given a due date and must comply in a timely fashion in order to receive future financial assistance. Other forms that are completed or distributed at this first meeting include: Monthly Living Expenses, Legal Rights to Appeal, HAP rules "Facts To Know", written Employment Verification, Child Support Verification, Landlord Information Sheet, Landlord Information Letter, and Conversation Log.

It should be pointed out that each HAP household is handled on a case-by-case basis according to the extent of referrals and services needed. It is expected, therefore, that very few households receive the same referral resources. Some applicants may have one or two clear-cut goals to complete and may be enrolled in a HAP referral program for several days, while others may need more intensive case management services, life skills, decision making or financial management skills.

Our homeless assistance case managers continuously update the beginner's guide to human services known as "What To Know About Cumberland County". This guide is available to all Homeless Assistance Program clients and other social service agencies for distribution to their client(s).

Following the intake and "HAP Responsibilities Plan" review, all future meetings between client(s) and case manager and/other network community resource providers will take place according to the household need(s). The client is expected to contact the case manager when there are changes in the household (i.e. job gained or lost, medical emergencies, etc.) or they received a "check-in letter" from their case manager. After three no response on the part of the client, a "Notification of Inactive Status" form letter is mailed to the client. This places them on the inactive list. This form clearly states the reasons for no additional financial assistance at their time and that their case is closed.

Any communication with the client(s) should be recorded on the "Conversation Log". When the case manager and client(s) meet, any changes or additions to their "HAP Responsibilities Plan" will be recorded on the "HAP Responsibilities Plan Addendum" form.

After a client has been deemed eligible for the Homeless Assistance Program, the case manager will complete the HAP billing form for the County fiscal officer. The HAP bi-weekly accounting form accompanies this form and all necessary written documentation to support the need for financial assistance to the fiscal officer. The HAP billing form is used as a receipt to document this financial transaction and copies can be given to both client(s) and landlord as needed. When the fiscal officer receives these forms, they are recorded, additional forms are completed and the information is sent onto the County Controller's office for prompt payment to the appropriate landlord.

If a client has been denied services for any valid reason(s), they are mailed a "HAP Denial Letter". It clearly defines the reasons for denial of services.

The Homeless Assistance Case Managers are also responsible to complete the HAP Cumulative Annual Client Report form. This is sent to the County fiscal officer who compiles all of the Homeless Assistance Program agencies information onto one annual report for the PA Department of Human Services, Office of Social Programs.

As with any Homeless Assistance Programs our Homeless Assistance Case Managers work to maintain a high level of client confidentiality and provide professional advocacy, when needed, to ensure the satisfactory delivery of services.

5. CUMBERLAND COUNTY AMERICAN RED CROSS

The Homeless Assistance Program grant is used by the Cumberland County American Red Cross for individuals who lose the ability to stay in their residence due to a disaster such as a fire. The funds from this grant are used to provide these individuals with shelter.

6. DOMESTIC VIOLENCE SERVICES of CUMBERLAND & PERRY COUNTIES

Domestic Violence Services of Cumberland & Perry Counties (DVS/CP) emergency shelter program provides for a 30 day stay in a six month period for adult victims of domestic violence and their dependent children. Shelter provision is the most expensive and intense program we offer.

There is no other source of safe emergency DVS housing with counseling and ancillary services offered in Cumberland and Perry counties. Educational programs, support groups, job seeking skills, and parenting education are offered to all program participants.

The shelter facility was established in July 1, 1994, with the capacity to house 17 adults and 9 children. Our shelter facility provides handicapped access and a handicapped bedroom and bath. When indicated, we participate in collaborative case management with the local MH.IDD office.

DVS/CP also provides bilingual services through the use of local translators from the Army War College, Dickinson College and from our pool of volunteer staff.

82 adults and 100 children are the average sheltered per year; 7 adults and 9 children are the average sheltered per month, with an average budgeted cost per client per day of \$57.00. The maximum length of stay is 30 days, but the average length of stay is 45-60 days. If our shelter facility is at full capacity, alternative arrangements are made to other local domestic violence shelters.

Our 24-hour toll free hotline and other shelter services are publicized through advertisement in the telephone directory (local, yellow pages and national); our web site; all literature (brochures, flyers, letterhead, etc.). Typically, our first contact with an adult victim of domestic violence occurs when she/he calls our 24-hour toll free hotline. The caller's needs are assessed and the staff member or volunteer facilitates the appropriate follow through - an appointment for a PFA and/or counseling,

admission to shelter, or other referral. However, referrals from police, another social service agency, a friend or the phone book can also initiate requests for service.

Both individual and group counseling use an empowerment, supportive and educational model and are available to both resident and non-resident clients at all our locations. Legal advocacy is available to all victims - in or out of the shelter, including assistance in obtaining a PFA (Protection from Abuse Order), accompaniment to court related proceedings, and advocacy within the legal system or advocating on behalf of the victim with other agencies.

Each adult shelter guest participates in an admission intake interview during which she is provided with a packet of information outlining guests' rights and responsibilities, policies and procedures, and guidelines for shelter residence. At a follow-up meeting, the guest and the Resident Counselor complete a service plan that includes specific goals and time tables.

The service plan developed for each shelter client covers the areas of potential legal action; counseling for the guest and/or her children and medical care, in addition to cash and/or medical assistance, or other public benefits; permanent housing; employment and/or education, and any other special needs of the guest and/or her children. These goals and the accompanying timetable form the basis for the daily evaluation of her progress.

Individual case review is conducted on a weekly basis with all direct service staff participating. Through this weekly case-management meeting, direct service staff arrives at a common understanding of the individual and/or family's situation and a common approach to the guest while they are in shelter.

An exit interview is used to evaluate the effectiveness of the services provided to residents in shelter. A policy/procedure is being developed that addresses access to continuing advocacy (follow-up for service recipients).

As a result of a policy/procedure change, program client follow-up contact will be made at 3 and 6 month intervals. Success will be measured when 75% of clients are living violence-free 6 months following exit from the program.

Due to the lack of transitional housing and the current waiting list, extensions over the 30 day limit are granted on a regular basis. As long as the lack of transitional housing in our service delivery area remains a problem, extensions over the 30 day stay will continue.

Program Goal - To provide various options for alternative housing for adult victims of domestic violence and their dependent children in our service delivery area.

Objective to be accomplished to achieve goal - Increased collaborative efforts with social service agencies in our service delivery area to explore safe, affordable alternative housing.

Program Outcomes:

The degree to which the goals and objectives of the proposed project are met will be satisfied:

- when clients come to shelter and stay until safe alternative housing is available;

- when law enforcement personnel demonstrate better coordinated and appropriate responses to victims through following established protocol and criminal justice laws regarding domestic violence;
- when public awareness of services provided by DVS/CP and domestic violence issues increase;
- when program attendees make appropriate referrals to DVS/CP;
- when clients receive relief from abuse through the legal system;
- when the legal system and other social service agencies understand the dynamics of abusive relationships and the cycle of abuse.

Strategies or Actions for Achieving Desired Outcomes:

The goals and objectives of the project will be met through:

- training(s) to social service agencies and criminal justice personnel;
- provision of appropriate shelter and referral for medical, housing, and employment assistance;
- individual and group support empowerment counseling;
- legal and systems advocacy;
- public awareness/education on domestic violence;
- the services provided by DVS/CP;
- the provision of long-term housing and employment.

7. SAFE HARBOUR – TRANSITIONAL (BRIDGE HOUSING) PROGRAM

In the fall of 1985, a number of human service providers came together for the purpose of pursuing a long-term shelter facility in Cumberland County. After several months of planning and community input this coalition of over a dozen human service agencies established a single agency - Cumberland County Coalition for Shelter, Inc. on February 17, 1986. The name of the organization was changed to Safe Harbour, Inc. June 2002.

Safe Harbour is designed to create a connection between emergency shelter and independent living within the community. The thirty-three unit (25 single rooms and 8 apartments) residential facility, located at 102 West High Street in Carlisle, aids “homeless or potentially homeless” people by providing housing coupled with individually planned programs to help develop values and skills for independent and self-sufficient living.

The early years of Safe Harbour consisted of three programs: Transition Bridge Housing, Six Permanent Single Room Occupancy w/Lease (SRO) and Decentralized Transitional Housing (Harbour Place). This supportive housing program allows individuals and families access to temporary housing within a supportive living environment while they prepare to live independently. Residents are eligible for participation in this program for up to one year.

The program goal is to utilize existing health and social service agencies, as well as trained on-site professional staff, to provide the client an optimal rehabilitative plan that will increase their basic life skills. Residents of Safe Harbour must meet low-income criteria, prove homelessness and have a history or residence in Cumberland County.

8. CARLISLE CARES

Mission: To provide shelter when no other shelter can be found.

Carlisle C.A.R.E.S. (Combined Area Resource for Emergency Shelter) is a non-profit agency whose mission is to provide shelter to homeless individuals and families when no other shelter can be found.

Carlisle C.A.R.E.S. began as a ministry of Grace United Methodist Church. Staff members found men sleeping in the church courtyard with nowhere else to go. It wasn't long before church members realized there was a need for a homeless shelter in Carlisle.

C.A.R.E.S. was patterned after a collaboration of downtown Harrisburg churches which provides shelter to the homeless. In November of 2004, Grace UMC opened its doors to provide shelter every night for a month from 9 p.m. to 7 a.m. Other churches joined Grace on a rotational basis through March 2005. Initially C.A.R.E.S. averaged between five to seven shelter guests each night for a total of 45 guests the first season.

In 2009, C.A.R.E.S. gained independence from Grace UMC by becoming its own 501(c)3 nonprofit and a United Way member agency. With the help of a dozen local churches, C.A.R.E.S. has sheltered more than 1000 guests.

In January 2010, C.A.R.E.S. opened a Resource Center to facilitate the transition from homelessness to permanent, stable housing.

	Estimated / Actual Individuals served in FY 14-15	Projected Individuals to be served in FY 15-16
Bridge Housing	77	77
Case Management	10,623	10,623
Rental Assistance	134	134
Emergency Shelter	643	643
Other Housing Supports	0	0

There are no substantial programmatic and/or funding changes being made as a result of last year's outcomes.

HMIS - The status of Homeless HMIS is that all shelters are participating.

C. Children & Youth Services

Please refer to the Special Grants plan in the Needs Based Plan and Budget for Fiscal Year 2015-2016 as Cumberland is a Non Block Grant County.

D. Cumberland/Perry Drug & Alcohol Commission

The **Cumberland-Perry Drug and Alcohol Commission** (the Commission) has lead responsibility for planning and administering a continuum of substance abuse prevention, intervention, and treatment services for Cumberland and Perry County residents. As part of the needs assessment process for the development of this consolidated human services plan, the Commission has identified barriers and challenges to the provision of effective substance abuse treatment, and current trends affecting the delivery of treatment services. Described below, these factors were taken into consideration in the development of this plan.

1. BARRIERS AND CHALLENGES:

Limited Funding for Treatment – This is an obvious concern. In the 2012-13 fiscal year our DHS funding for the Act 152 and BHSI funding streams was cut by \$33,945. This was the eighth time in the last ten fiscal years that our DPW substance abuse treatment funding was reduced. Across this ten-year period our DPW funding has been cut by \$139,358, or 26.6%. The demand for county-funded substance abuse treatment consistently exceeds the available funding resources. This decline in funding has made it difficult to sustain treatment services, and has limited the Commission’s ability to support new forms of medication-assisted treatment and the development of community-based recovery support services.

In each of the past three fiscal years the Commission has exhausted its funding for inpatient non-hospital rehabilitation and halfway house treatment services. When this occurs the Commission ensures that funding for non-hospital detox, intensive outpatient, and outpatient treatment is available for eligible clients.

State Justice Reinvestment Initiative – This State criminal justice initiative is built on the concept of shifting non-violent offenders with substance abuse disorders out of prison and into treatment. Although this is a sound idea, without additional funding to Counties it is placing even more demands upon county-managed substance abuse services that are already greatly overburdened.

Accessing Medical Assistance – The Medical Assistance application process appears to be inconsistent from one County Assistance Office to the next. The length of time taken to process an application leads to a dependence on Commission funding, and limits the ability to access treatment through HealthChoices.

Scarcity of Detox and Rehab Beds – Due to high demand, inpatient non-hospital detox beds is frequently not available when needed. In some cases a client may be left to wait two to three days for admission. Although non-hospital rehab beds are more readily available, at times there is a problem here as well. Some providers seem to place a priority on insurance-paying clients when admitting clients because the per diem they receive is higher than with public-funded clients.

Insufficient Treatment Services for Adolescents – There is only one intensive outpatient treatment option for adolescents in our two-county area. At times there is a waiting list to access both school-based and community-based substance abuse outpatient treatment for adolescents. There are no adolescent halfway houses. It is a challenge to support the recovery of an adolescent returning home after an inpatient treatment experience.

Staff Retention – Recruitment and retention of qualified staff continues to be a challenge for our field. In particular, staff turnover at the outpatient level can lead to inconsistent care and can contribute to waiting lists.

Limited Public Transportation – Much of our two-county service area is rural, and does not have access to the local bus system. The county transportation systems do not operate in the evening when many outpatient treatment services and 12-step meetings occur. Scheduling of the transportation services is not very flexible. Half a day or more may be needed for a trip to a single appointment.

2. LOCAL SUBSTANCE ABUSE TRENDS:

Increase in Opiate Abuse – Looking at our area’s drug use data across the past 18 years, the most significant trend has been an increase in the prevalence of heroin use. In 1995-1996 a total of 18 clients (1.8% of all county-funded clients) listed heroin as their primary drug of choice. The corresponding figures for 2011-2012 were 83 clients representing 11.8% of all Cumberland and Perry residents receiving county-funded treatment services. Local substance abuse treatment information for the past three fiscal years is not available due to problems with the STAR data system.

Since 2000-2001, another local trend has been a significant increase in the number of Cumberland and Perry County clients who report prescription painkillers as their primary drug of choice. During the 2011-2012 fiscal year, 56 treatment service recipients (7.9%) listed “Other Opiate/Synthetics” as their primary drug of choice. It confirms that our two-county area is mirroring both national and statewide increases in the abuse of prescription narcotics, such as OxyContin and Vicodin. Again, data from the most recent years is not available.

The increased abuse of both prescription painkillers and heroin appears to be interrelated. Some individuals develop an addiction to a prescription medication, and then move on to heroin use. The increased purity of heroin allows novice users to start using it without injecting it. The decreased street price of heroin makes it an attractive alternative once someone has become addicted. Conversely, some heroin users will supplement their habit by using prescription opioid painkillers.

Increase in Marijuana Use – Increasing liberalization of marijuana law across the nation and changing social norms have led to increased prevalence and frequency of use by adults and adolescents. Our work with students indicates that a decreasing number of youth perceive smoking marijuana as a risky behavior. Youth that we encounter through student assistance who are marijuana users appear to be using in high quantities. Some are engaging in the use of butane hash oil (“BHO”, “Dabs”). In addition, driving under the influence of marijuana appears to be on the increase.

Synthetic Drug Use – Although the use of bath salts that our area experienced two to three years ago appears to have waned, there are still reports of synthetic marijuana use. In particular, during the past six months in South-Central Pennsylvania there has been a rash of synthetic marijuana users seeking treatment at Emergency Rooms due to adverse reactions. Some users seek out synthetic substances as alternative means of getting high and still being able to pass standard drug tests. As long as there’s money to be made by manufacturers and distributors, we will need to be alert to new synthetic drugs.

Stimulant Abuse – Student assistance staff and local college personnel have noted a trend in ADHD medication abuse by students to improve performance.

Continuation of Alcohol Abuse – Consistent with previous years, alcohol continues to be the substance most frequently reported by county-funded outpatient clients as their primary drug of choice. Opiates have surpassed alcohol as the primary drug of choice for Commission-funded clients seeking inpatient treatment. We are concerned that state plans for privatization or modernization of alcohol sales will increase access to alcohol. Increased consumption will lead to an increase in alcohol-related problems, as well as an even greater demand for public-funded treatment.

3. 2015-2016 SUBSTANCE ABUSE SERVICES:

As a result of a longstanding joinder agreement between the Boards of County Commissioners in Cumberland County and Perry County, the **Cumberland-Perry Drug and Alcohol Commission** (the Commission) operates as a department of Cumberland County government and as one part of a broad system of county human services. The Commission serves as the Single County Authority (SCA) for Cumberland and Perry Counties in fulfillment of state contracts and regulations. The Commission's primary purpose is to ensure that a full continuum of quality, public-funded, substance abuse prevention, intervention and treatment services are available for eligible Cumberland and Perry County residents.

All case management activities are carried out in accord with the most recent state Department of Drug and Alcohol Programs (DDAP) Treatment Manual. Our SCA has made a deliberate choice to focus our in-house case management efforts on the more costly and intensive levels of care: inpatient hospital and non-hospital detoxification and rehabilitation, halfway house, partial hospitalization and intensive outpatient. All of these services, with the exception of detox, require pre-authorization.

With the exception of detox services, any residents of Cumberland or Perry Counties who are seeking Commission-managed funding for inpatient non-hospital treatment services must undergo an assessment for level of care determination by a case manager from the Commission's Case Management Unit. The case managers are also responsible for screening all incoming referrals for emergent care needs and to determine if the client meets the eligibility requirements for SCA-funded services. If it is determined during the screening process that a client is in need of detox services, emergency room care or crisis intervention, then a referral is made immediately.

The case managers conduct the clinical assessments using either the Addiction Severity Index or the Adolescent Problem Severity Index, along with some supplemental questions, as the primary assessment tool. The Pennsylvania Client Placement Criteria (PCPC) for Adults, Second Edition or the ASAM Criteria for Adolescents is used to determine the appropriate level of care and to select a treatment facility from the Commission's network of providers. The case managers are also responsible for conducting case coordination activities such as continuing stay/concurrent reviews throughout the course of a client's inpatient treatment using the PCPC/ASAM criteria for admission, continued stay, discharge, and referral.

The actual pre-authorization of all non-hospital residential, halfway house, partial hospitalization and intensive outpatient treatment is not a case management function. All funding authorizations are issued by a member of the SCA's fiscal or administrative staff.

The Commission perceives detox as an emergency intervention service that warrants a streamlined pre-approved admission procedure. The Commission maintains contracts with three non-hospital detox programs (Common Ground, Roxbury and White Deer Run Facilities) that allow for admissions of

Cumberland and Perry County residents without pre-authorization. These facilities provide transportation if necessary. The detox units are required to notify the Commission on the next business day. A PCPC or ASAM summary is reviewed by a case manager to validate the need for detox services. If the case manager verifies the need for detox, as well as the client's eligibility for Commission-funded services, authorization for detox services is then issued by a member of the fiscal management staff.

In contrast, Cumberland and Perry County residents seeking outpatient substance abuse treatment services are encouraged to make direct contact with any of the Commission-funded outpatient providers. Outpatient providers are authorized to admit eligible clients into outpatient care based on their own screening and level of care assessment. The Commission does not require pre-authorizations or continuing stay reviews for regular outpatient treatment for the first six months of service. The Commission has a process in place to ensure that clinical services for individuals receiving intensive outpatient services, or regular outpatient treatment beyond six months, are reviewed for treatment appropriateness. The Commission also monitors the outpatient provider's performance of emergent care screening and assessment responsibilities through the provider monitoring process.

a. LIMITS ON SERVICE

The Commission does not have a policy that establishes a set limit on the number of admissions to treatment for a given individual. However, all clients funded for inpatient treatment by the SCA sign a Client Treatment Participation Agreement. If the client decides to leave the treatment program before successfully completing it, he/she agrees to contact his/her ACM first. The agreement specifies that failure to do so will mean that he/she will be ineligible to receive Commission funding for another residential treatment experience for a period of one year. Exceptions to this limit may be considered upon written request from the client.

In addition, if a client repeatedly cycles through the system, seeking inpatient treatment, then relapsing and seeking treatment again, his/her case is discussed during a Case Management Unit meeting. He/she may be required to sign a specialized contract outlining their commitment for participation in treatment and aftercare before further treatment is authorized.

In order to qualify for treatment funding from the Commission, an individual must be a resident of Cumberland or Perry Counties. Some proof of county residency is required. The SCA does not require a minimum length of time as a county resident to be eligible for funding.

b. COORDINATION OF CARE

A large proportion of Commission-funded treatment clients are also engaged with other county-funded services. For example, over a third of our clients are referred from the criminal justice system. The Commission works closely with the courts, probation offices, and prisons of both counties to assure that services for offenders are coordinated with their participation in specialized criminal justice programs. In addition, a representative of the Commission's Case Management Unit serves on the CASSP Team for interagency coordination of multiple services to youth and their families. Finally, over the past year the Commission has teamed up with Cumberland County Children and Youth Services to serve as one of eight pilot sites within the state for a technical assistance project designed to promote closer collaboration in working with parents involved with child welfare that have a possible substance abuse disorder. This project has resulted in the

creation of a specialized case management program for these individuals, as well as considerable cross training between the two agencies.

c. ACT 152 AND BHSI FUNDING

The funds the Commission receives from DHS's Office of Mental Health and Substance Abuse Services (OMHSAS) are combined with state and federal funds provided by the Pennsylvania Department of Drug and Alcohol Programs (DDAP). Although Gov. Wolf has included a partial restoration of funding cuts to the Act 152 and BHSI funding streams as part of his overall proposed state budget for 2015-2016, for the purposes of this plan we are assuming level funding from of \$384,574 to Cumberland and Perry Counties in Act 152 and Behavioral Health Special Initiative (BHSI) funds. These funds represent approximately 13% of the Commission's overall annual operating budget. While we are pleased that there was no reduction in state funding for Act 152 and BHSI for the current fiscal year, it should be noted since the 2004-2005 fiscal year these funds have been cut by \$139,358 (or 26.6%).

OMHSAS funds are used to help provide a full range of substance abuse treatment services for all eligible county residents, as indicated by all the levels of care in the Pennsylvania Client Placement Criteria. Over the years the Commission has developed a continuum of care that is capable of addressing the varied treatment needs of clients throughout the 1,100 square mile two-county catchment area. The Commission contracts with many private DDAP-licensed outpatient and inpatient substance abuse treatment providers. Commission-managed treatment funds are targeted to county residents who do not have access to commercial insurance coverage or Medical Assistance, and who lack the resources to pay for treatment out-of-pocket. Historically the Commission has used OMHSAS funds to cover the cost of inpatient non-hospital services to eligible residents.

By statute, Act 152 funding is earmarked for inpatient non-hospital drug and alcohol treatment services. This includes non-hospital detoxification, rehabilitation, and halfway house services. With \$219,022 in Act 152 funding budgeted, the Commission projects it will provide inpatient non-hospital treatment to 118 Cumberland or Perry County residents during the 2015-16 fiscal year. An additional \$24,000 in Act 152 funding has been earmarked for Administration costs associated with providing the inpatient non-hospital treatment services. These funds budgeted for Administration represent 9.9% of the Commission's total Act 152 allocation (\$243,022).

BHSI funding has the flexibility to be used for a variety of treatment, care and case management, and recovery support services. As in previous years, the Commission will use a majority of its BHSI funds for inpatient non-hospital drug and alcohol detox, rehab, and halfway house services. A total of \$128,552 of BHSI dollars will be allocated for these services. We project that 37 residents of Cumberland or Perry County will receive treatment with these funds in the 2015-16 fiscal year. BHSI monies in the amount of \$13,000 have also been budgeted for the provision of substance abuse care management services for an estimated 37 Cumberland or Perry County residents.

d. **PROGRAMMATIC OR FUNDING CHANGES DUE TO LAST YEAR'S OUTCOMES**

Just like the rest of the state and the country, our communities are struggling to deal with the current epidemic of opiate abuse and addiction. We have begun offering community awareness programs on this issue to any group that is interested. One of the most chilling sources of data has come from our respective County Coroners in the form of an increasing number of drug overdose fatalities. In response, a current priority is to increase access in our two-county area to naloxone, the medication that reverses opiate overdoses. The Commission is working closely with the local EMS system and the Cumberland County District Attorney to encourage municipal police departments to have their officers trained and equipped with naloxone. The Commission has submitted a proposal to OMHSAS and the PA Commission on Crime and Delinquency for funding to cover the cost associated with expanding naloxone use by local police and other community partners.

Of course naloxone does nothing to address the opiate use disorder that led to an overdose. The dilemma, as noted above, is the gap between the need and demand for services and the available funding. Toward this end the Commission has requested additional funding from DDAP for long-term substance abuse residential treatment, and medication-assisted treatment.

It should be noted, though, that the potential new funds that we have requested are part of Gov. Wolf's proposed state budget and must be approved by the state's General Assembly.

4. TARGET POPULATIONS

A full continuum of Commission-funded substance abuse prevention, intervention, and treatment services are available to all residents of Cumberland and Perry Counties.

- **Older Adults:** Older adults are under-represented among local residents who receive Commission-funded substance abuse treatment services. Residents ages 55 and over account for only 4% of those receiving such treatment, according to the most recent data available. If significant new resources would become available, we would consider undertaking an outreach effort targeted to older adults.
- **Adults (ages 24 to 54):** The majority of Commission-funded treatment services (57.2%) are utilized by adults between the ages of 25 and 54. Most of the clients involved in specialized community corrections programming that emphasize drug and alcohol treatment (Treatment Court, Day Reporting, and Electronic Monitoring for Multiple DUI Offenders) fall into this age grouping. The subgroup that is most likely to access services are those between the ages of 25 and 34.
- **Transition Age Youth (ages 18 to 24):** There are no special substance abuse programs in place just for transition age youth, however, according to the latest available data, this age group represents 25.2% of Commission-funded treatment recipients. In particular, this group utilizes a significant amount of non-hospital detox and rehabilitation services. Recovery support services are especially critical for this age group since they may have limited resources at their disposal.

- **Adolescents (under 18):** The Commission has targeted considerable resources to school-age youth through student assistance programming. Commission staff or providers work closely with the student assistance teams that are in place at every secondary school within the 13 public school districts in Cumberland and Perry Counties. In addition to assisting the schools with identifying and referring youth who are harmfully involved with substance abuse, the Commission also provides outpatient treatment and a range of intervention and support groups on site in the schools. The Commission also collaborates with the County Children and Youth and Juvenile Probation departments to identify youth who can benefit from intervention and treatment services. This adolescent age group represents 13.6% of all Commission-funded treatment clients. This is about double the statewide average, suggesting that our outreach efforts to youth are pretty effective. Adolescents are more likely to utilize outpatient treatment services than inpatient care.
- **Individuals with Co-Occurring Psychiatric and Substance Use Disorders:** Two of the Commission-contracted substance abuse outpatient providers – NHS Stevens Center and Diakon Family Life Services – also possess mental health outpatient licenses. We try to direct clients with a serious co-occurring mental illness to one of these facilities if outpatient treatment is indicated. On the inpatient side, we maintain contracts with several non-hospital rehab facilities that provide a track for clients with co-occurring mental health disorders. These programs have access to psychiatric time, and are able to meet the medication needs of the service recipients. In fiscal year 2013-2014, the Commission provided a total of 647 days of specialized treatment to 65 different clients with co-occurring mental health and substance abuse disorders. This represented just over 10% of inpatient bed days purchased by the Commission. For many of these individuals with dual disorders, the Commission covered the initial days of an inpatient rehabilitation stay before the service recipient obtained Medical Assistance and transferred to HealthChoices coverage.
- **Criminal Justice Involved Individuals:** The Commission works very closely with the Cumberland and Perry County criminal justice systems. Special arrangements are in place for the provision of substance abuse assessment and treatment services at both County Prisons. As noted above, many clients are involved in specialized community corrections programming that emphasize drug and alcohol treatment such as Treatment Court, Day Reporting, and Restrictive Intermediate Punishment with Electronic Monitoring.
- **Veterans:** The Commission and its providers work closely with the County Veterans Offices and the Veterans Services network to help Cumberland and Perry County veterans access drug and alcohol treatment services that may be available to them through Veterans Administration (VA) resources. If a Cumberland or Perry County resident served in the military, but is not eligible for VA-funded treatment, then they would be eligible for Commission-funded services. One change that is anticipated in the Commission's new contract with the PA Department of Drug and Alcohol Programs is that veterans who are eligible for VA benefits, but for some reason are having trouble accessing appropriate substance abuse treatment through the VA system, may in some instances be eligible for Commission-funded treatment services.
- **Racial/Ethnic/Linguistic Minorities:** The Commission-funded treatment system seems to be doing a pretty good job reaching minorities. Blacks make up 3.6% of the population of Cumberland and Perry Counties, and they represented 3.8% of the admissions to treatment in fiscal year 2011-2012 (the latest year for which we have data). There was a similar consistency with regard to

ethnic origin. Only 2.7% of the clients admitted during fiscal year 2011-2012 reported that they were Latino. This mirrors the census data for 2010, which indicates that 2.5% of the two-county population is of Latino origin.

5. **RECOVERY – ORIENTED SERVICES**

Our two-county area is fortunate to have access to a number of recovery—oriented services:

- **Addiction Education, Training and Advocacy:** The RASE Project is a regional substance abuse recovery advocacy organization serving south central Pennsylvania. They provide a range of education and training services including first-person accounts of recovery from addiction and mental illness from their “In My Own Words” speakers’ bureau designed to reduce the stigma associated with these health issues. The Commission co-sponsors many workshops with RASE. The RASE Training and Advocacy Coordinator currently serves as Co-Chair of the Cumberland-Perry Substance Abuse Prevention Coalition.
- **Supportive Housing for Clients in Early Recovery:** We are fortunate to have five acceptable recovery houses in our area, all located in Cumberland County. However, only one of these houses, the Carlisle RASE House, can accommodate women. This house does have the advantage of also being able to provide life skills training for its residents through the companion RASE Project of Carlisle. One additional recovery house for men in Cumberland County is slated to open within the next month using one of the recovery house start-up grants offered with reinvestment funding through our regional HealthChoices program. An ongoing HealthChoices reinvestment program provides recovery house “scholarships” to Medical Assistance recipients from Cumberland and Perry Counties who need supportive housing upon discharge from residential substance abuse treatment. The scholarship covers the equivalent of two months of rent at an approved recovery house.
- **Recovery Support Services:** The RASE Project also provides individualized recovery support services with reinvestment funding through our five-county HealthChoices program. These services are designed to assist individuals who are in alcohol and/or drug treatment and who are also in need of one-on-one recovery coaching to assist them to overcome the obstacles that keep them from succeeding in the recovery process. RASE supports participants through the earliest stages of recovery initiation to the more complex processes of recovery stabilization and maintenance within the natural environment of each participant and family. A critical aspect of this process involves connecting recovering individuals and families to local recovery support groups and communities of recovery as well as nurturing and development of such supports where they do not yet exist.
- **Recovery Centers:** Another current HealthChoices reinvestment project is the establishment of a Recovery Center in Cumberland County. Just For Today, Inc. (JFT) was the successful bidder for a start-up funding grant through our regional HealthChoices program. With some additional financial assistance from the Cumberland County Redevelopment Authority, JFT is in the process of acquiring and renovating a property to serve as the site for a Recovery Center. The Recovery Center is envisioned as a place that will serve as a resource center for individuals in recovery from a substance abuse disorder. Just For Today plans to make a special effort to reach out to veterans

struggling with substance abuse issues. Information about treatment, recovery support, housing support, employment training and continuing education, and sober social activities will be made available in a safe, drug and alcohol free environment. This new Just For Today Recovery Center is slated to open within the next two months.

Within the past year a new faith-based effort has been initiated in the Shippensburg community at the western end of Cumberland County. With financial support from the Church of the Nazarene a new program called The Harbor has opened in downtown Shippensburg. It is intended to provide a drug and alcohol-free social setting for all adults, including those in recovery. It is open on Friday and Saturday evenings as an alternative to the bar scene. Open-mike nights are held on Saturday evenings. In addition, The Harbor provides a site for several weekly local 12-Step Group meetings including Alcoholics Anonymous, Narcotics Anonymous, Al-Anon, Co-Dependents Anonymous, and Overeaters Anonymous. Recently the Commission collaborated with The Harbor in hosting a community town hall meeting regarding the current opiate epidemic. Although this initiative is not focused entirely on individuals in recovery, The Harbor does serve as a type of Recovery Center for the Shippensburg area. The Commission is in discussions with the coordinator of The Harbor about options for sustaining and possibly expanding community programming.

The greatest challenge in strengthening recovery--oriented services in Cumberland and Perry Counties is the current scarcity of resources. After several years of flat or reduced state and federal funding, the Commission is struggling to maintain a full continuum of public funded treatment and case management services for eligible residents of our two-county area. Furthermore, our country's recent economic problems have resulted in fewer funding opportunities from local foundations and United Way agencies. The Commission has had some success in recent years working with other funding streams such as the local Housing and Redevelopment Authority and some PCCD-funded projects to help finance some recovery support services. We will continue to seek out these opportunities.

E. Human Services Development Fund

	Estimated / Actual Individuals served in FY 14-15	Projected Individuals to be served in FY 15-16
Adult Services	5	5
Aging Services	457	457
Generic Services	1500	1500
Specialized Services	198	198

There are no substantial programmatic and/or funding changes being made as a result of last year's outcomes.

1. **Adult Services**

- Name/Description: **Chore Service**
- Changes in Service Delivery from Previous Year: None
- Specific Services: Provides for unskilled/semi-skilled home maintenance tasks to enable a person to remain in their home.
- Planned Expenditures: \$2,000

2. **Aging Services**

- Name/Description: **Protective-Intake/Investigation**
- Changes in Service Delivery from Previous Year: None
- Specific Services Provides for intervention activities to assist eligible persons in a crisis situation. This includes social service activities necessary to remove the person from the dangerous situations as detailed in the written service plan.
- Planned Expenditures: \$1,500

- Name/Description: **Transportation**
- Changes in Service Delivery from Previous Year: Services now being provided by:
Rabbitransit
1601 Ritner Highway
Carlisle, PA 17013
- Specific Services: Activities which enable individuals to travel to and from community facilities to receive social and medical service. The service is provided only if there is no other appropriate person or resource available to transport the individual.
- Planned Expenditures: \$2,000

- Name/Description: **Personal Care**
- Changes in Service Delivery from Previous Year: None
- Specific Services: Care that is provided in the home to eligible clients in order to keep the client in their home. Services include bathing, dressing, grooming, feeding, personal laundry, etc.
- Planned Expenditures: \$1,500

3. Generic Services

- Name/Description: **Information & Referral** (all populations served)
- Changes in Service Delivery from Previous Year: None
- Specific Services: Contact Helpline is a 24-hour, 7 day-a-week, listening, health and human service information and referral service. They maintain a database of referral agencies, organizations, and programs serving Pennsylvania residents of Cumberland and surrounding Counties.
- Planned Expenditures: \$500

4. Specialized Services

- Name/Description: **Cumberland Cares for Families**
- Changes in Service Delivery from Previous Year: None
- Specific Services(s):
 - i. Description of Need: As in many other places, Cumberland County has many parents who feel alone and isolated because of the responsibility of raising their children. The children of these parents are more likely to be neglected or abused than the children being raised by socially and emotionally healthy parents. CUMBERLAND CARES FOR FAMILIES is an in-home visitation program that partners with new parents and parents-to-be in making parenting more safe, comfortable and healthy for the entire family.
 - ii. Description of Service: CUMBERLAND CARES FOR FAMILIES is family focused providing in-home education and support for children 0-5 years old and their families. Emphasis is on safety and healthy development of the child while supporting the family through needs assessments, parenting skills building, behavioral techniques modeling, community information and referrals.

A social work based program, the immediate unique needs of the family are addressed while assuring a safe and secure home environment. Topics discussed with families include, post-partum depression, parenting education, child development, sibling rivalry, healthy baby medical care and immunizations, care of a sick child, nutrition, children's health insurance, toy safety, family planning, budgeting, drug and alcohol use, transportation, and domestic violence, abuse and neglect.

By promoting a healthy and safe family environment, CUMBERLAND CARES FOR FAMILIES:

- Improves pregnancy outcomes
- Teaches problem solving skills
- Reduces family stress
- Improves family support systems
- Promotes positive parent/child interaction
- Promotes healthy early child development
- Makes sure every child has a medical home
- Identifies and coordinates services for children with special health care needs, developmental delays or disabilities
- Models behavioral skills
- Teaches basic nutrition and health care issues
- Identify issues and coordinated services for families involved in multiple systems

- Prevents child abuse and neglect
- iii. Program Purpose:
- To promote the safety and wellbeing of children and their families
 - To preserve family unity where children's safety can be supported
 - To maintain permanency for children
 - To empower families to achieve or sustain independence and self-sufficiency.
 - To help children work towards achieving school readiness
- iv. Program Goals:
- To enhance the parents' ability to create a safe, stable and nurturing home environment that promotes healthy child development.
 - To prevent out-of-home placement of children, when safety can be acquired for all family members.
 - To provide, refer to, and coordinate services needed to achieve or maintain family safety, stability, independence and unity.
- v. Program Philosophy:
- Improve pregnancy outcomes,
 - Child safety based,
 - Family focused,
 - Dedicated to work with families as partners,
 - Built on respect,
 - Designed to build on family strengths and unity within the context of their culture and community,
 - Dedicated to prevent, reduce or eliminate behaviors, environmental barriers, and community conditions, which many place a child, family or community at risk of further maltreatment or dysfunctional practices.
 - Primarily provided in the home or community,
 - Flexible, based on the changing needs of families and children,
 - Timely
 - Voluntary
 - Family preservation
- vi. What is Home Visiting? Home visiting is a strategy for offering information, guidance, and emotional and practical support directly to the families in their homes. Home visiting has been an effective strategy for delivering services for more than a century; during the past 30 years it has experienced a tremendous increase in popularity. Today, home visiting is a part of programs as diverse as health care, parenting education, child abuse prevention and early intervention for young children with disabilities.

Home visiting reaches families where they live. Families who have difficulty using community services that are based in offices, schools or hospitals find home visiting to be an effective way to receive information, guidance and support. Some expectant parents and families with infant and toddlers benefit from home visiting because services providers can:

- Reach families who live far away or lack transportation to clinics or service centers;

- Respond to the needs and interests by individual families by working flexible or non-traditional hours;
- Deliver services in an environment that may not be as unfamiliar or threatening to both children and their parents; learn more about the families and their circumstances, strengths, and needs when they see parents and children interacting in their home environment; and
- Build strong, trusting, personal relationships with families – an important element in the overall effectiveness of any program of support.

The six key elements of effective home visiting are:

- Clearly defined goals and objectives
- Staff who know how to reach the goals and objectives
- Carefully recruited and well-trained visitors
- Collaboration with other community resources
- Adequate and stable funding
- Evaluation and continuous quality improvement

vii. Performance Outcome Measures:

- 10% increase in on-time immunizations
- 90% increase in insured children
- 10% enrollment increase in Head Start or other preschool services
- 15% increase in community outreach
- 10% decrease in potential child abuse & neglect
- Projected savings for Cumberland County:

It needs to be noted that the key component of our home visitation program, CUMBERLAND CARES FOR FAMILIES, is in the areas of early detection, identification and intervention. Working with the pre-natal women, families and children ages 0-5, has an enormous impact on the positive sustainable outcomes of children. By investing \$1.00 in these children the county saves \$6.00.

Dramatic impacts can be made to get these children on the right paths, thus minimizing the need for future services in Children & Youth, Juvenile Probation, Mental Health and Drug & Alcohol services. Currently Children and Youth placements (depending on the need) can range from \$18.00 to over \$400.00 per day. Additionally placement in a juvenile probation center can cost between \$389.00 to over \$500.00 per day.

- Planned Expenditures: \$70,025 (\$2,025 HSDF and \$68,000 non-HSDF “other” funds)
- Name/Description: **Attendant Care Service Coordination**
- Changes in Service Delivery from Previous Year: None
- Specific Services(s):
 - i. Description of Need: The Service Coordination is for individuals between the ages of 18 to 59 who have physical disability that will last 12 or more months. These programs provide basic support in the home to allow the individual to continue to live in the community. The community services program will also refer individuals with a physical disability to other under 60 programs that would best serve their needs.

- ii. Description of Service: Service Coordination identifies, coordinates and assists participants to gain access to needed waiver services. These services are reviewed and approved by the Service Coordinator Supervisor.
- iii. Performance Outcome Measures:
 - The Service Coordinator will develop a service plan along with the cooperation of the participant and the participant's family that specifies concrete activities to be completed in order to achieve the participant's goals.
 - The Service Coordinator will locate resources and make referrals or arrangements for services such as non-Medicaid funded programs, social, housing, educational and other services and supports.
 - The Service Coordinator will act as a resource person to the participant and the provider agencies to resolve problems that may arise.
 - The Service Coordinator will monitor the Participant's services to ensure the quantity, quality and effectiveness of services are in accordance with the individualized service plan (ISP). This also includes Service Coordinator's monitoring the effectiveness of the back-up plan with the participant.
 - The Service Coordinator will confer with the participant and physician when necessary and review the ISP periodically, as required by the Department, to ensure that services provided are consistent with the needs and goals of the participant.
 - The Service Coordinator monitors the health, welfare and safety of the participant and the ISP through regular contacts (visits, phone calls, etc.)
- Planned Expenditures: \$77,311

Please provide a description of how interagency coordination funds will be used to improve services:

Services are improved through the process of communication and collaboration with multiple agencies, both County and non-county and through interagency projects and workgroups. The Coordination Funds mainly support the time that the agency director spends working with those other agencies. While many human services programs operate in a silo, families and individuals often have needs for multiple services. Additionally, the more programs communicate with one another, the more effective they can become. Therefore, it is essential that an investment be made in both time and activities to interact with one another as well as with related groups. We participate regularly in a variety of meetings and committees designed to improve coordination and collaboration between and among both county departments, provider agencies, consumer groups, state agencies and other groups such as the United Way of the Capital Region and the United Way of Carlisle and Cumberland County. Human Service Councils both in Carlisle and Shippensburg enhance communication and program awareness. Various forums such as the Shippensburg Community Resource Center and the Poverty Forums of Carlisle and the West Shore support the exchange of information. The Community Impact Committee of the United Way of the Capital Region is influenced by input from the Director of Aging and Community Services who is a long-time member. Community Needs Assessments are an annual activity used to determine the emergence of new issues as well as the status of ongoing concerns and programs.

**APPENDIX C-2 - NON BLOCK GRANT COUNTIES
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS SERVED**

Directions: Using this format, please provide the county plan for expenditures funded by The Department of Human Services (DHS) and proposed numbers of individuals to be served in each of the eligible program areas.

- 1). **Estimated Individuals** – Please provide an estimate in each cost center of the number of individuals to be served. An estimate must be entered for each cost center with associated expenditures.
- 2) **DHS Allocation** - Please enter the county's **total** state and federal DHS allocation for each program area (MH, ID, HAP, D&A and HSDF).
- 3). **Planned Expenditures** – Please enter the county's planned expenditures for DHS state and federal funds in the applicable cost centers. For each program area, the expenditures should equal the allocation. If you are moving HSDF dollars to another cost center, please provide a footnote in the HSDF area explaining where you are moving it, estimated number of individuals and expenditures.
- 4). **County Match** - Please enter the county's planned match amount in the applicable cost centers for MH and ID only.

NOTE: Fields that are grayed out are to be left blank.

*Please use FY 14-15 Primary Allocations for completion of the budget.

*If your county received a supplemental CHIPP allocation in FY 14-15, include the annualized amount in your FY 15-16 budget.

*The Department will request your county to submit a revised budget if, based on the budget enacted by the General Assembly, the allocations for FY 2015/16 are significantly different than FY 2014/15. In addition, the county should submit a revised budget if and when funding is moved between cost centers/service categories is in excess of the current re-budget procedures for each program covered in the Plan.

County: <i>Cumberland</i>	1. ESTIMATED INDIVIDUALS SERVED	2. DHS ALLOCATION (STATE & FEDERAL)	3. PLANNED EXPENDITURES (STATE & FEDERAL)	4. COUNTY MATCH	5. OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES					
ACT and CTT	23		340,350	0	
Administrative Management	2,106		742,825	2,623	
Administrator's Office			574,961	51,605	104,571
Adult Developmental Training					
Children's Evidence Based Practices					
Children's Psychosocial Rehabilitation Services					
Community Employment	61		120,422	114	
Community Residential Services	106		2,989,467	71,133	
Community Services	532		824,148	58,094	30,329
Consumer-Driven Services	255		149,159		
Emergency Services	889		78,352	299	
Facility Based Vocational Rehabilitation					
Family Based Mental Health Services	1		3,900		
Family Support Services	113		170,849	9,722	4,500
Housing Support Services	120		435,431	27,147	
Mental Health Crisis Intervention	4,414		709,764	0	
Other					
Outpatient	515		666,876	254	
Partial Hospitalization	29		33,584	0	
Peer Support Services	48		41,996	0	
Psychiatric Inpatient Hospitalization	14		104,440	0	
Psychiatric Rehabilitation	113		442,876	0	
Social Rehabilitation Services	205		480,593	17,826	
Targeted Case Management	178		220,539	0	
Transitional and Community Integration	176		141,477	0	
TOTAL MH SERVICES	9,898	9,272,009	9,272,009	238,817	139,400

County: Cumberland	1. ESTIMATED INDIVIDUALS SERVED	2. DHS ALLOCATION (STATE & FEDERAL)	3. PLANNED EXPENDITURES (STATE & FEDERAL)	4. COUNTY MATCH	5. OTHER PLANNED EXPENDITURES
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INTELLECTUAL DISABILITIES SERVICES

Administrator's Office			1,425,093	20,407	
Case Management	990		188,438	20,938	
Community-Based Services	269		973,731	97,964	
Community Residential Services	10		885,357	0	
Other					
TOTAL ID SERVICES	1,269	3,472,619	3,472,619	139,309	0

HOMELESS ASSISTANCE SERVICES

Bridge Housing	77		56,900		
Case Management	10,623		154,978		
Rental Assistance	134		44,413		
Emergency Shelter	643		18,000		
Other Housing Supports	0		0		
Administration			26,767		
TOTAL HAP SERVICES	11,477	301,058	301,058		0

DRUG AND ALCOHOL SERVICES

Act 152 Inpatient Non-Hospital	118		219,022		
Act 152 Administration			24,000		
BHSI Administration					
BHSI Case/Care Management	37		128,552		
BHSI Inpatient Hospital					
BHSI Inpatient Non-Hospital					
BHSI Medication Assisted Therapy	15				7,500
BHSI Other Intervention					
BHSI Outpatient/IOP					
BHSI Partial Hospitalization					
BHSI Recovery Support Services	37		13,000		
TOTAL DRUG AND ALCOHOL SERVICES	207	384,574	384,574		7,500

HUMAN SERVICES DEVELOPMENT FUND

Adult Services	5		2,000		
Aging Services	457		5,000		
Children and Youth Services	0		0		
Generic Services	1,500		500		
Specialized Services	198		79,336		68,000
Interagency Coordination			25,610		
Administration			16,741		
TOTAL HUMAN SERVICES DEVELOPMENT FUND	2,160	129,187	129,187		68,000

Note any movement of HSDF funds & include: where moved, estimate number of individuals & expenditures.

GRAND TOTAL	25,011	13,559,447	13,559,447	378,126	214,900
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