

CUMBERLAND COUNTY HUMAN SERVICES PLAN

2016-2017

July 29, 2016
(Revised 10/4/16)

Cumberland County Commissioners:

Vince DiFilippo, Chair
Jim Hertzler, Vice-Chair
Gary Eichelberger, Secretary

For any questions regarding this plan, please contact:
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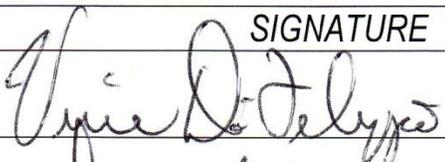
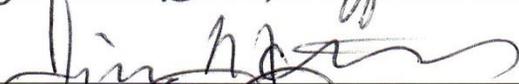
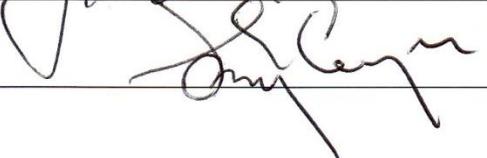
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Appendix A

ASSURANCE OF COMPLIANCE

- A. The County assumes that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith.
- B. The County assumes, in compliance with Act 80, that the County Human Services Plan submitted herewith has been developed based upon the County officials' determination of County need, formulated after an opportunity for public comment in the County.
- C. The County 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 Human Services.
- D. The County hereby expressly, and as a condition precedent to the receipt of state and federal funds, assures that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; and the Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (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

<i>SIGNATURE</i>	<i>PRINT NAME</i>	<i>DATE</i>
	Vince DiFilippo	7-28-16
	Jim Hertzler	7-28-16
	Gary Eichelberger	7-28-16

Appendix B

INTRODUCTION

This plan is submitted on behalf of the Cumberland County Board of Commissioners and represents input from the Cumberland-Perry Mental Health and Intellectual and Developmental Disabilities Program, Cumberland-Perry Drug and Alcohol Commission, and Cumberland County Aging and Community Services Office. 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 the 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). Initially, the Cumberland-Perry Drug and Alcohol Commission was a part of the MH.IDD program, and in 1980, became a separate agency, continuing with 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 community 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.

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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 Cumberland 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 each of the narrative sections of the following plan as we are not part of the Block Grant. 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/or institutional programs. For more than a decade, a guiding principle in our local human service planning 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 2016-2017 as a result of last year's outcomes. We anticipate flat county base funding which becomes a decrease in funding due to cost of living increases; therefore, our ability to make any changes is limited. Instead, the priority will be to sustain the current infrastructure of community-based services as much as possible.

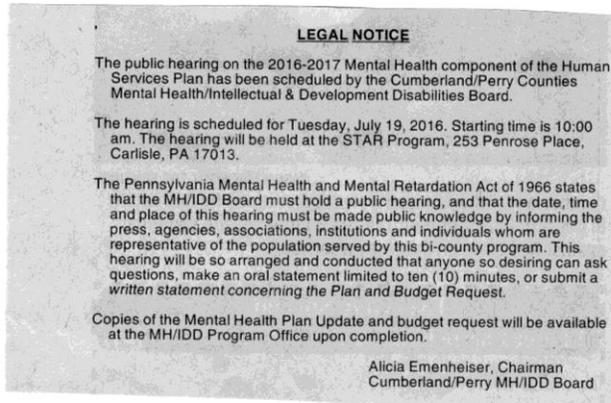
II: PUBLIC HEARING NOTICE

A. Cumberland-Perry MH Public Hearing Notice

Legal Notices were placed in several local newspapers in Cumberland and Perry Counties as well as on the Cumberland County website calendar to alert county residents of the Public Hearing for the Mental Health component of the Human Services Plan. Public notices were advertised in the Sentinel, the News Sun, Perry County Times, and Duncannon Record. The public hearing was held on July 19, 2016 at 10:00 AM to offer the opportunity for input into the planning for mental health services as part of the Human Services Plan. The Human Service Plan was also on the agenda for and discussed at Commissioners' Hearings in Perry County on July 25, 2016 and Cumberland County on July 28, 2016.

B. Proof of Publication

COPY OF NOTICE OF PUBLICATION



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.

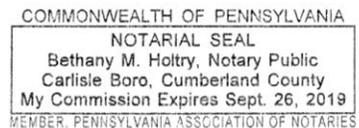
[Handwritten signature]

Sworn to and subscribed before me this

11th day of July 2016

Bethany M. Holtry
Notary Public

My commission expires:



C. MH Public Hearing Minutes

A public hearing on the Mental Health component of the 2016-2017 Human Services Plan was held on Tuesday, July 19, 2016. The hearing was held at the STAR Program at the beginning of the monthly CSP Meeting. 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 will be maintained and will be a part of any submission to the State regarding a plan for services.

Robin Tolan, MH Quality Assurance Coordinator, reviewed the makeup of the plan. She noted that this draft document includes input not only from the CSP group, the consumers, Cumberland/Perry Drug and Alcohol Commission, and the Cumberland County Aging and Community Services.

Mrs. Tolan reviewed highlights and accomplishments of the past year. One notable change was the change in transportation services. Cumberland County Commissioners contracted with Central PA Transportation Authority (Rabbittransit) to provide transportation services. Another highlight is the Community Suicide Prevention Initiative. County staff has partnered with managed care staff, community members and provider agencies to develop and implement several aspects of this initiative. One spoke of this initiative is - PULSE – (Preventing Unnecessary Loss through Suicide Education) – this effort will stress the Myth and the Truth around suicidal thoughts and behaviors in an effort to increase awareness of and the education of people about suicide. A task force is being formed to continue working with this initiative.

Also, plans are underway to expand the current Hospital-Based Extended Acute Care Program by 12 additional psychiatric beds. This unit would be located in a general hospital facility to improve the ability to better serve adults in need of EAC services when they are experiencing medical care needs that cannot be easily provided in a free standing facility. A provider has been selected to develop this new unit.

Mrs. Tolan also reviewed areas of service needs that continue either due to the lack of adequate funding, lack of adequate access to services, lack of trained personnel, etc. Included in these needy areas are: the availability of transportation, (especially in rural areas), housing opportunities, access to psychiatrists and psychiatric hours, the need for an additional long term structured residence (LTSR), improvement to the coordination of services, etc.

While there was some general discussion and several questions asked, no written testimony or public comments were made at the hearing.

The public hearing was adjourned at 10:50 a.m.

d

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 SERVICES

Planning

Our mission statement 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”* drives our planning process and provision of community-based mental health services within Cumberland and Perry Counties.

As the lead in our annual and ongoing mental health planning process, the Cumberland-Perry Community Support Program (C-P CSP) holds monthly meetings during which strong consumer and stakeholder involvement occurs in reviewing needs and opportunities within the counties to support individuals with mental illness. Mental Health planning is a standing agenda item which provides for invaluable discussions regarding individual and community needs and the education regarding available services and supports as well as larger system and budgetary issues and concerns. This consumer-driven planning process includes consumers (adults, older adults, and transition age youth) with serious mental illness and/or co-occurring substance abuse disorders, certified peer specialists, consumer staff, family members, service provider staff, Managed Care staff, and county MH staff. A Public Hearing regarding the MH plan was held on 7/19/16 during the CSP meeting which gave additional opportunity for community members 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 for children and adolescents and their families. 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 rehabilitation supports while embracing CASSP principles.

The CASSP core teams for both counties also meet to discuss larger system needs and explore creative solutions to meeting those needs. The Perry County Integrated Children’s Services Plan (ICSP) team meets monthly to discuss current trends and issues (i.e. needs of transition age youth, drug and alcohol addiction within family systems) to develop specific initiatives.

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 HUMAN SERVICES PLAN 2016-2017

- 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 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 Committee (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.

a) Program Highlights/Achievements:

- **Consolidated Community Reporting Initiative (CCRI) Process** with the State Office of Mental Health and Substance Abuse Services (OMHSAS) – county staff and contracted providers have been focused on the completion of re-validation forms for OMHSAS; in addition our Information Management staff has been working closely with OMHSAS as well as providers to implement the programs needed for accurate submission of CCRI data.
- **Shift to Rabbitransit** – On July 1, 2015, Cumberland County Commissioners contracted with Central Pa. Transportation Authority (dba Rabbitransit) to take over our Cumberland County Transportation program. The transportation program in Perry County will also shift to Rabbitransit in October of 2016.
- **Mental Health First Aid for Youth and Adults** – during Children's MH awareness month, MH First Aid for Youth training was provided in Cumberland County - Education staff, Juvenile Probation (JPO) staff, County Children and Youth (CYS) staff, and Law Enforcement staff attended. Perry County training is planned for October. There have been several MH First Aid for Adults trainings held throughout the two counties during this past year within the Social Rehabilitation programs as well as within the community, such as at Senior Centers.
- **Flexible Outpatient** – with our managed care partners, this pilot was implemented with one Outpatient (OP) provider for Cumberland & Perry counties. It is an OP clinic-driven service in which the child or adolescent is receiving OP therapy under the supervision of a psychiatrist. An authorization for Mobile Therapy (MT) can be requested when/if significant needs are identified in the home, school, or community, which allows that same OP clinician to meet the child's needs in any location. This flexible location of service allows treatment to be provided in the setting that best meets the child's needs and offers better continuity for the child and family. There is a required minimum of 2 sessions provided in the office per month.
- **Education Integration meetings** – Meetings are being held with CASSP staff, our managed care partners, and local school staff from 3 districts – two in Cumberland, one in Perry county. The focus is to discuss gaps, barriers, and trending concerns regarding mental health needs and supports within these districts. Several identified barriers have been addressed in a solution-oriented manner. Thus far these discussions have included review of how to access services which resulted in training for all school staff; and research on EBP

for districts to implement regarding trending concerns. These meetings have strengthened the rapport between county CASSP, our managed care partners, and the school districts.

- **School based OP services** at all 3 levels (Elementary, Middle, and High School) – is being provided throughout C/P and has continued to expand throughout all districts in Cumberland and Perry counties.
- **Community Suicide Prevention Initiative** – county staff partnered with managed care staff, community members, and provider agencies to develop and implement several aspects of this initiative:
 - **Preventing Unnecessary Loss through Suicide Education (PULSE)** – posters were developed and distributed throughout the two counties that stress the Myth and the Truth around suicidal thoughts and behaviors in order to increase awareness of and education about suicide. Billboards are also planned for the area that emphasize the same education. An evening forum was held with good community member representation. A task force is being formed with the next meeting scheduled for July 26.
 - **Question, Persuade, Refer (QPR) training** – 6 individuals were trained as facilitators to provide this training to community members. While QPR is not intended to be a form of counseling or treatment, it is intended to offer hope through positive action. QPR is also intended to help recognize the warning signs, clues and suicidal communications of people in trouble and to act vigorously to prevent a possible tragedy. QPR trainings within the community are being planned for the new fiscal year.
 - **Suicide Risk Assessment training for clinicians** – was provided by CABHC throughout the 5 county collaborative with many C/P clinicians participating. This intensive training provided strategies in assessment of risk of suicide in consumers. Specific assessment tools were introduced and utilized.
- **Specialized Transitional Supports for Adolescents** – the Consumer Family Focus Committee (CFFC) identified the need for training around Social Capital specific to transition age youth. A trainer has been identified and is scheduled to provide training in August for transition coordinator staff and youth with whom they work as well as case managers and CASSP staff around social capital and social connectedness.
- **Managed Care Reinvestment** funds have been beneficial in the implementation of a number of different initiatives, including:
 - Staff trained and certified in **Dialectical Behavioral Therapy (DBT)** and **Trauma Focused Cognitive Behavioral Therapy (TF-CBT)** - 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 the quality of current services by encouraging and expecting that Evidence Based Practices are embraced and delivered in these settings.
 - Staff trained and certified in **Parent Child Interactional Therapy (PCIT)** - which serves children 2-7 years old and their families. PCIT aims to improve family relationships with this earlier intervention and potentially reducing future mental health needs.
 - **Dual Mental Health/Intellectual Disability (MH/ID) team** - A team of two professionals will include a Behavioral Specialist and a Registered Nurse who will assist adults 21 years and older, with a serious mental illness and intellectual disability, and their families, and/or other support systems. This service will include a Functional Behavioral Assessment which will be used to develop a treatment plan with the individual, focusing on their behavioral issues/needs, interventions, and other related needs. All direct services conducted by this team are considered mobile because they are most often delivered in settings outside of an office (often in the home or community). A provider has been selected and implementation is being planned.
 - **Expansion of Hospital-Based Extended Acute Care (EAC) Program** – plan is to expand the EAC capacity by 12 psychiatric beds that would be located in a general hospital facility to improve the ability to better serve adults in need of EAC services when they are also experiencing medical care needs that

cannot be easily provided in a free standing facility. Through an RFP process, a provider was selected to develop the new HB-EAC beds. Implementation is in the planning process.

- ***Inpatient Follow-Up after Hospitalization (IP FUH) Discharge Support*** - This program will work with four local MH IP providers to develop a nursing support service that will assist high risk Members with their discharge and attendance at their follow-up appointment. The four hospitals will develop a discharge nurse position that will follow the member after they have been discharged to support the individual with filling prescriptions, providing onsite medication reconciliation, verifying aftercare appointments, assuring potential barriers to attendance of the appointment are addressed and provide follow up consultation. The support will be short term and intensive, with the nurse beginning contact before the discharge. It is anticipated that the support will not last more than 30 days, and is expected to average 10 days in duration. A national model called the Re-Engineered Discharge that is being used to improve discharge processes and reduce readmissions will be utilized in this project. Implementation is in the planning process.
- ***Psychiatric Access*** – funds have been approved to work with 4 OP providers in the recruitment of psychiatrists to assist with loan repayment, moving expenses, etc. since psychiatric access is a severe need in our communities.
- ***Common Ground Approach*** – planning for implementation of this concept for shared decision-making is occurring for OP providers in our counties with the plan to incorporate certified peer specialists to assist consumers to complete a questionnaire prior to seeing the doctor that will assist all during the appointment.
- ***Housing*** – Perry County Newport Millworks Project is partially renovation and partially new construction. The contribution of reinvestment funds will allow 4 units to be identified for HealthChoices Behavioral Health consumers.

b) Strengths and Needs:

- ALL Populations

- **Strengths:** 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 and persistent 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 attached chart identifies 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 key component in effective service development and delivery as the strength of a 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 **tenure of current staff** working in many community programs is a significant strength. Many of the staff within this array of services have longevity of 10, 15, 20, even over 30 years of working in these programs. This extensive experience and dedication is evident in the compassion that is exhibited and the quality of services that are provided.

The **Community Support Program (CSP)** has two paid part-time staff (a chairperson & 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 CSP positions. CSP participants also form the sub-committees that focus on Mental Health Awareness Month, Annual CSP Conference Planning, and Mental Illness Awareness Week, in addition to the MH Planning process.

The **National Alliance on Mental Illness (NAMI) PA-C/P** offers local support groups and a monthly newsletter. In addition, psycho-education for family members and individuals living with mental illness is offered through “Family-to-Family”, “Peer-to-Peer”, and “Hearts & Minds” classes which are held annually and are supported with county base funds.

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 services development and delivery. **Connections with local community service agencies** such as the housing authority, homeless services, emergency preparedness, public safety, transportation department, gaining 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.

Close working relationships with our **managed care partners**, both Capital Area Behavioral Health Collaborative (CABHC) and PerformCare, have created a successful partnership that stems from collaboration and open communication. C/P MH Program staff members sit on the CABHC Executive Committee and Board, CABHC Clinical Committee, Fiscal Committee and PerformCare Quality Improvement and Utilization Management Committee. County staff and consumers participate on the CABHC Consumer Family Focus Committee (CFFC). In addition to involvement at the committee level, C/P MH Program staff meets monthly with a PerformCare caremanager to review issues related to consumers in PerformCare’s enhanced care management program to ensure appropriate connections to community services. Participation and partnership to these extents strengthens our system and helps to prevent a dual system of care that requires an individual to have medical assistance in order to get the services needed.

- **Needs:** As noted last year **Suicide Prevention** is a significant need in our communities with Perry County having the highest suicide rate in the region (15 suicides per 100,000 people) and Cumberland County’s rate equaling that of the state (12 suicides per 100,000 people). We are planning and implementing a Suicide Prevention task force in conjunction with the PULSE initiative.

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 decreases in available funds. The past significant decreases to county base funds significantly impacted service delivery and availability. With those funds no longer available, re-evaluation regarding service provision continues ongoing. We continue to review gaps that were created with past budget cuts as we have noted significant increases in intensity of needs.

Service capacity and access continue to be issues regardless of payer source. With the recent changes and implementation of Medicaid Expansion, it is unclear as yet what the impact will be, but additional increases in demand for service within the public mental health system have been noted regardless of payer source, 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. There has been a noted increase in referral to Extended Acute Care (EAC) and State Hospital. In order for folks to be supported in the community, there is a need for more intensive services such as possible residential services for individuals with severe mental illness and trauma; an additional long term structured residence (LTSR) for folks who have more intensive needs; and transition age youth programs that focus on skill-building for independence, education, employment, daily living skills.

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. 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. This service has been embraced by consumers and the provider, but 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 improve 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. Co-pays and deductibles are unmanageable for many Medicare recipients; however county funds are not able to be utilized per regulation.

More importantly, access to needed psychiatric services is extremely problematic due to the lack of Medicare providers. **Very few service providers contract with Medicare** due to the service delivery requirements.

Transportation continues to be a significant concern especially for those who reside in rural communities. Perry County Transportation has had to limit 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. Housing First has been implemented as a pilot in Cumberland County to address this concern. Review of its implementation will be occurring to determine effectiveness and expansion of that approach. 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 and effectiveness in order to meet program needs.

Identify the strengths and needs specific to each of the following target populations served by the behavioral health system:

TARGET POPULATIONS

- **Older Adults (ages 60 and above)**
 - **Strengths:** We continue to participate in the **Geriatric Assessment conference calls** with Linda Shumaker, 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.

A **Certified Peer Specialist** continues to be funded by the Cumberland County Office of Aging to provide peer support services to older adults who do not qualify under HealthChoices. 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.

Please see previous section under ALL Populations as well as the following section under ADULTS for additional strengths as these are applicable to the OLDER ADULT Population as well.

- **Needs:** 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. While this is less of an issue for those who are dual eligible [Medicare and Medical Assistance (MA)], those having Medicare without MA have significant difficulty in accessing services. 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**.

Please see previous section under ALL Populations for additional needs as these are applicable to the OLDER ADULT Population as well.

- Adults (ages 18 and above)

- **Strengths:** 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 past years of budget decreases.

Available supports include **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**. In addition, the **trauma-focused services and training** within DBT and CBT are significant strengths in our service array. 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.

The **Forensic Team** made up of two Forensic case managers and a Forensic Peer Specialist works closely with County MH staff, Prison staff, Probation offices, and the Judicial systems in both Cumberland and Perry counties to help support those individuals with mental illness who have been incarcerated locally.

In addition, the willingness of our **CRR providers** to accept challenging referrals of consumers with criminal charges and/or histories is a significant strength within our system.

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 5 calls per night with 1961

calls received during last fiscal year (15/16). Training was recently completed and a new worker joined the WarmLine staff for a total of 6 WarmLine employees.

Psychiatric Rehabilitation is provided by one licensed provider who 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 in Carlisle 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 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.

Mobile Psychiatric Nursing is a valuable service for individuals in Cumberland and Perry counties. A local provider has implemented these services to address these needs in our communities.

Please see previous section under ALL Populations as well as OLDER ADULTS for additional strengths as these are applicable to the ADULT Population as well.

- **Needs:** Please see previous section under ALL Populations as well as OLDER ADULTS for additional needs as these are applicable to the ADULT Population as well.

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

- **Strengths:** A **Transition Age Youth Coordinator** continues to assist in addressing the needs of youth ages 16–23 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. Graduates of the program have been utilized as peer mentors and volunteers which has been beneficial.

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 as these are all applicable to the TRANSITION AGE YOUTH population as well.

- **Needs: 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. Some 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 to provide for supports 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 that children would typically attain within the family setting. **Expansion of transition age programs** to consider and/or include short-term residential options is needed to improve resiliency and support recovery in these young adults. Programs are also needed that provide **Supported Education** as well as **teaching fundamental skill sets** about living independently in the community, including such basics as interacting with others and boundaries due to the lack of parental-like supports in their lives. Additionally, some young adults are not interested in continuing mental health services, but lack the skills to live independently in a successful manner. 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 for additional needs as these are all applicable to the TRANSITION AGE YOUTH population as well.

- **Children (under 18)**
 - **Strengths:** 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, Family-Based and Case Management services are also available for children if they are not covered by alternate insurances.

Children's Evidence Based Practices (EBP) are implemented through several modalities within our counties. When **Cognitive Behavioral Therapy (CBT)** or **Dialectical Behavioral Therapy (DBT)** are

provided through an Outpatient (OP) modality, HealthChoices, private insurance or County Base funds can be accessed based on eligibility. Other service modalities are funded through HealthChoices. 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 CBT and 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 training and 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, but are not funded within the mental health system or by medical assistance.

In addition, with our managed care partners (CABHC & PerformCare), the **CANS (Child & Adolescent Needs & Strengths) Evaluation Initiative** was 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 became 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.

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. Additional Cross-System training is also provided during the **Annual School meeting** which brings together Education personnel, Children & Youth staff, Juvenile Probation staff, and Mental Health staff.

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 natural supports.

CASSP Elementary School Based Program partnered with Project Share (the local food bank) in their **summer Feed and Read program** to provide health and wellness related activities for the children that participate.

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.

Please see previous section under ALL Populations for additional strengths as many of these are applicable to the CHILD population as well.

- **Needs: 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.

More Evidence Based Programs are needed to address behavioral concerns as **prevention** on the front side. At times, the system puts the focus on the child as the problem, rather than trying to address family system issues. Also given the vast amount of **trauma** that many children have experienced, more training is needed for staff to develop the expertise to better address these needs.

Please see previous section under ALL Populations for additional needs as many of these are applicable to the CHILD population as well.

- **Individuals transitioning out of state hospitals**

- **Strengths:** Historically, we have a documented **community integration philosophy**. This is evidenced by the many community supports available and previously low state hospital inpatient utilization. In addition, diversions from state hospital referral (38 this fiscal year) have been possible due to access to the Extended Acute Care (EAC) unit.

Individuals being discharged from state hospital are **connected prior to discharge** with needed community supports and treatment services. 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. This position is instrumental in providing support to individuals during their hospitalization and assisting them in their transitions to the community.

All individuals who currently receive services at the state hospital have a **community support plan (CSP)** in place. 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.

- **Needs:** Currently there are 21 individuals from Cumberland and Perry Counties receiving inpatient treatment at Danville State Hospital. A noted **substantial increase in referrals** to the state hospital (6 this fiscal year) has been occurring, possibly due to the past years of budget cuts and subsequent community program changes. This number represents the **highest occupancy** for our counties in over a decade. This increase is unusual for our counties, as there was an average of only two admissions to the state hospital per year during the previous fiscal years prior to the budget cuts.

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. Additional needs are for programs that provide intensive treatment, structure, and supervision such as a **Long Term Structured Residence (LTSR)**. Expansion of these residential options are needed.

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.

- **Co-occurring Mental Health/Substance Abuse**

- **Strengths:** 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.
- **Needs:** 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 even with dual licensing of programs.

- **Justice-involved individuals**

- **Strengths:** For persons with a mental illness 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 minimally in place 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 criminal history and credit history/income have presented challenges in working with landlords.

Our forensic case management (FCM) program assists with **diversionary efforts** as well as ongoing collaboration with county prison mental health liaison to address **reintegration needs** after incarceration. Half of the **mental health liaison** position 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. Unfortunately the mental health therapist positions at the county prisons were previously eliminated due to the MH budget cuts.

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.

Needs: Work continues with the State Correctional Institutions (SCI) to **improve the coordination of services** for individuals being released. 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. In addition, it is not known as yet what **impact the Supreme Court decision** re: juveniles tried as adults who received life sentences will have. These concerns increase 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. Senator Pat Vance's bill SB 1279 (that allows **Medical Assistance** to be suspended rather than terminated upon incarceration) will go far to rectify the needs for prompt access to services and medications for inmates upon their release.

Due to budget constraints, we have been unable to re-instate **training** previously provided to local police and correction officers on effective strategies in dealing with individuals with mental illness. This training had proven beneficial in the past to improving interactions and awareness with law enforcement.

In addition, grant funding remained unavailable 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.

Identify the strengths and needs specific to each of the following special/underserved populations. If the county does not serve a particular population, please indicate and note any plans for developing services for that population.

SPECIAL/UNDERSERVED POPULATIONS

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. 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, “Specialized” services are not offered for any of these populations. Per the state required template, the following sections are included:

- **Veterans:**
 - **Strengths:** We connect and work closely with our ***local Veterans Affairs offices*** in Cumberland and Perry Counties to address needs as they arise and to ensure they are aware of all available services and supports in the community that may meet their consumers’ needs. Veterans have access to any and all services and supports that anyone else with a severe mental illness has in our communities. A Veterans Home is available for veterans with mental illness. And several of our residential programs provide transportation for veterans to the Veterans services at Camp Hill VA, Lebanon VAMC, and Martinsburg WV VAMC. Support Groups are also available through the Carlisle Army War College and the VA Clinics. In addition during Mental Illness Awareness Week, our counties have supported presentations by veterans regarding the impact of mental illness. Providers are made aware of additional training opportunities as they arise.
 - **Needs:** For individuals in the service, they have had very different life experiences, especially for those who have suffered trauma related to their ***military experience***. Community mental health staff have not typically been well equipped to address such needs. Funding for training specific to military culture is needed. Waiting lists exist for all services in our communities regardless of payer source. The needs for the Veteran population are similar to those listed under ALL Populations as well as OLDER ADULTS and ADULTS.
- **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) consumers:**
 - **Strengths:** Individuals in this population have access to any and all services and supports that anyone else with a severe mental illness has in our communities. We do encourage and expect providers to obtain training in ***cultural competence*** to improve the provision of services to consumers who identify as LGBTQI. Cultural Competency training has been provided through our managed care entity. Information regarding available training opportunities is shared with all providers. Community support groups, including one for teens, are available within our county as well.

- **Needs:** Ongoing funding for training specific to cultural competence is needed. Waiting lists for all services exist in our communities regardless of payer source. The needs for the LGBTQI population are similar to those listed under ALL Populations as well as OLDER ADULTS, ADULTS, and TRANSITION AGE YOUTH.
- **Racial/Ethnic/Linguistic minorities:**
 - **Strengths:** While 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**. Providers are expected to obtain **interpreter services** as needed to communicate with all consumers in an efficient and effective manner. Consumers in this population have access to any and all services and supports that anyone else with a severe mental illness has.
 - **Needs:** Ongoing funding for training specific to cultural competence is needed. Waiting lists for all services exist in our communities. The needs for this population are similar to those listed under ALL Populations as well as OLDER ADULTS, ADULTS, TRANSITION AGE YOUTH, and CHILDREN.

As previously stated, all of the supports and services listed 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 past 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 and additional 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.

c) Recovery-Oriented Systems Transformation:

Based on the strengths and needs reported above, identify the top five priorities for recovery oriented system transformation efforts the county plans to address in FY 2016-2017.

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 as well as addressing stigma. 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 (not just the mental health community) provides a means to address stigma. A critical component is building Social Capital by engaging community members in supporting individuals with mental illness and building natural supports as much as possible. All to be accomplished as time, opportunity, and resource 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. We constantly evaluate and make changes as appropriate within the current budget constraints to ensure quality service provision. Once adequate funding is made available, additional evaluation of the system will occur to determine 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, decreases 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. 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: Ongoing - 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 data 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 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. We continue to work with our Crisis Intervention program to ensure efficient and effective service delivery. A change in management staff occurred this past year and we are working closely to ensure that services are being provided appropriately and data is being tracked accurately. Through our reviews, we have determined the need to expand Crisis Intervention by adding Crisis Worker positions and expanding training for staff especially with regard to children and adolescents as well as co-occurring concerns.
- A time line to accomplish the transformation priorities: Ongoing - We meet at least quarterly to review data and discuss concerns. Training for Crisis Staff was conducted around children's services to improve understanding and awareness. Additional trainings are scheduled throughout this fiscal year.
- Information on the fiscal and other resources needed to implement the priorities: Staff expansion will be funded through existing county base funds as well as HealthChoices APA funding.
- 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.

Priority Area: *Development and implementation of a Suicide Prevention Initiative in Cumberland and Perry Counties.*

- A brief narrative description of the priority: As noted earlier in this plan, suicide prevention has been identified as an increasing need in our counties. During the past year, we worked with our HealthChoices Behavioral Health partners to develop aspects of this initiative to address this need in Cumberland and Perry Counties, including participation in trainings such as Question, Persuade, Refer (QPR) and Suicide Risk Assessment, and the development of the Preventing Unnecessary Loss through Suicide Education (PULSE) task force. (More information is found in section a)

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- A time line to accomplish the transformation priorities: QPR facilitator and Suicide Risk Assessment trainings have been completed. An evening forum was held within the community to further discuss the need of suicide awareness and prevention. PULSE posters have been developed and distributed. Next steps are to conduct QPR trainings within the community, to establish the PULSE task force, and to work with AmeriHealth Caritas to implement 4 billboards within the counties by December 2016.
- Information on the fiscal and other resources needed to implement the priorities: Existing staff and current funding will be utilized to support moving forward with providing trainings and holding task force meetings. Managed care funds will be utilized to fund several billboards within the counties.
- A plan/mechanism for tracking implementation of priorities: County Mental Health staff will track the QPR trainings held. The PULSE task force will identify next steps and track implementation.

Priority Area: Increase awareness of available mental health services and supports in Perry County.

- A brief narrative description of the priority: As identified earlier in 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. Unfortunately with last year's budget impasse, that committee was not able to maintain. The plan is to join the newly formed Perry County Health Coalition and the Behavioral Health Subcommittee and work on developing a plan to address outreach and increasing awareness of existing services.
- A time line to accomplish the transformation priorities: The first meeting is scheduled for July 15, 2016 with plan to meet monthly.
- 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 Coalition will identify the tracking needs with the development and implementation of the plan.

Priority Area: Improve, develop and implement programs that support Transition Age Youth.

- A brief narrative description of the priority: The mental health system is not able to adequately address all of the needs of Transition Age Youth. Teaching individuals to build Social Capital is a critical component in that transition to adulthood. We are committed to assisting consumers in connecting/engaging within the community. Consumers and transition targeted staff will receive training on how to support folks to develop social capital such as voting, driving, participating in social clubs, education, and vocation. Additional development of services that provide support regarding trauma and self-harm for TAY as well as residential and daily living skill-building supports is critically needed to support TAY in the community.
- A time line to accomplish the transformation priorities: The CFFC committee has prioritized Social Capital training for the 16/17 fiscal year. A trainer has been identified and is scheduled to provide training on August 9, 2016 for transition coordinator staff and youth with whom they work as well as case managers and CASSP staff around social capital and social connectedness. Timeline for the development of the additional supports and services for TAY will occur when funds become available.
- Information on the fiscal and other resources needed to implement the priorities: Administrative funds through CABHC will be utilized through the CFFC committee of CABHC for the Social Capital training. Approximately \$550,000 will be needed to address the additional supports and services. This funding is not currently available.
- A plan/mechanism for tracking implementation of priorities: The CFFC Committee will track completion of the Social Capital training. Tracking of the implementation of the other services will not occur until funding is allocated.

Priority Area: *Develop and implement a Long Term Structured Residence (LTSR)* that supports individuals who have not been successful in the community without a high level of treatment, structure, and supervision.

- A brief narrative description of the priority: As noted in the needs section, there has been a significant increase in the number of folks receiving treatment at the State Hospital. Many have not been successful in the community due to the need for intensive treatment, structure, and supervision. We have determined the need for the development of an additional LTSR. Currently we have access to 3 slots in an LTSR program shared with two other counties. However we have identified 6 – 8 additional individuals who could be served in that setting.
- A time line to accomplish the transformation priorities: Timeline for the development of an LTSR will be established when funds become available to implement such a project.
- Information on the fiscal and other resources needed to implement the priorities: Costs for an additional LTSR would be approximately \$1.8 million to address the identified needs. This funding is not currently available.
- A plan/mechanism for tracking implementation of priorities: Tracking of the implementation of the LTSR will not occur until funding is allocated.

CUMBERLAND COUNTY HUMAN SERVICES PLAN 2016-2017

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

CUMBERLAND COUNTY HUMAN SERVICES PLAN 2016-2017

SERVICE CATEGORY	CATEGORY DESCRIPTION	CONSUMER OUTCOME	MH SERVICES AVAILABLE IN C/P COUNTIES	FUNDING SOURCE County, HealthChoices, or Reinvestment			PRIORITY POPULATION: Adult, Older Adult, Transition Age Youth, Child			
				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- Adult	█			█	█	█	
			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 – 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	█	█		█	█	█	█

CUMBERLAND COUNTY HUMAN SERVICES PLAN 2016-2017

SERVICE CATEGORY	CATEGORY DESCRIPTION	CONSUMER OUTCOME	MH SERVICES AVAILABLE IN C/P COUNTIES	FUNDING SOURCE County, HealthChoices, or Reinvestment			PRIORITY POPULATION: Adult, Older Adult, Transition Age Youth, Child			
				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 – CSS							
Wellness/ Prevention	Promoting healthy life styles	Health Status Improved	WRAP training							
			Family to Family (NAMI)							
			Peer to Peer (NAMI)							
			CSP							
			NAMI							
			Candlelight Vigil, MH Awareness Walk, and other educational activities (stigma busting) in the community –							

CUMBERLAND COUNTY HUMAN SERVICES PLAN 2016-2017

d) Evidence Based Practices Survey:

*This chart includes both county and Medicaid/HealthChoices funded services.

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Number served in the County/ Joinder (Approx.)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Comments
Assertive Community Treatment	Y	43	TMACT	Deloitte, CABHC	Quarterly	Y	Y	No evidence base exists for this service; locally trying to develop outcome data
Supportive Housing	Y	106	None Available	N/A	N/A	N/A	N/A	Vague guidelines, but no toolkit is available
Supported Employment	Y	71	SAMHSA	Agency	Annually	Y	Y	
Integrated Treatment for Co-occurring Disorders (MH/SA)	Y	Unknown	None Available	N/A	N/A	N/A	Y	2 providers
Illness Management/ Recovery	N							Previously provided thru Soc rehab, but no longer due to addition of Psych Rehab
Medication Management (MedTEAM)	N							
Therapeutic Foster Care (CRR-ITP)	Y	6	None	N/A	N/A	N/A	N/A	CRR-ITP – 1 Provider
Multisystemic Therapy	Y	41	Annual Managed Care Contract	Agency & CABHC	Quarterly	N	N/A	Also provided through CYS/JPO Needs Based
Functional Family Therapy	N							
Family Psycho-Education	Y	65	None	N/A	N/A	N	N/A	NAMI – Family to Family; Peer to Peer; Hearts & Minds; Support Group

CUMBERLAND COUNTY HUMAN SERVICES PLAN 2016-2017

e) Recovery Oriented and Promising Practices Survey:

*This chart includes both County and Medicaid/HealthChoices funded services.

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Number Served (Approximate)	Comments
Consumer Satisfaction Team	Y	338	Through Managed Care Contract
Family Satisfaction Team	Y	209	Through Managed Care Contract
Compeer	N	-	
Fairweather Lodge	Y	19	3 Lodges
MA Funded Certified Peer Specialist	Y	28	
Other Funded Certified Peer Specialist	Y	17	
Dialectical Behavioral Therapy	Y	unknown	Many therapists provide this therapy as OP service but do not track specific modality
Mobile Services/In Home Meds	Y	18	Mobile Psychiatric Nursing
Wellness Recovery Action Plan (WRAP)	Y	unknown	WRAP development is offered in all levels of service but completion of a WRAP is not tracked
Shared Decision Making	N	-	Plan to Implement FY 16/17
Psychiatric Rehabilitation Services (including clubhouse)	Y	109	
Self-Directed Care	N	-	
Supported Education	N	-	
Treatment of Depression in Older Adults	Y	450	Geriatric Psychiatrists & Social Worker
Consumer Operated Services	Y	N/A	Community Support Program (CSP)
Parent Child Interaction Therapy (PCIT)	Y	10	
Sanctuary	N	Unknown	C/P residents have access to residential providers outside the county that are sanctuary certified
Trauma Focused Cognitive Behavioral Therapy	Y	Unknown	Many therapists provide this therapy as OP service but do not track specific modality
Eye Movement Desensitization And Reprocessing (EMDR)	Y	Unknown	2 providers offer this therapy, but do not track specific modality utilization
Other (Specify): MST Problem Sexual Behavior	Y	6	

2. INTELLECTUAL DISABILITY 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 joiner 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 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. Increase the number of individuals who are actively pursuing a communication assessment/speech therapy to a total number of 50 individuals.
2. Decrease the number of PUNS that are not reviewed and updated at the required frequency to a monthly average of less than 11.
3. Increase Lifesharing opportunities for individuals by 10%.
4. Increase number of individuals who are competitively employed by 5%.
5. Decrease the number of restraints of individuals by 20%.
6. Individuals are free from abuse from peers.

CUMBERLAND-PERRY BASE FUNDED SERVICES

	Estimated Individuals Served in FY 15- 16	Percent of Total Individuals Served	Projected Individuals to Be Served in FY 16-17	Percent of Total Individuals Served
Supported Employment	38	21%	47	26%
Pre-Vocational	15	8%	15	8%
Adult Training Facility	14	8%	17	9%
Base Funded Supports Coordination	182	100%	182	100%
Residential (6400)/ unlicensed	10	5%	10	5%
Lifesharing (6500)/ unlicensed	0	-	0	-
PDS/AWC	10	5%	10	5%
PDS/VF	0	-	0	-
Family Driven/Family Support Services	61	34%	64	35%

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 UCP of Central PA and Keystone Human Services to be implemented during the summer of 2016. UCP of Central PA will concentrate their efforts in Perry County and will focus on the discovery process with students still in school who are registered with our office. Their program will include career exploration, self-advocacy, making community connections, family support regarding employment, and student work-based experiences. Keystone Human Services will concentrate their efforts in Cumberland County and will focus on the discovery process with students still in school who are registered with our office. Their program will include career exploration, self-advocacy, community mapping, family support regarding employment, and student work-based experiences. *Some students who participate in our summer employment programs have been offered jobs at the end of their summer program.*

As of June 2016, we have 122 individuals who are registered with us working competitively. Cumberland-Perry IDD Services also participates in the Employment Pilot. In Fiscal Year 2015-2016, we had 19 individuals participate in the pilot. Their wages ranged from \$7.25 - \$13.85 per hour. Four of the individuals receiving Employment Pilot funds also receive benefits at their job. 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. Cumberland-Perry strongly believes that *students introduced to career exploration earlier in school are more likely to choose work upon graduation. In 2016, we saw a significant increase in the number of students graduating from high school who chose competitive employment instead of a day program.* In addition, all individuals between the ages of 16-26, not just the graduates for 2016, will be encouraged to pursue competitive employment. Job coaching/job finding supports will be provided for those individuals who choose to pursue competitive employment. Last year as part of Disability Employment Awareness Month, we honored three (3) local employers in Cumberland County who embrace employment of individuals with intellectual disabilities in our community. These employers are Giant Food Stores, OHL Distribution Center, and Chartwells Dining Services.

Cumberland-Perry IDD Services and the Office of Vocational Rehabilitation are currently seeking a community business partner in order to start a Project Search program in Cumberland County. We are aware *that students who participate in Project Search programs are very likely to become competitively employed at the end of their program.*

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 opened 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 began taking classes at Millersville University in September 2015. Two individuals from Cumberland County began taking classes at Penn State-Harrisburg in 2015. Other colleges/universities that are offering or will begin to offer post-secondary education opportunities for individuals with intellectual disabilities include Mercyhurst College, East Stroudsburg University, Slippery Rock University, Temple University, and Drexel University. In addition, Harrisburg Area Community College (HACC) will open its Career Bridges Program, which is an inclusive education program for individuals with disabilities, in September 2016. Currently, HACC's Career Bridges Program has two tracks, a Culinary track and a Nurse's Aide track.

Numerous trainings and workshops focusing on competitive employment and related topics were made available for families to attend over the past year. A large Transition Fair held at Harrisburg Area Community College was also made available to students with disabilities attending high school in Cumberland, Dauphin, and Perry counties and their families that featured workshops on competitive employment, post-secondary education, and independent living and a large vendor area. Students and families were also encouraged to participate in webinars and other online trainings that focus on competitive employment topics.

The main barrier to the achievement of a competitive job continues to be lack of transportation options to meet the needs of individuals seeking competitive employment. More individuals are looking into Transportation – Mileage reimbursement to help alleviate some of these issues, but this is not an option for everyone. In addition, at times there can be a breakdown with the ODP to OVR referral process which is adding significant wait time before individuals can be engaged in supported employment services. This stunts the momentum we have gained in making competitive employment an option for some individuals.

SUPPORTS COORDINATION

Cumberland-Perry has 182 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.

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. Supports coordinators engage the individual and their family in conversations to explore natural supports that are available to anyone in the community. All SCO supervisory staff have taken the Person Centered Planning training and are implementing this practice with their staff. 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.

More specifically, when discussing employment with individuals and families, supports coordinators are encouraged to have real discussions with individuals and families at an early age so they have time to really think about

competitive employment as the first choice upon graduation from school. Supports coordinators are encouraged to use conversation starters as well as employment success stories when talking with individuals and families about employment opportunities. The SCO currently has “Employment” (success stories, issues, conversation starters) as a standing agenda item for every staff meeting. The supports coordinators and supervisors will also participate in a two-part Social Capital training in July and August of this year.

LIFESHARING OPTIONS

Our Lifesharing programs have had their “ups and downs.” We currently have 6 individuals living in a Lifesharing home. During the past year, several of our families who provided Lifesharing services for our individuals gave notice that they were no longer able to provide care due to their own health situations or the individuals’ increasing health concerns. Our PUNS numbers indicate that we have 18 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.

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 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. In addition, a cross systems team that includes Children and Youth, Mental Health, and Intellectual and Developmental Disabilities meets 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.

Mental Health and Intellectual Disabilities

During the spring of 2016, a community needs assessment was completed for individuals with intellectual disabilities who also have mental health needs and are living at home with their family or in a community home with a provider. This study found that families and providers recognize that there is need for enhanced supports/services for individuals who are dually diagnosed. Enhanced supports/services identified in the needs assessment include a local

MH/IDD treatment team, a specialized day program, and training and education for both IDD and MH staff on dual diagnosis topics.

Cumberland-Perry MH services and IDD services are working together to offer a series of trainings for providers, families, MH staff, and IDD staff on dual diagnosis topics. In addition, the Capital Area Behavioral Health Collaborative (CABHC) is looking to mobilize an MH/IDD Mobile Behavioral Support Program in Cumberland-Perry, Lebanon, and Lancaster counties. Dauphin County already has a MH/IDD Mobile Behavioral Support Program so the plan is to expand this program to the other four counties with the same provider, the Community Services Group (CSG). Cumberland-Perry IDD Services will also be exploring the possibility of starting a new day program that will include a mental health support component as part of its daily program offerings for individuals who are dually diagnosed.

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 between 90 to 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 projected crisis level proportions for the elderly IDD population in both residential and day programs a few years ago and we are now beginning to experience some of those issues, i.e. individuals wanting to be supported at home during the day instead of going out to day program; issues with mobility; declining health issues; etc.

For the past six 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. In past years, our Aging/IDD County Team received 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 developed a Later Life Planning training course for individuals with IDD. This training has been presented to approximately 75 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. Our Aging/IDD County Team continued our cross systems training efforts in 2015-16 even though the Office of Long Term Living was not able to offer funding for training via a mini-grant this past year.

Collaboration with Local School Districts

Transition Coordinators from our local school districts in Cumberland, Dauphin and Perry counties are part of our Employment First work group that meets once a month throughout the year. Our *Employment First* initiative focuses on educating individuals and families, the schools, and employers about the need to start the planning process for transition from high school into adult services early. Transition Coordinators from our local school districts are also included on the planning teams for the educational workshops that we have for students and their families to come

and learn about transition from high school into adult services, competitive employment, independent living and post-secondary education.

In keeping with our *Employment First* focus, the supports coordination unit works with our individuals' IEP teams to encourage our transition age students to seek competitive employment or pursue a post-secondary education opportunity upon graduation.

Staff from Cumberland-Perry IDD Services attend the local school districts Transition Coordinators' meetings held once a month at the Capital Area Intermediate Unit. Our staff also assist with the planning of an awards luncheon for students with disabilities graduating from high school who have excelled in areas related to employment, post-secondary education and independent living during their school years.

EMERGENCY SUPPORTS

On-call Procedures/24-Hour Emergency Response Plan

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 two (2) emergency situations where the individual with IDD had an elderly caregiver who was no longer able to care for the individual any longer or who required additional supports due to an APS report being filed. Base funding was used to support these two (2) emergency situations at the onset until waiver capacity became available.

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.

ADMINISTRATIVE FUNDING

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.

Working with Individuals and Families

Cumberland-Perry IDD Services believes that keeping individuals and families informed about what's happening in the IDD system, both statewide and locally, and including them in the planning process is vital to providing quality supports and services for them. In April 2016, Cumberland-Perry and Dauphin Counties jointly held an educational session for individuals and families to discuss ODP's Community of Practice initiative and the new WIOA regulations. Deputy Secretary Nancy Thaler and Nancy Richey were the presenters for this session. Cumberland-Perry and Dauphin held two other educational sessions in the fall of 2016 for students getting ready to transition from high school to adult services and their families to discuss competitive employment, post-secondary education, and independent living.

Cumberland-Perry, Dauphin, and Lancaster County IDD programs have expressed an interest in becoming one of the Regional Collaboratives described in the Community of Practice informational materials and have had an initial discussion with Nancy Richey about this. We plan to offer educational sessions for individuals and families regarding the Transition Process for students with IDD, community living for individuals with IDD, and building social capital for individuals with IDD. We plan to use the PA Family Network as well as other trainers to provide information to individuals and families on these topics.

In addition, eleven years ago, Cumberland-Perry Intellectual and Developmental Disabilities Services convened an IDD Task Force to study the increasing lack of available living arrangements for adults with intellectual disabilities in Cumberland-Perry Counties. The IDD 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. Over the past eleven years, the purpose of the IDD 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 *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. 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.

IDD 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.

Our consumer/family/provider advisory group (IDD Task Force) 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.

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.

Community Program Development that Supports Individuals and Families

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.

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 ten individuals in residential settings with Base funds.

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 moved 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 the Red Tomato Farm, a *Farm Day Program* for individuals with intellectual and developmental disabilities in April 2015. The farm is located in Newville. The program features a farm with gardens, animals, crafts, baking, community outings, and volunteering. In 2016, the Red Tomato Farm added Pre-Vocational services, or job training services, to the services that they offer. Individuals will be able to “work” at the farm’s new Bed and Breakfast to learn job skills.

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 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, ~6-8 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. We also have contacted the Arc of Dauphin to discuss how they might be able to assist us with meeting the need for overnight respite for our individuals and families.

The respite focus group in Cumberland-Perry will combine efforts with the Dauphin County respite group in 2016-2017 in order to offer increased respite opportunities to individuals with IDD and their families living in all three counties.

IM4Q Program

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. Local IM4Q surveys offer the supports coordination organization an independent view of an individual's quality of life. Our local IM4Q team completes interviews with individuals who were randomly selected in the different samples. The interview team, made up of two independent IM4Q interviewers, develops "considerations". 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 2015-2016, there were 79 independent surveys completed by the Center for Independent Living of Central PA for Cumberland-Perry IDD Services.

When developing our Quality Management Plan, the County reviews the most recent IM4Q Cumberland-Perry AE Report which provides a review and analysis of data gathered during the IM4Q process for each year. From the report which contains the data, a goal is identified for use in our Quality Management Plan. Currently, our Quality Management Plan goal objective is to "Increase the number of individuals who are actively pursuing a communication assessment/speech therapy so that individuals have the opportunity to communicate more effectively with others."

Engagement with the HCQU

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. The HCQU has done individual chart reviews for providers in order to advise them about providing on-going care for individuals. The HCQU has also attended individual's hospital discharge planning meetings and provided training to the SCO and provider staff on a variety of topics relevant to individuals with intellectual disabilities throughout the year. A HCQU representative serves as part of the Aging/IDD County Team and is also on the Dual Diagnosis Planning Team.

Supporting Local Providers to Increase their Competency and Capacity to Support Aging Individuals and Dually Diagnosed Individuals

This topic was discussed previously in detail in the Cross Systems Training section of this Plan. Please refer to that section for Cumberland-Perry's plan to support local providers to increase their competency and capacity to support Aging individuals and Dually Diagnosed individuals.

Risk Management and Incident Management

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.

The Cumberland-Perry 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.

IDD and the County Housing Office

Cumberland-Perry IDD Services has an agreement with our local housing office that individuals with intellectual disabilities seeking a Section 8 housing voucher will receive priority placement on the Section 8 housing voucher waiting list along with individuals who are homeless and individuals experiencing domestic violence. This arrangement has assisted individuals with IDD to receive a Section 8 housing voucher in a more timely manner.

Emergency Preparedness Plan

All IDD residential and day program providers are asked to update their disaster preparedness plans on an annual basis by the Cumberland County Emergency Management Program. IDD providers are then instructed to forward the updated disaster preparedness plan to the Cumberland County Emergency Management Office where it is kept on file. Providers are instructed to train their staff on the plan.

Several years ago, each IDD residential and day program provider received a Disaster Planning Handbook to assist them in writing their disaster preparedness plans. In addition, weather radios were provided to all residential and day program providers who needed one.

PARTICIPANT DIRECTED SERVICES (PDS)

The Cumberland-Perry Supports Coordination Organization (SCO) promotes PDS services to individuals and families when they meet with individuals and families to do the ISP. The SCO also suggests PDS services to individuals and families who need to “stretch” their budgets as the Person/Family Directed Support Waiver has not had an increase to the cap in several years.

PDS services are effective when working with individuals and families who already have reliable staff that they can count on to provide the services. However, individuals utilizing both the Agency with Choice and/or the Vendor/Fiscal model of PDS have difficulties finding and retaining direct care staff. More and more families are becoming discouraged with using PDS services because they cannot find qualified direct support staff to provide the services that they need. Other families feel overwhelmed with all the employment paperwork that they must complete and keep track of for their direct care staff. For this reason, Cumberland-Perry and Dauphin County IDD Services are working together with interested providers to bring the Support Broker service to our area for individuals and families to utilize.

COMMUNITY FOR ALL

We plan to focus on assisting some of our folks who are currently residing in nursing homes and the state centers to transition back to their home communities to live over the course of next year. Our newly organized Nursing Home Transitions Team includes representatives from the Cumberland-Perry IDD office, the Cumberland-Perry SCO organization, the Cumberland County Office of Aging and an advocacy organization. The Nursing Home Transition Team works diligently to put supports in place so that aging individuals with IDD who are living independently in the community can continue to do so and to assist in helping individuals currently living in a nursing home who want to move back to the community to identify the services/supports they need in order to do so.

As stated earlier, Cumberland-Perry has approximately 30 individuals who are living at state centers or other ICF/MRs. Currently, we have three individuals who have stated that they wish to return to the community to live. We are working with these three individuals, their teams at the state centers, their supports coordinator, and our providers to develop a plan that will allow these individuals the opportunity to move back to the community to live. Of these three individuals, two of them currently have providers interested in supporting them in the community. We will continue to work to identify a provider from our area or from somewhere else across the state who can meet the support needs of the third individual.

B. HOMELESS ASSISTANCE SERVICES

HOMELESS ASSISTANCE PROGRAM

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 16-17 fiscal year. HAP case managers 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. A HAP case manager will also manage the Operation HELP (a utility assistance program offered by Pennsylvania Power and Light Company PP&L).

Sandra Gurreri, 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 Homeless 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.

Activities will include but are not limited to:

- Intake and assessment
- Goal setting
- Development of a realistic service plan which will be signed by the clients
- Follow up to track client's progress in completing objectives
- Coordination with the referring agency in sharing information and results
- Referral to other agencies as needed
- Negotiation with creditors to establish realistic payment plans based on the client's financial situation.

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. Must meet 175% or below - poverty level.
3. Must have permanent income that will cover all their bills.
4. Rental assistance does not cover repairs, damages, court fees, late fees and maintenance fees.
5. 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.
6. A client moving to or from another county because of special needs such as domestic violence, disaster or disability may be eligible for HAP.
7. Once the client has exhausted their initial maximum of \$1,000 or \$1,500 in the first two year time period and chooses to reapply 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.

8. 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.
9. 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 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.

Each of these programs goes through an annual review from the Office of Aging and Community Services. This annual review does not go over compliance issues or providing services as publicly stated. The county does not have an evaluation system for measuring the efficacy of services in Bridge Housing; Emergency Shelters and Other Housing Supports.

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. 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
- **Domestic Violence Services** 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: 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.

BRIDGE HOUSING

- **James Wilson Safe Harbour** is the site of the Bridge Housing Program in Carlisle. Coordinating services between HAP and Safe Harbor continues to be routine in nature as a valuable referral resource to many of our clients achieving 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 and have a history of residence in Cumberland County.
- **The Bridge Housing** portion is a transitional service that allows individuals and families temporary housing within a supportive living environment while they prepare to live independently. Residents are eligible for participation in this service for up to eighteen months. Any additional time must be approved by the County HAP Coordinator via a waiver request and approval from the PA Department of Welfare.
- **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 a "program fee" but with minimal or no rehabilitative potential for independent living. These residents need extensive "intervention" to direct and focus their lives. 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".

CURRENT STATUS OF COUNTY'S HOMELESS MANAGEMENT INFORMATION SYSTEM:

All county shelters are using the HMIS system as well as the office of Housing and Redevelopment. Cumberland County Office of Aging and Community Services Homeless Assistance Program does not use HMIS.

CASE MANAGEMENT

Case management services may include self-sufficiency 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 current situation. 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, PA 17105.

IMPROVEMENT AND ACHIEVEMENT

- Cumberland County HAP Supervisor was chosen by the Department of Public Welfare to work on a team to revise the Homeless Assistance Pennsylvania State Regulations. Many of Cumberland County's ideas were implemented.

- Cumberland County HAP hosted a multi county forum to discuss the Homeless Assistance Programs, review and share documents and discuss current issues. Counties that attended: Cumberland, Adams, Franklin, Dauphin, Perry and York.
- Cumberland County HAP is working with the local Continuum of Care.
- HAP staff are active members of the Local Housing Options Team (LHOT).
- Within the last year, HAP is offering more intensive case management services.

UNMET NEEDS AND GAPS

- No shelters for elderly
- No accessible shelters for handicapped
- Lack of trained shelter case workers
- Poor shelter management
- No transitional shelter for women and children
- Transportation issues
- High child care costs
- Lack of affordable housing

C. CHILDREN AND YOUTH SERVICES

“Please refer to the special grants plan in the Needs Based Plan and Budget for Fiscal Year 2016-2017.”

D. DRUG AND ALCOHOL SERVICES

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.

Barriers and Challenges:

Increase in Opiate Abuse – By far the greatest challenge facing our local drug and alcohol service system right now is the epidemic of opiate addiction and overdoses. Looking at our area’s primary drug of choice data, the most significant trend has been the dramatic increase in the prevalence of heroin use. According to an unduplicated count of all treatment clients in our 1995-1996 treatment data, a total of 18 clients (1.8% of all clients that year) listed heroin as their primary drug of choice. The corresponding figures for 2012-2013 were 281 clients representing 22.7% of all Cumberland and Perry residents receiving SCA-funded treatment services. Although we are not able to access our treatment data from the past two fiscal years, our case management statistics indicate that the percentage of SCA-funded clients who identify heroin as their primary drug of choice continues to increase.

In addition to this increase in heroin use, we have also seen a significant increase in the number and percentage of SCA-funded clients who identify some other form of opiate as their primary substance of abuse. In 2000-2001 a total of 16 (only 1.9%) SCA-funded Cumberland and Perry County residents reported either “Other Opiate/Synthetics” or “Non-Prescription Methadone” as their primary drug of choice. In comparison our treatment data from 2012-2013 indicates that a total of 109 (8.8%) Cumberland-Perry clients identified an opiate other than heroin as their primary substance of abuse. This confirms that our two-county area is continuing to mirror the national trend of a significant increase in the abuse of prescription painkillers.

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.

Additional analysis of the 2012-2013 treatment data shows when these two related trends are taken into consideration together, some form of opiate was the primary substance of abuse for 390 SCA-funded clients, representing almost a third (31.5%) of all SCA clients. Again, drawing upon more recent case management statistics we know that this trend has continued in the past two fiscal years. 2014-2015 represented the first year that alcohol was surpassed by some form of opiate as the primary drug of choice among SCA clients being funded for some level of inpatient substance abuse treatment.

Perhaps the most telling indicator of the severity of the opiate epidemic comes from the overdose data provided by the Cumberland County Coroner. In calendar year 2004 there were a total of 4 drug related deaths in Cumberland County according to the County Coroner. In comparison, in 2015 there were 41 drug overdose deaths in the County – an unprecedented number. A majority (63%) of these overdose deaths were linked to opiates. And thus far in 2016, as of mid-July, the coroner reports that there have already been 36 drug overdose fatalities, again with a majority linked to heroin or other opiates.

Scarcity of Detox, Rehab and Halfway House Beds – Due to high demand, inpatient non-hospital detox beds are 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 and halfway house 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.

Limited Access to Buprenorphine and Naltrexone-related Services – There is a need in our two-county area for more physicians who are certified to prescribe buprenorphine. New federal regulations expanding the number of patients that can be seen by buprenorphine-certified doctors may help this situation. There is also a need to expand Buprenorphine Coordination Services provided by The RASE Project to include non-MA eligible clients. Finally, there is a need to develop a local network of both physicians and drug and alcohol treatment providers who are familiar with and prepared to offer Naltrexone (Vivitrol) as a treatment option for both MA and non-MA 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.

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.

Other Local Substance Abuse Trends:

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. We anticipate that our state’s recent decision to legalize marijuana for medicinal purposes, along with the city of Harrisburg’s plans to decriminalize recreational marijuana use, will contribute to a further softening of attitudes regarding the negative consequences of regular marijuana use.

Synthetic Drug Use – Although the use of bath salts that our area experienced three to four years ago appears to have waned, there are still reports of synthetic marijuana use. In particular, there have been periodic reports in South-Central Pennsylvania 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. The recent decision by the state to modernize and expand 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.

2016-2017 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. All of 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, then 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.

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 Commission Case Manager 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. However, the Commission does not require a minimum length of time as a county resident to be eligible for funding.

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 two years the Commission has teamed up with Cumberland County Children and Youth Services 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.

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). For the purposes of this plan we are assuming level funding 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 may be 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). It would be helpful if the statutory language regarding Act 152 funds were updated to provide the flexibility to use these funds for non-MA clients and for various levels of care.

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 2014-15 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.

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.

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 treatment capacity. The Commission will be using some of the funds freed up as a result of MA expansion to increase the amount of resources earmarked to for medication-assisted treatment options for opiate dependent individuals. The Commission is also currently working with its criminal justice partners in Cumberland County to pursue a PA Department of Corrections grant opportunity for Vivitrol-related services for county inmates. In addition, the Commission is looking for ways to enhance our system's ability to engage overdose survivors in treatment services.

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 Electric 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 9.1% of all Commission-funded treatment clients. This is more than 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.

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.

Women with Children: Pregnant women and women with children for Commission-funded treatment and case management services. The Commission contracts with the Holy Spirit Hospital Maternal Assistance Program to

provide a unique intensive case management for pregnant women with substance abuse disorders. The emphasis in this program is on achieving a healthy birth while also engaging the mother in treatment and recovery support services. The Commission and its providers receive many referrals from the County Children and Youth agencies. Within the past year the Commission has partnered with Cumberland County Children and Youth to provide a specialized Substance Use Disorder Case Management Program for parents who are at risk of losing their custodial rights due to a history of alcohol or other drug abuse that interferes with their ability to care for their children.

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. Veterans who are eligible for VA benefits, but for some reason are having trouble accessing appropriate substance abuse treatment in through the VA system, are eligible for Commission-funded treatment services. Veterans are considered a priority population.

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 seven 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. 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 the development of such supports where they do not yet exist.

Recovery Centers: Another recent 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 was able to acquire and renovate a property to serve as the site for a Recovery Center. The Recovery Center serves 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. Numerous support group meetings are conducted at the center. Information about treatment, recovery

support, housing support, employment training and continuing education, and sober social activities are made available in a safe, drug and alcohol free environment.

Within the past two years 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. 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 two community events related to the current opiate epidemic – a town hall meeting, and a naloxone training. Just recently we received approval to use some of our reinvestment funding to help establish The Harbor as a Recovery Center. In addition, we have helped The Harbor to apply for funding support from the Cumberland County Redevelopment Authority.

The greatest challenge in strengthening recovery--oriented services in Cumberland and Perry Counties is the scarcity of resources. Although MA Expansion has reduced some of the dependence upon Commission-funded treatment services, with the current opiate epidemic we are struggling to strengthen our system's response to overdose survivors, and to expand access to the various medication-assisted treatment options. This limits the amount of Commission funding available for recovery-oriented services. The Commission has had some success in recent years working with other funding streams such as the local Redevelopment Authority and a local foundation to help finance some recovery support services. We will continue to seek out these opportunities.

E. HUMAN SERVICES AND SUPPORTS/HUMAN SERVICES DEVELOPMENT FUND

1. Adult Services/Aging Services

a. NAME OF ADULT SERVICE: Chore Service (\$2000 budgeted for 2016-2017)

- i. Description of Service: Provides for unskilled/semi-skilled home maintenance tasks to enable a person to remain in their home. This includes modifications such as grab bars, hand rails, minor plumbing etc.to homes in order to improve overall safety conditions, to make it easier and safer for adults to manage activities of daily living.
- ii. Name and Address of Service Provider:
Cumberland County Aging and Community Services
1100 Claremont Road, Carlisle, PA 17015

b. NAME OF AGING SERVICE: Protective-Intake/Investigation (\$1500 budgeted for 2016-2017)

- i. Description of Service: Intervention activities assist incapacitated older adults unable to perform or obtain services necessary to maintain physical or mental health. Services include a care plan for in-home services, financial management services, or in extreme circumstances, arranging for court-ordered intervention or guardianship determination. Anyone who has the mental capacity has the legal right to refuse services and has the right to a guarantee that all information concerning their case will be maintained as confidential.
- ii. Name and Address of Service Provider:
Cumberland County Aging and Community Services
1100 Claremont Road, Carlisle, PA 17015

c. NAME OF AGING SERVICE: Transportation (\$2000 budgeted for 2016-2017)

- i. Description of Service: 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.
- ii. Name and Address of Service Provider:
Rabbittransit
1601 Ritner Highway, Carlisle, PA 17013

d. NAME OF AGING SERVICE: Personal Care (\$1500 budgeted for 2016-2017)

- i. Description of Service: 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.
- ii. Name and Address of Service Providers:

Addus Home Care
Angels on Call

410 E. Louthier, Suite 306, Carlisle PA 17013
4813 Jonestown Rd., Suite 201, Harrisburg, PA 17109

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Capital Home Care	925 Linda Lane, Camp Hill, PA 17011
Comfort Keepers	3374 Lincoln Way East, Fayetteville, PA 17222
Dignity at Home	76 Diller Dr., Shippensburg, PA 17257
Heritage In Home Care	33 Center Square, PO Box 665, Greencastle, PA 17225
In Your Home Care	19 S. Hanover Street, Suite 108, Carlisle, PA 17013
Maxim	4815 Jonestown Road, Suite 202, Harrisburg, PA 17109
Medstaffer's	701C South West Street, Carlisle, PA 17013
Senior Helpers	3806 Market Street, Suite 3, Camp Hill, PA 17011
Unique Aid	861 W. Main Street, Lansdale, PA 19446
VNA Private Duty	1070 Market Street, 2 nd Floor, Sunbury, PA 17801

e. NAME OF GENERIC SERVICE: Information & Referral (\$500 budgeted for 2016-2017)

- i. Description of Service: 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.
- ii. Name and Address of Service Provider:
CONTACT Helpline
P O Box 90035, Harrisburg, PA 17109-0035

2. SPECIALIZED SERVICE DESCRIPTION

a. NAME OF SPECIALIZED SERVICE: Cumberland Cares for Families (\$76,544 budgeted for 2016-2017 – \$68,000 non-HSDF “other” funds)

- 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:

- a) 10% increase in on-time immunizations
- b) 90% increase in insured children
- c) 10% enrollment increase in Head Start or other preschool services
- d) 15% increase in community outreach
- e) 10% decrease in potential child abuse & neglect
- f) 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.

viii. Name and Address of Service Provider:

Cumberland County Aging and Community Services
1100 Claremont Road, Carlisle, PA 17015

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b. NAME OF SPECIALIZED SERVICE: Attendant Care Service Coordination (\$68,565 budgeted for 2016-2017)

- 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:
 - a) 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.
 - b) 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.
 - c) The Service Coordinator will act as a resource person to the participant and the provider agencies to resolve problems that may arise.
 - d) 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.
 - e) 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.
 - f) The Service Coordinator monitors the health, welfare and safety of the participant and the ISP through regular contacts (visits, phone calls, etc.)
- iv. Name and Address of Service Provider:

Cumberland County Aging and Community Services
1100 Claremont Road, Carlisle, PA 17015

Please provide estimated expenditures and estimated number of clients for each program under each category: The number of clients for each program are listed on the chart at the end of this section. Expenditures and number of clients are listed on the budget document. SEE BELOW FOR FURTHER CLARIFICATION.

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.

CUMBERLAND COUNTY HUMAN SERVICES PLAN 2016-2017

Appendix C

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

County: Cumberland	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	20		330,189	0	
Administrative Management	2,217		778,348	6,570	
Administrator's Office			594,054	53,726	108,735
Adult Developmental Training	0		0	0	
Children's Evidence Based Practices	0		0	0	
Children's Psychosocial Rehabilitation	0		0	0	
Community Employment	71		128,370	997	
Community Residential Services	96		3,084,162	81,655	
Community Services	532		824,151	58,094	30,329
Consumer-Driven Services	275		160,746	0	
Emergency Services	705		62,100	0	
Facility Based Vocational Rehabilitation	0		0	0	
Facility Based Mental Health Services	1		3,900	0	
Family Support Services	110		194,685	8,753	
Housing Support Services	106		470,245	9,482	
Mental Health Crisis Intervention	4,414		709,764	0	
Other	0		0	0	
Outpatient	171		426,424	0	
Partial Hospitalization	16		23,082	0	
Peer Support Services	66		57,946	0	
Psychiatric Inpatient Hospitalization	14		174,718	0	
Psychiatric Rehabilitation	109		413,505	0	
Social Rehabilitation Services	200		497,556	19,711	
Target Case Management	142		202,735	0	
Transitional and Community Integration	168		135,329	0	
TOTAL MENTAL HEALTH SERVICES	9433	9,272,009	9,272,009	238,988	139,064

Health Choices Admin
Funding

CUMBERLAND COUNTY HUMAN SERVICES PLAN 2016-2017

APPENDIX C-2 : NON BLOCK GRANT COUNTIES HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED

County: Cumberland	1. ESTIMATED INDIVIDUALS SERVED	2. DHS ALLOCATION (STATE & FEDERAL)	3. PLANNED EXPENDITURES (STATE & FEDERAL)	4. COUNTY MATCH	5. OTHER PLANNED EXPENDITURES
INTELLECTUAL DISABILITIES SERVICES					
Administrator's Office			1,345,673	45,481	
Case Management	980		225,423	25,047	
Community-Based Services	176		929,258	103,251	4,500
Community Residential Services	10		857,449	0	
Other					
TOTAL INTELLECTUAL DISABILITIES SERVICES	1166	3,357,803	3,357,803	173,779	4,500
HOMELESS ASSISTANCE SERVICES					
Bridge Housing	35		46,900		
Case Management	2084		170,247		
Rental Assistance	98		39,035		
Emergency Shelter	227		21,000		
Other Housing Supports					
Administration			23,876		
TOTAL HOMELESS ASSISTANCE SERVICES	2444	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		13,000		
BHSI Inpatient Hospital					
BHSI Inpatient Non-Hospital	37		128,552		
BHSI Medication Assisted Therapy					
BHSI Other Intervention					
BHSI Outpatient/IOP	15				7,500
BHSI Partial Hospitalization					
BHSI Recovery Support Services					
TOTAL DRUG AND ALCOHOL SERVICES	207	384,574	384,574		7,500
HUMAN SERVICES DEVELOPMENT FUND					
Adult Services	7		2,000		
Aging Services	457		5,000		
Children and Youth Services	0				
Generic Services	500		500		
Specialized Services	130		77,109		68,000
Interagency Coordination			26,041		
Administration			18,537		
TOTAL HUMAN SERVICES DEVELOPMENT FUND	1094	129,187	129,187		68,000
<i>Note any utilization of HSDPF funds in other</i>					
<i>categoricals and include: where utilized,</i>					
<i>estimated number of individuals, and estimated</i>					
GRAND TOTAL	14344	13444631	13444631	412767	219064