CUMBERLAND COUNTY HUMAN SERVICES PLAN
(BLOCK GRANT)

2018-2019

May 29, 2018

Cumberland County Commissioners:

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

For any questions regarding this plan, please contact:
Robin Tolan, Cumberland-Perry Senior MH Human Services Program Manager
(717) 240-6320
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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 he statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

SIGNATURE	*PRINT NAME*	*DATE*
Vince DiFilippo	**Vince DiFilippo**	5/21/18
Jim Hertzler	**Jim Hertzler**	5/21/18
	Gary Eichelberger	

Appendix B

INTRODUCTION

This Human Services Block Grant (HSBG) 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. We are committed to ensuring this successful joinder arrangement maintains as it has provided opportunities for residents from both counties that would not have been afforded otherwise.

PART I: COUNTY PLANNING PROCESS

The Cumberland County Human Services Policy Team (HSPT) serves as the county focal point for the Human Services Plan development in Cumberland County. Since 2002, Cumberland County has utilized this formal mechanism to share information and to encourage collaboration between and among the County Human Service agencies (such as Mental Health, Intellectual & Developmental Disabilities, Drug & Alcohol, Children & Youth, Aging, Juvenile Probation) and related County agencies (such as Veteran's Affairs, CASA, Claremont Nursing Home, etc.) and various stakeholder organizations.

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

- serves as a source of program expertise, support and information to assist the Cumberland County Commissioners in decisions related to Human Service Programs;
- serves as a forum for collaboration among Human Service departments with a focus on planning and problem-solving related to Human Services; and
- ensures the development of appropriate policies and programs that will provide a framework for delivering efficient and effective Human Services to Cumberland County residents.

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

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

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

A Steering Committee provides direction for the HSPT. 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.

HSPT members participate in bi-monthly meetings to share information, discuss needs, develop strategies for solutions, review outcomes, and encourage collaboration. 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.

1. *Critical stakeholder groups, including individuals and their families, consumer groups, providers of human services, and partners from other systems, involved in the county's human services system:*

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 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 5/15/18 during the CSP meeting which gave additional opportunity for community members to give input into the planning for mental health services and supports.

A newly implemented stakeholder component is the Mental Health Court team. This team is made up of staff from various county departments including Mental Health Administration, Probation Supervisor, Mental Health Probation Officers, Judge, Deputy Warden, Assistant Public Defender, Assistant District Attorney, and Forensic Case Management. Called TOMS, standing for Together Optimizing Mental-Health Solutions, this specialized court is a judicially monitored treatment and supervision program for participants diagnosed with a serious and persistent mental illness. This partnership between the mental health and criminal justice communities strives to reduce recidivism, ensure public safety and improve the quality of life for participants.

In addition, Cumberland-Perry Child & Adolescent Service System Program (CASSP) brings together the expertise of county human services (including mental health, intellectual disabilities, children and youth, juvenile probation, and drug & alcohol departments), 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. grandparents raising grandchildren, cross-systems training) to develop specific initiatives.

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. Staff from Cumberland-Perry IDD Services attend the local school districts Transition Coordinators' meetings held once a month at the Capital Area Intermediate Unit.

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. Members of this group include: County representatives, Office of Vocational Rehabilitation (OVR), supported employment providers, school districts transition coordinators, employers, family members, and individuals w/ IDD.

Cumberland-Perry Intellectual and Developmental Disabilities (IDD) Task Force is comprised of parents, service providers, advocates, and community service organizations. The IDD Task Force considers all services and supports that individuals with intellectual disabilities and their families need and has been instrumental in helping us identify areas of our service delivery system that need to be improved. Members have met with legislators and state officials to discuss

possible solutions to issues that face the IDD service delivery system. This advisory group meets the first Wednesday evening of each month.

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 bi-monthly basis in order to discuss the emerging needs of this population.

A sub-committee from our Aging/IDD County Team, the Nursing Home Transition Workgroup, also meets bi-monthly to work on addressing the transition needs of individuals with IDD who are currently in a nursing home and want to return to the community to live.

The Homeless Assistance Program supervisor/staff have active roles within the following groups to encourage cross-system collaboration who are involved in the Cumberland County human services system: Cumberland-Perry Local Housing Options Team (President); Affordable Housing Trust Fund Board (Commissioner appointed member); Gateway Health-Community Advisory Committee; United Way Food and Shelter Committee (Chairperson); Cumberland County CASSP Core Team; West Shore, Carlisle and Shippensburg Emergency Needs groups; Regional Homeless Leadership Group; The Children's Roundtable; Cumberland-Perry Substance Abuse Coalition; Carlisle United Way; Employment Networking Group.

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

- Cumberland County Community Needs meetings (Carlisle and West Shore)
- Shippensburg Human Service Council meetings
- Perry County Family Partnership Board meetings
- Cumberland-Perry Housing Initiative (CPHI) meetings
- Cumberland-Perry Local Housing Options Team (LHOT) meetings, which includes the Cumberland County Housing & Redevelopment Authority
- Cumberland & Perry Counties' CASSP Core Teams
- Perry County Integrated Children's Service Plan meetings
- Cumberland-Perry Community Support Program (CSP) meetings
- NAMI Cumberland and Perry Counties, PA 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, Reinvestment Planning and Consumer & Family Focus Committee (CFFC) with our behavioral health partners - Capital Area Behavioral Health Collaborative (CABHC) & PerformCare
- LINK to Aging & Disability Resources Board meetings for Central Region as well as Perry County.
- Human Service Policy Team – internal county meetings
- Criminal Justice Policy Team & Mental Illness Sub-Committee – internal county meetings
- Student Assistance Program Education Council Meetings

Information for the Human Service Plan is gathered continuously throughout the year via these collaborative and joint planning processes.

2. *How stakeholders were provided an opportunity for participation in the planning process, including information on outreach and engagement efforts:*

Information is discussed and gathered through the numerous committees and community meetings previously mentioned throughout the year. Many of these are open forums and consumer, family member, and provider involvement is strongly encouraged through notifications via newsletters, emails, listserves, and social media. Many of these meetings are announced at CSP meetings and consumer participation is strongly encouraged. In addition, stakeholder input occurs at the community advisory committee meetings that each department holds and through the monthly Mental Health Community Support Program (CSP) meetings. The weekly TOMS court meetings lend

information to our planning processes regarding criminal justice involvement. Many program committees include stakeholders as well to ensure consumer voice and participation in the planning process.

Cumberland County Homeless Assistance provides information on the program and participates in county planning efforts with the stakeholder groups previously listed. Homeless Assistance has also been an instrumental leader in creating a Regional Homeless Committee. This small Committee is represented by professionals of: Cumberland County Aging and Community Services – Homeless Assistance Program; Cumberland-Perry Housing and Redevelopment Authority; Wellspan and Lancaster General Health.

3. *Advisory boards that were involved in the planning process:*

Each of the identified human services departments (MH.IDD, D&A, and Aging and Community Services) hold regularly scheduled community advisory board committee meetings that are open to the public.

County Commissioner representatives from both counties participate on the Cumberland-Perry MH.IDD Advisory Board. This Advisory Board is comprised of individuals from the community who represent various professional disciplines including religion, social work, education, aging, employment, and medical field including a physician, a nurse, and a neuropsychologist. National Alliance on Mental Illness (NAMI) Cumberland-Perry, PA is also represented on this advisory board as is a family member of an IDD consumer. Representatives are identified from both counties and are appointed by the Board of Commissioners of their respective county. Various stakeholders including consumers, family members, and providers also attend and participate in the monthly advisory committee meetings which provide consumer voice and participation in the planning process.

The Boards of County Commissioners of Cumberland and Perry Counties select volunteers representing various community and geographic interests to serve on the Cumberland-Perry Drug and Alcohol Commission Community Advisory Board. There are eight board representatives from Cumberland County and seven representatives from Perry County. The Drug and Alcohol Commission Community Advisory Board meets monthly. All of these meetings are open to the public. The responsibility of this group of 15 appointed members is to plan and oversee the delivery of public-funded drug and alcohol services in the counties, which includes coordination and collaboration with other county-managed human services.

The Aging Advisory Board consists of at least 15 members who are residents of Cumberland County with geographic representation from different areas within the county. Members are of all ages, half of which are required to be over 60. Backgrounds of members are varied, including local university professors, senior center members, retired state and federal workers, service agency representation, Cumberland County Commissioner, and those with political backgrounds. The Aging Advisory Board reviews monthly data from the Homeless Assistance Program and provides input.

4. *How the county intends to use funds to provide services to its residents in the least restrictive setting appropriate to their needs. (The response must specifically address providing services in the least restrictive setting.):*

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. Each department/service reviews available data to determine the budget and anticipated expenditure of the state allocated funds.

Allocation of funds in each of the six funding streams that make up the HSBG will remain in the same service area to which they are allocated. A subcommittee of the HSPT provides oversight for the HSBG. This Steering Committee consists of the program directors responsible for administering services funded by the HSBG funding streams – mental health, intellectual and developmental disabilities, substance abuse, homeless assistance, the human services development fund and their designees. Annually, during the fourth quarter review, if it is projected that there will be unspent funds in any of the HSBG areas, the Steering Committee will identify programs for potential redistribution of funds. Priority consideration will be given to using resources to address pressing need areas across programs and historical funding streams.

5. Substantial programmatic and/or funding changes being made as a result of last year's outcomes:

No substantial programmatic and/or funding changes are planned for 2018-2019 as a result of last year's outcomes. As budgets and allocations have not yet been finalized, it is difficult to strategically move forward with planning. Our ability to make any substantive changes as a result is limited. Instead, the priority will be to sustain the current infrastructure of community-based services as much as possible. However, if there are decreases in our allocations, we would need to determine where budgetary and programmatic cuts would be necessary.

Upon completion of the third fiscal quarter, the Cumberland County Human Services Block Grant Steering Committee made up of the Directors/Administrators for the respective departments with the county, the Plan Coordinator, and the Lead Financial Manager will meet to discuss and make recommendations for how any excess funding should be allocated to best meet the needs of individuals and families within our joinder.

PART II: PUBLIC HEARING NOTICE

1. Proof of publication:

Public Hearing Notices

Legal Notices were placed in several local newspapers in Cumberland and Perry Counties as well as on the Cumberland and Perry County website calendars to alert county residents of the Public Hearings for the Human Services Plans. As our counties are a joinder for some services, the public hearing notices were made known to residents of both counties with advertisement in the Carlisle Sentinel, the News Sun, Perry County Times, and Duncannon Record. The public hearing was held on May 15, 2018 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 public hearing and discussion at Commissioners' Hearings in Perry County on May 7 and May 21, 2018. A Public Hearing was also held during the Cumberland County at Commissioners' Hearings on May 21, 2018.

Proof of Publication

a. *Please attach a copy of the actual newspaper advertisement for the public hearing.*

b. *When was the ad published?* several ads were placed on the following dates: 4/17/18 (for 5/15/18 hearing); 4/18/18 (for 5/15/18 hearing); 4/18/18 (for 5/15/18 hearing); 5/1/18 (for 5/15/18 hearing)

c. *When was the second ad published (if applicable)?* 5/8/18 (for 5/21/18 hearing)

1. a. Public Hearing Notices

Proof of Publication of Notice in

THE NEWS-CHRONICLE

CUMBERLAND/PERRY MH/IDD

PUBLIC HEARING

COMMONWEALTH OF PENNSYLVANIA

John Zimmerman, being duly sworn according to law, deposes and says that he is the General Manager of "The News-Chronicle," which is a bi-weekly newspaper of general circulation published in Shippensburg Borough, Cumberland County, Pennsylvania, by Latrobe Printing and Publishing Company, a corporation duly organized and existing under the laws of the Commonwealth of Pennsylvania having its principal place of business at 240 West King Street (P.O. Box 100), Shippensburg, Pennsylvania; that he is authorized to and does make this affidavit on its behalf; that the printed notice, advertisement of publication attached hereto is the same as was printed in the regular editions and issues of "The News-Chronicle" on the following date(s)

APRIL 17, 2018

Affiant further deposes that neither he nor "The News-Chronicle" and The Latrobe Printing and Publishing Company have any interest in the subject matters of the aforesaid notice or advertisement, and that the facts set forth in the foregoing affidavit is true and correct.

John Zimmerman

Sworn and subscribed before me this

15th Day of May, 2018

Commonwealth of Pennsylvania
Notarial Seal
HARRY JOHN HARTMAN - Notary Public
CUMBERLAND TWP, ADAMS COUNTY
My Commission Expires Aug 28, 2021

NOTARY PUBLIC

Copy of Notice of Publication

LEGAL NOTICE

The public hearing on the 2018-2019 Mental Health component of the Cumberland/Perry Counties Human Services Plan has been scheduled by the Cumberland/Perry Counties Mental Health/Intellectual Development Disabilities Board.

The hearing is scheduled for Tuesday, May 15, 2018. Starting time is 10:00 am. The hearing will be held at the Community Support Program, 253 Penrose Place, Carlisle, PA 17013.

The Pennsylvania Mental Health and Mental Retardation Act of 1966 states that the MH/IDD Board must hold a public hearing and that the date, time, and place of this hearing must be made public knowledge by informing the press, agencies, associations, institutions, and individuals whom are representative of the population served by this bi-county program. This hearing will be so arranged and conducted that anyone so desiring can ask questions, make an oral statement limited to ten (10) minutes, or submit a written statement concerning the Plan and Budget Request.

Copies of the Mental Health Component of the Human Services Plan Update and Budget Request will be available at the MH/IDD Program Office upon completion.

Dr. Marita N. Flagler, Chairperson
Cumberland/Perry MH/IDD Board

To: "The News-Chronicle"
Shippensburg, PA 17257
For publishing the notice attached hereto:

On the stated date(s)	$	76.25
Affidavit	$	5.00
	$	81.25

1. b. Public Hearing Notices

Proof of Publication of Notice in

THE VALLEY TIMES-STAR

CUMBERLAND/PERRY MH/IDD

PUBLIC HEARING

COMMONWEALTH OF PENNSYLVANIA

John Zimmerman, being duly sworn according to law, deposes and says that he is the General Manager of "The Valley Times-Star" which is a weekly newspaper of general circulation published in Shippensburg Borough, Cumberland County, Pennsylvania, by Latrobe Printing and Publishing Company, a corporation duly organized and existing under the laws of the Commonwealth of Pennsylvania having its principal place of business at 240 West King Street (P.O. Box 100), Shippensburg, Pennsylvania; that he is authorized to and does make this affidavit on its behalf; that the printed notice, advertisement of publication attached hereto is the same as was printed in the regular editions and issues of "The Valley Times-Star" on the following date(s):

APRIL 18, 2018

Affiant further deposes that neither he nor "The Valley Times-Star" and The Latrobe Printing and Publishing Company have any interest in the subject matters of the aforesaid notice or advertisement, and that the facts set forth in the foregoing affidavit is true and correct.

John Zimmerman

Sworn and subscribed before me this

150 Day of May, 2018

Commonwealth of Pennsylvania

Notarial Seal

HARRY JOHN HARTMAN - Notary Public

CUMBERLAND TWP, ADAMS COUNTY

My Commission Expires Aug 28, 2021

NOTARY PUBLIC

To: "The Valley Times-Star"
Shippensburg, PA 17257
For publishing the notice attached hereto:

On the stated date(s)	$	76.25
Affidavit	$	5.00
	$	81.25

Copy of Notice of Publication

LEGAL NOTICE

The public hearing on the 2018-2019 Mental Health component of the Cumberland/Perry Counties Human Services Plan has been scheduled by the Cumberland/Perry Counties Mental Health/Intellectual Development Disabilities Board.

The hearing is scheduled for Tuesday, May 15, 2018. Starting time is 10:00 am. The hearing will be held at the Community Support Program, 253 Penrose Place, Carlisle, PA 17013.

The Pennsylvania Mental Health and Mental Retardation Act of 1966 states that the MH/IDD Board must hold a public hearing and that the date, time, and place of this hearing must be made public knowledge by informing the press, agencies, associations, institutions, and individuals whom are representative of the population served by this bi-county program. This hearing will be so arranged and conducted that anyone so desiring can ask questions, make an oral statement limited to ten (10) minutes, or submit a written statement concerning the Plan and Budget Request.

Copies of the Mental Health Component of the Human Services Plan Update and Budget Request will be available at the MH/IDD Program Office upon completion.

Dr. Marita N. Flagler, Chairperson
Cumberland/Perry MH/IDD Board

PROOF OF PUBLICATION

State of Pennsylvania, County of Cumberland

Kimberly Kamowski, Publisher, of The Sentinel, of the County and State aforesaid, being duly sworn, deposes and says that THE SENTINEL, a newspaper of general circulation in the Borough of Carlisle, County and State aforesaid, was established December 13th, 1881, since which date THE SENTINEL has been regularly issued in said County, and that the printed notice or publication attached hereto is exactly the same as was printed and published in the regular editions and issues of THE SENTINEL on the following day(s):
May 1, 2018

COPY OF NOTICE OF PUBLICATION

LEGAL NOTICE

The public hearing on the 2018-2019 Mental Health component of the Cumberland/Perry Counties Human Services Plan has been scheduled by the Cumberland/Perry Counties Mental Health/Intellectual Developmental Disabilities Board.

The hearing is scheduled for Tuesday, May 15, 2018. Starting time is 10:00 am. The hearing will be held at the Community Support Program, 253 Penrose Place, Carlisle, PA 17013.

The Pennsylvania Mental Health and Mental Retardation Act of 1966 states that the MH/IDD Board must hold a public hearing and that the date, time, and place of this hearing must be made public knowledge by informing the press, agencies, associations, institutions, and individuals whom are representative of the population served by this bi-county program. This hearing will be so arranged and conducted that anyone so desiring can ask questions, make an oral statement limited to ten (10) minutes, or submit a written statement concerning the Plan and Budget Request.

Copies of the Mental Health Component of the Human Services Plan Update and Budget Request will be available at the MH/IDD Program Office upon completion.

Dr. Marita N. Flagler, Chairperson
Cumberland/Perry MH/IDD Board

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

Sworn to and subscribed before me this

1st day of May 2018.

Bethany M. Holtry
Notary Public

My commission expires:

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Bethany M. Holtry, Notary Public
Carlisle Boro, Cumberland County
My Commission Expires Sept. 26, 2018
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

1. d. Public Hearing Notices

PROOF OF PUBLICATION

State of Pennsylvania, County of Cumberland

Kimberly Kamowski, Publisher, of The Sentinel, of the County and State aforesaid, being duly sworn, deposes and says that THE SENTINEL, a newspaper of general circulation in the Borough of Carlisle, County and State aforesaid, was established December 13th, 1881, since which date THE SENTINEL has been regularly issued in said County, and that the printed notice or publication attached hereto is exactly the same as was printed and published in the regular editions and issues of THE SENTINEL on the following day(s):
May 8, 2018

COPY OF NOTICE OF PUBLICATION

LEGAL NOTICE

The public hearing on the 2018-2019 Mental Health component of the Cumberland/Perry Counties Human Services Plan has been scheduled by the Cumberland/Perry Counties Mental Health/Intellectual Development Disabilities Board.

The hearing is scheduled for Monday, May 21, 2018. Starting time is 2:00 pm. The hearing will be held in the Commissioners' Hearing Room, Second Floor of the Cumberland County Courthouse located at One Courthouse Square, Carlisle, PA 17013.

The Pennsylvania Mental Health and Mental Retardation Act of 1966 states that the MH/IDD Board must hold a public hearing and that the date, time, and place of this hearing must be made public knowledge by informing the press, agencies, associations, institutions, and individuals whom are representative of the population served by this bi-county program. This hearing will be so arranged and conducted that anyone so desiring can ask questions, make an oral statement limited to ten (10) minutes, or submit a written statement concerning the Plan and Budget Request.

Copies of the Mental Health Component of the Human Services Plan Update and Budget Request will be available at the MH/IDD Program Office upon completion.

Dr. Marita N. Flagler, Chairperson
Cumberland/Perry MH/IDD Board

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

Sworn to and subscribed before me this 8th day of May 2018.

Bethany M. Holtry
Notary Public

My commission expires:

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Bethany M. Holtry, Notary Public
Carlisle Boro, Cumberland County
My Commission Expires Sept. 26, 2019
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

2. a. i. Summary of Public Hearing (*May 15, 2018*)

MINUTES
PUBLIC HEARING
5/15/18

A public hearing on the Mental Health component of the 2018-2019 Human Services Plan was held on Tuesday, May 15, 2018. The hearing was held at the STAR Program at the beginning of the monthly CSP Meeting. Joseph Martin, chairperson of CSP called the monthly meeting to order at 10 a.m. and turned the meeting over to Robin Tolan, MH Human Service Program Manager for MH/IDD to review the draft plan document. 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 the plan that is submitted to the State.

This plan document is submitted on behalf of the Commissioners of Cumberland and Perry Counties and represents input from Cumberland/Perry MH/IDD Program, the Cumberland-Perry Drug and Alcohol Commission and the Cumberland County Aging & Community Services Office.

The document is comprised of five different parts - Mental Health, Intellectual and Developmental Disabilities, Drug and Alcohol, Homeless Assistance Program and Human Services Development Fund. Robin Tolan reviewed the MH component of this draft plan. It was noted that this document includes input from the CSP group, consumers, stakeholder groups, providers of human services, Cumberland/Perry Drug and Alcohol Commission, Intellectual & Developmental Disabilities Services, and the Cumberland County Aging and Community Services. Also, there are ongoing meetings held throughout the year which provide input into this document.

Mrs. Tolan reviewed the various sections of the document which includes: the planning process, current services, and current initiatives. Mrs. Tolan provided a brief review of the goals which include the following:

1. Maintain current services and supports
2. Develop and Implement a Long Term Structured Residence within Cumberland and Perry Counties
3. Increase awareness of available mental health services and supports in Perry County
4. Improve, develop and implement programs that support Trauma Based Interventions in a Residential Setting
5. Development and implementation of a Suicide Prevention Initiative in Cumberland and Perry Counties

A written testimony from Theresa Myers was read by Mrs. Tolan. A copy of this testimony follows. Mrs. Tolan confirmed that individuals are able to submit written testimony, questions and/or concerns after the close of this public hearing.

The public hearing was adjourned at 10:35 a.m.
tak

2. a. ii. Testimony offered at Public Hearing (May 15, 2018)*:*

Page **1** of **1** **Myers Comments on Cumberland/Perry Counties Mental Health Plan**

May 15, 2018

Comments to Public Hearing for the Mental Health Plan on
Tuesday May 15 2018 at 10:00 AM at STAR, 253 Penrose Place, Carlisle, PA

Cumberland and Perry Counties Mental Health Program does an exceptional job providing a varied and complimentary number of services (e.g. psych rehab, supported employment, social and recreational rehab via the four drop-in centers, financial support to the Community Support Program that allows for part-time paid mental health consumer staff, the Warm Line for non-crisis calls, and more…). They are to be complimented for their consistency, innovative efforts and philosophy regarding delivery of services and the view of the mental health consumer to live a fulfilling, integrated life in their community and enjoy the things that everyone has the privilege to enjoy and choose from. No marginalization!

One thing that came up in several places in the Mental Health plan was the need for residential services for individuals with severe mental illness and trauma – more or another long term structured residence (LTSR) for this purpose. It was noted by not having the increased capacity for LTSR in the community more complex needs mental health consumers are unable to transition out of the institution of the state mental hospital. OMHSAS has moved in its annual budget where about $650 million is allotted for community-based services and around $420 million is allotted for state mental hospital institutions. OMHSAS compliments themselves for this transition to more dollars going to community-based services compared to going to state mental hospitals.

I take exception to this. The state mental hospital population has decreased substantially but the percentage of decrease from the state mental hospitals' allocation has not decreased proportionately. County commissioners, state legislators, concerned citizens and anyone else who cares about providing services in the least-restricted setting as possible should join together to lobby the Legislature to address the inequality in funding between community-based services for the number of people served compared to the state mental hospital funding for the number of people served.

Yes, we need state mental hospitals. I don't deny that. However, the current structure needs to be looked at for providing this level of services. No one wants to talk about consolidating more state mental hospitals for various reasons. Communities like having them, what would you do with the people who are employed there. It reminds me of the challenges to close state prisons even with a decreasing prison population. This issue cannot be ignored. The state mental hospital population is decreasing and more money needs to go to communities to provide various level of services to meet the need s of the people leaving the state mental hospital and those adverted from going to the state mental hospital in the first place because the level of services they need are able to be provided in the community setting.

I would like to work with the County Mental Health Program to know how to best advocate for increased funding for community-based services. Money is limited and it does not look like for the foreseeable future more is on the horizon to come from increases for mental health in the state budget so we need to look within the current funding level and to the current allocations to see where money can be transitioned from.

Thank you,

Theresa Myers
Mental Health Advocate
Upper Mifflin Township
Cumberland County, Pennsylvania

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*3. a. iii. Sign-in Sheet for Public Hearing (*May 15, 2018*)*

Month: May 2018

CUMBERLAND / PERRY CSP Meeting Attendance Sheet

NAME (please print)	Organization	E-Mail Address
1 Chelsea Gerstein	Merakey - psych Rehab	
2 Deb Helwig	Consumer Satisfaction Service	
3 Joseph Nex Martin	C/P CSP	
4 Angela Snyder	STAR	
5 Deb May	Aurora Club	
6 Jalon Davis	Aurora Club	
7 Bob Beistliv	Aurora Club	
8 David Vaughan	STAR	
9 Silvia Herman	Ct MH/C.P	
10 Seth Brandt	Aurora Club	
11 Chris Walters	New Bloomfield Aurora	
12 Nicole Morgan	New Visions/CSP	
13 Megan Stewart	Aurora Social Rehab	
14 Felicia Hooker	Aurora Social Rehab	
15 Carter Davis	New Bloomfield Aurora	
16 Nikki Miller	New Bloomfield Aurora	
17 Rochelle Rodriguez	New Bloomfield Aurora	
18 Anne Sirite	C/P MH 100	
19 Karen Wagner	New Bloomfield Amerakey	
20 Penny Strickler	Mechanicsburg for Recovery	

Theresa Myers via Phone
Suzanne Abel

2. b. *Summary of Public Hearing (*May 21, 2018*)*

MINUTES

Cumberland County
Board of Commissioners' Meeting

May 21, 2018 – 2:00 P.M.
Commissioners' Hearing Room
Courthouse, Carlisle, PA

Phone (717) 240-6150 *Website:* www.ccpa.net

PUBLIC HEARING

RE: 2018/2019 Cumberland County HUMAN SERVICES PLAN (BLOCK GRANT)
— (Robin Tolan)

Board of Commissioners Present: Commissioners Vince DiFilippo and Jim Hertzler were present and Commissioner Gary Eichelberger — participated via phone.

Quorum: Yes

Staff Present: Steve Brayman, Chief Clerk; Sandy Moyle, Deputy Chief Clerk; Theresa Kissinger, Administrative Technician/Recording Secretary; Keith Brenneman, Solicitor.

Departments: Al Whitcomb, Controllers; Brian Hamilton, John Quirk, Eric Harne, Shawn Melhorn and Bob Shively, Public Safety; Sue Carbaugh, Robin Tolan, Mental Health/Intellectual & Developmental Disabilities; Skip Ebert, District Attorneys' Office; Holly Sherman, Human Resources; Ben Burner, Communications; Jack Carroll, Drug & Alcohol; Ron Anderson, Sheriff.

VTC: None

Outside Agencies: None

Media: None

Call to Order: Commissioner DiFilippo called the meeting to order.

Discussion of 2018/2019 Cumberland County Human Services Plan (Block Grant): (see attached) Robin Tolan from Mental Health (MH) Office stated that the Block Grant is for Cumberland County and we are a joinder with Perry County for Mental Health, Intellectual and Developmental Disabilities, and Substance Abuse services. This is our annual submission for 2018/2019 Plan. The majority of the funding for services within this Plan is for Mental Health programs. The Plan contains a lot of information regarding strength and needs within the County programs, our services and our collaborative efforts with other agencies throughout the Block Grant Program. Within Mental Health, our main priority is to maintain our current services and supports. Our extended acute unit closed last fall and it significantly impacted our ability to provide services for individuals who need longer term hospitalization. Our second initiative is to develop and implement a long-term structured residential (LTSR) program for people who have higher level of need. Third initiative is to increase the awareness of the services available in Perry County to support those residents. The fourth initiative is to implement services for individuals with trauma-based type experiences and be able to support them. And the final initiative is the development and the implementation of our suicide prevention initiative; we have a Task Force called PULSE (Preventing Unnecessary Loss through Suicide Education)

Sue Carbaugh talked about the IDD side of the plan and said they are putting most of their efforts and focus on helping individuals to be supported in the communities where they live. We are directing our program development efforts towards programming that supports community involvement and inclusiveness. Pathways Academy which helps young people to live in their own apartments and Project Search which assists individuals with learning the skills they will need to become employed are two such programs.. We plan to continue with both of these programs. We are looking for providers who can help us with this mission. We need to focus on the retention of direct care staff. We are always looking for more waivers; additional base money and providers who can help us to stretch our budget so that we can provide more services for individuals with disabilities in Cumberland and Perry counties.

Jack Carroll with Drug & Alcohol talked about their component of the Human Service Block Grant plan. He said our primary focus will be on the current opioid health crisis. Our priority is to get the Warm Hand Off Program up and running with the three hospital emergency departments. We will focus on overdose survivors to try to break the cycle of overdoses and continued addiction by conducting brief intervention activities with them. A second priority is to continue the work that is being done to maximize access to Naloxone, and we have ideas to expand that further. The third priority is to continue to maximize access to all forms of substance abuse treatment, but in particular to medication assisted treatment. There are a couple specialized criminal justice programs that we started in Cumberland County that are off to a promising start, and it's important to continue these. One is the Vivitrol Program at the Cumberland County Prison and the second one is the Opioid Intervention Court. We do have a greater range of resources available to Cumberland County residents to pay substance abuse treatment thanks to the state's decision to opt into Medical Assistance expansion, and we also have some additional federal funding focused on the opioid epidemic. We have had difficulty at times finding available beds at an inpatient facility during the current fiscal year. We have also had four of our five outpatient providers identify they were at ninety percent capacity and may have to limit admissions because staff caseloads were full. Part of that is because of staff vacancies. It is an ongoing challenge for our contracted providers to attract qualified people and retain them.

Robin said the other two areas the Block Grant Plan includes are the Homeless Assistance Services which are provided through the office of Aging and Community Services. They provide services in case management, rental assistance and emergency shelter. And the last section is on Human Services Development Fund which is also through the office of Aging and Community Services. They provide a number of services: care management services coordination, transportation, personal care, information and referral, and Homeless Assistance Case Management.

Commissioner Hertzler asked if we were just following the guidelines of the funding streams for the various programs. Robin said at this point we are still following the initial allocations. Jack said our commitment was to keep the funds directed to where they were allocated and if there is a need we could discuss about re-distributing. Commissioner Hertzler asked about the state funding for long term structured residence how successful do you think we will be. Robin said there has been a preliminary meeting with the Office of Mental Health and Substance Abuse (OMHSAS) and a revised proposal was submitted on Friday. OMHSAS appears to be supportive at this time.

Other Business: None

ADJOURN: There being no further business to come before the Board, the meeting was adjourned.

Respectfully Submitted,

Theresa Kissinger,
Administrative Technician

2. c. Summary of BOC (May 21, 2018)

MINUTES

Cumberland County
Board of Commissioners' Meeting

May 21, 2018 – 2:00 P.M.
Commissioners' Hearing Room
Courthouse, Carlisle, PA

Phone (717) 240-6150 *Website:* www.ccpa.net

Board of Commissioners' Meeting

Board of Commissioners Present: Commissioners Vincent T. DiFilippo and Jim Hertzler were present. Commissioner Gary Eichelberger — participated via phone.

Staff Present: Stephen Brayman, Chief Clerk; Sandy Moyle, Deputy Chief Clerk; Theresa Kissinger, Recording Secretary; Keith Brenneman, Solicitor were present.

Departments: Al Whitcomb, Controllers; Brian Hamilton, John Quirk, Eric Harne, Shawn Melhorn and Bob Shively, Public Safety; Sue Carbaugh, Robin Tolan, Mental Health/Intellectual & Developmental Disabilities; Skip Ebert, District Attorneys' Office; Holly Sherman, Human Resources; Ben Burner, Communications; Jack Carroll, Drug & Alcohol; Ron Anderson, Sheriff.

Others Present: None

Media: None

Call to Order: Commissioner DiFilippo called the meeting to order and led the Pledge of Allegiance to the Flag.

Roll Call: Commissioners DiFilippo and Hertzler were present. Commissioner Gary Eichelberger — participated via phone.

Public Comment: None

Employee Recognition: The Board of Commissioners recognized Eric Harne from Public Safety for his 20 Years of Service.

Approval of 2018/2019 Cumberland County Human Services Plan (Block Grant): Commissioner Hertzler made a motion to approve the 2018/2019 Cumberland County Human Services Plan (Block Grant). Commissioner Eichelberger seconded the motion and it unanimously carried. ***Action Requested***

Approval of Minutes: Commissioner Eichelberger made a motion to approve the Minutes of May 3, 2018 and May 7, 2018. Commissioner Hertzler seconded the motion and it unanimously carried.

Approval of Public Safety Review Team Minutes: Commissioner Hertzler made a motion to approve the Public Safety Review Team Minutes of April 25, 2018. Commissioner Eichelberger seconded the motion and it unanimously carried.

Approval of Personnel Transactions: Commissioner Eichelberger made a motion to approve the Personnel Transactions. Commissioner Hertzler seconded the motion and it unanimously carried.

Resolution 2018-11 Re: Updated PennDOT Resolution to Reflect Current Signatures for inclusion with PennDOT Grants. (*Reviewed at the May 17, 2018 Workshop*) Commissioner Hertzler made a motion to approve Resolution 2018-11 Re: Updated PennDOT Resolution to Reflect Current Signatures for inclusion with PennDOT Grants. Commissioner Eichelberger second the motion and it unanimously carried.

Ordinance 2018-4 Re: Imposing Vehicle Weight Restriction on Kunkle Bridge on Petersburg Road (T-518) Crossing the Yellow Breeches Creek in South Middleton Township, Cumberland County, Pennsylvania. (*Reviewed at the May 3, 2018 Workshop*) Commissioner Eichelberger made a motion to approve Ordinance 2018-4 Re: Commissioner Hertzler seconded the motion and it unanimously carried.

Approval of Contracts/Grants 11.II (a.-d.): (*Reviewed at the May 17, 2018 Workshop*) Commissioner Hertzler made a motion to approve the following contracts/grants. Commissioner Eichelberger seconded the motion and it unanimously carried

I. I * ***Existing Contracts, Contract Extensions or Addenda with No Additional Cost or Increase to the County:*** None

II. * ***New Contracts, Vendors, Services, Grants and Contracts with Increases/Decreases to the County:***

a. **Children and Youth Services Agreements**:
   - University of Pittsburgh

b. **District Attorney's Office Grant:**
   - PA Department of Transportation - DUI Enforcement Program
   – Grant Amount: $112,000

c. **Human Resources Agreement:**
   - Inservco Insurance Services, Incorporated

d. **MH/IDD Agreements:**
   - *FY 2017-2018 Early Intervention*
     - Aspirations, LLC

Approval of Budget Resolution 2018-10: (*Reviewed at the May 17, 2018 Workshop*) Commissioner Eichelberger made a motion to approve the Budget Resolution 2018-10. Commissioner Hertzler seconded the motion and it unanimously carried.

2018-12 Re: Tax-Exempt Bonds Reimbursement: (*Reviewed at the May 17, 2018 Workshop*) Commissioner Hertzler made a motion to approve the 2018-12 Re: Tax-Exempt Bonds Reimbursement. Commissioner Eichelberger seconded the motion and it unanimously carried.

Capital Project Request: — (*Reviewed at the May 17, 2018 Workshop*)

- **IMTO**
  - Computer Spring 2018 Life-Cycle — Total Project Cost: — $ 104,200.00

Commissioner Eichelberger made a motion to approve the IMTO Computer Spring 2018 Life-Cycle. Commissioner Hertzler seconded the motion and it unanimously carried.

Drug and Alcohol Commission Community Appointment: *(Reviewed at the May 17, 2018 Workshop)* Commissioner Hertzler moved to approve the Appointment of Baylee **Whitebread** to serve on the **Drug and Alcohol Commission Community Advisory Board** for a Three (3) Year Term, Effective June 1, 2018 and Expiring May 31, 2021. Commissioner Eichelberger seconded the motion and it unanimously carried.

Discussion and Approval to accept language changes to the First Amendment to the Memorandum of Understanding between Cumberland County and Cumberland County Library System and forward to the Cumberland County Library System Board for review: (*Reviewed at the May 17, 2018 Workshop*) Commissioner Hertzler said the opportunity to serve on the Futures Task Group will be publicly advertised and those who are interested submit letters of interest. This should be opened up to anyone interested in serving on the Board. Commissioner DiFilippo said item (I) was removed because it was not necessary. Commissioner Eichelberger asked who was doing the selections of the candidates. Commissioner Hertzler said he would think the Library System Board would interview them. Commissioner Eichelberger said that the Commissioner should see all the resumes not just in the final list.
Commissioner Eichelberger made a motion to approve the Memorandum of Understanding (MOU) between Cumberland County and Cumberland County Library System. Commissioner Hertzer seconded the motion and it unanimously carried.

Approval of General Disbursements Transfer Authorizations: Commissioner Hertzler made a motion to approve the General Disbursements Transfer Authorizations. Commissioner Eichelberger seconded the motion and it unanimously carried.

a.	05/10/18	$	134,429.49
b.	05/11/18	$	264.08
c.	05/11/18	$	3,449,681.84
d.	05/14/18	$	1,160,328.52
e.	05/14/18	$	271,781.86
f.	05/15/18	$	169.50
g.	05/16/18	$	499,121.00
h.	05/18/18	$	82,465.03
i.	05/17/18	$	385,702.38
j.	05/18/18	$	47,523.98
k.	05/18/18	$	10,216.58

Acceptance of Monthly Reports: Commissioner DiFilippo accepted the monthly reports for the Register of Wills and Conservation District – Month of April

Executive Session: Commissioner DiFilippo reported there were Executive Sessions held on May 17, 2018 @ 10:00 a.m.; May 18, 2018 @ 10:30 a.m. Re: Personnel Issues

Other Business: None

Adjourn: There being no further business to come before the Board, Commissioner Hertzler made a motion to adjourn.

Respectfully Submitted,

Theresa Kissinger
Administrative Technician

PART III: CROSS-COLLABORATION OF SERVICES

Employment:
Several avenues for employment opportunities have been developed within our systems. Adults with severe mental illness currently have the opportunity to participate in the evidence-based practice of Supported Employment which assigns an Employment Specialist to assist a consumer in obtaining and maintaining competitive employment within the community. The competitive employment rate within this program is 61.75% for CY 2017 which is higher than the state average at 33%. This program is funded using MH county base dollars. Increased access to this service is a strong need and an additional Employment Specialist would be beneficial in order to improve access. In addition, individuals with mental illness are employed within the mental health system as Certified Peer Specialists, WarmLine workers, Administrative Assistants. These positions utilize MH county base dollars or HealthChoices funds depending on the position and program within which it is provided. A related service – Supported Education for individuals with mental illness – is also being explored due to the strong connection to employment. Additional funding would be necessary however.

Within the Intellectual and Developmental Disorder (IDD) program, a new vocational program was implemented in the fall of 2017. Currently 5 individuals with IDD are working in different departments within the county. Project SEARCH involves collaboration between a business partner, a job coaching agency, the local OVR, the national Project SEARCH program, and the local IDD county office. Project SEARCH is a unique business led program that facilitates a seamless combination of classroom instruction, career exploration and job-skills training through strategically designed internships. The program involves real-life work experiences to help folks with intellectual disabilities to have a productive adult life. The goal for each intern is to obtain competitive employment in their community upon completion of the program. 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.

In addition, a quarterly Employment Networking Luncheon is hosted by our Counties' Mental Health Employment Transformation Initiative. These meetings are open to anyone interested in supporting folks with disabilities in employment and typically have attendance between 10 – 20 people from various disciplines including MH, D&A, IDD, Housing/Homeless Assistance, Corrections/Probation, OVR, as well as community resources such as New Digs Ministry, Friends over Fences, Employment Resources for Aging Population, Salvation Army and many others. A panel or presentation occurs along with updates from various attendees regarding their programs. Topics have included Support/Help Lines, OVR Services, Community Resources, Benefits Counseling, Temp Employment Agencies, Tri-County Community Action, Employers/Businesses, GED and Training Opportunities, Consumer Stories, Transportation Services and many more.

Our local Housing Authority also worked with Hope Station (local community agency) and CareerLink to host a Job and Resource Fair in July 2017. This event was successful in bringing together approximately 20 local employers and community resources with whom community members could engage.

Housing:
All of the county programs work closely with the Cumberland County Housing and Redevelopment Authority (CCHRA) as well as the Homeless Assistance Program and the local shelters to assist consumers in locating, obtaining, and maintaining housing within the community. Several county staff participate in the Local Housing Options Team (LHOT). The mission of the LHOT is to end homelessness in our communities and to advocate for the availability of safe, accessible, affordable housing choices that meet the needs of all people with disabilities and is accomplished through collaboration among and between organizations including private, commercial and public resources.

In an effort to significantly strengthen and improve assistance to homeless individuals and families, our counties are participating in the launch of a Coordinated Entry System through the Housing Authority. This system endeavors to align all of the housing and homeless service providers and supportive services with a streamlined assessment and referrals to available services for the homeless. There is now one master Community Queue that is utilized to address homeless needs, instead of separate waiting lists. Those who are experiencing homelessness or near homelessness can either dial 2-1-1 or 855-567-5341 toll free, or they can text their zip code to 898-211 for information, vulnerability assessment and referral assistance through the Coordinated Entry System. Individuals can also visit the local Coordinated Entry

Access Sites - in Perry County, individuals can visit Perry Housing Partnership in New Bloomfield, or in Cumberland County, residents can visit Carlisle CARES in Carlisle.

In addition, the Local Housing Options Team (LHOT) hosts an annual Housing Forum each September. Each year, representatives from various community agencies come together for a day-long event of workshop presentations and panels on topics such as Substance Abuse, Suicide Prevention, Law Enforcement & Corrections, Housing Task Force, Helping Students Experiencing Homelessness, Employment, LGBTQ Inclusion, Systems Advocacy, Landlord/Tenant Conflict Resolution, Coordinated Entry, Money Management, and Fair Housing. Over 90 individuals attend which also gives excellent opportunity for networking and resource development.

For additional information regarding Housing Initiatives, please see the Supportive Housing chart on page 40.

PART IV: HUMAN SERVICES NARRATIVE

A. CUMBERLAND PERRY MENTAL HEALTH & INTELLECTUAL & DEVELOPMENTAL DISABILITIES PROGRAM

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

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.

In order to consider service supports and needs, it is imperative to review the significant impact that population growth and decreased funding allocations has had on the Cumberland and Perry counties' mental health system.

MH Allocation Historical Trends

- FY 2012-2013 imposed a 10% cut in funding. Total dollars lost in allocation was over $830,000.
- There have been slight increases and decreases of federal funds during the last few fiscal years however over all the MH office has sustained a decrease in funds by 19% since fiscal year 2008 equaling approximately $1.8 million
- Cumberland County is one of the fastest growing counties in the Commonwealth.
- National statistics indicate that approximately 4% of the population has a serious mental illness in a given year.

	2010	2015	2017	2020 projected	2025 projected
Total Allocation	$10,272,530	$9,344,329	$9,272,009		
Pop. Cumberland	235,938	244,040	250,580	251,836	260,023
Pop . Perry	45,993	47,299	47,412	48,597	49,718
Total Joinder Population	281,931	291,339	297,992	300,433	309,741

Beheney, M., MURP, Copella, S., Schultz, J., Bowalick, D., Koontz, A., Meyers, L., & Kotovsky, M. (2014, March). Http://www.rural.palegislature.us/documents/reports/Population_Projections_Report.pdf.

Retrieved May 10, 2018, from http://www.rural.palegislature.us/documents/reports/Population_Projections_Report.pdf

Internally Cumberland and Perry Counties' mental health system has maximized efficiencies as much as possible. Our internal administrative costs are approximately 9%. This provides maximal fiscal resource into the community for the provision of services. If additional funding cuts occur, this level of service provision will be unsustainable. We have noted continued increase in Crisis Intervention contacts during the past 2 fiscal years as well as lengthier waits for admission to community hospitals while in the Emergency Departments. Outcomes will be less than optimal as funding continues to decrease for these needed and valuable services. Even with a flat budget, our system is facing potential cuts to services due to increased population and increased costs in providing those services.

a) Current Program Highlights from FY 17/18:

- ***Consolidated Community Reporting Initiative (CCRI) Process*** with the State Office of Mental Health and Substance Abuse Services (OMHSAS): County MH staff and Information Management staff continue to work closely with OMHSAS staff to attempt completion of the process for accurate CCRI data submission and develop automated processes for future submissions.

- ***School based OP services:*** Expanded service locations are being provided at all 3 levels (Elementary, Middle, and High School) throughout all 14 school districts in Cumberland and Perry counties. Funded by HealthChoices and some private insurances, this service improves access to OP services for children and appears to be beneficial since the new state truancy laws took effect in August 2017. The law provides clearer guidelines and standards throughout the state as well as a more student centered approach that looks to identify the root of the problem for the student. Attendance Review Board (ARB) began this school year 2017-2018 for all Cumberland County schools. This board comprises of CYS, D&A, and MH representatives. Schools make referrals on students that have excessive absences/truancy and the teams with the families and the ARB board. The goal for this committee is to provide assistance to the families/students that are in need of additional support. Providing a comprehensive approach to consistently identify and address attendance issues as early as possible through credible interventions is the means by which schools are encouraged to improve school attendance and deter truancy. While truancy is not the only reason for referral to this service, school based outpatient services are a possible means to address those needs. Multiple providers offer this service within our 14 school districts.
- ***Dialectical Behavioral Therapy (DBT) focus in Adult Community Residential Rehabilitation (CRR):*** Our adult service providers continue to observe an increase in referrals of individuals with mental illness who have experienced trauma that impacts their ability to manage their day to day lives. The county MH program has partnered with Merakey-Stevens Center's (formerly NHS) existing CRR program to strengthen trauma focused skills with a focus on Dialectical Behavioral Therapy (DBT), assisting consumers to identify alternatives to self-harm, and supporting the development of successful daily living skill-building to optimally support community integration across all environments, including pursuing employment, education, and developing appropriate natural supports. Specific training in these areas and ongoing external technical support and professional development is being provided to staff to strengthen the foundation of this CRR program. Utilizing an existing provider and program staff significantly reduced the costs to addressing these needs.
- ***Community Suicide Prevention Initiative:*** County MH 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) task force*** began meeting July, 2016 with the primary purpose to increase awareness and education about suicide. The task force continues to meet monthly. During the start-up, AmeriHealth Caritas initially funded posters and billboards that were placed throughout Cumberland and Perry counties that emphasized suicide prevention education. They stressed the Myths and Truths around suicidal thoughts and behaviors. The task force has been discussing various avenues to continue efforts to increase awareness and reduce stigma related to suicide through various prevention initiatives. Several task force members have represented PULSE at local community and wellness fairs. This fiscal year, CSP representatives formed a team to walk in the Out of the Darkness Suicide Prevention walk.
  - ***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. 3 QPR trainings have been held within the community during 2017-2018 with more planned for the next fiscal year.
- ***Cumberland-Perry Community Support Program (C-P CSP):*** Opportunities for consumer voice within the community mental health system are evident within CSP as this program has been instrumental in mental health plan development as well as in addressing stigma. CSP has coordinated various activities throughout this fiscal year for Mental Illness Awareness Week (October 2017) and Mental Health Awareness Month (May 2018), including a Candle-light Vigil, MH Awareness Walk, Speakers, MH Conference, and a Community Dinner.
- ***National Alliance on Mental Illness (NAMI) Cumberland and Perry Counties, PA:*** NAMI provides two monthly support groups for family members in Carlisle and Camp Hill. In addition, Family-to-Family Education and Peer-to-Peer Recovery Education sessions as well as a speaker event are provided annually with county base funding.
  - Family to Family Education sessions began in March 2018 and ran for 12 weeks in Cumberland County. These sessions focus on developing the knowledge and skills that family members need to cope more effectively and help participants to gain insight into how mental illness affects their relative. Topics include current brain research related to mental illness, medication issues and the latest treatment options, how to become advocates for better treatments for their relatives, managing worry and stress, and self-care.
  - Peer-to-Peer Recovery Education sessions will be held twice – March – May 2018 in Shippensburg, Cumberland County and this fall Sept – Nov 2018 in Newport, Perry County. These sessions for adults were focused on maintaining wellness and developing strategies related to living with mental illness and included current research on brain biology, mental illness symptoms and their relationship to personal experiences,

personalized relapse prevention plan development, tools to prepare for interactions with health providers, and skill-building for making decisions and reducing stress.
- Dr. Erika Saunders, M.D. Director, Mood Disorders Program at Penn State College of Medicine presented on "Bipolar Disorders" in April 2018.

- ***Open Access:*** Merakey-Stevens Center has implemented a limited form of Open Access for new referrals for Outpatient services. During limited time slots each week, individuals with county-base or PerformCare funding are able to complete an Outpatient intake assessment and psychiatric evaluation (if appropriate) on the same day to expedite service access. The agency is working to increase the available weekly time slots and anticipate a newly hired psychiatrist to aid in this improved access.
- ***Managed Care Reinvestment funds*** have been beneficial in the implementation of various initiatives:
  - **Supporting Positive Environments for Children (SPEC)** is a positive behavior support framework for early Childhood Education Programs (daycare and/or public education K-12) who want to provide an environment that fosters socially and emotionally competent young learners. Selected as a Reinvestment initiative, SPEC Facilitators guide Education Programs in implementing program-wide Positive Behavior Interventions and Supports (PW-PBIS) with fidelity. Cumberland & Perry Counties will select an Education Program in each county who will receive a minimum of 170 hrs. of intensive supports focused on implementing PW-PBIS from June 2018-December 2020. SPEC Facilitators will provide on-site and off-site implementation support to Program leadership and staff. Implementation is planned for September 2018.
  - Staff training and certification in ***Dialectical Behavioral Therapy (DBT***) and ***Trauma Focused Cognitive Behavioral Therapy (TF-CBT)*** has been beneficial to 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 severely impacts their recovery. The addition of staff trained in treatment modalities such as DBT and CBT has substantially enhanced the quality of current services by encouraging and expecting that Evidence Based Practices are embraced and delivered in these settings.
  - Training was also offered to outpatient clinics in ***Eye Movement Desensitization and Reprocessing (EMDR)***. Six area providers are taking advantage of this training opportunity with 9 therapists planning to attend.
  - Staff certified in ***Parent Child Interactional Therapy (PCIT)*** has been beneficial in serving children 2-7 years old and their families. PCIT aims to improve family relationships with this earlier intervention and potentially reduce future mental health needs. Funded by PerformCare, Merakey-Stevens Center, Franklin Family Services, and Newport Counseling provide this service in our counties.
  - ***Functional Family Therapy (FFT)*** is a recently implemented new service that focuses on children and teens who are at risk or already involved with juvenile justice. Designed for youth ages 10–18 whose problems range from acting out to conduct disorder to alcohol and other substance abuse, and for their families, FFT can be provided in a variety of contexts, including schools, child welfare, probation, parole, and mental health, and as an alternative to incarceration or out-of-home placement. FFT is a short-term intervention with sessions occurring over a three-month period provided by TrueNorth.
  - ***Dual Mental Health/Intellectual Disability (MH/ID) team*** includes a Behavioral Specialist and a Registered Nurse who assist adults 21 years and older, with a serious mental illness and intellectual disability, and their families, and/or other support systems. This service was implemented in March 2017 and includes a Functional Behavioral Assessment which is 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). This service is available through Community Service Group (CSG). Potential participants are identified by our county MH/IDD internal team, which meets regularly to review referrals to and progress of this intensive service. In accordance with our county-wide philosophy, this service strives to identify strategies to maintain individuals within the community setting of their choice.
  - ***Common Ground Approach*** incorporates certified peer specialists to assist consumers in completion of a questionnaire prior to seeing the psychiatrist that will assist all during the appointment. HealthChoices Reinvestment funds were utilized for the training and consultation components. Implementation of this concept of shared decision-making by Pat Deegan occurred with Merakey-Stevens Center in Dec 2017. Consumer participation has slowly increased since implementation to over 30 participants currently.
  - ***Housing funds:*** Cumberland County Reinvestment is focused on looking at opportunities for housing for individuals with forensic histories/involvement in the criminal justice system. This reinvestment plan was submitted and approved by the State. Start up for this program is scheduled for July 1, 2018

- ***Psychiatric Rehabilitation funding:*** Our existing licensed site-based Psychiatric Rehabilitation program through Merakey-Stevens Center has become a supplemental service so that HealthChoices can fund this service for those members who meet the eligibility criteria. It remains available to those not eligible for Medical Assistance to utilize as well through county-base funds.

- ***Forensic Services:*** Cumberland County Court system was approved for a grant from the Administrative Office of Pennsylvania Courts to fund the implementation of a Problem-Solving Court in Cumberland County. Mental Health Court team members including representatives from the public defender's office, district attorney's office, judges, prison staff, probation staff, and the mental health administrator attended training in Washington DC in July 2017 which focused on strengthening collaboration and communication within the county criminal justice and mental health systems. This grant provided a consultant to aid in the establishment of the mental health court as well as mental health court training for our mental health court team. Together Optimizing Mental Health Solutions (TOMS) Court was implemented in November 2017. TOMS Court is now a complement to our county's existing Treatment Court which works with individuals with substance abuse needs. In addition, trainings for the development of a Crisis Intervention Team (CIT) occurred in January 2018. Twenty-six individuals from local law enforcement participated in this week-long training.

b) <u>Strengths and Needs:</u>

ALL Populations

- **Strengths:** The ***Existing County MH Services Chart (Attachment)*** lists 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 provider 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), C- P PA*** 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" and "Peer-to-Peer" classes which are held annually and are supported with county base funds. Further information on these classes is noted in the previous section under Program Highlights**.**

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

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, Reinvestment Planning Committee and PerformCare's Quality Improvement/Utilization Management Committee. County staff and consumers participate on the CABHC Consumer Family Focus Committee (CFFC). In addition to involvement at the committee level and various workgroups, 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.

In addition, physical health and disease are important contributing factors with mental illness. Access to appropriate physical health care is imperative, however many individuals are without physical healthcare. PerformCare is involved in several ***Behavioral Health/Physical Health (BH/PH) initiatives*** working with the Physical Health Managed Care Organizations (PH-MCO) to improve collaboration for members with significant physical health and behavioral health concerns. Members with high behavioral and physical health needs were identified and PerformCare worked with the PH-MCO to develop an Integrated Care Plan focused on the collection, integration and documentation of key physical and behavioral health information. PerformCare has completed Integrated Care Plans for over 500 members and continue ongoing expansion of the program. In addition, PerformCare has provided trainings for BH providers regarding various aspects of BH/PH integration. There is an expectation that behavioral health providers review and/or include Physical Health Assessments in their service delivery. PerformCare is also an active participant in all joint initiatives involving BH-MCOs and PH-MCOs spearheaded by the Department of Human Services.

- **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 have implemented a Suicide Prevention task force as part of the Preventing Unnecessary Loss through Suicide Education (PULSE) initiative as previously mentioned in the Program Highlights section.

  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 members continue 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, ***service capacity and access*** continue to be issues regardless of payer source. With the recent changes and implementation of Medicaid Expansion, more individuals have been able to access services, but additional increases in demand for service within the public mental health system are putting a huge strain on an already taxed system. We continue to monitor the utilization of, as well as the wait periods for, existing services to determine impact and trends.

  We continue to experience ***high volumes in crisis intervention contacts as well as subsequent community hospitalizations.*** Long waits are also occurring for outpatient services and other behavioral health supports. There has been an increase in the number of people requesting service, but no increase in the capacity to provide that service. Increased funding is needed to support Crisis Intervention staffing due to increased volume of contacts and community needs. In addition, without timely access to services and supports in the community, there has been less ability to divert from more intensive (and costly) services. Additional Inpatient Psychiatric beds are planned to be developed within our 5 county HealthChoices area, but probably not in our counties.

  Due to the ***closure of the Extended Acute Care unit (EAC)*** at Geisinger/Holy Spirit Hospital in September 2017, our state hospital referrals have increased substantially to well over our bed cap. Through our HealthChoices partnerships, we have been able to negotiate the use of 2 EAC beds at 2 different hospitals (Wellspan-Philhaven in

Lebanon and Ephrata) which is a drastic decrease from the 9 that Geisinger had been providing. In addition, we have noted a significant increase in the average length of stay being well over the 90 days that our consumers had previously experienced.

Many folks currently in the state hospital or incarcerated have significant mental health needs that our current system is unable to manage within the community. 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; a ***long term structured residence (LTSR)*** for folks who have highly intensive needs; and ***transition age youth programs*** that focus on skill-building for independence, education, employment, daily living skills. Appropriate funding to address these needs is imperative. Many of these individuals have current or past criminal justice involvement.

However, with the current economic climate and population growth, 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 as well as the proposed legislative changes significantly impact 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.

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. Merakey-Stevens Center and Geisinger-Holy Spirit currently provide this service.

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 not currently available in our counties due to significant changes in psychiatric availability. The Perry County Behavioral Health task force is exploring options to expand this service into Perry County to address this service access need in that area. It can take 12-16 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. As previously mentioned, Merakey-Stevens Center has implemented a version of Open Access; however, it is limited due to the lack of psychiatrists to offer the hours.

An increase in service requests continues to be noted from individuals covered by ***Medicare,*** who do not qualify for Medical Assistance (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.

In addition, while many staff have lengthy tenure, various entry level positions experience ***significant turnover*** due to low salaries for those positions. Additional funding is needed to adequately staff programs. Wages in other community employment ($13 – 17/hr.) are much higher than in human service positions ($8 – 10/hr.).

Transportation continues to be a significant concern especially for those who reside in rural communities. Transportation from Perry County continues to be limited outside of the county 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. Due to the rural nature of these counties and the lack of a public transportation system however, transportation remains an unmet need. In addition, pending federal legislation that

proposes to restrict Non-Emergency Medical Transport (NEMT) will be detrimental to individual's access to needed services and supports.

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. Regardless of the preference/priorities given to those coming out of institutional living, with the state of the economy and federal/state budgets, vouchers have been halted within our county housing system. The lack of vouchers creates a blockage in many of our inpatient and residential settings as individuals are unable to afford housing without them. Those with the greatest needs are unable to be served within the community. This system is becoming unsustainable without adequate funding. 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 has been somewhat effective in housing individuals, however some folks continue to decline needed mental health services. In addition, current funding streams that require chronic homelessness for eligibility are fundamentally at odds with our philosophy to prevent homelessness and assist in connecting folks with housing while they are sheltered or doubled up in temporary settings.

Finally, given the current ***budget constraints***, there are not the resources to develop strategies to address all of these unmet needs listed in this plan. Our 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 service utilization and effectiveness in order to meet program and system needs.

All of our available supports and services 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 required 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.

TARGET POPULATIONS

Older Adults (ages 60 and above)

- **Strengths:** We continue to collaborate with Office of Aging and Community Services to address the needs of this population. MH staff participate in both the Regional LINK meetings as well as the Perry County LINK meetings.

  A ***Certified Peer Specialist*** continues to be funded by the Cumberland County Office of Aging to provide peer support services through Merakey-The Stevens Center to older adults who do not qualify under HealthChoices funding. Also, a ***Senior Care Manager*** works with a Psychiatrist who is a ***Geriatric Specialist*** to address older adult needs at Geisinger-Holy Spirit, a 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. Geisinger-Holy Spirit's Crisis Intervention program provides this service which is funded by PerformCare and county-base funds.

  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 personal care homes and enhanced with a nurse and specially MH trained staff, these three SCR's are full to capacity. Keystone Human Services and New Visions provide this service. The need for this type of living environment is significant especially as the population continues to age and develop additional medical needs. This past fiscal year, New Visions was successfully able to expand their SCR from 4 to 6 residents. The septic issues that had delayed this expansion were finally resolved. This service is paid for by county-base funds.

- **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 are significantly fewer 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***. Individuals with Medicare are finding lengthy wait times of 3 – 6 months or longer for service.

Adults (ages 18 and above)

- **Strengths:** The list of ***Existing County MH Services Chart (Attachment)*** outlines 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.

  The ***Forensic Team*** made up of two Forensic case managers (provided by Geisinger-Holy Spirit) and a Forensic Peer Specialist (provided by Merakey-Stevens Center) 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. This service is paid for by county-base funds. The addition of the ***TOMS Court team*** previously discussed has also been very beneficial in addressing the mental health needs of those who have forensic involvement.

  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. CRR services are provided by Merakey-Stevens Center and New Visions. This service is paid for by county-base funds.

  The consumer-run ***WarmLine*** (provided by Merakey-Stevens Center) 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 4 calls per night with 1134 calls received during 2017. Training was recently completed and 2 new workers joined the WarmLine staff for a total of 8 WarmLine employees. This service is paid for by county-base funds.

  Psychiatric Rehabilitation is provided by Merakey-Stevens Center 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 Rehabilitation programs throughout Cumberland and Perry Counties. While this licensed program has been previously county-base funded only, we have transitioned through Reinvestment during this fiscal year to include HealthChoices funding, also.

  In addition, three ***Social Rehabilitation*** providers (Merakey-Stevens Center, Aurora Social Rehabilitation Services, and New Visions) operate programs at four sites throughout Cumberland and Perry counties. Social Rehab is focused on recovery and community connectedness. This service is paid for by county-base funds.

  Three ***Fairweather Lodges*** operated by New Visions are located in Newport, Shippensburg, and Carlisle with members running a transportation business and limited janitorial business within the two counties. The Coordinator is paid for by county-base funds.

  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. This service is paid for by county-base funds. 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 New Visions and Merakey-Stevens Center 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. This service is paid for by county-base funds.

Supported Apartments offer individuals with high needs the opportunity to reside in the community and receive the extensive supports that are needed. Funded by county-base funds and provided by New Visions, this service has supported many consumers to leave higher, more intensive and restrictive levels of service, such as the State Hospital, EAC, or LTSR, and maintain within this community setting.

Assertive Community Treatment (ACT) is available for C-P residents with HealthChoices/MA funds or county-base funds and is provided by Merakey-Stevens Center. 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 through Merakey-Stevens Center and have demonstrated outcomes that exceed national standards (at 33%) with almost 62% of individuals with mental illness receiving this service becoming competitively employed. This service is paid for by county-base funds.

Mobile Psychiatric Nursing is a valuable service for individuals in Cumberland and Perry counties which is paid for by HealthChoices. Merakey-Capital has implemented this service to address these needs in our communities.

Certified Peer Specialist (CPS) services embedded in several community programs (Supported Apartments, EAC, and WarmLine) as well as a stand-alone CPS unit (provided by Merakey-Stevens Center) are available in our counties. These services are paid for by HealthChoices as well as county-base funds.

In addition, the ***Outpatient trauma-focused services and training*** around **DBT** and **CBT** are significant strengths in our service array. Eye Movement Desensitization and Reprocessing (**EMDR**) is also provided within our counties and found to be beneficial in addressing trauma-related needs. Of course, traditional ***Outpatient*** (provided by numerous agencies) and ***Inpatient*** (provided by Geisinger-Holy Spirit) services as well as ***Administrative*** and ***Targeted Case Management*** (both provided by Merakey-Stevens Center and Geisinger-Holy Spirit) supports continue to be provided. These services continue to be funded based on consumer eligibility by HealthChoices/MA and county-base funds.

All of these traditional and non-traditional services have made the difference for a substantial number of individuals in their recovery within our communities and counties.

- **Needs:** ***Flexibility*** within our mental health system has significantly diminished over the last 10 years with decreases in funding. Transitions from higher level intensive services are problematic when the needed community services do not exist or are full. ***Enough fiscal resource*** is needed to recreate the services that have allowed this flexibility in the past, but have been cut or decreased. People waiting for 12 – 16 weeks for a psychiatric evaluation are ending up at Crisis Intervention and some are hospitalized psychiatrically. Had services been available, this higher level of care may not have been necessary. Individuals in higher levels of care have had lengthy delays to transition to community supports since services are not readily available. Individuals with more intensive needs have been unable to be discharged from more intensive or restrictive settings due to the lack of availability of an LTSR. Community residential supports have been full since those individuals have been unable to access housing supports since those funds have been halted.

Transition-age Youth (ages 18-26)

- **Strengths:** A ***Transition Age Youth Coordinator*** (provided by Merakey-Stevens Center) 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. ***Community Employment Supports*** such as ResCare, CareerLink, and Office of Vocational Rehabilitation (OVR) are utilized to support youth to find jobs and

become productive citizens, which is paramount as opposed to allowing young adults to become entrenched in the public welfare system with SSI and publicly funded services.

- **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 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. We are currently working on the development of an alternate residential program to address these types of needs through Reinvestment funds from Managed Care. We are also in the planning stages to join Dauphin County in the First Episode Program they provide via grant funding. This would include the addition of Supported Education for our joinder residents.

  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 spectrum 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.

  Similar concerns exist for individuals who are dually diagnosed with ***MH and ID disabilities*** as they transition out of the children's services, both under the age of 22 and over. The lack of resources within the IDD system and also the complexity of need is challenging.

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 base-funded Outpatient, Family-Based and Case Management services are also available for children if they are not covered by insurance.

  Children's Evidence Based Practices (EBP) are implemented through several modalities within our counties. When ***CBT***, ***DBT*** or ***EMDR*** are provided through an Outpatient (OP) modality, funding through HealthChoices, private insurance or County base-funds can be utilized 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. Multiple agencies within the two counties provide these services.

  Community Residential Rehabilitation–Intensive Treatment Program (CRR-ITP), Multi Systemic Therapy (MST), and Functional Family Therapy (FFT) 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. This service is provided by Merakey-Capital. CSG is readying for implementation. The planned expansion of CRR-ITP through HealthChoices funding has been delayed at this point however. **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 placement due to delinquent behaviors. Services include in-home counseling, case management and crisis support and are provided by Adelphoi and Hempfield Counseling. ***FFT*** is a recently implemented new service that focuses on children and teens who are at risk or already involved with juvenile justice. Designed for youth ages 10–18 whose problems range from acting out to conduct disorder to alcohol and other substance abuse, and for their families, FFT can be provided in a variety of contexts, including schools, child welfare, probation, parole, and mental health, and as an alternative to incarceration or out-of-home placement. FFT is a short-term intervention with sessions occurring over a three-month period provided by TrueNorth. These services are funded through HealthChoices.

As previously mentioned, another service implemented in our counties through our Managed Care Reinvestment Plan is ***Parent-Child Interactional Therapy (PCIT).*** Two staff from Merakey-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. In addition Franklin Family Services and Newport Counseling provide this service within our counties. 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.

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. The CANS is 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. Review of outcomes through the use of CANS is occurring and overall recommendations are pending.

VISTA Early Intensive Behavioral Intervention (EIBI) – was implemented this past fiscal year with PerformCare. This is an intensive, center-based Applied Behavior Analysis (ABA) program targeting children with autism between the ages of 12 months and seven (7) years of age. The specific purpose of EIBI is to remediate the core deficits of autism, to produce socially significant improvements in behavior, restore functional abilities, prevent the loss of attained skills and functions, and accelerate the development of critical behavioral outcomes for enrolled children in order for them to transition to and benefit from less structured and intensive settings (e.g., preschool, daycare, kindergarten). Children attend a minimum 20 hours of treatment per week (unless the child is engaged in a transition plan and is expected to exit the program, further titration of hours will be allowed). Family engagement includes home-to-therapy session communication, which is key when treatment is intensive.

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. ***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 staff*** in various mental health and community programs with regard to children's' mental health.

The ***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. This position attends CYS-staff meetings, provides consultation, and attends JPO court hearings as appropriate to provide the perspective and resource from the children's MH system. The cross-system coordinator is currently developing a cross systems training for new county human service employees working with children (MH, IDD, D&A, Early Intervention, CASA, JPO) through collaboration with those departments.

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 staff continues to partner with local food banks in Cumberland & Perry Counties to assist in or develop a ***Summer Read and Feed program*** that provides healthy snacks and lunches

along with health and wellness related activities for the children that participate. While the programs differ, topics include arts, nature, diversity, senses/perceptions, interpersonal skills, social skills, tolerance and acceptance, overcoming fears, teamwork, and back to school.

The ***Student Assistance Program (SAP)*** is provided through Teenline at Geisinger-Holy Spirit at the middle and high school level throughout both counties for the mental health component. 586 MH referrals were completed for the 2016-2017 school year. This service is paid for by county base-funds. 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.

- **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. The ***Sadler Center*** is currently in the process of providing ***Adverse Childhood Experiences (ACEs)*** training to the health center's staff to improve the ability to identify and address such needs due to the strong correlation between physical and behavioral health in adults and children.

  In addition there seems to be an increasing volume of ***complex cases*** that cross a multitude of systems – MH, IDD, CYS with limited discharge options. The complex trauma that many of these children have endured makes it extremely challenging to access services that meet their needs (either difficulty in locating CRR & RTF's that will accept them and/or families that are willing to re-integrate them back into their home).

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 listed as special or underserved below, 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.

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. Diversions from state hospital referrals have decreased from 38 in FY 15-16 to 28 in FY 16-17. While we continue to have a strong commitment to community integration, these diversions were unable to occur due to the closure of the Extended Acute Care (EAC) unit in our counties.

  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 and EAC 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.

The majority of individuals receiving treatment services at the state hospital have a ***community support plan (CSP)*** in place. The exception being for those recently admitted. 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 23 individuals from Cumberland and Perry Counties receiving inpatient treatment at Danville State Hospital. As previously noted ***increased referrals to the state hospital*** have been occurring for several reasons – closure of the EAC, lack of community options for those with more intensive needs (LTSR), and significant decreases in funding that have created lack of flexibility within the county mental health system. 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*** thus necessitating a specialized community residence type setting. 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 service options are needed. As previously stated, the availability of ***safe and affordable housing*** as a discharge resource in the community is also a barrier.

  Discharge planning is also impeded by the previously discussed issues with identifying a ***Medicare*** provider for aftercare services. Furthermore, as providers limit participation in Medicare, service recipients have to travel further to receive the needed services. In addition, it can take 12-16 weeks to schedule an appointment for psychiatric follow-up regardless of payor source. ***Lengthy delays in access*** to services within the community significantly impacts discharge or can put the individual's stability at risk without follow-up and support.

Co-occurring Mental Health/Substance Use Disorder

- **Strengths:** Individuals with co-occurring disorders have been identified as an underserved population through managed care data. Two of the county-contracted outpatient providers – Merakey-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:** 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, as does the current lack of housing vouchers and those requirements. A proposal for ***Forensic Housing Supportive Services*** was recently submitted for approval for use of Reinvestment Funds through CABHC. This service seeks to provide permanent housing as well as the resources and support networks for successful housing to 20 individuals who have mental illness and criminal justice involvement over a 2 year period.

  As stated in the Program Highlights section, a ***TOMS Court*** was implemented in November of 2017. ***Crisis Intervention Team (CIT) training*** for local law enforcement professionals occurred via grant funding in conjunction with Franklin/Fulton Counties MH/IDD program in January 2018. Since that training, several law enforcement officers have contacted this office to consult on situations. This increased collaboration has resulted in better outcomes for all involved.

  For persons with a mental illness being diverted or released from jail, ***Forensic Case Management (FCM) services*** are available to assist with linkage to needed services and community supports. Our FCM program assists with

diversionary efforts as well as ongoing collaboration with county prison mental health liaison to address ***reintegration needs*** after incarceration. 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.

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 departments have accessed forensic mental health services earlier in the process, which has significantly reduced the number of jail days for those individuals 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.

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. The C-P MH Program provides contracted funding for the services of the ***sex offender therapist*** provided at both prisons as well.

The forensic population has access to a ***forensic certified peer specialist (CPS)*** as well as community peer support and all other community services and supports as needed/requested. The forensic CPS meets with inmates individually and conducts peer support groups within the county prison setting. Existing community residential programs also support this population upon release as available.

In addition, County MH staff and Mobile Crisis Intervention Staff have ***provided education to incarcerated individuals*** at the State Correctional Institution (SCI) in Camp Hill 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.

- **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 July 2017, the implementation of a ***20 bed psychiatric inpatient unit at SCI-Camp Hill*** occurred with the closure of the forensic unit at Norristown State Hospital. The county MH office has provided connection with the commitment and hearing process and personnel, however the impact of this change has been significant in the amount of work for our local hearing review team. The volume of hearings and commitments have substantially increased causing strain on the availability of the hearing review team.

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. 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. Additionally, we have recently learned that the Veteran's

Administration no longer provides long term psychiatric treatment to 100% service connected veterans. This system deficiency has the propensity to increase wait times for individuals needing these services.

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 also available within our county.

- **Needs:** Ongoing ***funding for training*** specific to cultural competence is needed. ***Waiting lists*** for all services exist in our communities regardless of payer source.

Racial/Ethnic/Linguistic minorities (including Limited English Proficiency)

- **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.

- **Needs:** Ongoing ***funding for training*** specific to cultural competence is needed. ***Waiting lists*** for all services exist in our communities.

Is the county currently utilizing Cultural and Linguistic Competence (CLC) Training? ☐ Yes ☒ No

No current plans to develop or implement this training

Does the county currently have any suicide prevention initiatives? ☒ Yes ☐ No

As previously stated, **Preventing Unnecessary Loss through Suicide Education (PULSE)** is the task force developed in partnership with County MH staff, community members, managed care staff, and provider agencies. This initiative began with the primary purpose to increase awareness and education about suicide. The task force began meeting in July 2016 and continues to meet monthly. During the start-up, AmeriHealth Caritas initially funded posters and billboards that were placed throughout Cumberland and Perry counties that emphasized suicide prevention education. They stressed the Myths and Truths around suicidal thoughts and behaviors. The task force has been discussing various avenues to continue efforts to increase awareness and reduce stigma related to suicide through various prevention initiatives. Several task force members have represented PULSE at local community and wellness fairs. This fiscal year, CSP representatives formed a team to walk in the Out of the Darkness Suicide Prevention walk.

Taskforce representatives have started a support group for those who have lost someone to suicide. The support group is meeting monthly at the Merakey-Stevens Center and is being facilitated by one of the taskforce members who shares the loss of a loved one by suicide. We continue to work to increase community and stakeholder engagement. PULSE participated in 9 community events during calendar year 2017:

- Amani Festival, April 2017, PULSE was represented with flyers and a table.
- May 1st – CSP Annual MH Walk – PULSE was represented with flyers and information.
- Friday, May 17th – Stuart Community Center Health Fair – PULSE had a table
- Saturday, July 16th – Cooper's Lemonade Stand – PULSE fundraiser
- Thursday, August 10th – Carlisle Borough Council – Recognition for "Lemon's for Life" Cooper's Lemonade Stand.
- Friday, August 18th – Sadler Health Fair – PULSE had a table
- Saturday, September 10th – AFSP Walk – PULSE table at the walk
- Saturday, September 16th – No Way Out Ministries – Concert/Booths Day – Duncannon
- Friday, October 6th – Candlelight Vigil – New Bloomfield – PULSE had information available
- Monday, October 16th – Suicide Prevention Day at the Capitol Building
- Saturday, November 18th – AFSP Survivor Day-Camp Hill

Taskforce representatives received positive media spotlights during September (suicide prevention month). One taskforce member lost her son to suicide. She spoke with ABC 27 News. They contacted her a few days after her story aired because it was the highest trending post that their website has ever had! It had over 40,000 views in the short few days. Another taskforce member also eventually spoke with ABC 27 News.

Reviewing participants at the taskforce meetings, since January of 2017 to December of 2017, our number of members has grown from 12 to 17, representing approximately a 40% increase.

Currently, we have actively been promoting the recently released movie, "The Ripple Effect," the Kevin Himes story. This film will be viewed in our area on June 9th. We have used social media, promoted it in CSP meetings and have shared it with the C-P MH.IDD Advisory Committee.

In addition, ***Question, Persuade, Refer (QPR) training*** has been occurring throughout the community. Initially 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. 3 QPR trainings were provided in FY 2016-2017 and 3 have been held within the community during FY 2017-2018 with more planned for the next fiscal year. Our goal is to convene 1 QPR training per quarter.

c) Supportive Housing

The DHS' five-year housing strategy, Supporting Pennsylvanians through Housing, is a comprehensive plan to connect Pennsylvanians to affordable, integrated and supportive housing. This comprehensive strategy aligns well with OMHSAS planning efforts, and OMHSAS is an integral partner in its implementation. Supportive housing is a successful, cost-effective combination of affordable housing with services that helps people live more stable, productive lives. Supportive housing works well for people who face the most complex challenges—individuals and families who have very low incomes and serious, persistent issues that may include substance use, mental illness, and HIV/AIDS; and may also be homeless, or at risk of homelessness.

SUPPORTIVE HOUSING ACTIVITY *Includes Community Hospital Integration Projects Program (CHIPP), Reinvestment, County base funded or other projects that were planned, whether funded or not.* ***Include any program activity approved in FY 17-18 that is in the implementation process. Please use one row for each funding source and add rows as necessary.***

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

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

Some of the following programs available in our communities are also available to others who are low-income and meet eligibility criteria, but may not have behavioral health needs.

Project Name	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17 (only County MH/ID dedicated funds)	Projected $ Amount for FY 17-18 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19	Number of Targeted BH Units	Term of Targeted BH Units (ex: 30 years)		Year Project first started
Enola Chapel	LIHTC, FHB, HOME, HealthChoices	0	0	6	6	6	30 years		2008

	– Reinvestment (HC-R)								
ShelterPlusCare	Continuum of Care (CoC)	0	0	58	46	46	Annual Award		2007
West Shore SHP	SHP, CoC	0	0	14	12	12	Annual Award		2009
Safe Harbour SHP	SHP, CoC	0	0	16	11	11	Annual Award		2010
Brethren House	HC-R, HOME	0	0	5	5	5	30 years		2009
Shepherd's Crossing	HC-R, HOME	0	0	6	6	6	30 years		2015
Perry County Veterans	SHP, HOME	0	0	5	5	5	30 years		2010
Perry Permanent	SHP, CoC	0	0	19	13	13	Annual Award		2007
Townhomes at Factory Square, NEW	LIHTC, HOME, 811	0	0	0	3 811 units	3 811 units	30 years		Place in Service October 2018
Notes:									

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

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

	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19	Number of Bridge Subsidies in FY 16-17	Average Monthly Subsidy Amount in FY 16-17	Number of Individuals Transitioned to another Subsidy in FY 16-17	Year Project first started
Cumb Co Rapid Re-Housing Program	Federal	$112,066	$116,182	11 with behavioral health	11 with behavioral health	11 with behavioral health	$524	1	2005
Warren House *	Federal	$64, 502	0	16	0	13	$575	3	2009
Perry Co Rapid Re-Housing Program	Federal	$98, 483	$169, 433	67	70	53	$677	15	2013
Forensic Health Choices **	HealthChoices Reinvestment	0	$114,465	0	10	0	0	0	July 2018
Regional Rapid Re-Housing – Cumberland, Perry, Lebanon	Federal	0	$140,200	0	20	0	0	0	2017
Notes:	* Warren House changes to be a Permanent Supportive Housing Program. ** Forensic HealthChoices is a new program beginning July 1, 2018								

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

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

	*Funding Source by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18–19	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY 16-17	Average subsidy amount in FY 16-17	Year Project first started
Notes:	N/A Not provided								

4. Housing Clearinghouse for Behavioral Health	☒ Check if available in the county and complete the section.

An agency that coordinates and manages permanent supportive housing opportunities.

	*Funding Source by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Number of Staff FTEs in FY 16-17	Year Project first started
Local Housing Options Team (LHOT) Coordinator	CDBG	$27,000	$27,000	Unknown/not tracked	Unknown			.5 FTE	2008
Notes:									

5. Housing Support Services for Behavioral Health	☒ Check if available in the county and complete the section.

HSS are used to assist consumers in transitions to supportive housing and/or services needed to assist individuals in sustaining their housing after move-in.

	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Number of Staff FTEs in FY 16-17	Year Project first started
Supported Living – 2 providers	County Base Funding	$400,016	$425,000	126	140			6.25	2000
Notes:									

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

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

	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Average Contingency Amount per person	Year Project first started
Notes:	N/A – these services are available through various community agencies, but are not specific to Behavioral Health.								

7. **Other: Identify the program for Behavioral Health**	☒ Check if available in the county and complete the section.

Project Based Operating Assistance (PBOA** is a partnership program with Pennsylvania Housing Finance Agency in which the County provides operating or rental assistance to specific units then leased to eligible persons); **Fairweather Lodge (FWL** is an Evidenced Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness); **CRR Conversion** (as described in the CRR Conversion Protocol), **other.

	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Year Project first started
Fairweather Lodges – 3 sites **2 Lodge Coordinators**	County Base Funds*; Housing Choice Vouchers	$94,209 - MH	$95,599 - MH	13 slots available**	13 slots available**			2007
Notes:	* County Base Funds pay for the 2 Lodge Coordinators salaries ** While there are 13 slots available within the 3 FWL sites, the County MH Program does not track utilization since we do not fund the program, only the Lodge Coordinator positions are funded.							

d) Recovery-Oriented Systems Transformation:

The MH Plan discussion within the CSP committee meetings focused on maintaining the provision of quality services, increasing access to needed services and increasing awareness of available supports and services as well as addressing stigma. Our focus must be on how to best support individuals in their recovery with the funds currently available.

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:

1. Maintain current services and supports

Narrative including action steps: The C-P Mental Health program will work to maintain the current array of services and supports listed on the attached ***Existing County MH Services Chart*** as these services have been invaluable to consumers within the community and support the philosophy and the mission of the C-P MH Program. Current service providers share our commitment in providing recovery oriented services. Cumberland County is the fastest growing county in the state, we have found it challenging to address the increased needs from the increase in population. Flat funding is essentially inaccurate as costs to provide services increase with costs of living. Additional funds are needed to just maintain current service delivery, let alone expand to accommodate additional population growth and demand. We regularly discuss aspects of available services and supports (both system and community) at the monthly Community Support Program meetings, in various other community stakeholder meetings, and during internal department meetings. We continue to embrace and support the philosophy of recovery and resiliency as well as monitor the impact of the current service delivery system. We continue to monitor service outcomes and explore alternative strategies to ensure the meeting of individual needs and to promote recovery in the most effective and cost efficient manner.

Timeline: This priority does not have a completion date as it is an ongoing daily, monthly, and annual process.

Fiscal and Other Resources: Current funding of positions, services, and supports are utilized.

Tracking Mechanism: Monthly, quarterly, and annual review and discussion regarding access to services, service outcomes, fiscal resources. Review of data, consumer satisfaction surveys, incident reports and other resources are also utilized.

2. Develop and Implement a Long Term Structured Residence (LTSR) within Cumberland or Perry Counties

Narrative including action steps: As identified earlier in this plan, intensive and supervised residential programs are the recommendations for discharge for many of the individuals with a mental illness who are currently hospitalized at Danville State Hospital or incarcerated in the county prison. Existing residential or community programs have not been effective in helping some individuals to remain safe and/or maintaining a safe community. Currently, C-P utilizes 3 beds at an LTSR shared with 2 other counties. By current count, there are 12 additional individuals who would be appropriate referrals for an LTSR, but who currently remain hospitalized or incarcerated due to lack of availability of this level of care. A proposal is being submitted to request additional funding to accommodate implementation of this service in our counties.

Timeline: Upon approval of the request and funding, implementation would occur within 6 – 9 months. A provider will need to be selected. A property will need to be located, purchased, built or renovated. Staff will need to be hired. Referrals will need to be reviewed for eligibility at that time.

Fiscal and Other Resources: Preliminary program description and funding request has been submitted for initial start-up and partial year ($1.1 million) and ongoing annual program operation costs ($1.3 million). Current funding is insufficient to address the need.

Tracking Mechanism: MH staff will be closely involved in the development and implementation of this level of care, working closely with the selected provider. Monthly reports that include program statistics as well as incident reports are

tracked in a database and reviewed monthly and quarterly for outcomes. Monthly, quarterly, and annual review and discussion regarding referrals, service outcomes, fiscal resources. Review of data, consumer satisfaction surveys, incident reports and other resources are also utilized.

3. *Increase awareness of available mental health services and supports in Perry County*

Narrative including action steps: In May 2015, a task group of county MH representatives, staff and consumers was formed to address this need. Unfortunately with that year's budget impasse, the committee was not able to maintain. In collaboration with the Partnership for Better Health, a newly formed Perry County Health Coalition and the Behavioral Health Workgroup are now working on developing a plan to address outreach and increase awareness of existing services. The Behavioral Health Workgroup is developing a plan for increasing psychiatric access in Perry County via Telepsychiatry. In October 2017, an event was held with community faith-based organizations to share awareness of mental illness and available resources. This event was well-received by the 20 individuals in attendance.

Timeline: The first meeting of the Behavioral Health Workgroup was in July 2016. The workgroup has met monthly or bi-monthly. A completion date has not yet been determined

Fiscal and Other Resources: Existing staff and current funding are utilized.

Tracking Mechanism: County MH staff attend each meeting of both the Perry County Health Coalition and the Perry County Behavioral Health Workgroup. A consultant with the Partnership for Better Health tracks progress on the implementation plan for the Coalition.

4. *Improve, develop and implement programs that support Trauma Based Interventions in a Residential Setting*

Narrative including action steps: The mental health system has not been able to adequately address the needs of those with trauma experiences. Our MH service providers have noted an increase in referrals for this population who may benefit from residential support to strengthen their community integration and recovery skills. We are committed to assisting consumers in connecting/engaging within the community. Teaching individuals to build Social Capital is a critical component. The County MH Office has partnered with Merakey-Stevens Center to enhance their existing Community Residential Rehabilitation (CRR) program to strengthen trauma focused skills with a focus on DBT, assisting consumers to identify alternatives to self-harm, and supporting the development of successful daily living skill-building to optimally support community integration across all environments, including pursuing employment, education, and development of appropriate natural supports. Specific training in these areas and ongoing external technical support and professional development is being provided to staff to strengthen the foundation of this CRR program. More frequent communication and review is expected within a community support plan type process for each of the identified participants utilizing this residential service as this remains a transitional support.

Timeline: In July 2017, the CRR program implemented training to enhance the existing service to strengthen staff's skills related to assisting those with past Trauma experiences.

Fiscal and Other Resources: Approximately $100,000 in increased costs was incurred with the addition of training, ongoing technical support, and additional staff hours to support the trauma-focused needs in this CRR setting. Utilizing an existing provider and program staff significantly reduced the costs to addressing these needs.

Tracking Mechanism: This goal has been accomplished with the implementation and will continued to be monitored. Monthly reports as well as incident reports are tracked in a database and reviewed monthly and quarterly for outcomes.

5. *Development and implementation of a Suicide Prevention Initiative in Cumberland and Perry Counties.*

Narrative including action steps: As noted earlier in this plan, suicide prevention has been identified as an increasing need in our counties. During the past several years, 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 as mentioned previously. Moving forward the task force

meets monthly and QPR trainings are offered quarterly to address increased understanding and education with regard to suicide prevention. The taskforce is currently preparing for strategic planning to further enhance shaping direction by outlining specific goals and anticipated timelines for completion.

Timeline: An evening community forum was held in May 2016 to further discuss the need for suicide awareness and prevention. PULSE posters were developed and distributed. 2 QPR trainings were conducted within the community during this fiscal year with plan to conduct four per fiscal year, ongoing. The PULSE task force was established and has met monthly since July 2016. PULSE billboards were up in various locations within the two counties in the Fall of 2016 for approximately a month each. The PULSE task force has been participating in various community and wellness fairs to spread awareness and decrease stigma related to suicide during FY 2017-2018. QPR facilitator and Suicide Risk Assessment trainings were completed. 3 QPR trainings were provided in FY 2017-2018.

Fiscal and Other Resources: Existing staff and limited current funding will be utilized ongoing to support moving forward with providing trainings and holding task force meetings. Managed care funds were utilized to fund the posters and several billboards within the counties. Taskforce members have implemented grassroots efforts to raise funds to support growth and maintain energy within the group.

Tracking Mechanism: County Mental Health staff will track the QPR trainings held. The PULSE task force will identify next steps in strategic planning and track implementation.

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							
			Psychotropic Medications							
			Inpatient Psychiatric Hospitalization Acute & Extended							
			Partial Hospitalization							
			Family Based Services							
			Assertive Community Treatment (ACT)							
			RTF – Accredited and Non-Accredited							
			Mobile Psychiatric Nursing Support Services							
Crisis Intervention	Controlling and resolving critical or dangerous problems	Personal Safety Assured	MH Crisis Intervention (Mobile, Walk-in, Phone)							
			Emergency Services							
Case Management	Obtaining the services consumer needs and wants	Services Accessed	Intensive Case Management							
			Resource Coordination							
			Administrative Case Management							
			Forensic Case Management							
			State Hospital Liaison							
			Transition Coordinator (youth ages 16-24)							
			Assertive Community Treatment							

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 C-P, PA							
			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							
			Supportive Living							
			Housing Support Services: MH Housing Specialist & Shelter Plus Coordinator positions							
			Fairweather Lodge Coordinators							
			Specialized Community Residences (SCR) staff							
			County Transportation							

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 C-P, PA							
			CFST – CSS							
Wellness/ Prevention	Promoting healthy life styles	Health Status Improved	WRAP training							
			Family to Family (NAMI C-P, PA)							
			Peer to Peer (NAMI C-P, PA)							
			CSP							
			NAMI C-P, PA							
			Candlelight Vigil, MH Awareness Walk, and other educational activities (stigma busting) in the community							

e) Existing County Mental Health Services: *Please indicate all currently available services and the funding source(s) utilized.*

Services By Category	Currently Offered	Funding Source (Check all that apply) *HC=HealthChoices
Outpatient Mental Health	☒	☒ County ☒ HC ☐ Reinvestment
Psychiatric Inpatient Hospitalization	☒	☒ County ☒ HC ☐ Reinvestment
Partial Hospitalization		
Adult	☒	☒ County ☒ HC ☐ Reinvestment
Child/Youth – not in C-P, in adjacent county	☒	☐ County ☒ HC ☐ Reinvestment
Family-Based Mental Health Services	☒	☒ County ☒ HC ☐ Reinvestment
ACT or CTT	☒	☒ County ☒ HC ☐ Reinvestment
Children's Evidence Based Practices (Outpatient Service)	☒	☒ County ☒ HC ☐ Reinvestment
Crisis Services		
Telephone Crisis Services	☒	☒ County ☒ HC ☐ Reinvestment
Walk-In Crisis Services	☒	☒ County ☒ HC ☐ Reinvestment
Mobile Crisis Services	☒	☒ County ☐ HC ☐ Reinvestment
Crisis Residential Services	☐	☐ County ☐ HC ☐ Reinvestment
Crisis In-Home Support Services – is this different than mobile?	☐	☐ County ☐ HC ☐ Reinvestment
Emergency Services	☒	☒ County ☐ HC ☐ Reinvestment
Targeted Case Management	☒	☒ County ☒ HC ☐ Reinvestment
Administrative Management	☒	☒ County ☐ HC ☐ Reinvestment
Transitional and Community Integration Services	☒	☒ County ☐ HC ☐ Reinvestment
Community Employment/Employment Related Services	☒	☒ County ☐ HC ☐ Reinvestment
Community Residential Services	☒	☒ County ☐ HC ☐ Reinvestment
Psychiatric Rehabilitation (transitioned to HC thru Reinvestment)	☒	☒ County ☒ HC ☒ Reinvestment
Children's Psychosocial Rehabilitation	☒	☐ County ☒ HC ☐ Reinvestment
Adult Developmental Training (IDD, not MH)	☐	☐ County ☐ HC ☐ Reinvestment
Facility Based Vocational Rehabilitation (IDD, not MH)	☐	☐ County ☐ HC ☐ Reinvestment
Social Rehabilitation Services	☒	☒ County ☐ HC ☐ Reinvestment
Administrator's Office	☒	☒ County ☐ HC ☐ Reinvestment
Housing Support Services	☒	☒ County ☐ HC ☐ Reinvestment
Family Support Services	☒	☒ County ☐ HC ☐ Reinvestment
Peer Support Services	☒	☒ County ☒ HC ☐ Reinvestment
Consumer Driven Services	☒	☒ County ☐ HC ☐ Reinvestment
Community Services	☒	☒ County ☐ HC ☐ Reinvestment
Mobile Mental Health Treatment	☒	☐ County ☒ HC ☐ Reinvestment
BHRS for Children and Adolescents	☒	☐ County ☒ HC ☐ Reinvestment
** Inpatient D&A (Detoxification and Rehabilitation)	☒	☒ County ☒ HC ☐ Reinvestment
** Outpatient D&A Services	☒	☒ County ☒ HC ☐ Reinvestment
** Methadone Maintenance	☒	☒ County ☒ HC ☐ Reinvestment
Clozapine Support Services	☒	☐ County ☒ HC ☐ Reinvestment

**These services are funded by the Single County Authority (SCO) D&A; not MH

f) Evidence Based Practices Survey (EBP): (This chart includes county and Medicaid/HealthChoices funded services)

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Current 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)	Additional Information and Comments
Assertive Community Treatment *	Y	37	TMACT	Deloitte, CABHC	Quarterly	Y	Y	* Modified ACT program
Supportive Housing	Y	126	None Available	N/A	N/A	N/A	N/A	Vague guidelines, but no toolkit available
Supported Employment	Y	70	SAMHSA	Agency	Annually	Y	Y	# Employed = 42
Integrated Treatment for Co-occurring Disorders (MH/SA)	Y	Not Tracked	None Available	N/A	N/A	N/A	Y	2 providers are dually licensed (MH & D&A)
Illness Management/ Recovery	Y	Not Tracked	N/A	N/A	N/A	Y	Y	Offered in the Psych Rehab program
Medication Management (MedTEAM)	NOT PROVIDED – 2 providers offer medication clinics for med monitoring; several residential providers offer support with medication packing and monitoring							
Therapeutic Foster Care	Y	6	Approved Service Description	PerformCare monitors model via QA activities	Every 3 years	N	Y	CRR HH-ITP
Multisystemic Therapy	Y	40	MST Services, Inc.	MST Services, Inc.	Quarterly	Unknown	Y	Also provided through CYS/JPO Needs Based
Functional Family Therapy	Y	8	FFT Guidelines/ Annual Managed Care Contract	Provider & FFT Consultant	Annually	Y	Y	Implemented Jan 2018
Family Psycho-Education	Y	60	None	N/A	N/A	N	N/A	NAMI C-P, PA – Family to Family; Peer to Peer; Support Group

***Please include both county and Medicaid/HealthChoices funded services.**

g) Additional EBP, Recovery Oriented and Promising Practices Survey:
(This chart includes county and Medicaid/HealthChoices funded services)

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer/Family Satisfaction Team	Y	401	Through HealthChoices Managed Care Contract
Compeer	N	-	
Fairweather Lodge	Y	13 slots	3 Lodges – utilization is Unknown; Not Tracked
MA Funded Certified Peer Specialist-Total**	Y	35	
CPS Services for Transition Age Youth	Y	0	Youngest Peer Served is age 27
CPS Services for Older Adults	Y	4	
Other Funded Certified Peer Specialist-Total	Y	17	County funded + numerous in embedded soc rehab and supported apartment programs
CPS Services for Transition Age Youth	Y	0	Youngest Peer Served is age 27
CPS Services for Older Adults	Y	7	3 funded by Cumb County Office of Aging
Dialectical Behavioral Therapy (Program)	Y	5	In addition, many therapists provide this therapy as an OP service, but the specific modality is not tracked
Mobile Meds	Y	22	Mobile Psychiatric Nursing
Wellness Recovery Action Plan (WRAP)	Y	Unknown; Not Tracked	WRAP development is offered in all levels of service, but completion of a WRAP is not tracked.
High Fidelity Wrap Around/Joint Planning Team	Y	Unknown; Not Tracked	CASSP offers a joint planning team – meetings on individuals occur approx.. three times per month
Shared Decision Making	Y	34	Implemented Common Ground Approach in Dec 2017
Psychiatric Rehabilitation Services (including clubhouse)	Y	108	1 Psych Rehab agency provides service in 4 locations across the joinder
Self-Directed Care	N	-	
Supported Education	N	-	Beginning discussions June 2018 to plan for addition of this service, pending available funding
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	Y	45	
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; Not Tracked	
Eye Movement Desensitization And Reprocessing (EMDR)	Y	Unknown; Not Tracked	
First Episode Psychosis Coordinated Specialty Care	N	-	Beginning discussions June 2018 to plan for addition of this service, pending available funding

***Please include both County and Medicaid/HealthChoices funded services.**
****Include CPS services provided to all age groups in Total, including those in the age break outs for TAY and OA below**

h) Certified Peer Specialist Employment Survey:

"Certified Peer Specialist" (CPS) is defined as: An individual who has completed a 10-day Certified Peer Specialist training course provided by either the Institute for Recovery and Community Integration or Recovery Innovations/Recovery Opportunities Center.

Please include CPSs employed in any mental health service in your county/joinder including, but not limited to:

- case management
- inpatient settings
- psychiatric rehabilitation centers
- intensive outpatient programs
- drop-in centers
- Medicaid-funded peer support programs
- consumer-run organizations
- residential settings
- ACT, PACT, or FACT teams

Total Number of CPSs Employed	**9**
Number Full Time (30 hours or more)	**1**
Number Part Time (Under 30 hours)	**8**

2. INTELLECTUAL DISABILITY SERVICES

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

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

The services and supports provided by the Cumberland-Perry IDD Program are guided by the principles of Self-Determination and Everyday Lives. Individuals with developmental disabilities need to have choice and control in all aspects of their lives. They need to be afforded the opportunity to make decisions about the supports and services they receive. Services and supports need to be provided in a way that enhances client choice, growth and development, and as much independence as possible. Services and supports need to be provided in a way that enhances a person's dignity and self-worth. Hence an individual's services are designed for a continuum of growth and development.

The 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 Manger, and the Public Relations Specialist. The AE contracts with the Advocacy Alliance to complete Certified Investigations as part of our Incident Management process. The Cumberland-Perry SCO is comprised of the SCO director, three supports coordination supervisors and fourteen (14) supports coordinators.

The 2018 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 2018. Cumberland-Perry's 2018 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 75 individuals.
2. Decrease the number of PUNS that are not reviewed and updated at the required frequency to a monthly average of less than 5.
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 COUNTIES BASE FUNDED SERVICES – INDIVIDUALS SERVED

	Estimated Individuals served in FY 17-18	*Percent of total Individuals Served*	*Projected Individuals to be served in FY 18-19*	*Percent of total Individuals Served*
Supported Employment	21	11%	27	15%
Pre-Vocational	0	-	0	-
Community Participation	16	9%	20	11%
Base Funded Supports Coordination	183	100%	183	100%
Residential (6400)/unlicensed	4	2%	4	2%
Life sharing (6500)/unlicensed	0	-	0	-
PDS/AWC	3	2%	3	2%
PDS/VF	0	-	0	-
Family Driven Family Support Services	62	34%	65	36%

SUPPORTED EMPLOYMENT

Real jobs should be the first priority and preferred outcome for individuals with disabilities. Many people with intellectual disabilities and/or autism 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, Cumberland-Perry IDD started a Project SEARCH program in December 2017. Project SEARCH is a collaboration between a business partner, a job coaching agency, the Office of Vocational Rehabilitation and the national Project Search program. Project SEARCH is a unique business led program that facilitates a combination of classroom instruction, career exploration and job skills training through strategically designed internships. The program provides real-life work experiences to help young folks with intellectual disabilities make successful transitions to a productive adult life. The goal for each intern is to obtain employment in their community upon completion of the program. We are aware *that students who participate in Project Search programs are very likely to become competitively employed at the end of their program.* The Cumberland-Perry Project SEARCH Program is for students graduating from high school through adulthood. Cumberland County is the business partner and is providing the internships in various County departments such as the nursing home, buildings and grounds, MH.IDD office, the mailroom, Information and Technology, and Children and Youth offices. Goodwill Keystone Area provides the classroom instruction and the job coaching. Five (5) individuals with IDD were chosen through an interview process to participate in Project SEARCH during the first year. We are projecting that our second Project Search class will have 8-10 participants. This class will begin on October 1, 2018.

As of January 2018, 139 or 14% of the individuals registered with us are working competitively with 68 of these individuals receiving some type of employment support services such as career assessment services (discovery services, job carving, customized employment, self-employment) or job finding services. Cumberland-Perry IDD Services also participates in the Employment Pilot. In Fiscal Year 2017-2018, we had 18 individuals participate in the pilot. Their wages ranged from $7.40 - $13.50 per hour. Eight (8) 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 coordinators 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 2018, we continue to see a significant increase in the number of students graduating from high school choose competitive employment instead of a day program. Seventy-five percent (75%) of our graduates are looking at an employment outcome. Five years ago only twenty-five percent (25%) of our graduates would have been looking at an employment outcome.* Supports coordinators continue to discuss competitive employment with individuals and families as being the first option for all individuals with intellectual disabilities. Job coaching/job finding supports will be provided for those individuals who choose to pursue competitive employment. Supports coordinators also discuss discovery and customized employment options with individuals and families when discussing competitive employment. The SCO currently has "Employment" success stories, issues, conversation starters as a standing agenda item for every staff meeting.

In October 2018 as part of Disability Employment Awareness Month, we recognized six (6) local employers in Cumberland County who embrace the employment of individuals with intellectual and developmental disabilities. Those employers were Bent Pine Alpaca Farm/Alpaca Fiber Designs, Giant Pea Pod, Pro-Quality Cleaning, Chili's, Chartwells and Sunset Tees. During our fourth annual Lunch and Learn event, these employers were each presented with a Certificate of Special Recognition for earning the Business Champion Award for their commitment to hiring individuals with intellectual and developmental disabilities in Cumberland County. Cumberland-Perry IDD views employment as a priority for individuals with intellectual and developmental disabilities and works with area businesses to assist those with special needs in finding employment.

Several years ago, 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 and developmental 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. In September 2015, Millersville University opened an inclusive post-secondary education program with residential options for nine (9) individuals with intellectual and developmental disabilities. Two (2) individuals from Cumberland County participated in the Millersville University program in 2015. Currently, five (5) individuals from Cumberland County are taking classes at Penn State-Harrisburg. Other colleges/universities that are offering post-secondary education opportunities for individuals with intellectual and developmental disabilities include Mercyhurst College, East Stroudsburg University, Slippery Rock University, Temple University, and Drexel University. In addition, Harrisburg Area Community College (HACC) opened 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. Two students participated in the Career Bridges Program the first year.

Supports coordinators continue to participate in trainings to increase their knowledge of the employment process as well as the resources that are available to assist individuals and families considering competitive employment opportunities. Providers continue to seek accreditation in order to be able to offer employment services to individuals with disabilities as per the new service definitions of the Consolidated, Community Living, and Person/Family Directed Support waivers.

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 as well as a large vendor area.

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 a priority for some individuals.

SUPPORTS COORDINATION

Cumberland-Perry has 183 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.

Supports coordinators introduce the Lifecourse framework to families and provide them with additional information as requested. The 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 planning for the future with individuals and families, supports coordinators are encouraged to have real discussions with individuals and families at an early age so the individual and the family have time to really think about how they envision life for themselves in the future. Then a discussion takes place regarding the supports and services that the individual may need to have the kind of life that they would like to have. Supports coordinators are encouraged to use conversation starters as well as employment/independent living success stories when talking with individuals and families about futures planning. The supports coordinators and supervisors have participated in Social Capital trainings to assist them in becoming more skilled at having these kinds of conversations with individuals and families.

LIFESHARING AND SUPPORTED LIVING

Our Lifesharing programs have had their "ups and downs." We currently have seven (7) individuals living in a Lifesharing home. Our PUNS numbers indicate that we have 19 individuals on the Waiting List who would like to live in a Lifesharing setting. However, recruitment of Lifesharing families (the families who want to take individuals into their homes and care for them as a member of their family) has been very difficult for us. Lack of knowledge regarding Lifesharing is another barrier.

Our Lifesharing point person continues to attend the statewide Lifesharing subcommittee meetings and trainings. Supports coordinators continue to discuss Lifesharing as a residential option with individuals, families, and teams at ISP meetings. A new Lifesharing brochure has been created and is being distributed to interested individuals and families by the supports coordinators. We anticipate that the use of the Lifesharing video at team meetings will help increase the knowledge of Lifesharing as well.

It is our expectation that providers utilize many different methods to recruit potential Lifesharing families (word of mouth, current staff, advertising, church flyers, community newsletters, etc.). We also plan to do more education, i.e. attending community events and having a Lifesharing booth at these events to help educate the general public about Lifesharing. The statewide Lifesharing subcommittee has a video that can be shared with families interested in becoming Lifesharing providers. We are in the process of qualifying a new provider who has listed Lifesharing as one of the services that they will be providing in Cumberland and Perry counties. In addition, we anticipate that the expanded service definitions related to who can provide Lifesharing services will assist us in being able to provide additional Lifesharing opportunities.

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 receives individualized community habilitation supports. Individuals graduating from the Pathways Academy are using Section 8 housing vouchers to supplement their rent. When the Section 8 vouchers are not available to the individual, Cumberland-Perry IDD Services has created a special funding stream with the assistance of the Cumberland County Housing Authority to supplement an individual's rent until the Section 8 vouchers become available. The second Pathways Academy class of three individuals completed the curriculum and moved into apartments in the community with community habilitation supports during the summer of 2017. A third class began the Pathways Academy program in September 2017.

To assist with ensuring the safety of individuals with intellectual disabilities who want to live independently in the community, we are also offering an array of *independent living technologies* to individuals with intellectual disabilities and their families in Cumberland and Perry counties. The independent living technology system that we are offering 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 a secure website. Through this independent living technology program, 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.

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/Autism

In 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) and Cumberland-Perry MH/IDD mobilized an MH/IDD Behavioral Support Program in Cumberland and Perry counties. The Community Services Group (CSG) is the provider. To date, Cumberland-Perry IDD services has referred seven individuals to the Mobile Behavioral Support Program. Four of the individuals live in community homes and three individuals live with their families.

Children and Youth and Intellectual Disabilities/Autism

For the past several years, but this year in particular, we have seen an increasing number of children/adolescents with intellectual disabilities and autism being abandoned by their families. More specifically, these children/adolescents are displaying significant behavioral challenges in the home environment and their families are seeking placement for them through the mental health system, i.e. RTF placements. When the child/adolescent is recommended for discharge from and RTF, the family is refusing to take them home. Children and Youth then becomes involved because the child/adolescent is being abandoned and this system is not equipped with the resources to provide care for these children/adolescents with

significant disabilities. At the current time, Children & Youth and IDD are working together to provide the best plan of care possible for each of these children/adolescents such as identifying providers who can provide care, identifying funding for such cases, providing training on disabilities for providers, etc.

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 experiencing 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 eight 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 bi-monthly basis in order to discuss the emerging needs of this population. 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. We plan to offer the Later Life Planning training course to additional individuals with IDD during 2018-19. 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. 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. Funding from the Office of Long Term Living, however, has not been available for the past several years. Our Aging and IDD departments have continued to fund the trainings and other activities of this workgroup.

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 on during the transition process and not wait until the senior year. 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 addition, transition coordinators are included on the planning team for the annual Transition Fair that is held for students who are graduating and their families.

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.

Mobile Crisis

Cumberland-Perry County does have a Mobile Crisis unit that works out of Geisinger/Holy Spirit Hospital. Crisis workers staff the unit and some crisis workers have training in IDD and Autism while other crisis workers do not. Currently, there are no specific trainings related to IDD and Autism that are part of the crisis worker training curriculum. Our Mental Health budget has been cut $1.8 million dollars since 2008-2009. Since Cumberland County is the fastest growing county in Pennsylvania, the number of consumers who need mental health services, including those individuals with an IDD or Autism diagnosis, has grown exponentially. The development and addition of specific trainings related to IDD and Autism for the crisis workers will be considered for next year.

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 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 five (5) emergency situations. Two (2) individuals with IDD had an elderly caregiver who were no longer able to care for the individuals any longer and residential supports were needed, and three (3) individuals with IDD required residential supports due to an APS report involving abuse being filed. Base funding was used to support these emergency situations at the onset until waiver capacity became available. We needed to "borrow" one Consolidated waiver from ODP as we did not have the waiver capacity available to meet one of the individual's needs.

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

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 to them.

Supporting Families Initiative – Cumberland-Perry, Dauphin, Lebanon and Lancaster County IDD programs are working together as one of the Regional Collaboratives and were awarded one of the regional grants from the Department of Human Services when it launched its Supporting Families Initiative in January 2017. In October 2017, Cumberland-Perry and Dauphin convened an event that brought together key family leaders from Cumberland, Dauphin and Perry counties to help us identify the community and system resources that families in this area of Central PA feel they need in order to support their family member throughout the lifespan. Family members served as the conveners and note takers for this event. An independent consultant served as the facilitator. The PA Family Network provided information to individuals and families on Supporting Families throughout the Lifespan during a morning session. Cumberland-Perry and Dauphin will offer informational/discussion sessions for individuals with disabilities and their families on the topics that were generated at the October event. Lebanon and Lancaster County IDD programs held a similar event for the families in their geographical area. Cumberland-Perry IDD Services also plans to ask the PA Family Network to share the Supporting Families throughout the Lifespan information to our MH/IDD Advisory Board, an Early Intervention family group, and an IDD family group.

IDD Task Force - Thirteen 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 thirteen 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 or another representative from 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 is 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.

Additional Supports for Individuals and Families - Individuals and families are encouraged to participate in webinars and other online trainings that focus on competitive employment, supported living, and community participation topics. This year, Cumberland-Perry and Dauphin County IDD Services are planning to expand the Early Intervention "Community Links" website, www.community-links.net, website, which is an informational/community participation-type website, to include a school-age portal and an adult portal. We have already met with the provider who maintains this website and the work has begun to add the two additional portals.

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 IDD Task Force and assessed the respite needs of consumers and families in Cumberland and Perry counties via a "Survey of Respite Needs." The respite focus group developed an array of respite options to attempt to meet the respite needs identified by the families such as a 4-hour evening respite option in three different communities in Cumberland and Perry counties, one to two times a month. Families are encouraged to utilize this service as often as they can.

In addition, the IDD 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. We have contracted with the Arc of Dauphin so that our individuals and families can participate in the respite programs that they are now offering.

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 2017-2018, there were 67 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, our Quality Management team, and is also on the Dual Diagnosis Planning Team. The HCQU nurses have also provided training on a number of different topics during the Lunch and Learns that we have as part of our cross systems training events.

Supporting Local Providers to Increase their Competency and Capacity to Support Individuals with Higher Level Needs

As already discussed, 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. The Capital Area Behavioral Health Collaborative (CABHC) and Cumberland-Perry MH/IDD mobilized an MH/IDD Behavioral Support Program in Cumberland and Perry counties to assist providers and families in supporting individuals who have significant mental health and behavior challenges. The HCQU provides training and technical assistance to providers in order to help improve the understanding of the health issues and needs of individuals with intellectual and developmental disabilities. The HCQU has done individual chart reviews for providers in order to advise them about providing on-going care for individuals. They have 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.

Providers need to be able to have consistent, well-trained staff to support individuals who present with higher levels of need related to physical health, behavioral health, aging issues and communication needs. One of the most challenging issues that our providers face right now is staff retention. Staff turnover rates are high due to low pay and few or no benefits being offered to the staff. Staff turnover impacts the quality of a program and raises families' concerns for their sons and daughters' well-being. Wages at distribution centers and even Sheetz are higher than some providers are able to pay. With the high level of responsibility staff are expected to assume in supporting individuals with disabilities, whether the person's need is high or not, low hourly wages and no benefits make it very difficult for providers to retain staff.

Risk Management and Incident Management

Cumberland-Perry IDD Services facilitates a Risk Management team meeting every four months. The Risk Management Team convenes to review incident 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.

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. The Incident Manager is available to discuss information regarding overall incident management data summaries and trends with any IDD provider who

requests this information. 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.

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 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 and autism 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.

Cumberland-Perry IDD Services has a contract with our local housing office to provide rental assistance that matches the Section 8 housing voucher assistance in order to assist the individuals transitioning from the Pathways Academy program into independent living at the end of the program. This special funding program is available to individuals from the Pathways Academy program when the Section 8 vouchers are "frozen" and not being distributed to counties. When the Section 8 vouchers are available again, then the Section 8 program provides the funding.

Representatives from our local housing office also participate on our IDD Housing Options team and are ready to offer their expertise in what housing opportunities are available to pursue for individuals with intellectual and developmental disabilities.

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.

In the fall of 2017, the Cumberland County Emergency Management team offered a day-long refresher training on disaster preparedness for all MH/IDD residential and day program providers.

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 a cap.

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 IDD Services is exploring with interested providers how we can 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.

Cumberland-Perry has approximately 30 individuals who are living at state centers or other ICF/MRs. Currently, we have two individuals who have stated that they wish to return to the community to live. We are working with these two individuals, their teams at the state centers, their supports coordinator, and providers across the state to develop a plan that will allow these individuals the opportunity to move back to the community to live. Of these two individuals, one of them currently has a provider interested in supporting him 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 other individual. We also have an individual living at the Hamburg State Center which will be closing. We are working with him, his family, and the Hamburg State Center staff to find an appropriate community placement for him.

B. HOMELESS ASSISTANCE SERVICES

Bridge Housing

- *Describe the bridge housing services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps:*

  James Wilson Safe Harbour is the site of the Bridge Housing Program in Carlisle. Coordinating services between the Homeless Assistance Program (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: (l) 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 Human Services.

  The Single Room Occupancy (SRO) service provides supportive long-term affordable housing for the "chronic low income" single adult for whom there is no affordable rental unit on the open market. The service is available to an individual with the ability to pay 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 circumstances, the SRO service is utilized to provide housing for individuals beyond the one-year allowed through Bridge Housing. Clients 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".

- *How does the county evaluate the efficacy of Bridge Housing services?*

  Each program is required to fulfill contractual requirements and is monitored annually. Aging and Community Services receives copies of their audited financial statements to review.

- *Please describe any proposed changes to Bridge Housing services for FY 18-19.*

  Aging and Community Services has no substantial change to services planned at this time. However, if there are decreases in our allocations, we would determine where budgetary cuts would be necessary.

Case Management:

- *Describe the case management services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps:*

  Case management services are offered through our **Homeless Assistance Program (HAP)**. 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, and 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.

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

Cumberland County Homeless Assistance has been an instrumental leader in creating a Regional Homeless Committee. This small Committee is represented by professionals of: Cumberland County Aging and Community Services – Homeless Assistance Program; Cumberland-Perry Housing and Redevelopment Authority; Wellspan and Lancaster General Health. We have conducted two major half-day programs with dynamic professional speakers, for homeless providers in Cumberland, Dauphin, Lancaster, Perry and York counties. Program topics:

- Health and Housing - A regional conversation on NEW funding opportunities and services to assist homeless individuals and families.
- Better Integration of Health Care and Services to the Homeless

HAP is now offering more intensive case management and budgeting services to the community.

- *How does the county evaluate the efficacy of Case Management services?*

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. Client satisfaction surveys are completed.

- *Please describe any proposed changes to Case Management services for FY 18-19.*

Aging and Community Services has no substantial change to services planned at this time. However, if there are decreases in our allocations, we would determine where budgetary cuts would be necessary.

Rental Assistance:

- *Describe the rental assistance services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps:*

Homeless Assistance Program activities 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.
- Working with landlords and tenants to foster trusting relationships.

The Cumberland County Homeless Assistance Program 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 200% or below the current poverty levels.
3. Must have permanent income that will cover all their bills.
4. Rental assistance does not cover repairs, damages, court fees, pet 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 if they have sustainable income.

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 for a second round 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.

Unmet needs and gaps include lack of affordable housing, transportation issues, high child care costs, and increases in fiscal insecurity and debt.

- *How does the county evaluate the efficacy of Rental Assistance services?*

Through monitoring, staff performance reviews and client satisfaction surveys.

- *Please describe any proposed changes to Rental Assistance services for FY 18-19.*

Aging and Community Services has no substantial change to services planned at this time. However, if there are decreases in our allocations, we would determine where budgetary cuts would be necessary.

Emergency Shelter:

- *Describe the emergency shelter services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps:*

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. If the shelter is full or a male is a DVS victim, HAP allocated hotel/motel funds are utilized.

Carlisle C.A.R.E.S. provides temporary over-night shelter at local churches on a rotating basis throughout the year. Homeless get a mat on the floor and are housed from 9PM to 6AM. No case management services are given to shelter only status. If a client wants case management services, they must register through the CARES Resource Center and get on a waiting list. This is also the walk-in location for the new Coordinated Entry service funded by the Cumberland County Housing and Redevelopment Authority. Coordinated Entry is designed to streamline homeless support services. Residents can also call 211. The process begins with an assessment. If the person meets the requirements for the process, they will be placed on the waiting list based upon their assessment scores and need in relation to the others on the list, rather than the previous first come, first serve process. Those who do not meet the requirements are given appropriate referrals.

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.

- **Unmet needs and gaps** include lack of accessible shelters for the elderly or handicapped, lack of transitional shelters for women and children, no transitional housing or programs for individuals leaving correctional facilities.

- *How does the county evaluate the efficacy of Emergency Shelter services?*

  Each program is required to fulfill contractual requirements. Aging and Community Services receives copies of their audited financial statements for review.

- *Please describe any proposed changes to Emergency Shelter services for FY 18-19.*

  Aging and Community Services has no substantial change to services planned at this time. However, if there are decreases in our allocations, we would determine where budgetary cuts would be necessary.

Other Housing Supports:

- *If Other Housing Supports services are not offered, please provide an explanation of why services are not offered.*

  None are planned at this time. 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. Additionally, the coordinated entry process was implemented in Cumberland County this year, which provides assessments in person or through 211 to get those that qualify on the list for needed housing services, and makes appropriate referrals. Coordinated Entry is funded through Cumberland County Housing & Redevelopment Authority.

Homeless Management Information Systems:

- *Describe the current status of the county's Homeless Management Information System (HMIS) implementation. Does the Homeless Assistance provider enter data into HMIS?*

  All county shelters, excluding the Domestic Violence Shelter for Cumberland and Perry Counties, are using the HMIS system as well as the office of Housing and Redevelopment. HMIS is an integral part of the new Coordinated Entry process.

  Cumberland County Office of Aging and Community Services Homeless Assistance Program does not use HMIS.

C. SUBSTANCE USE DISORDER 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 a result of a longstanding joinder agreement between the Boards of County Commissioners in Cumberland County and Perry County, 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.

1. WAITING LIST INFORMATION

Waiting lists to access treatment are a product of two factors: limited, capped funding to pay for treatment; and limited capacity of treatment providers.

During the past three fiscal years the Commission has not experienced system-wide waiting lists for any level of care due to limited SCA treatment funding. This is largely due to the positive impact of Medical Assistance Expansion. As a result of Pennsylvania's decision to opt in to MA Expansion more than 15,000 additional residents of Cumberland and Perry Counties have gained access to Medical Assistance. This represents 6% of the adult population of our two-county area. These individuals, who fall between 100% and 138% of the federal poverty level, were previously uninsured or under-insured i.e. had insurance that did not include a behavioral health benefit. Many of them relied upon the capped funding managed by the Commission to access substance abuse treatment.

Prior to MA Expansion, Commission funds earmarked for substance abuse rehabilitation and halfway house services were usually exhausted partway through the fiscal year (around January or February) forcing us to stop making placements to these important levels of care. Since MA Expansion has been implemented, Commission funding has been available for all levels of substance abuse care throughout the full fiscal year. MA Expansion has been a godsend to many individuals and families who are struggling to overcome a substance abuse disorder. For this reason various proposals at the federal level to terminate MA Expansion are a major concern. Termination of MA Expansion would greatly reduce access to substance abuse treatment services.

Although limited Commission funding has not been an obstacle to accessing substance abuse treatment the past three fiscal years, the limited capacity of treatment providers has been an issue. We do not have actual waiting lists for clients at any level of care, but at any given time there may be a wait time for a treatment slot to become available. This is particularly true with inpatient services – detox, rehab and halfway house beds. Due to high demand caused by the opioid health crisis, these resources are sometimes not available when needed.

The wait times listed in the chart below are just general estimations based on our Case Management Unit's experience in calling various facilities with referrals. However, we must take into account that the reasons for a wait time are not always due to bed availability within our provider network. Because we have clients involved in special criminal justice programs, we may be in a position to arrange a bed date far in advance, so that an admission date matches up with a court sentencing date or a prison release date. That practice makes it difficult to answer these questions accurately about wait times.

	# of Individuals	Wait Time (days)**
Detoxification Services	0	0-5
Non-Hospital Rehab Services	0	1-7
Medication Assisted Treatment	0	0-2
Halfway House Services	0	21+
Partial Hospitalization	0	1-5
Outpatient	0	2-10

**Average weekly wait time

The availability of detox beds is often sporadic, and a 0 to 5-day estimation can really be misleading. Sometimes we find that we can get a person into detox immediately (same day), and then other times, any given facility may tell us that they can't even predict when the next bed would become available. In those circumstances, our case manager is directed to call the facility every morning to see if anything has changed with bed availability. Typically our case managers will continue a bed search with every facility on our contract list to find the earliest opening for a client. Our goal, of course, is to get the client into a safe and therapeutic environment as soon as we can realistically do so. The fact that any CM would have to press on and call practically every single detox facility on our list until an open bed could be found is not something that is captured on the wait time chart.

The wait time for a halfway house bed has always been several weeks or longer. Some halfway houses require an advance interview with the clients to determine if they will be accepted. Sometimes that is face-to-face and sometimes just a phone interview. This all takes time, and the goal is always to match the halfway house bed date with the client's discharge date from inpatient treatment. If some layover time exists in between there, that is when we will utilize a partial program. That coordination usually goes pretty well if the inpatient program and the partial program are tied together (such as White Deer Run of Allenwood non-hospital rehab and White Deer Run Williamsport partial).

Capacity issues at the outpatient level are not just related to increased demand. There is also a problem linked to staff vacancies. Recruitment and retention of qualified professionals for treatment positions is an ongoing challenge for the drug and alcohol field. During the current fiscal year four of the Commission's outpatient providers reported to the SCA (per contract requirements) that they were at 90% of capacity. With three of the providers the problem was associated with current staff vacancies. Fortunately only one of the providers actually reached the point where they were unable to accept new admissions.

There is a particular need for master's level outpatient therapists who meet the criteria for reimbursement as behavioral health providers for private insurance companies. There is also a need for substance abuse therapists who are capable of working with adolescents and their parents, and capable of working with adults and adolescents with co-occurring mental health issues.

2. Overdose Survivors' Data

Overdose survivors are a priority population for admission to SCA-funded substance abuse treatment. We define an "overdose" as a situation in which an individual is in a state requiring emergency medical intervention as a result of the use of drugs or alcohol.

The Commission is in the process of developing a warm handoff program to provide outreach services with overdose survivors who receive medical care in the emergency departments of the three hospitals located in our two-county service area. It has been challenging to develop a warm handoff system that is affordable in the short run and financially sustainable in the long run. Since our program has not yet been implemented there is no outreach data available for inclusion in this plan. Data on the number of overdose fatalities in both Cumberland and Perry Counties is included in the section below re: Access to and Use of Narcan.

The Commission has contracted with Just For Today (JFT) Recovery and Veterans Services to serve as the provider agency for Cumberland-Perry overdose survivor outreach services on a 24/7 basis. JFT will utilize Certified Recovery Specialists to provide the outreach services in the emergency departments to overdose survivors and family members.

Once an individual who has survived an overdose is medically stabilized, emergency room personnel will encourage the person to speak with a recovery specialist from JFT in order to access substance abuse treatment. If the overdose survivor agrees, the emergency department personnel will call the JFT outreach worker who is on call.

The JFT outreach worker will meet with the overdose survivor in the emergency room and using motivational interviewing techniques will encourage the person to pursue substance abuse treatment. The outreach worker will explain the substance abuse treatment options that are available, and facilitate a referral based on the patient's choice. If there are problems accessing treatment the outreach worker will collaborate with the Commission's Case Management Unit.

If the overdose survivor refuses to speak with a JFT outreach worker, the emergency department personnel will provide the patient and his/her family with written information about how to access local detox or medication-assisted treatment services. The Commission's Case Management unit will be identified as a resource for accessing treatment.

The Commission and JFT have been meeting with representatives of the three hospitals in order to establish the protocol for the warm handoff program. JFT has begun training the Certified Recovery Specialists to carry out the outreach duties. We are planning to implement the program on July 1st. Part of JFT's responsibilities will be to log all outreach activity. This will allow us to gather data on the number of overdose survivors with whom they meet, the number that refuse a treatment referral, the number that accept a treatment referral by type of service, and a documentation of any obstacles for completing a referral.

3. Levels of Care

As required by the DDAP Treatment Manual, the Commission's network of providers covers the full continuum of substance abuse treatment. The levels of care from least intensive to most intensive are as follows: Outpatient, Intensive Outpatient, Partial Hospitalization, Halfway House, Medically Monitored (Non-Hospital) Detoxification, Medically Monitored Short-Term Inpatient Residential, Medically Monitored Long-Term Inpatient Residential, Medically Managed (Hospital-Based) Detoxification, and Medically Managed Inpatient Residential. In addition the Commission maintains contracts with two local methadone maintenance treatment providers. All of the Commission's contracted providers are also approved Medical Assistance providers in the network of PerformCare, our regional HealthChoices behavioral health managed care organization.

LOC	# of Providers	# of Providers Located In-County	Special Population Services**
Inpatient Hospital Detox	2	0	
Inpatient Hospital Rehab	2	0	
Inpatient Non-Hospital Detox	10	0	Adolescents, Injection Drug Users
Inpatient Non-Hospital Rehab	34	0	Adolescents, Injection Drug Users, Women With Children, Co-Occurring Mental Illness and Substance Use Disorders
Partial Hospitalization	2	0	Injection Drug Users
Intensive Outpatient	2	2	
Outpatient	7	7	Co-Occurring Mental Illness and Substance Use Disorders, Methadone
Halfway House	14	0	Women With Children, Women With Children

** *In this section, please identify if there is a specialized treatment track for any specific population in any of your levels of care. For example, a program specific for adolescents or individuals with a co-occurring mental health issue.*

There are no licensed inpatient substance abuse treatment providers located within Cumberland or Perry Counties. As a result the Commission has never focused its inpatient non-hospital placements on one or two providers. Instead our strategy has been to contract with a wide range of agencies. This gives us a couple advantages. First, when there is a shortage of beds available, with a wider network of providers we have a much greater chance of finding an open slot.

Second, with our broader network of providers we are better able to match the unique clinical needs of any given client with a provider that can offer that can offer a specialized treatment regimen.

4. Treatment Services Needed in County

The implementation of a warm handoff outreach program for overdose survivors with JFT Recovery and Veteran's Services and the three local hospitals is a high priority for the 2018-2019 fiscal year. As noted above, our challenge is to build an effective 24/7 system that is also financially sustainable in the long run. In addition to this new outreach program, the Commission wants to be sure that we can continue to fund a range of SCA-funded substance abuse treatment services for those overdose survivors who are willing to accept referrals to treatment. Since this warm handoff system will be built with funds freed up as a result of MA Expansion, we are concerned about the impact of future cuts in Medical Assistance that have been proposed at the federal level.

Another top priority is to expand access to different forms of medication-assisted treatment. During the current 2017-2018 fiscal year the Commission has increased the amount of funding earmarked for methadone services. In addition, the Commission has contracted with The RASE Project to expand the Buprenorphine Coordination Services provided in our two-county area to include non-MA eligible clients. These RASE services are already well established for MA recipients as a supplemental service in our HealthChoices behavioral health program.

The Commission has also supported the initiation of Vivitrol related services for residents of Cumberland and Perry Counties. First, as a reinvestment project for our regional HealthChoices program, The RASE Project used its successful Buprenorphine Coordination program as a blueprint to provide Vivitrol Coordination Services to MA recipients. RASE educates clients about Vivitrol to help them determine whether or not they want to pursue this form of medication-assisted treatment. It then links clients up with medical providers who prescribe Vivitrol and provide the monthly injections. RASE also ensures the clients receiving Vivitrol are also engaged in concomitant substance abuse therapy and recovery support activities. Since this project produced favorable outcomes, as of January 1, 2018 these Vivitrol Coordination Services were converted to a supplemental service making it available on an ongoing basis to MA recipients.

Last fiscal year the Commission teamed up with its criminal justice partners in Cumberland County and was successful in securing a PA Department of Corrections (DOC) grant to provide Vivitrol-related services for Cumberland County Prison (CCP) inmates. In addition to CCP Treatment Staff, other key partners in this project include The RASE Project, Roxbury Drug and Alcohol Treatment Staff, Prime Care Medical Services, Adult Probation, the County Intermediate Punishment Coordinator, and Positive Recovery Solutions (a mobile Vivitrol provider). The program, which just began screening inmates in mid-May 2017, has served 50 offenders in its first year of operation. Outcome measures being collected indicate that the vast majority program participants are successfully initiating and staying engaged in substance abuse treatment and recovery support services. Another priority for 2018-2019 is to sustain this project now that the DOC grant funding has run its course. The Commission also wants to replicate this program in the Perry County Prison during 2018-2019.

As mentioned earlier in this plan, the opiate epidemic has created a demand for treatment services that at times exceeds the capacity of our network of non-hospital detox, rehab, and halfway house providers. In addition to expanding our network of SCA-contracted providers as described in an earlier section, the Commission has also used Capital Area HealthChoices reinvestment funding to help expand local capacity. Gaudenzia Common Ground in Harrisburg received reinvestment funds to increase its capacity by an additional 14 beds. Seven of these beds are for detox; the other seven are considered "flex" beds i.e. they can be used for either detox or rehab depending upon the need at any given time. In addition, Halfway Environment for Alcoholic Recovering, Inc. (the parent company for the Gate House facilities) has received reinvestment funding to open a new 24-bed halfway house for men within Lancaster County.

There are also three new drug and alcohol related reinvestment projects for our Capital Area HealthChoices program. The first is to provide seed money for outpatient providers to initiate a Certified Recovery Specialist Program embedded as a complement to outpatient substance abuse treatment services. A Request for Proposal has been issued and we anticipate awarding grants to four different provider agencies.

The other two projects are new reinvestment plans that have yet to be approved by the Office of Mental Health and Substance Abuse Services. One is start-up funding for a licensed drug and alcohol halfway house that has the capacity to accept a women along with their dependent children into residential treatment. The second project would incentivize a limited number of substance abuse outpatient providers to secure physician services to better support medication assisted treatment (Suboxone and/or Vivitrol) for individuals with opioid use disorders.

Finally, the Commission is considering some changes to help address the outpatient treatment capacity issues noted above. First, we are exploring the feasibility of increasing the SCA's outpatient rates for the 2018-2019 fiscal year. Toward that end we have surveyed other SCAs to gather comparative information about current outpatient rates. Second, if resources permit, the Commission may consider expanding its current outpatient provider network.

5. Access to and Use of Narcan in County

Based on data from the Cumberland and Perry County Coroners, overdose fatalities continued to climb in both of our counties in 2017. It is clear, though, that these numbers would have been even more devastating in the absence of efforts by EMS, local and state police, and concerned family members to administer naloxone to those who overdose on opiates.

Drug Overdose Fatalities				
	2014	**2015**	**2016**	**2017**
Cumberland County	35	41	66	84
Perry County	6	3	10	12

All 16 municipal police departments in Cumberland County have been trained and equipped to administer naloxone to community members who experience an opiate overdose. In many cases the police arrive on the scene of an overdose before Emergency Medical Services (EMS), and in this type of situation minutes can be the difference between life and death.

As a result of PA Act 139 of 2014, starting in late 2015, a total of 211 naloxone kits have been distributed to municipal law enforcement officers in Cumberland County. As of mid-March 2018, naloxone has been administered by local police officers 210 times resulting in a reversal of symptoms (a life saved) for 181 individuals, amounting to an 86.2% overdose reversal rate.

There is only one local police department in Perry County, in Marysville. This department is reportedly carrying naloxone but we do not have information about deployment. For most of Perry County, police coverage is provided by the Newport Barracks of the PA State Police. The State Police are also equipped with naloxone, but again we have not received any data about naloxone usage. In addition, staff from the Perry County Sheriff's Office and Perry County Probation have also been trained and supplied with naloxone.

Of course, EMS providers have been successfully administering naloxone to overdose victims in our two-county area for more than three decades. The demand for their overdose response services has dramatically increased during the current opiate epidemic.

During the current fiscal year the Commission worked with both sets of County Commissioners to access funding from the PA Commission on Crime and Delinquency (PCCD) to provide naloxone supplies to first responders in Cumberland and Perry Counties. Holy Spirit Geisinger EMS was designated as the Central Coordinating Entity for the distribution of naloxone supplies in both counties. Through this PCCD grant program intranasal naloxone kits will be made available to EMS providers and police for both the current fiscal year and for 2018-2019.

The Commission has also widely publicized the option for any individual to obtain naloxone using the PA Physician General's standing order. This is recommended for families with: 1) a member struggling with an opiate addiction; or 2) a family member receiving prescription opiate medication on an ongoing basis due to a chronic pain issue. Hard copies of the standing order are made available through resource tables at community presentations and health fairs. Families are also directed to the DDAP website to download an electronic copy of the standing order. The Commission has also provided technical assistance to local school districts looking to implement naloxone policies and access naloxone supplies. During the 2018-2019 fiscal year there are plans to offer naloxone training and supplies to concerned family members.

6. ASAM TRAINING

	# of Professionals to be Trained	# of Professionals Trained by 7/1/18
SCA	11	11
Provider Network	39	36

Cumberland and Perry Counties are part of the five-county Capital Area Behavioral Health Collaborative (CABHC), a non-profit corporation which oversees the provision of behavioral health services to Medical Assistance (MA) recipients as part of the state's HealthChoices managed care program. CABHC covered the cost of providing eight two-day workshops on the American Society of Addiction Medicine (ASAM) level of care determination criteria. With a limit of 40 participants per workshop, a total of 320 training slots were made available to SCA and provider staff from Cumberland, Perry, Dauphin, Lancaster and Lebanon Counties.

Thanks to the efforts of CABHC all of our SCA staff and the vast majority of our provider staff will have completed the DDAP-mandated two-day ASAM training by July 1, 2018. This will ensure that our drug and alcohol case management and treatment network for SCA-funded and MA-funded residents will be ready for the transition from the PCPC to the ASAM criteria.

There is still a need to work out a plan for making ASAM training available for new staff. Our SCA will collaborate with CABHC to develop an ongoing ASAM training plan.

D. HUMAN SERVICES AND SUPPORTS/HUMAN SERVICES DEVELOPMENT FUND

Adult Services:

Program Name: Chore Service ($2000 budgeted for 2018-2019)

Description of Services: 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.

Service Category: Chore - Provides for the performance of unskilled or semi-skilled home maintenance tasks, normally done by family members, and needed to enable a person to remain in his own home, if the person or family member is unable to perform the tasks.

Aging Services:

Program Name: Care Management – Service Coordination ($2500 budgeted for 2018-2019)

Description of Services: The Service Coordination is for individuals age 60 and over. These programs provide basic non-medical support in the home to allow the individual to continue to live in the community.

Service Category: Care Management - Care Management activities through the Area Agencies on Aging serve as a coordinative link between the identification of consumer needs and the timely provision of services to meet those needs by utilizing all available resources.

Aging Services:

Program Name: Transportation ($1000 budgeted for 2018-2019)

Description of Services: Activities which enable individuals to travel to and from community facilities to receive social and medical service. The service is provided only if there is no other appropriate person or resource available to transport the individual.

Service Category: Transportation (Passenger) - Activities which enable individuals to travel to and from community facilities to receive social and medical service, or otherwise promote independent living.

Aging Services:

Program Name: Personal Care ($1500 budgeted for 2018-2019)

Description of Services: Non-medical 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.

Service Category: Personal Care - Includes assistance with ADL's and IADL's, such as feeding, ambulation, bathing, shaving, dressing, transfer activities, meal preparation, and assistance with self-administration of medications by an agency provider.

Children and Youth Services: N/A

Generic Services:

Program Name: Information and Referral ($500 budgeted for 2018-2019)

Description of Services: Contact Helpline is a 24-hour, 7 day-a-week, listening, health and human service information and referral service. They maintain a database of referral agencies, organizations, and programs serving Pennsylvania residents of Cumberland and surrounding Counties.

Service Category: Information & Referral - The direct provision of information about social and other human services, to all persons requesting it, before intake procedures are initiated. The term also includes referrals to other community resources and follow-up.

Please indicate which client populations will be served (must select at least **two**):

☑ Adult ☑ Aging ☑ CYS ☑ SUD ☑ MH ☑ ID ☑ HAP

Generic Services:

Program Name: Homeless Assistance – Case Management ($500 budgeted for 2018-2019)

Description of Services: Case management services are offered through our Homeless Assistance Program (HAP). 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, and researching for additional referrals that can provide a source of support for the client are all very important parts of this component.

Service Category: Service Planning/Case Management - a series of coordinative staff activities to determine with the client what services are needed and to coordinate their timely provision by the provider and other resources in the community.

Please indicate which client populations will be served (must select at least **two**):

☑ Adult ☑ Aging ☐ CYS ☐ SUD ☐ MH ☐ ID ☑ HAP

Specialized Services:

Program Name: Cumberland Cares for Families ($80,350 budgeted for 2018-2019 – $68,000 non-HSDF "other" funds)

Description of Services: 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. 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.

Specialized Services:

Program Name: Attendant Care Service Coordination ($71,919 budgeted for 2018-2019)

Description of Services: 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 non-medical 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.

Interagency Coordination:

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

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

Services are improved through the process of communication and collaboration with multiple agencies, both County and non-county and through interagency projects and workgroups. A portion of the coordination funds supports the salary of the Homeless Assistance Program Supervisor. The Homeless Assistance Program supervisor/staff have active roles within the following groups to encourage cross-system collaboration within the human services system: Affordable Housing Trust Fund Board (Commissioner appointed member); Gateway Health- Community Advisory Committee; United Way Food and Shelter Committee (Chairperson); West Shore, Carlisle and Shippensburg Emergency Needs groups; Regional Homeless Leadership Group; The Children's Roundtable; Cumberland-Perry Substance Abuse Coalition; Carlisle United Way; Employment Networking Group, the Cumberland County CASSP Core Team; and Local Housing Options Team (LHOT) (President). Through the 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. The mission of the LHOT is to end homelessness in our communities and to advocate for the availability of safe, accessible, affordable housing choices that meet the needs of all people with disabilities and is accomplished through collaboration among and between organizations including private, commercial and public resources. Additionally, the Rental Assistance Program Supervisor is responsible for the supervision of the Cumberland CARES program, which is a position partially funded through Cumberland County Children and Youth and requires coordination with Children and Youth and other agencies that can provide assistance to new mothers and young children. Please see attached A&CS Caseworker Supervisor job description.

A portion of the Cumberland County Aging and Community Services Director's salary is also paid through these funds to support her involvement in multiple groups that involve county and non-county agencies. These groups include Pennsylvania Association of County Human Services Administrators (PACHSA), Human Services Policy Team, Pennsylvania Providers Coalition Association, and Pennsylvania Association of Area Agencies on Aging. The Director's job description is also attached.

Additionally, as noted previously within the plan, our Aging/IDD County Team encourages interagency collaboration. The team is 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 bi-monthly basis in order to discuss the emerging needs of this population.

CUMBERLAND COUNTY Aging &Community Services (A&CS) Caseworker Supervisor
Specialty: Homeless Assistance & Cumberland Cares
Position Description Exempt

OVERALL OBJECTIVE OF JOB:
Oversight, staff management, fiscal administration, and intensive case management of four Cumberland County Programs: Homeless Assistance Program, PPL Operation HELP, CUMBERLAND CARES FOR FAMILIES and additional housing grants.

ESSENTIAL FUNCTIONS OF JOB:
1. Develop and promulgate policies, procedures, criteria and goals meeting the objectives of managed programs.
2. Monitor county-funded program to ensure compliance with applicable budgetary, fiscal and contractual regulations and guidelines.
3. Conduct outreach to local shelters, religious communities, human services, health care professionals, housing authority, civil rights groups, veterans and other targeted populations, who would benefit from program services.
4. Participate in needs assessments within the community as appropriate.
5. Assist clients in developing needs assessments and sustainability plans.
6. Assist clients with case management, identifying & accessing available benefits, and social and community services.
7. Manage professional case files, reports and records.
8. Fiscal management
9. Process rental assistance applications and fiscal documents for payment.
10. Knowledge and practice experience to conduct in-home visitation's for high risk parents of children, pre-natal to age 5.
11. Strong advocate for healthy early childhood development, positive parenting skills, school readiness and the prevention of child abuse and neglect.

OTHER DUTIES OF JOB:
1. Attends meetings, trainings and conferences as required.
2. Assists other staff as required.
3. Represents the needs of Community Services, CUMBERLAND CARES FOR FAMILIES and those that are homeless or near homeless.
4. A member of the CASSP Core Team.
5. Performs other related duties as required.

CUMBERLAND COUNTY DIRECTOR, AGING AND COMMUNITY SERVICES
Position Description Exempt

OVERALL OBJECTIVE OF JOB:
To plan, direct, coordinate and administer programs and services of Aging and Community Services in accordance with all applicable federal, state and local laws and regulations.

ESSENTIAL FUNCTIONS OF JOB:
1. Oversees the overall operation of Aging and Community Services, including care management, service coordination, in-home services, fiscal and administrative functions.
2. Establishes Agency programs, policies and procedures in compliance with applicable federal, state and county regulations.
3. Interviews applicants for Agency and Community services positions and makes hiring/firing recommendations to Commissioners.
4. Develops annual budget and program initiatives to meet local needs; reviews monthly fiscal reports.
5. Implements current and new programs and services to meet the needs of older and/or low-income County residents.
6. Ensures client services are carried out in the most efficient and effective manner.
7. Supervises staff and resolves conflicts and handles related personnel matters, including performance evaluations.
8. Networks with other community agencies to develop joint projects to better serve the needs of senior citizens.
9. Participate in needs assessments within the community as appropriate.
10. Performs public speaking engagements regarding Aging and Community Services programs as available.
11. Meets and reviews programs/progress of Agency with County Commissioners.
12. Communicates with legislators, vendors, officials, agencies and oversees general working operations of the Agency to ensure all policies, procedures and programs are effectively and properly carried out.
13. Interacts regularly with PA Department of Aging, PA Department of Public Welfare, Commissioners, Advisory Board, outside agencies, staff and others to ensure essential job duties are being carried out.

OTHER DUTIES OF JOB:
1. Attends meetings, training, seminars, etc. as required.
2. Conducts supervisory team meetings on regular basis to review Agency progress.
3. Advises staff on complex issues/cases.
4. Performs other job-related duties as required.

APPENDIX C - BUDGET

Directions:	**Using this format, please provide the county plan for allocated human services expenditures and proposed numbers of individuals to be served in each of the eligible categories.**
1. ESTIMATED INDIVIDUALS SERVED	Please provide an estimate in each cost center of the number of individuals to be served. An estimate must be entered for each cost center with associated expenditures.
2. HSBG ALLOCATION (STATE & FEDERAL)	Please enter the county's total state and federal DHS allocation for each program area (MH, ID, HAP, SUD, and HSDF).
3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	Please enter the county's planned expenditures for HSBG funds in the applicable cost centers. The Grand Totals for HSBG Planned Expenditures and HSBG Allocation must equal.
4. NON-BLOCK GRANT EXPENDITURES	Please enter the county's planned expenditures **(MH, ID, and SUD only)** that are **not** associated with HSBG funds in the applicable cost centers. *This does not include Act 152 funding or SUD funding received from the Department of Drug and Alcohol.*
5. COUNTY MATCH	Please enter the county's planned match amount in the applicable cost centers.
6. OTHER PLANNED EXPENDITURES	Please enter in the applicable cost centers, the county's planned expenditures not included in the DHS allocation (such as grants, reinvestment, etc.). Completion of this column is optional.

■ Please use FY 17-18 primary allocation plus the supplemental state PATH funds received during the year. If the county received a supplemental CHIPP allocation during FY 17-18, include the annualized amount in the FY 18-19 budget.

■ The department will request your county to submit a revised budget if, based on the budget enacted by the General Assembly, the allocations for FY 18-19 are significantly different than FY 17-18. In addition, the county should notify the department and submit a rebudget form via email when funds of 10% or more are moved between program categoricals, (i.e., moving funds from MH Inpatient into ID Community Services).

APPENDIX C - BUDGET

County: **Cumberland**	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENSITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDIT-URES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDIT-URES
MENTAL HEALTH SERVICES						
ACT and CTT			$ 237,819			
Administrative Management			$ 624,085		$ 4,612	
Administrator's Office			$ 475,272	$ 109,697	$ 42,449	
Adult Developmental Training						
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment			$ 117,319		$ 6,530	
Community Residential Services			$ 2,800,753		$ 43,937	
Community Services			$ 805,116	$ 40,439	$ 82,052	
Consumer-Driven Services			$ 137,895			
Emergency Services			$ 47,446		$ 982	
Facility Based Vocational Rehabilitation						
Family Based Mental Health Services			$ 1,265			
Family Support Services			$ 114,643		$ 6,185	
Housing Support Services			$ 400,607		$ 18,319	
Mental Health Crisis Intervention			$ 814,866			
Other						
Outpatient			$ 303,465		$ 3,161	
Partial Hospitalization			$ 14,954			
Peer Support Services			$ 45,117			
Psychiatric Inpatient Hospitalization			$ 41,942			
Psychiatric Rehabilitation			$ 127,655			
Social Rehabilitation Services			$ 428,945		$ 25,324	
Targeted Case Management			$ 162,491			
Transitional and Community Integration			$ 120,212			
TOTAL MENTAL HEALTH SERVICES	7,469 **JOINDER TOTAL**	$ 7,821,867	$ 7,821,867	$ 150,136	$ 233,551	$ -

County: **Cumberland**	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENSITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDIT-URES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDIT-URES
INTELLECTUAL DISABILITIES SERVICES						
Administrator's Office			$ 1,292,926		$ 27,454	
Case Management			$ 182,895		$ 31,357	
Community-Based Services			$ 787,207		$ 76,852	
Community Residential Services			$ 707,134			
Other						
TOTAL INTELLECTUAL DISABILITIES SERVICES	1,002 JOINDER TOTAL	$ 2,970,162	$ 2,970,162	$ -	$ 135,663	$ -

HOMELESS ASSISTANCE SERVICES						
Bridge Housing	39		$ 45,000			
Case Management	2,628		$ 179,611			
Rental Assistance	165		$ 37,009			
Emergency Shelter	90		$ 13,000			
Other Housing Supports						
Administration			$ 26,438			
TOTAL HOMELESS ASSISTANCE SERVICES	2,922	$ 301,058	$ 301,058		$ -	$ -

SUBSTANCE USE DISORDER SERVICES						
Case/Care Management			$ 24,823			
Inpatient Hospital						
Inpatient Non-Hospital			$ 231,148			
Medication Assisted Therapy						
Other Intervention						
Outpatient/Intensive Outpatient						
Partial Hospitalization						
Prevention						
Recovery Support Services			$ 48,209			
Administration			$ 20,246			
TOTAL SUBSTANCE USE DISORDER SERVICES	150	$ 324,426	$ 324,426	$ -	$ -	$ -

County: **Cumberland**	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENSITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDIT-URES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDIT-URES
HUMAN SERVICES DEVELOPMENT FUND						
Adult Services	14		$ 2,000			
Aging Services	457		$ 4,500			
Children and Youth Services						
Generic Services	2,551		$ 1,000			
Specialized Services	190		$ 84,269			
Interagency Coordination			$ 19,298			
Administration			$ 18,120			
TOTAL HUMAN SERVICES DEVELOPMENT FUND	3,212	$ 129,187	$ 129,187		$ -	$ -

GRAND TOTAL	**14,755**	**$ 11,546,700**	**$ 11,546,700**	**$ 150,136**	**$ 369,214**	**$ -**