

**CUMBERLAND COUNTY HUMAN SERVICES PLAN
(BLOCK GRANT)**

2020-2021

July 20, 2020

Cumberland County Commissioners:

**Gary Eichelberger, Chair
Jean Foschi, Vice-Chair
Vincent DiFilippo, Secretary**

For any questions regarding this plan, please contact:
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**APPENDIX A
Fiscal Year 2019-2020**

CUMBERLAND COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

- A. The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith.
- B. The County assures, in compliance with Act 80, that the 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 assures that it and its providers will maintain the 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 (relating to contract compliance):
 - 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 disability in providing services or employment, or in its relationship with other providers; or in providing access to services and employment for individuals with disabilities.
 - 2. The County will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>SIGNATURE</i>	<i>Please Print</i>	<i>Date</i>
	Gary Eichelberger	
	Jean Foschi	
	Vince DiFilippo	

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 (C-P MH.IDD), Cumberland-Perry Drug and Alcohol Commission (C-P D&A), 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.

Since 1967, Cumberland County has been a joinder with Perry County for the Mental Health, Intellectual and Developmental Disability Services and the Drug and Alcohol Commission. 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 and Community Services, Juvenile Probation, and Transportation), 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 provide a framework for delivering efficient and effective Human Services to Cumberland County residents.

The HSPT meets monthly and utilizes an array of tools and strategies to fulfill this mission such as conducting needs assessments; developing outcome measures; implementing service models; and delivering public information and outreach programs. 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. Mental Health planning is a standing agenda item which includes reviewing needs and opportunities to support individuals with mental illness, providing education, and discussing the larger mental health system as well as budgetary issues. 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.

In addition, our specialized Mental Health Court team, 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, meet weekly to discuss how to address

Cumberland County Human Services Block Grant Plan 2020 - 2021

the needs of the participants. 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.

The Cumberland-Perry Child & Adolescent Service System Program (CASSP) brings together the expertise of county human services (including mental health, intellectual & developmental disabilities, children and youth, juvenile probation, and drug & alcohol departments), families, service 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 Healthy Ship Coalition is comprised of numerous human service agencies that serve Shippensburg and focuses on addressing the gaps in services that negatively impact Shippensburg School District residents' health and overall well-being. Behavioral health, housing, and transportation are the social determinant of health areas that were selected to be addressed. Human service organizations, social service agencies and community members meet monthly in full Coalition and separate task group meetings.

Staff from Cumberland-Perry IDD Services attend the local school districts Transition Coordinators' meetings held once a month at the Capital Area Intermediate Unit. In addition, Transition Coordinators in Cumberland, Dauphin and Perry counties are part of our Employment First work group that meets monthly. Our Employment First initiative focuses on educating individuals and families, the schools, and employers about the need to start the planning process early for transition from high school into adult services. Members of this initiative include: County IDD representatives, Office of Vocational Rehabilitation (OVR), supported employment providers, school districts' transition coordinators, employers, family members, and individuals w/ IDD.

Cumberland-Perry IDD Task Force meets monthly and 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.

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, 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 and staff have active roles within the following groups to encourage cross-system collaboration within the Cumberland County human services system: Cumberland-Perry Local Housing Options Team; Affordable Housing Trust Fund Board; United Way Food and Shelter Committee; 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.

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
- Healthy Ship Coalition
- Communities that Care (CTC)
- Perry County Family Partnership Board meetings

Cumberland County Human Services Block Grant Plan 2020 - 2021

- Cumberland-Perry Local Housing Options Team (LHOT) meetings, which includes the Cumberland County Housing & Redevelopment Authority
- Cumberland & Perry Counties' CASSP Core Teams
- 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, Criminal Justice Policy Team & Mental Illness Sub-Committee
- 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. For the past several months, most of these groups continued to meet virtually due to COVID-19 restrictions.

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 program committees include stakeholders as well to ensure consumer voice and participation in the planning process. As earlier stated, most of these groups continued to meet virtually due to COVID-19 restrictions since late March 2020.

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 faith-based, 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 a consumer who receives IDD services. Representatives are identified from both counties and are appointed by the Board of Commissioners of their respective county. Various community 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. Virtual meetings were held during April, May, and June 2020.

The Boards of County Commissioners of Cumberland and Perry Counties also 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.

Cumberland County Human Services Block Grant Plan 2020 - 2021

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 and community connections as possible. 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.

- 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 2020-2021 as a result of last year's outcomes. Our priority continues to be to sustain the current infrastructure of community-based services as much as possible. Financial implications related to COVID-19 have not yet been fully realized, so flexibility will be critical to address any budgetary or allocation changes or shortfalls.

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 Valley Times, the News Chronicle, the News Sun, Perry County Times, and Duncannon Record. The Human Service Plan was on the agenda for public hearing and discussion at Commissioners' Hearings in Perry County on June 22, 2020 and July 2020. A public hearing was also held on July 9, 2020 to offer the opportunity for input into the Human Services Plan during the Cumberland County Commissioners' Workshop Meeting and on July 2020 for plan approval.

Proof of Publication

- a. Please attach a copy of the actual newspaper advertisement for the public hearing.*
- b. When was the ad published?*
- c. When was the second ad published (if applicable)?*

DRAFT

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. Funded using MH county base dollars, this service 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 61.5% for FY 2019/2020. This percentage represents a slight decrease (2%) from the previous fiscal year, mostly due to the number of individuals laid off because of the COVID-19 restrictions. This employment rate remains almost twice as high as the prior national average of 33%. Increased access to this service continues to be a strong need and an additional Employment Specialist would be beneficial in order to improve access. Additional county base funds are not available at this time. Additionally, some individuals with a lived experience of mental illness are employed within the mental health system as Certified Peer Specialists, WarmLine workers, and Administrative Assistants. These positions utilize MH county base dollars or HealthChoices funds depending on the position and program within which it is provided.

The Intellectual and Developmental Disabilities (IDD) program continues to offer Project SEARCH which 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. Also, our *Employment First* initiative focuses on educating individuals and families, the schools, and employers about the need to start the planning process early for transition from high school into adult services.

Housing:

All of the county human service 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.

In an effort to significantly strengthen and improve assistance to homeless individuals and families, Cumberland & Perry counties participate with the Coordinated Entry System through the CCHRA. 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. One master Community Queue 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. In-person sites in both Perry and Cumberland counties were not accessible for a portion of the year due to COVID-19 restrictions; however the 2-1-1 call center remained open and able to process requests.

Several county staff participate in the Local Housing Options Team (LHOT). The mission of the LHOT is to advocate for the availability of safe, accessible, affordable housing choices that meet the needs of all people with disabilities and to end homelessness in our communities. The LHOT recently entered into a strategic planning process which resulted in the Cumberland/Perry Housing Systems Change Roadmap. This professional collaboration of local key leaders included Borough of Carlisle Mayor's Office, Community CARES Emergency Shelter, Carlisle United Methodist Church, CCHRA, Cumberland/Perry LHOT, Domestic Violence Services of Cumberland and Perry Counties, Eastern Pennsylvania Continuum of Care, Cumberland County Office of Aging & Community Services - Homeless Assistance Program, Partnership for Better Health, Perry Housing Partnership, Safe Harbour and the Salvation Army-Carlisle.

Through this planning and collaboration, the LHOT was reorganized and renamed Community Partners for Change in May 2020. Operating out of CCHRA, the former LHOT coordinator is now the Director of this new entity with the mission of Creating Equity in Housing. Community partners will continue meeting on a monthly basis to implement goals developed in the Roadmap to address the needs related to housing in Cumberland County.

Cumberland County Human Services Block Grant Plan 2020 - 2021

The CCHRA offers Prepared Renters Program (PREP) for those seeking or maintaining housing. This program provides education to participants on their rights and responsibilities as a tenant. Completion of the program results in a certificate that can be helpful in obtaining housing as well as an increased understanding of landlord/tenant laws. An on-line version was also developed.

In July 2018, our Forensic Housing Supports initiative was implemented through a partnership between the CCHRA, the county mental health office, and the county adult probation office. This service, funded through behavioral health managed care Reinvestment dollars, offers financial and casemanagement supports for up to 6 months for individuals having a severe mental illness and criminal justice involvement who are medical assistance eligible. Many folks are referred through their involvement in TOMS (mental health) court. Completion of PREP is required for Forensic Housing Support program participants. Of the 19 referrals received thus far, 10 individuals have obtained housing and 11 have received financial assistance.

Discussions at the advisory board of Merakey Stevens Center (a local mental health center) resulted in the agency implementing a plan to offer increased access to mental health services for individuals who are homeless. In FY 19/20, staff began to complete intakes at the local Community CARES homeless shelter with any program participants who are interested in obtaining mental health services. A challenging population to serve, it seems that the development of rapport with the intake worker has resulted in a handful of shelter participants getting connected to requested mental health services. The intake worker position is funded by base dollars from the county mental health office.

The annual Housing Forum was held in September 2019 with over 90 local individuals attending. 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. Unfortunately, the upcoming Forum in Sept 2020 was cancelled due to COVID-19 restrictions and concerns. It is hopeful that this Forum will be offered again in Sept 2021 as it offers excellent opportunities for networking and resource development.

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

PART IV: HUMAN SERVICES NARRATIVE

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

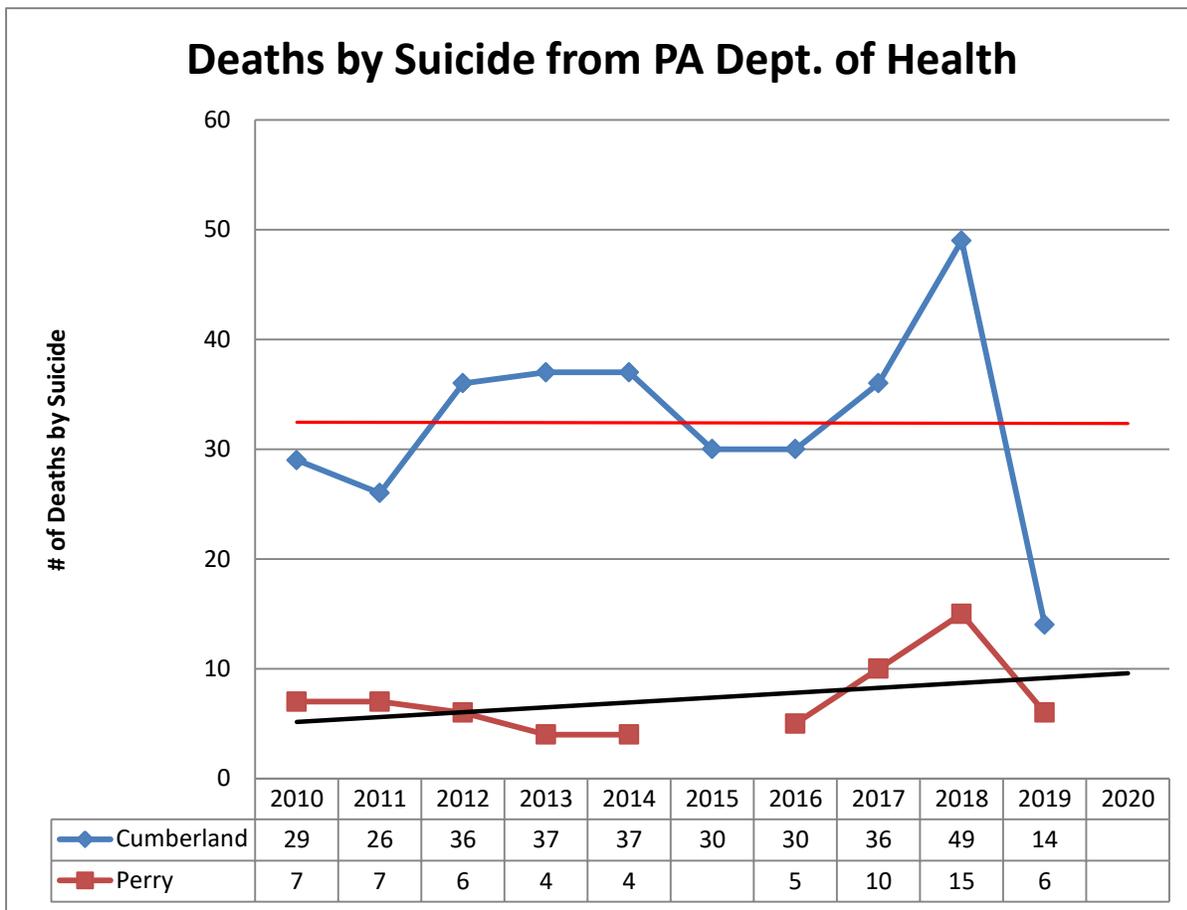
In December 1967, a joint Mental Health & Mental Retardation program was established with the Boards of County Commissioners of Cumberland and Perry Counties in compliance with the Mental Health & Mental Retardation Act of 1966. The agency now known as Cumberland-Perry Mental Health and Intellectual 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 county joinder agreement has been beneficial and 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.

a) Current Program Highlights from FY 19/20:

- ***Service Provider Flexibility and Creativity*** was clearly evident during the last 4 months of the fiscal year. Service delivery within the mental health system was dominated by the significant impact of the COVID-19 Pandemic. Service providers successfully implemented and adjusted their All-Hazards plans to continue to provide services and ensure safety of both the consumers and the staff, especially in the residential programs. All other services began to operate predominantly via telehealth, using either the telephone or video capabilities to communicate with and provide services to consumers of all ages. Initially, all county-funded MH service providers began contacting non-residential consumers daily to ensure their safety and understanding of the situation and to assess any needs they may have. Eventually those daily calls decreased depending on the preference of the consumer and volume of service providers contacting them. Social Rehabilitation and Psychiatric Rehabilitation providers also offered group chats and sessions to decrease the isolation that the lengthy “stay at home” orders were causing. Online support groups were developed and use was encouraged. Provider staff has provided some face to face visits with consumers when there is the belief that the person may be in crisis. When this has occurred staff are focused on social distancing. Fortunately we have not yet noted an increase in Involuntary hospitalizations during this time.
- ***Development of the Long Term Structured Residence*** is a significant achievement for this fiscal year. While implementation of operations will not occur until August or September 2020, the process of obtaining and clarifying funding through several avenues as well as dealing with the building, construction, and inspection components and the restrictions due to COVID-19 have caused quite a few delays in the process. Casemanagement staff are working to get referrals completed for New Visions’ review and to provide opportunities to meet individuals as they prepare for this transition.
- ***Consolidated Community Reporting Initiative (CCRI) Process*** with the State Office of Mental Health and Substance Abuse Services (OMHSAS): County MH staff worked with Susquehanna Software this year to implement a new database called CPR-Web. Go Live with the new software occurred on July 1, 2019. While time-consuming to work out the nuances with our previous system and processes, this extensive database conversion has been beneficial in providing current data and information. Once billing errors are corrected, successful data submissions for CCRI will be effectively able to be processed.
- ***Community Suicide Prevention Initiative:*** Recent local data from both counties’ coroners’ offices has reported a significant decrease in deaths by suicide in 2019. While we would like to attribute this decrease to our suicide prevention efforts through our ***Preventing Unnecessary Loss through Suicide Education (PULSE) task force*** and ***Question, Persuade, Refer (QPR) trainings***, we must continue to keep vigilant to the needs and concerns of those within our communities.



- **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.

 - Two Family to Family Education sessions were held from Sept-Nov 2019 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. Unfortunately the spring sessions were cancelled due to COVID-19.
 - Planned for Spring 2020, Peer-to-Peer Recovery Education sessions were unable to be held this year due to COVID-19.
 - Dr. Alison Swigart from Pennsylvania Psychiatric Institute (PPI) presented on “Non-Military Post Traumatic Stress Disorder (PTSD)” in October 2019. The talk focused on causes, symptoms, and treatment of non-military PTSD and ways to support a loved one dealing with this disorder and was well attended.

- In addition, **focusing on the impact of trauma**, the importance of earlier intervention is clear.

 - Our MH.IDD Administrator joined a newly formed committee of community members, the **Carlisle Resilience Collaborative**. This multidisciplinary group of organizations and individuals is committed to understanding the effects of early childhood trauma, creating a safe and supportive environment for community dialogue, and discovering solutions that inform and inspire a trauma informed community. A presentation of the movie **Resilience: the Biology of Stress & the Science of Hope** was scheduled for March 2020 in collaboration with the Carlisle Theatre. The movie demonstrates how adverse childhood experiences (ACES) impact our physical health and wellbeing and greatly increases awareness regarding the impact of trauma and developing earlier interventions in all of our systems. 500 copies of *The Deepest Well: Healing the Long-Term Effects of Childhood Adversity*, written by pediatrician Nadine Burke Harris, M.D. were purchased to give to participants at the event.

Cumberland County Human Services Block Grant Plan 2020 - 2021

However the event was cancelled due to COVID-19. We are working to determine alternative ways to distribute the books and have deeper conversation regarding the impact of trauma and building resiliency.

- **Becoming Trauma Informed trainings** continue to be provided to human service agencies in our counties as well as other community agencies by our Early Intervention (EI) program staff. Funded by The Foundation for Enhancing Communities (TFEC), this facilitator training focused on the Adverse Childhood Experiences Study (ACES) and the impact of trauma on everyone as well as the community. The trainings have been well-received. Staff have also taken advantage of the trauma-focused webinars offered by Lakeside Global. Our Mental Health Court team also participated in the Trauma Informed Treatment Courts webinar which offered great court related perspectives and specific changes these specialty treatment courts could implement.
- The Cumberland County Juvenile Probation Department is one of 10 departments in the state of Pennsylvania selected to participate in a **Trauma Pilot Program**. This Trauma Pilot Program introduced the CTS (Child Trauma Screen) tool for youth referred to the Juvenile Probation Department at the intake level. Depending on the outcome of the screen, youth may be referred to service providers to have a further Trauma Assessment completed. Recommendations from the Trauma assessment could include intensive Trauma Based Therapy, working with service providers that provide Trauma informed care and implementation of a Trauma Informed Decision Protocol (TIDP) for youth while on probation supervision. The TIDP will implement goals and activities as part of the youth's probation case plan to address the trauma. Cumberland County Juvenile Probation began utilizing the CTS at intake on November 1, 2019. Since implementation there have been 93 CTS screens for youth referred to the Cumberland County Juvenile Probation Department. Of those screens current data shows that 16% of the youth score in a range that further assessment is needed. Of the 16% of youth that were determined to need further assessment 67% had a full trauma assessment completed by an outside community agency and the recommendations from that evaluation were utilized in the development of the youth's case plan. The remaining 33% had already had appropriate services in place to address the trauma. Phase 2 of this project will involve implementation of the Trauma Informed Decision Protocol (T.I.D.P.) for utilization by case management. This project continues to involve a collaborative effort with the juvenile probation department, children & youth services, county mental health and community providers.
- The **impact of trauma** on our communities, its citizens, and those who respond to emergencies has never been more evident than now. Mental Health staff have been called on to provide support via the South Central Medical Reserve Corp (MRC) due to COVID-19. We've been providing Behavioral Health support to 2 nursing facilities so far; and are on standby to meet with staff at a third facility. Members of the MRC have provided on-site support and have opened a virtual support group that meets twice per week. The support group is open to any staff who would like to join. In addition, our Disaster Outreach and Referral Team (DCORT) helped to support first responders in a line of duty death earlier this year.
- **Managed Care Reinvestment funds** from previous years have been beneficial in the development and 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. In Cumberland County, one school district (South Middleton) and one daycare (Bethel) were willing to participate and began receiving the intensive supports focused on implementing PW-PBIS in June 2018. SPEC Facilitators also provide on-site and off-site implementation support to Program leadership and staff. Additional participation in SPEC was implemented during 2018-2019 by Greenwood School District in Perry County. SPEC was also implemented at Dickinson College Children's Center through a separate Early Intervention (EI) grant.
 - We continue to encourage providers to support staff training and certification in **Dialectical Behavioral Therapy (DBT)** and **Trauma Focused Cognitive Behavioral Therapy (TF-CBT)** as use of these approaches have 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 substantially enhances the quality of current services by encouraging and expecting that Evidence Based Practices are embraced and delivered in these settings.

Cumberland County Human Services Block Grant Plan 2020 - 2021

- **Eye Movement Desensitization and Reprocessing (EMDR)** is offered at seven providers who participated in the training that was conducted in June 2018. TrueNorth provides that service in Cumberland & Perry counties.
- 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, families from Cumberland & Perry counties can access this service at Merakey-Stevens Center, Franklin Family Services, Laurel Life, Community Services Group, TLC Penn State Hershey Clinic and Newport Counseling.
- **Functional Family Therapy (FFT)** is a service that focuses on children and teens who are at risk or already involved with juvenile justice. Designed for families with youth ages 10–18 whose problems range from acting out to conduct disorder to alcohol and other substance abuse, 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 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 includes a Functional Behavioral Assessment 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) and serves all 5 counties of the Capital Area Behavioral Health Collaborative. Potential participants are identified by each 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. Implemented in March 2017 through reinvestment funds, we are working with PerformCare to move this to PerformCare funding as a supplemental service for the next fiscal year.
- **Housing funds:** Beginning May 1, 2018, Cumberland County HealthChoices Behavioral Health Reinvestment was able to fund implementation of the Forensic Housing Supports program as previously mentioned under Housing Collaboration. Focused on supporting individuals with severe mental illness and forensic histories or involvement with the criminal justice system, the program offers financial support and casemanagement for up to 6 months with the goal of achieving housing stability. Completing the PREP (Prepared Renters) program is also required for participants. Implementation was slow due to landlord engagement, as well as individuals having sufficient income to manage after the financial assistance ends. As previously stated, 19 referrals have been received thus far, 10 individuals have obtained housing and 11 have received financial assistance. This program continues to be funded for this fiscal year.
- **Forensic Services:** Together Optimizing Mental Health Solutions (TOMS) Court was implemented in November 2017 in Cumberland County. This problem-solving court is focused on individuals with severe mental illness who have criminal charges and is a complement to our county's existing Treatment Court which works with individuals with substance abuse needs. Mental Health Court team members meet weekly and include representatives from the public defender's office, district attorney's office, judge, prison staff, probation staff, and mental health staff. 42 participants have entered this program with nine individuals having graduated since its inception.

b. Strengths and Needs:

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 charts identify 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.

Cumberland County Human Services Block Grant Plan 2020 - 2021

Our **local Suicide Prevention Initiatives** are a strength within our communities.

- **Preventing Unnecessary Loss through Suicide Education (PULSE) task force** continues to meet monthly with the primary purpose to increase awareness and education about suicide. Initiatives are based on the task force priorities of “*Providing Support, Education and Outreach*”. Several task force members have represented PULSE at local community and wellness fairs, Capitol Advocacy days, and at the Out of the Darkness Suicide Prevention walk. In addition, PULSE hosted its second annual WE CARE community event in August 2019 as well as a presentation and book signing by Kevin Hines.
- **Question, Persuade, Refer (QPR) training:** Since the April 2019 QPR facilitator training, 154 members of our community have received QPR training including 48 Cumberland County staff. 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. Several staff have reported being grateful for receiving the training as they have put the principles to use in either the workplace or their personal lives within a week of participating in the training. Quarterly QPR trainings were scheduled during 2019/2020 with 2 needing to be cancelled due to COVID-19.

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. Earlier involvement in services and getting needed community supports in place sooner decreases and can at times prevent longer term inpatient stays. It is more recovery oriented and more cost effective to support folks within the community.

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. As stated in the previous section, the compassion and flexibility of staff during the COVID-19 pandemic has been exceptional and we are thankful for the hard-working mental health staff who continued to provide necessary services within our communities.

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 county-base funding of these CSP positions. 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. Typically CSP meets monthly and coordinates various activities throughout the fiscal year. CSP participants also lead and participate in 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. This year, a Candlelight Vigil for Mental Illness Awareness Week that included speakers who talked about their recovery was held in October 2019. Unfortunately due to COVID-19, the activities for Mental Health Awareness Month in May 2020 were cancelled, including the MH Awareness Walk, Speakers, and MH CSP Conference. Efforts were made to post relevant information to offer support to promote mental and emotional wellness especially during the pandemic. Planning will occur to hold these and other events next year if possible, as County base dollars are available to fund this program.

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, community services, 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

Cumberland County Human Services Block Grant Plan 2020 - 2021

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 successful partnerships that stem 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 strengthen our system and help 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 continues to expand the program with increasing numbers of completed Integrated Care Plans for its members. 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.

Additional **Behavioral Health/Physical Health (BH/PH) initiatives** have been funded through the Partnership for Better Health, a local private foundation. A needs assessment was conducted in Perry County and several initiatives have been planned or implemented as outcomes through the development of the **Perry Health Coalition** in which county mental health staff participate. Although the coalition began in 2013, recently several achievements have occurred, including the establishment of a Federally Qualified Health Center (FQHC) satellite in Newport, Perry County, the development of an Oral Health Clinic to provide screening, education and referrals at several Perry County school districts, presentations to clergy regarding how to access mental health services for Perry County residents this fiscal year, and meeting with physicians and staff at Geisinger's Family Practice in Duncannon to discuss how to access needed mental health services. One finding was that some clergy and physicians were not aware of the availability of mental health providers within Perry County. The collaboration between physical health and behavioral health providers is critical in addressing the social determinants of health. The United Way of the Capital region also implemented Community Health workers using the Contact to Care model in Perry County. These workers assist community residents to connect with needed physical and behavioral health services, insurances, and supports.

The **addition of the Extended Acute Unit (EAU) beds** at Wellspan-Philhaven EAU in Lebanon has given our joiner the increased capacity needed to serve our county residents. With the prior Geisinger/Holy Spirit Hospital EAU closure in September 2017, we continued to have high state hospital referrals. Through our HealthChoices funding and collaborative county partnerships, ten beds were assigned to Cumberland/Perry Counties for utilization beginning in July 2019. Please see the state hospital section for additional information.

■ Needs:

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 residents in our counties as well as 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.

Cumberland County Human Services Block Grant Plan 2020 - 2021

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 well-supported in the community, there is a need for more intensive services such as a **long term structured residence (LTSR)** for folks who have these highly intensive needs. Many of these individuals also have current or past criminal justice involvement. To address these needs, a request for an LTSR was submitted to OMHSAS. Olmstead planning funds and one Community-Hospital Integration Project Program (CHIPP) were approved during FY 2018/2019 to provide funding for the LTSR. Additional funding will also be utilized from HealthChoices Reinvestment. The LTSR provider was selected through a program proposal process and a site was identified. While the land development approval process and land acquisition were finalized, additional legal and zoning approvals and funding were needed. Initial construction began in December 2019; however the COVID-19 Pandemic brought construction to an abrupt halt until May 2020. The program is planned to be operational in August or September of 2020.

Supports for **transition age youth programs** that focus on skill-building for independence, education, employment, and daily living skills are greatly needed. Many young adults have reached transition age without the skills needed to live independently and with little to no family supports to assist. CABHC and the five counties worked to develop a service description for a **Community Based Residential Treatment Facility Program (RTF)** to address some of these needs. The goal is to have a more community-based RTF that is local to our 5 Capital Area counties which would allow for more opportunity for family engagement and more effective family reintegration.

With the current economic climate and continued population growth, especially in Cumberland County, the **demand for mental health services and supports** continues to rise. **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. The Perry County Behavioral Health Task Force continues to explore options to expand this service into Perry County to address this service access need. 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. Merakey-Stevens Center has implemented a version of Open Access; however, it is limited due to the lack of psychiatrists to offer the hours. And as previously mentioned, an intake worker has been providing hours at Community CARES homeless shelter to improve access to mental health services.

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 continue to experience **significant turnover** due to low salaries for those positions. Review of wages and benefits are occurring. Wages in other employment (\$13 – 17/hr.) are much higher than in human service positions (\$8 – 12/hr). Additional funding is needed to adequately staff programs.

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

Cumberland County Human Services Block Grant Plan 2020 - 2021

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.

Recently, it was also noted that 48% of transports by **Emergency Management Services (EMS)** staff are for psychiatric patients to go to emergency departments for assessment or to go to admitting facilities. Significant concerns have been expressed in situations when the patient attempts to get out of the ambulance or becomes agitated during transport, especially if the hospitalization is a voluntary admission. A de-escalation training was held on July 24, 2019 to improve support to EMS staff.

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 had been halted within our county housing system. The lack of vouchers created 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. Recently, CCHRA has begun pulling names from the voucher list which has allowed minimal movement. With our continued population growth within the county, 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 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. Those individuals often end up facing eviction when they are unable to maintain their apartments or financial management. 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.

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 (Cumberland) 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 Behavioral Health Center, 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 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 MH Team** made up of two Forensic case managers (provided by Geisinger-Holy Spirit) 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. These services are paid for by county-base funds and PerformCare if the individual receiving services is Medical Assistance eligible. 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.

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. Our CRR providers worked tirelessly during the COVID-19 Pandemic to ensure safety of the program participants are well as the staff. 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 evenings and weekends. The WarmLine notes an average of 7 calls per night with 994 calls received during FY 2019/2020. Interestingly calls did not increase during the COVID-19 Pandemic "Stay-at-Home" restrictions. 8 WarmLine employees provide the service including a certified peer specialist. This service is paid for by county-base funds.

Psychiatric Rehabilitation is provided by Merakey-Stevens Center who employs four 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. This licensed program is funded by county-base and PerformCare.

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 two Coordinators are 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, including 24-hour supervision. 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.

Cumberland County Human Services Block Grant Plan 2020 - 2021

Assertive Community Treatment (ACT) is available for C-P residents with HealthChoices/MA funds or county-base eligibility 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, restrictive and costly services.

Supported Employment (SE) services are available through Merakey-Stevens Center and have demonstrated outcomes that exceed national standards with 61.5% 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 Behavioral Health Managed Care. Merakey-Capital has implemented this service to address these needs in our communities.

Certified Peer Specialist (CPS) services embedded in several community programs (Social Rehabilitation, Supported Apartments, 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, depending on the site or service.

Also, 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** and **Inpatient** services (provided by numerous agencies) as well as **Administrative Base Service Unit (BSU)** 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 12 years with decreases in funding, especially the ability to quickly accommodate presenting needs. Transitions from higher level intensive services are problematic when the needed community services do not exist or are full. 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. Community residential supports have been full since those individuals have been unable to access housing supports since those funds had been halted. For those individuals needing more intensive or restrictive settings, some slight improvement has been noted with the additional EAU beds. Also we expect the implementation of the LTSR to address some of those concerns.

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 systems 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.

Involvement in the **First Episode Psychosis Program: CAPSTONE** via the SAMHSA grant with Dauphin County will be a benefit to the Transition age population in our counties. CAPSTONE which stands for Clinical Assessment Peer Support Treatment Ongoing Education/Employment utilizes the NAVIGATE model of Coordinated Specialty Care which conveys the mission of helping individuals with a first episode of psychosis and their families to successfully find their way to psychological and functional well-being, and to access the services needed in the mental health system. Operating in Dauphin County since April 2017 through a SAMHSA grant, Cumberland-Perry MH joined in Dec 2019. This collaborative approach with Pennsylvania Psychiatric Institute (PPI) providing mental health treatment services, Merakey Stevens Center providing certified peer specialist, Geisinger Holy Spirit providing

Cumberland County Human Services Block Grant Plan 2020 - 2021

Intensive Case Management (ICM), and Dauphin YWCA providing Supported Employment services supports young adults aged 16 – 30. Thus far we have had 3 referrals, 2 declined, with one active participant at this time.

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 and CareerLink 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 community 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.

As previously stated, CABHC and the five counties worked to develop a service description for a **Community Based Residential Treatment Facility Program (RTF)** to address some of these needs. Community Services Group was selected from the request for proposals and work is continuing to implement this program. The goal was to have a more community-based RTF that is local to our 5 Capital Area counties which would allow for more opportunity for family engagement and more effective family reintegration. This provider is continuing to identify a location, but has faced delays with the COVID-19 Pandemic.

Expanding the **marketing for the CAPSTONE program** will be beneficial in accessing those transition age youth with a first episode of psychosis and their families. The COVID-19 Pandemic has limited the ability to meet with and promote this program effectively to other service providers in our counties. Brochures will be developed with Cumberland-Perry information and providers as the existing brochure only lists Dauphin County.

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. In addition, mental health services may not be a good match for someone who has a primary diagnosis on the spectrum. Mixing a young adult with autism in a program with individuals much older who are experiencing severe mental illness can be problematic and inappropriate.

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.

Cumberland County Human Services Block Grant Plan 2020 - 2021

Staff from our County MH CASSP, IDD and Children and Youth Services (CYS) programs have regular **cross-system meetings** to identify program consumers who will require specialized services as adults in order to begin planning and earlier intervention with the focus on a more successful transition. In most instances, specialized programs need to be developed to meet these complex needs.

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.

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. It is a short term service that is aimed at early intervention in order to promote resiliency and build natural supports. This service provided support to 1470 students and their families from Aug 2018 – July 2019; and 1256 students and their families from Aug 2019 – May 2020, despite the COVID-19 Pandemic and school closures since March 2020. CASSP Elementary School Based Program staff continues to partner with local food banks in Cumberland & Perry Counties in providing various **Summer Read and Feed type programs** that provide 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. These approaches greatly impact social determinants of health and are positive early intervention and prevention strategies.

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. 400 MH referrals were completed for the 2019-2020 school year. This service is fully 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.

In addition to her other duties, our **CASSP coordinator** is highly involved with our local school districts. She and the MH/IDD Administrator attended 2 school administrator meetings this year – one with the Directors of Student Pupil Services and another with School Superintendents to discuss areas of need and concern, trauma, complex students, families in need, SAP, etc.

Supporting Positive Environments for Children (SPEC) continues to be implemented with 3 stakeholders - 1 Cumberland County School District, 1 Perry County School District, and Bethel Daycare. As previously stated this program is funded via HealthChoices Reinvestment. SPEC continues to build Evidence Based Practices (EBP's) in the daycare/elementary schools to support Positive Behavioral Interventions and Supports (PBIS).

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. In 2020 our managed care collaborative expanded the **CRR-ITP** with an additional provider Community Services Group (CSG). This service is also provided by Merakey-Capital. CRR-ITP is similar to CRR Host Home (being provided in a home-like environment) with some programmatic changes - shorter length of stay, EBP therapies such as Trauma Focused Cognitive Behavioral Therapy (TF-CBT), frequent intensive family therapy sessions and Therapeutic Leaves (TL's) with family reunification as the goal. This expansion of CRR-ITP is funded through HealthChoices funding. **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 service that focuses on children and teens who are at risk or already involved with juvenile justice. Designed for youth ages 10-18 whose

Cumberland County Human Services Block Grant Plan 2020 - 2021

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 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)**. This program serves children 2-7 years old and their families. Merakey-Stevens Center, 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 continues to occur to identify trends.

VISTA Early Intensive Behavioral Intervention (EIBI) – was implemented 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 completed 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. This position also takes the lead with complex case reviews with CYS and IDD in discussions to strengthen the supports available to address these needs.

In addition, the **Cumberland County Juvenile Probation office** has implemented a Trauma pilot project to improve outcomes for youth involved in their services. As previously mentioned, the project endeavors to identify trauma earlier in the process within the probation services to improve access to services and supports that will support their needs.

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.

Cumberland County Human Services Block Grant Plan 2020 - 2021

▪ Needs:

During this past school year, our office identified a need for **Elementary Student Assistance Program (ESAP)** to help bolster preventative and supportive services in the Elementary School Buildings in our counties. It should be noted that this program is an educational unfunded mandate that highly suggests that ESAP teams should be operating in all public school buildings K-12. Historically, Cumberland and Perry Counties schools have active Student Assistance Program (SAP) teams in the secondary buildings (middle and high school) funded by the county MH base funds. Within the past several years, a handful of Cumberland County schools began to independently contract with an agency to implement Elementary Student Assistance Program (ESAP). However, during this past school year, our office received several requests from schools to help implement and start new ESAP teams independently without contracting with an outside provider. Given the familiarity the schools have with our CASSP Programs, 2 Cumberland County Schools partnered with our office to help develop and implement an ESAP initiative in their elementary schools. Our office is currently restructuring the CASSP Elementary School Based program to take the role/lead of the MH liaison within the ESAP program. This will be effective 2020-2021 school year in the public elementary schools that currently have an active ESAP program. This new additional role will include: conducting assessments on K-5 students, providing technical assistance (TA) to educational staff in the means of training and resource building, and providing connective community based and Mental Health resource support for caregivers.

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. As previously stated, various initiatives focused on earlier identification of and connection to services related to trauma are being implemented.

Work continues toward bringing in a new service called **Intensive Attachment Based Family Therapy (I-ABFT)** to our counties via our Managed Care Collaborative. I-ABFT is a 32-week treatment for adolescents ages 13-20 (ages 18-20 must still be in school). The model is based on an interpersonal theory of depression, which proposes that the quality of family relationships may precipitate, exacerbate, or prevent depression and suicidal ideation. In this model, ruptures in family relationships, such as those due to abandonment, neglect, or abuse or a harsh and negative parenting environment, influence the development of adolescent depression. Families with these attachment ruptures lack the normative secure base and safe haven context needed for an adolescent's healthy development, including the development of emotion regulation and problem-solving skills. These adolescents may experience depression resulting from the attachment ruptures themselves or from their inability to turn to the family for support in the face of trauma outside the home. ABFT aims to strengthen or repair parent-adolescent attachment bonds and improve family communication. As the normative secure base is restored, parents become a resource to help the adolescent cope with stress, experience competency, and explore autonomy. The children's workgroup continues to finalize the RFP, which was delayed due to COVID-19.

In addition, our Managed Care Collaborative and county partners have been working to implement **Intensive Aggression Replacement Training and Therapy (I-ARTT)**. This service is for youth ages 12-17 and is delivered in a clinical team format by a master's level mental health professional and a bachelor's level mental health worker. Treatment is brief and time limited (16 weeks), but with well-defined treatment goals that are regularly evaluated during monthly treatment planning meetings. The I-ARTT treatment will involve the application of the Aggression Replacement Training (ART) model in conjunction with the evidence-based therapeutic model of cognitive behavior therapy. The program incorporates three specific components: Skill-streaming, Anger-Control Training, and Moral Reasoning Training. The program consists of a 10-week, 30 hour intervention administered to groups of 8 – 12 participants; in respect to I-ARTT, the adolescent in addition to the family (including siblings) will be involved in the treatment. The RFP for this service has also been delayed due to COVID-19.

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.

Cumberland County Human Services Block Grant Plan 2020 - 2021

The **trend of children in day cares being expelled** speaks to a need for training and supports for staff to improve understanding of needs and behavioral management. Parents are often told to seek out behavioral health services to address these needs but increased connections to those earlier intervention options are more successful and supportive. To address some of these needs, a partnership with CASSP, EI, CAIU & an EI provider worked together to develop a resource guide created for families and day care providers to offer available supports. They have also applied for a grant for rapid response team for day care providers.

In addition there seems to be an increasing volume of **complex cases** that cross a multitude of systems – MH, IDD, and 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). An internal county workgroup is focused on identifying strategies to support these needs.

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: Cumberland-Perry County Mental Health continues to have a strong **commitment to community integration**, as evidenced by the many supports available, diversions from state hospital via community services, and the decrease in state hospital referrals for FY19-20. A well-documented community integration philosophy is a main tenant of our Mission and purpose.

Funded through county base dollars, a **Base Service Unit (BSU) liaison case manager** routinely participates in state hospital and EAU 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 during their transition to the community.

Individuals approaching discharge from the state hospital have a **Community Support Plan (CSP)** in place. Individuals being discharged from the state hospital are connected with the supports and treatment services recommended in the CSP prior to their discharge. Upon discharge from the state hospital, as well as from Wellspan-Philhaven’s Extended Acute Care Unit (EAU), follow-up CSP meetings are held within the community as needed to address concerns and review or update the CSP.

- **Needs:** There are currently 19 individuals from Cumberland and Perry Counties receiving inpatient treatment at Danville State Hospital. While we have experienced a significant decrease in referrals to the state hospital over the past fiscal year with six referrals in FY19-20, down from fourteen in FY18-19, this decrease is most likely attributable to an increase in extended acute care beds at Wellspan-Philhaven. The EAU also contributed to the increase to twelve diversions from the state hospital for FY19-20 with six diverted in FY18-19. However, we continually operate above our bed cap of fifteen, averaging a bed utilization of 20 for the year, due to a lack of community options for those with more intensive needs (SCR and LTSR) and limited financial resources.

DIVERSIONS					
	FY 15-16	FY 16-17	FY 17-18	FY 18-19	FY 19-20
# of diversions	38	28	16	6	12

Cumberland County Human Services Block Grant Plan 2020 - 2021

This combination of need for higher levels of care and limited financial resources has created a lack of flexibility within the county mental health system. Discharge plans from the state hospital often indicate **significant personal care needs** thus necessitating a specialized community residence (SCR) type setting. Our SCR's are at capacity with no ability to expand so discharge planning remains difficult to meet the individual's needs within the community without additional funding. Additional needs are structured programs that provide intensive treatment, structure and supervision. These delays in accessing community residential programs may result in extended hospital stays. The anticipated August 2020 completion of the Long Term Structured Residence (LTSR) for our counties should address some of these concerns and needs. In the event an individual is able to live in his/her own apartment, with or without added supports, the availability of safe and affordable housing options within the counties is limited, thus presenting another barrier for pending discharges.

Insurance, particularly **Medicare**, also creates a barrier during discharge planning. There has been a noted increase of Medicare recipients who do not qualify for Medicaid, due to family income, with a small number of providers in Medicare's network. Furthermore, as providers limit participation in Medicare, recipients have to travel further to receive the needed services. Regardless of funding source, the wait time for a psychiatric appointment is typically between 12-16 weeks. These **lengthy delays with accessing community services** significantly impede discharge planning. An individual's stability may be placed at risk due to limited or lack of access to recommended follow-up and support, thus delaying discharge when deemed presently appropriate.

Certain prescribed medications may also impact an individual's discharge process. With the state's efforts to combat the opioid epidemic and the implementation of the prescription drug monitoring program, it has become more difficult to find physicians willing to prescribe controlled substances. State hospital physicians tend to utilize benzodiazepines in their **medication regimen**, therefore making it difficult to find a physician within the community willing to continue prescribing this drug routine. Injection medications, although preferred, present another issue with limited providers able to administer the injections. The issue with injections and insurance tend to be concurrent in that a provider may be able to administer the injection, but not in network with the Insurance provider and vice versa. This becomes an even greater barrier for an individual receiving Medicare.

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 MH representatives meet monthly with PerformCare care managers to review and discuss needs of those individuals with frequent intensive treatment needs.

An Evidence Based Practice was recently implemented via Hempfield Counseling with funding via the Partnership for Better Health. The **Family Check-Up** is a strengths-based intervention that reduces children's problem behaviors by improving parenting and family management practices. This program is offered to any family (biological, foster, or kinship) raising a child/children that have been impacted from caregiver drug use. The Family Check-Up provides parents with the tools that they need to manage their children's behaviors effectively and to build a strong and positive relationship with their children. Historically, this program has shown positive outcomes in children with fewer emotional and behavioral problems; in adolescents with less drug use, antisocial behavior, and depression; and in early adulthood showing long-lasting effects that include reductions in problem behavior and substance use and dependence.

- **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

Cumberland County Human Services Block Grant Plan 2020 - 2021

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. The **Forensic Housing Supportive Services** program was implemented in July 2018 through Reinvestment Funds through CABHC. This service seeks to provide permanent housing as well as the resources and support networks for successful housing for up to 20 individuals who have severe mental illness and criminal justice involvement for up to 6 months per participant. Of 19 referrals received since implementation, 11 received financial assistance and 10 were able to secure stable housing.

As stated in the Program Highlights section, in November 2017, Cumberland County implemented the **Together Optimizing Mental Health Solutions (TOMS) Court** designed for individuals with severe mental illness who have obtained criminal charges as a result of said mental illness. TOMS Court is a complement to Cumberland County's Treatment Court which works with individuals with substance abuse needs. The TOMS Court team has representatives from various departments throughout the county, such as the public defender's and district attorney's offices, courts, prison, adult probation, and mental health, as well as forensic case managers through Geisinger Holy Spirit.

Overall, TOMS Court has had 42 participants enter its program with nine individuals having graduated since its inception. These graduates saved Cumberland County 3,384 prison bed days, or \$219,960. Currently, TOMS Court has a total of 18 active participants comprised of 45% male and 55% female. Graduates' recidivism rate 24 months post-graduation for non-drug/DUI offenses, misdemeanor or felony is currently 18%, while convictions for drug/DUI offenses, misdemeanor or felony, within 24 months post-graduation is 0%.

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 Intercept 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 Mental Health Administrator and Deputy Warden attended the **Stepping Up Initiative** technical assistance meeting in June 2019 with plans to become more involved in the collection of data and moving toward the distinction of an Innovator County. Currently policies and procedures are being updated toward this initiative.

- **Needs:** Work continues with the State Correctional Institutions (SCI) to **improve the coordination of services** for individuals being released. Since the Department of Corrections expanded their classifications of behavioral health disorders to include non-Serious Mental Illness (SMI) diagnoses, the lists have become much longer while the funds to community mental health continue to decrease. In addition, individuals continue to be released without needed aftercare services established or connections made.

Despite our best intentions and collaborations, housing and employment remain significant needs for this population. Community landlords and employers conduct **criminal background checks** which often disqualifies those with whom we work. In collaboration with CCHRA, some advancement has been made in having appeal hearings for those applying for housing vouchers. Employment remains a larger concern as income is necessary to maintain housing and other daily needs.

Cumberland County Human Services Block Grant Plan 2020 - 2021

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 in Cumberland County 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. Current PULSE initiatives are based on the task force priorities of Providing Support, Education and Outreach. Several task force members have represented PULSE at local community and wellness fairs, Capitol Advocacy days, and at the Out of the Darkness Suicide Prevention walks. In addition, PULSE hosted the second annual WE CARE community event as well as the Nevermore Ride for Suicide Prevention and are currently planning for the third annual WE CARE event to be held August 22, 2020. The PULSE Task Force meets the 3rd Tues of each month. In person or virtual options are also available to participate.

Cumberland County Human Services Block Grant Plan 2020 - 2021

Taskforce representatives have started a support group for those who have lost someone to suicide. Trained by the American Foundation for Suicide Prevention (AFSP), the support group is meeting monthly at the Merakey-Stevens Center STAR program on the 3rd Wed of each month and is 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 many community events during calendar year 2019:

- CSP Annual MH Walk – PULSE was represented with flyers and information.
- WE CARE event – Carlisle Fairgrounds to raise awareness and provide education
- AFSP Out of the Darkness Walk – PULSE table at the walk and had team
- Partnered with “Serve the City”
- Candlelight Vigil – New Bloomfield – PULSE was represented
- Outreached to School Superintendents
- Multiple health fairs
- Never More: Ride for Suicide Prevention
- Suicide Prevention Day at the State Capitol
- Kevin Hines Suicide Prevention Event

Task force participation has remained steady with task force members participating in committees, events and various activities.

In addition, **Question, Persuade, Refer (QPR) trainings** have 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. Three community QPR trainings have been held annually since implementation in Cumberland and Perry counties. Additionally, 26 individuals from Cumberland, Perry, and Franklin counties were trained in April 2019 as QPR facilitators to provide this training to community members. A staff member from our Cumberland County office of Human Resources was trained with the intent that staff from each department within Cumberland County will then receive QPR training. The trainer for Cumberland County Prison is also providing QPR to corrections officers and prison staff. Thus far, 9 QPR Gate Keeper Trainings have been provided with 169 people in Cumberland and Perry counties being trained in the last year.

PA Act 36 of 2018, The Employment First Act requires:

State and county agencies and entities providing publicly funded education, training, employment and related services and long-term services and support for working-age Pennsylvanians with a disability that provide services and support to individuals with a disability to coordinate efforts and collaborate to ensure that State programs, policies, procedures and funding support competitive integrated employment for individuals with a disability who are eligible to work under Federal or State law.

When serving adults with severe mental illness (SMI) or children with severe emotional disturbance (SED), please describe how the county/joinder supports employment by providing the following:

Please outline the process the county/mental health case management system uses to identify and connect individuals with SMI to federal block-grant funded supported employment services.

Cumberland and Perry Counties' Mental Health program provides Supported Employment services via county base funds which are not part of a federal block grant. The SE program utilizes the SAMHSA Evidence Based Practice guidelines and fidelity standards to provide the service for individuals with SMI. Our services assist individuals who are interested in employment to seek, gain, and maintain competitive employment just like anyone else would, and also includes providing supports “behind the scenes”. Case Management (both Administrative BSU and TCM) staff assess various domains, including the desire for employment, with individuals at intake and throughout service provision. Case Management staff have access to the criteria for referral to SE as well as to SE program staff members and routinely make referrals for those who meet SMI criteria as well as express a desire to work. Merakey Stevens Center provides

Cumberland County Human Services Block Grant Plan 2020 - 2021

the SE service in our counties through county base funding. As previously stated, we have recently joined Dauphin County in the CAPSTONE program which includes SEE services through YWCA of Dauphin County. Transition age individuals participating in the FEP are referred via CAPSTONE for that service.

What issues do individuals with SMI whom the county serves indicate they experience in connecting with the Office of Vocational Rehabilitation or CareerLink?

The Employment Specialists who provide SE services frequently refer to and meet with OVR and Careerlink at the request of the individual with whom they are providing support. The Supported Employment staff are aware of the resources available through both agencies and support individuals in connecting with the needed supports as appropriate.

We are aware however that the recent change made to OVR (Order of Selection) could significantly limit future interaction and referrals. Referred individuals have experienced extremely long waiting list, lack of follow up (multiple calls and then a call to supervisor) in order to get a status update. OVR staff focus continues to be on “any job” rather than job satisfaction or underemployment. For example, consumers are interested in receiving career specific training and/or computer skills training and OVR doesn’t fund it because the person already has a job (underemployed, dead end job, dissatisfied with job and other jobs they are qualified for).

With Cumberland County CareerLink, SE staff have experienced that a lot of training, funding and job training programs offered are for individuals seeking full time work. Most of the SE consumers are initially looking for part-time or half-time positions to ease back into the workforce and gain confidence in maintaining employment. CareerLink staff themselves have been great. Currently SE staff are supporting one consumer who is accessing A4TD program and one consumer utilizing ResCare. Poor responsiveness was noted with Dauphin County CareerLink with a consumer from the West Shore. Multiple phone calls were unanswered, so staff went with the consumer in person and were able to meet with an intake person. After that, again, no one returned the multiple messages that were left, so nothing came of it.

What activities does the county/mental health case management system perform to partner with school districts in support of pre-vocational activities identified on the Individualized Education Program (IEP) of students with SED or SMI?

Case Management staff make referrals to various community based program when youth with whom they are working identify employment as a goal direction. As the SE program is specifically for those individuals with SMI, little outreach or contact is made with the schools. For those transition age youth interested in employment, referrals to other non-mental health specific programs are made via CareerLink and other community avenues by school personnel.

Does the county have a mental health point of contact for employment services?

Yes No

Cumberland County Human Services Block Grant Plan 2020 - 2021

c) Supportive Housing:

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 the Office of Mental Health and Substance Abuse Services (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, or at risk of, experiencing homelessness.

SUPPORTIVE HOUSING ACTIVITY includes Community Hospital Integration Projects Program (CHIPPP), Reinvestment, County base-funded projects and others that were planned, whether funded or not. **Identify program activities approved in FY19-20 that are in the implementation process. Please use one row for each funding source and add rows as necessary. (However, do not report collected data (columns 3, 4 & 5) for the current year, FY19-20, until the submission of next year's planning documents.)**

1. Capital Projects for Behavioral Health		<input checked="" type="checkbox"/> Check if available in the county and complete the section.							
<p><i>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).</i></p> <p>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.</p>									
Project Name	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY18-19 (only County MH/ID dedicated funds)	Projected \$ Amount for FY20-21 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY18-19	Projected Number to be Served in FY20-21	Number of Targeted BH Units	Term of Targeted BH Units (e.g., 30 years)		Year Project first started
Enola Chapel	LHTC, FHB, HOME, HealthChoices – Reinvestment (HC-R)	0	0	6	6	6	30 years		2008
Townhomes at Factory Square	LIHTC, PBV	0	0	8 – PBV	3 – 811 units; 8 – PBV	0	30 years		2018
Flats at Factory Square	LIHTC, PBV	0	0	0	3 – 811 units; 8 – PBV	0	30 years		2019; Occupancy Sept 2020
Permanent	SHP, Continuum	0	0	73	28	28	Annual Award		2009

Cumberland County Human Services Block Grant Plan 2020 - 2021

Supportive Housing of Care (CoC)									
Shelter Plus Care*	CoC	0	0	78	26	26	Annual Award		2007
Brethren House	HC-R	0	0	5	5	5	30 years		2009
Shepherd's Crossing	HC-R	0	0	4	4	4	30 years		2015
Perry County Veterans	SHP, HOME	0	0	5	5	5	30 years		2010
Warren House	PBV	0	0	5 – PBV	5 – PBV	0	30 years		2007
Notes:	*Shelter Plus Care – decrease in estimated number served due to losing a program FY18-19 (Non-Chronic)								

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 FY18-19	Projected \$ Amount for FY20-21	Actual or Estimated Number Served in FY18-19	Projected Number to be Served in FY20-21	Number of Bridge Subsidies in FY18-19	Average Monthly Subsidy Amount in FY18-19	Number of Individuals Transitioned to another Subsidy in FY18-19	Year Project first started
Cumb Co Rapid Re-Housing Program	Federal	\$283,466	\$150,652	32: 11 with behavioral health	10; 5 with behavioral health	32; 11 with behavioral health	\$818	2	2005
Perry Co Rapid Re-Housing Program	Federal	\$187,361	\$183,089	56	18	24	\$719	7	2013
Forensic Housing Supportive Services Program*	HealthChoices Reinvestment; Reallocation	\$34,743	\$21,000	10	5	7	\$650	0	2018
Emergency Solutions Grant (ESG) Rapid Re-Housing	State	\$179,400	\$145,200	36	20	15	\$730	4	2017
Notes:	*Decrease in Cumberland County RRH (Federal) FY20 due to loss of program in FY19 *Forensic program funding expires 12/31/2020								

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.

Notes: N/A – service not provided

Cumberland County Human Services Block Grant Plan 2020 - 2021

4. Housing Clearinghouse for Behavioral Health	<input checked="" type="checkbox"/> Check if available in the county and complete the section.
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An agency that coordinates and manages permanent supportive housing opportunities.

	Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY18-19	Projected \$ Amount for FY20-21	Actual or Estimated Number Served in FY18-19	Projected Number to be Served in FY20-21			Number of Staff FTEs in FY18-19	Year Project first started
Local Housing Options Team (LHOT) Manager	CDBG, Partnership for Better Health	\$77,000	\$98,000	Unknown/not tracked	Unknown/not tracked			1.0 FTE	2008

Notes:

5. Housing Support Services (HSS) for Behavioral Health	<input checked="" type="checkbox"/> Check if available in the county and complete the section.
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HSS are used to assist consumers in transitions to supportive housing 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 FY18-19	Projected \$ Amount for FY20-21	Actual or Estimated Number Served in FY18-19	Projected Number to be Served in FY20-21			Number of Staff FTEs in FY18-19	Year Project first started
Supported Living – 2 providers	County Base Funding	\$383,622		110	110			6.25 FTE	2000
CCHRA Case Management Staff*	County Base Funding	\$95,000	\$114,413	219	110			3.0 FTE	2001
Forensic Housing Specialist**	HealthChoices Reinvestment; Reallocation	\$34,743	\$21,000	10	5			.5 FTE	2018

Notes: *CCHRA's Case Management staff (3.0 FTEs) average 10 hours/week with housing support services for behavioral health clients which is reflected in our 2019-2020 MH.IDD Budget Application
 **Forensic program funding expires 12/31/2020

6. Housing Contingency Funds for Behavioral Health	<input type="checkbox"/> Check if available in the county and complete the section.
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Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings, and other allowable costs.

Notes: N/A – these services are available through various community agencies, but are not specific to Behavioral Health.

Cumberland County Human Services Block Grant Plan 2020 - 2021

7. Other: Identify the Program for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.			
<p><i>Project Based Operating Assistance (PBOA) is a partnership program with the 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.</i></p>							
Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY18-19	Projected \$ Amount for FY20-21	Actual or Estimated Number Served in FY18-19	Projected Number to be Served in FY20-21		Year Project first started
Fairweather Lodges – 3 sites; 2 Lodge Coord	County Base Funds*; Housing Choice Vouchers	\$99,712	\$101, 839	13	14 slots available**		2007
Long Term Structured Residence (LTSR)	CHIPP, Olmstead, Reinvestment, County Base Funds***	N/A	\$2,414,063 – MH, HC Reinvestment)	0	16		2020
Notes:	<p>* County Base Funds pay for the 2 Lodge Coordinators' salaries ** While there are 14 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. ***CHIPP/LTSR – funding approved in 2018/19 FY, but project not started until 2020</p>						

d) Recovery-Oriented Systems Transformation:

The MH Plan discussions within the CSP committee meetings as well as other stakeholder meetings focused on sustaining and maintaining the provision of current services, increasing access to needed services and increasing awareness of available supports and services as well as addressing stigma. We continue to focus on how to best support individuals in their recovery in the least restrictive community setting.

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.

1. *Provide a brief summary of the progress made on the priorities listed in the FY 19-20 plan.*
 - a. **Priority 1 - Maintain current services and supports** - The C-P Mental Health program continues to 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. This year we have maintained all services previously contracted and provided. We have added a 1:1 service in several cases that required additional staffing support to maintain within the community setting as well as contracted with a behavioral specialist to address behavioral needs for three individuals.
 - b. **Priority 2 - Develop and Implement a Long Term Structured Residence (LTSR) within Cumberland or Perry Counties** – The LTSR project has experienced delays due to the COVID-19 Pandemic. Property was purchased in Cumberland County and after several legal and financial delays, construction of the facility began in December 2019. Construction was then halted in March 2020 due to the Governor's order and finally resumed in May 2020. Inspection of the facility is anticipated in August 2020 with operational implementation shortly thereafter.
 - c. **Priority 3 - Increase awareness of available mental health services and supports in Perry County** – County MH staff continue to participate on all relevant Perry County committees and Task Forces including Perry County Health Coalition, Perry County Behavioral Health Workgroup, Perry County Family Service Partnership Board, and the Perry County Housing Task Force to offer information and suggestions on accessing mental health services and supports. CASSP workers are present in all of the elementary schools and are working to implement ESAP in interested elementary schools, while Teenline provides SAP in the secondary schools. The Perry County Task Force recently worked with community partners to implement the Contact to Care program which employs community health workers to help individuals navigate the health care system, overcome barriers to care and connect with a primary medical home. In addition, County MH staff are also participating on the Perry Task Force focused on COVID-19 recovery.
 - d. **Priority 4 - Development and implementation of a Suicide Prevention Initiative in Cumberland and Perry Counties** – The PULSE task force and QPR training initiatives have been fully implemented and have resulted in numerous community events and outreach as well as ten participants from Cumberland-Perry who were trained and able to provide QPR trainings throughout our counties. Since 2016, 16 QPR trainings have occurred with 284 people being trained to more effectively support individuals in need by listening and connecting them to the resources needed. A Human Resources staff member from Cumberland County was trained as a QPR facilitator and has been training individuals across all county departments in the use of QPR with plans to continue quarterly trainings in the future. Some statistical decrease has been noted in the number of identified deaths by suicide and we are hopeful that these initiatives are having a positive impact.

Cumberland County Human Services Block Grant Plan 2020 - 2021

2. *Based on the strengths and needs reported in section (b), please identify the top three to five priorities for recovery-oriented system transformation efforts the county plans to address in FY 20-21 at current funding levels.*

a. Priority 1 - Maintain current services and supports

Continuing from prior year New Priority

Narrative including action steps: As previously mentioned, individuals receiving services in our counties have voiced strong appreciation for the responsiveness to need that our service array provides. Current service providers share our commitment in providing recovery oriented services. As 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. 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.

b. Priority 2 - Implement a Long Term Structured Residence (LTSR) serving Cumberland and Perry Counties

Continuing from prior year New Priority

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 16 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. The new LTSR provider will complete necessary hiring steps for LTSR staff and begin reviewing and interviewing referrals in anticipation of the September 2020 opening.

Timeline: Timeline for this project was been delayed due to COVID-19 impacting construction. We anticipate completion of the building with inspection to occur on August 28, 2020. The program is anticipated to open in September 2020.

Fiscal and Other Resources: One CHIPP, Olmstead settlement funding, HealthChoices Housing Reinvestment funds, and County Base Funds are being used for this project of \$2.4 million.

Tracking Mechanism: MH staff has been closely involved in the development and implementation of this level of care, working closely with the selected provider. Reports of the building development as well as meetings with the provider and contractor have been occurring on a regular basis. Once operational, monthly reports that include program statistics as well as incident reports will be required and will be tracked in a database and reviewed monthly and quarterly for outcomes. Monthly, quarterly, and annual review and discussion regarding referrals, service outcomes, and fiscal resources is planned. Review of data, consumer satisfaction surveys, incident reports and other resources will also be utilized.

Cumberland County Human Services Block Grant Plan 2020 - 2021

c. Priority 3 - Increase awareness of available mental health services and supports in Perry County

Continuing from prior year New Priority

Narrative including action steps: County MH staff continue to work in collaboration with the Partnership for Better Health, the Perry County Health Coalition and the Behavioral Health Workgroup to identify areas of needed outreach and to increase awareness of existing services. The Behavioral Health Workgroup is developing a plan for increasing psychiatric access in Perry County via Telepsychiatry.

Timeline: These task forces, workgroups, and coalition meet monthly or bi-monthly. These initiatives are ongoing.

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

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

d. Priority 4 – Participation in and Monitoring of the PULSE Suicide Prevention Initiative in Cumberland and Perry Counties

Continuing from prior year New Priority

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 developed a strategic plan focused on raising community awareness, providing support to families directly impacted by suicide, and strengthening partnership with the first responder community, including our local coroner's officers. As stated earlier, recent statistics have shown a decrease in deaths by suicide in our counties. While one cannot draw a straight line to these initiatives, we are hopeful that they are having positive impact. In addition, our Crisis Intervention program is in the process to become part of the National Suicide Prevention Hotline.

Timeline: The PULSE task force meets monthly in person and virtually. PULSE members will continue to participate in various community and wellness fairs to spread awareness and decrease stigma related to suicide. PULSE has the 3rd annual WE CARE event planned for September 2020 as well as annual participation in the AFSP Out of the Darkness Walk. QPR trainings will continue to be offered on a quarterly basis to the general public via the Bosler Library as well as to county department staff via the Human Resource trainer and Prison staff trainer.

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. Taskforce members will utilize funds raised through their events 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.

e. Priority 5 – Development and Implementation of Elementary Student Assistance Program (ESAP)

Continuing from prior year New Priority

Narrative including action steps: As previously noted, several of the elementary school districts have expressed interest in adding an ESAP team to help bolster preventative and supportive services in the Elementary School Buildings in our counties. It should be noted that this program is an educational unfunded mandate that highly suggests that ESAP teams should be operating in all public school buildings K-12. Historically, Cumberland and Perry Counties schools have active Student Assistance Program (SAP) teams in the secondary buildings (middle and high school) funded by the county MH base funds. Within the past several years, a handful of Cumberland County schools began to independently contract with an agency to implement Elementary Student Assistance Program (ESAP). However, during this past school year, our office received several requests from schools to help implement and start new ESAP teams independently without contracting

Cumberland County Human Services Block Grant Plan 2020 - 2021

with an outside provider. Given the familiarity the schools have with our CASSP Programs, 2 Cumberland County Schools partnered with our office to help develop and implement an ESAP initiative in their elementary schools. Our office is currently restructuring the CASSP Elementary School Based program to take the role/lead of the MH liaison within the ESAP program. This will be effective 2020-2021 school year in the public elementary schools that currently have an active ESAP program. This new additional role will include: conducting assessments on K-5 students, providing technical assistance (TA) to educational staff in the means of training and resource building, and providing connective community based and Mental Health resource support for caregivers.

Timeline: all CASSP Elementary School Based staff will receive training on the ESAP model and implementation this summer with implementation at the beginning of the school year August 2020.

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

Tracking Mechanism: All ESAP providers input data into the JQRS state system. CASSP Coordinator has also received the ESAP training and will monitor compliance, fidelity, and statistics from the program for quality assurance.

f. Priority 6 - Support county human service agencies to become Trauma Informed throughout the counties

Continuing from prior year New Priority

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. The need to be trauma informed goes further however than providing therapy. It is imperative that all human service providers acknowledge the impact that trauma has on everyone and be better prepared to address those needs. Trainings are imperative and have already begun. Becoming trauma informed is a multi-pronged approach:

- MH providers have received and continue to receive various trainings to strengthen trauma focused skills with a focus on Dialectical Behavior Therapy (DBT), Trauma Focused Cognitive Behavioral Therapy (TF-CBT), 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.
- County MH staff participate in the Carlisle Resilience Collaborative which is a multidisciplinary group of organizations and individuals committed to understanding the effects of early childhood trauma, creating a safe and supportive environment for community dialogue, and discovering solutions that inform and inspire a trauma informed community.
- Presentations of the movie Resilience: the Biology of Stress & the Science of Hope are being re-scheduled due to the COVID-19 Pandemic. This movie demonstrates how adverse childhood experiences (ACES) impact our physical health and wellbeing and greatly increases awareness regarding the impact of trauma and developing earlier interventions in all of our systems.
- 500 copies of The Deepest Well: Healing the Long-Term Effects of Childhood Adversity, written by pediatrician Nadine Burke Harris, M.D. were purchased to give to participants at the event. We are working to determine alternative ways to distribute the books and have deeper conversation regarding the impact of trauma and building resiliency.
- Becoming Trauma Informed trainings continue to be provided to human service agencies in our counties as well as other community agencies by our Early Intervention (EI) program staff. Funded by The Foundation for Enhancing Communities (TFEC), this facilitator training focused on the Adverse Childhood Experiences Study (ACES) and the impact of trauma on everyone as well as the community. The trainings have been well-received.
- Staff have also taken advantage of the trauma-focused webinars offered by Lakeside Global which also identify the root of trauma, its impact, and considerations to address those needs.
- Our Mental Health Court team participated in the Trauma Informed Treatment Courts webinar which offered great court-related perspectives and specific changes these specialty treatment courts could implement.
- And the Cumberland County Juvenile Probation Department is one of 10 departments in the state of Pennsylvania selected to participate in a Trauma Pilot Program which introduced the CTS (Child Trauma Screen) tool for youth referred to the Juvenile Probation Department at the intake level. This screening directs the need for further Trauma Assessment and recommendations for intensive Trauma Based Therapy. Phase 2 of this project will involve implementation of the Trauma Informed Decision Protocol (T.I.D.P.) for utilization by case management. This

Cumberland County Human Services Block Grant Plan 2020 - 2021

project continues to involve a collaborative effort with the juvenile probation department, children & youth services, county mental health and community providers.

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. Utilizing existing county staff and free available trainings allows costs to be minimal at this time.

Tracking Mechanism: Data will be kept with regard to trainings, discussions, and events that are held and attended.

g. Priority 7 – Updating ALL Hazards/Continuity of Operations Plans

Continuing from prior year New Priority

Narrative including action steps: In light of this year's COVID-19 Pandemic, it is imperative that all providers and human service agencies review and update their All Hazards and Continuity of Operations Plans (COOP) to be as prepared as possible.

Timeline: All contracted providers will submit an updated All Hazards plan that includes their COOP with their annual contracts in June 2020. Specific COOP training will be provided during that time as well as technical assistance as needed.

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

Tracking Mechanism: All provider contracts are required to include All Hazards plans. Those that are not updated will be returned for completion.

Cumberland County Human Services Block Grant Plan 2020 - 2021

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							

Cumberland County Human Services Block Grant Plan 2020 - 2021

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							

Cumberland County Human Services Block Grant Plan 2020 - 2021

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							

Cumberland County Human Services Block Grant Plan 2020 - 2021

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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Inpatient Hospitalization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Partial Hospitalization		
Adult	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Child/Youth – not in C-P, in adjacent county	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family-Based Mental Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Assertive Community Treatment (ACT) or Community Treatment Team (CTT)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children’s Evidence Based Practices (Outpatient Service)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Services		
Telephone Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Walk-In Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Residential Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis In-Home Support Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Emergency Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Targeted Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrative Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Transitional and Community Integration Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Employment/Employment Related Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Residential Rehabilitation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children’s Psychosocial Rehabilitation	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Adult Developmental Training (IDD service, not MH)	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Facility Based Vocational Rehabilitation (IDD service, not MH)	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Social Rehabilitation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrator’s Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Housing Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Peer Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Consumer Driven Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Mental Health Treatment	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Behavioral Health Rehabilitation Services for Children and Adolescents	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
** Inpatient Drug & Alcohol (Detoxification and Rehabilitation)	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
** Outpatient Drug & Alcohol Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
** Methadone Maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Clozapine Support Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment

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

Cumberland County Human Services Block Grant Plan 2020 - 2021

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	34	TMACT	Deloitte, CABHC	Quarterly	Y	Y	*Modified ACT program, follows CTT guidelines
Supportive Housing	Y	103	None Available	N/A	N/A	N/A	N/A	Vague guidelines, but no toolkit available
Supported Employment	Y	57	SAMHSA	Agency	Bi-Annually	Y	Y	# Employed = currently 29, with 10 laid off due to COVID-19
Integrated Treatment for Co-occurring Disorders (MH/SUD)	Y	Not Tracked	None Available	N/A	N/A	N/A	N/A	2 providers are dually licensed (MH & D&A)
Illness Management/ Recovery	N	N/A	N/A	N/A	N/A	N/A	N/A	Psych Rehab offers the Wellness Self-Management Toolkit
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	2	Approved Service Description	PerformCare monitors model via QA activities	Every 3 years	N	Y	CRR HH-ITP
Multisystemic Therapy	Y	31	MST Services, Inc.	MST Services, Inc.	Quarterly	Unknown	Y	Also provided through CYS/JPO Needs Based
Functional Family Therapy	Y	36	FFT Guidelines Annual Managed Care Contract	Provider & FFT Consultant	Annually	Y	Y	Implemented Jan 2018
Family Psycho-Education	Y	30	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.

Cumberland County Human Services Block Grant Plan 2020 - 2021

g) Additional EBP, Recovery Oriented and Promising Practices Survey:

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	N/A	N/A
Fairweather Lodge	Y	14 slots	3 Lodges
MA Funded Certified Peer Specialist-Total**	Y	25	
CPS Services for Transition Age Youth	Y	0	
CPS Services for Older Adults	Y	2	
Other Funded Certified Peer Specialist-Total	Y	15	County funded + numerous in embedded soc rehab and supported apartment programs
CPS Services for Transition Age Youth	Y	6	
CPS Services for Older Adults	Y	3	
Dialectical Behavioral Therapy	Y	24	In addition, many therapists provide this therapy as an OP service, but the specific modality is not tracked
Mobile Medication	Y	35	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	N	N/A	CASSP offers a joint planning team – meetings re: individuals occur approx. three times per month across the joinder
Shared Decision Making	Y	63	Implemented Common Ground Approach in Dec 2017
Psychiatric Rehabilitation Services (including clubhouse)	Y	103	1 Psych Rehab agency provides service in 4 locations across the joinder that are HealthChoices and County Base funded.
Self-Directed Care (Common Ground)	Y	63	
Supported Education	N	-	Offered via CAPSTONE program only – no one participating thus far
Treatment of Depression in Older Adults	Y	400	Geriatric Psychiatrists & Social Worker
Consumer Operated Services	Y	N/A	Community Support Program (CSP)
Parent Child Interaction Therapy	Y	20	
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	Y	1	Via CAPSTONE with Dauphin County's SAMHSA grant for FEP

*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

Cumberland County Human Services Block Grant Plan 2020 - 2021

h) Certified Peer Specialist Employment Survey:

"Certified Peer Specialist" (CPS) is defined as: An individual with lived mental health recovery experience who has been trained by a Pennsylvania Certification Board (PCB) approved training entity and is certified by the PCB.

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
- HealthChoices peer support programs
- consumer-run organizations
- residential settings
- ACT or Forensic ACT teams

Total Number of CPSs Employed	8
Number Full Time (30 hours or more)	1
Number Part Time (Under 30 hours)	7

i) Involuntary Mental Health Treatment

1. During CY2019, did the County/Joinder offer Assisted Outpatient Treatment (AOT) Services under PA Act 106 of 2018?
 No, chose to opt-out for all of CY2019
 Yes, AOT services were provided from _____ to _____ after a request was made to rescind the opt-out statement
 Yes, AOT services were available for all of CY2019
2. If the County/Joinder chose to provide AOT, list all outpatient services that were provided in the County/Joinder for all or a portion of CY2019 (check all that apply): **N/A**
 Community psychiatric supportive treatment
 ACT
 Medications
 Individual or group therapy
 Peer support services
 Financial services
 Housing or supervised living arrangements
 Alcohol or substance abuse treatment when the treatment is for a co-occurring condition for a person with a primary diagnosis of mental illness
 Other, please specify: _____
3. If the County/Joinder chose to opt-out of providing AOT services for all or a portion of CY2019:
 - How many written petitions for AOT services were received during the opt-out period?
None
 - How many individuals did the county identify who would have met the criteria for AOT under Section 301(c) of the Mental Health Procedures Act (MHPA) (50 P.S. § 7301(c))? None

Cumberland County Human Services Block Grant Plan 2020 - 2021

	AOT	IOT
Number of individuals subject to involuntary treatment in CY2019	N/A	37
Inpatient hospitalizations following an involuntary outpatient treatment for CY2019		13
Number of AOT modification hearings in CY2019	N/A	
Number of 180-day extended orders in CY2019	N/A	31
Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY2019	N/A	\$238,500

DRAFT

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 joiner an extensive selection of quality services and supports. These services/supports include supports coordination services, community residential services, supported employment/job training services, adult developmental services, family support services, transportation services and recreation/socialization services.

The 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 four 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 other two program specialists serve as the Intake Specialists, the Waiver Capacity Managers, and the Public Relations Specialists. 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 fifteen (15) supports coordinators.

The 2020 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 2020. Cumberland-Perry's 2020 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. Decrease the number of individual to individual abuse incidents by 20%.

Cumberland County Human Services Block Grant Plan 2020 - 2021

CUMBERLAND & PERRY COUNTIES BASE FUNDED SERVICES – INDIVIDUALS SERVED

	<i>Estimated Individuals served in FY 19-20</i>	<i>Percent of total Individuals Served</i>	<i>Estimated Individuals to be served in FY 20-21</i>	<i>Percent of total Individuals Served</i>
Supported Employment	19	12%	30	19%
Pre-Vocational	0	-	0	-
Community Participation	15	10%	20	13%
Base Funded Supports Coordination	155	100%	160	100%
Residential (6400)/unlicensed	4	2%	4	3%
Life sharing (6500)/unlicensed	0	-	0	-
PDS/AWC	1	<1%	1	<1%
PDS/VF	0	-	0	-
Family Driven Family Support Services	50	32%	60	38%

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 because the most appropriate outcome for individuals with intellectual disabilities/Autism after graduation from high school is competitive employment or post-secondary education.

As part of our efforts to promote competitive employment as the most appropriate outcome for individuals with intellectual and developmental disabilities/Autism, Cumberland-Perry IDD started an adult Project SEARCH program in December 2017. Project SEARCH is 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 *individuals 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, Children and Youth office and the library. Goodwill Keystone Area provides the classroom instruction and the job coaching. Individuals for the program are chosen to participate in the program following a face-to-face interview and a skills test. During the first two years of the program, we had nine individuals participate in the Project Search program and, upon graduation, eight of them had a competitive job. Nine individuals were selected to participate in our third class and were expected to graduate in June 2020. This timeline was disrupted by the COVID 19 Pandemic and planning is still occurring

Cumberland County Human Services Block Grant Plan 2020 - 2021

for individuals to resume the program and transition to competitive employment. Currently, we are preparing for our fourth class to begin in September 2020.

As of April 2020, 165 or 17% 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.

Cumberland-Perry historically has approximately twenty (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 2020, we continue to see a significant increase in the number of students graduating from high school who choose competitive employment instead of a day program. Seventy-five percent (75%) of our graduates are looking at an employment outcome. Six 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/Autism. 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, and conversation starters as a standing agenda item for every staff meeting.

In October 2019, as part of Disability Employment Awareness Month, we recognized six (6) local employers in Cumberland County who embrace employing individuals with intellectual disabilities/Autism. Those employers were Syncreon, Carlisle Family YMCA, Mechanicsburg Area School District Food Service, Anile's Ristorante & Pizzeria, Target, and Mount Asbury Retreat Center. During the luncheon, 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 disabilities/Autism in Cumberland County. Cumberland-Perry IDD views employment as a priority for individuals with intellectual disabilities/Autism and works with area businesses to assist those with special needs in finding employment. Cumberland/Perry is planning another Business Champions recognition event for October 2020.

Cumberland/Perry has also been involved in the development of the "Talent Academy" at syncreon, which is in a business partnership with OVR, a Community Based Employment Provider and the local MH/IDD programs. The program consists of a five week training program for individuals to receive assistance with job skills development with employment at syncreon being the goal at the conclusion of the five week program. There have been multiple individuals registered with IDD who have received employment offers through this partnership.

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 has worked 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, several individuals with intellectual and developmental disabilities from Cumberland County are taking classes at Penn State-Harrisburg. Other colleges/universities that are offering post-secondary education opportunities for individuals with intellectual disabilities/Autism include Mercyhurst College, East Stroudsburg University, Slippery Rock University, Temple University, West Chester, Duquesne, Drexel University and Penn State-Lehigh Valley.

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.

Cumberland County Human Services Block Grant Plan 2020 - 2021

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. A large vendor area was also available to those who attended the Transition Fair. Due to the COVID 19 Pandemic, our 2020 Transition Fair had to be cancelled but will resume when we are able to host a large event safely in the future.

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. Transportation costs have also become a barrier which at times are over \$60 per day to get an individual to and from employment. More individuals are looking into Transportation – Mileage reimbursement to help alleviate some of these issues, but this is not an option for everyone. We urge our Supported Employment providers to consider location of employment and an individual's ability to be able to safely get to their employment as one of the first considerations when they begin a job search. 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 155 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 Coordinator Supervisors participate in the AE's initial face to face meeting with the families during the intake process. This is a new process and was implemented by the SCO in order to alleviate the burden and stress of excessive amounts of information being introduced to the individual and their family during numerous meetings with the AE and SCO during the intake process. The supervisors are able to begin the ISP during this time and complete it in HCSIS before handing the case off to the SC. This allows the SC to have more time to get to know the family and their needs during their initial meeting.

Supports Coordinator Supervisors introduce the Lifecourse framework to families during the intake process and provide them with additional information as requested. All SCO supervisory staff have taken the Person Centered Planning training and are implementing this practice with their staff. The supports coordinators engage the individual and their family in conversations to explore natural supports that are available to anyone in the community. 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.

The SCO had their Quality Assessment and Improvement Oversight conducted by ODP in November of 2018. This consisted of an on-site visit and thorough review of SCO activities. The SCO achieved a score of 98.64% which is considered to be a commendable score. On-site visits are conducted every 3 years while a self-assessment is also conducted by the SCO on an annual basis.

LIFESHARING AND SUPPORTED LIVING

Our Lifesharing programs have had their "ups and downs." We currently have eight (8) individuals living in a Lifesharing home. Our PUNS numbers indicate that we have 14 individuals on the Waiting List who would like to live in a Lifesharing

Cumberland County Human Services Block Grant Plan 2020 - 2021

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 Lifesharing brochure was created and is 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 qualified a new provider last year 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 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 and graduated in January 2019. Another class of 3 individuals began in February 2019 and those individuals graduated in February 2020. Four new individuals will begin the program in June 2020.

In addition, we have contracted with another provider who is going to be providing the Pathways Apartment Program in the individual’s own apartment. We “tweaked” the original Pathways Program just a little bit for this program so that the Pathways program will be provided to an individual already living in their own apartment. Unlike the Pathways Academy where the individuals participating in the program need to find an apartment upon completion of the program, the Pathways Apartment Academy starts with the individual already living in their apartment, and upon completion of the program, the staff move out and the individual remains in their apartment.

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/Autism and their families in Cumberland and Perry counties. These independent living technologies include devices that will proactively notify caregivers and loved ones of changes in an individual’s life style patterns. These innovative technologies include an array of sensors, environmental controls, and medication dispensers all monitored via a secure website. Through the use of these independent living devices, a new model for monitoring individuals 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/Autism. Cumberland-Perry IDD Services plans to expand the use of independent living technology with more

Cumberland County Human Services Block Grant Plan 2020 - 2021

providers who support individuals with intellectual and developmental disabilities living in their own apartments/homes during the 2020-2021 fiscal year.

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 approximately twelve individuals to the Mobile Behavioral Support Program. The individuals who are being referred live with their families as well as in community homes supported by our providers.

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. Then, when the child/adolescent is recommended for discharge from an RTF, the family is refusing to take them home. Children and Youth then becomes involved because the child/adolescent is being abandoned. However, the Children and Youth system is not equipped with the resources to provide care for these children/adolescents with significant disabilities. At the current time, Children & Youth, MH 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 disabilities/Autism. There is a growing population of older individuals in our system requiring services for the transition from vocational to non-vocational settings, i.e. adult day services. 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 ten 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, and providers of service for senior citizens and individuals with intellectual disabilities/Autism 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 that support individuals with intellectual disabilities/Autism who are aging. In

Cumberland County Human Services Block Grant Plan 2020 - 2021

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 2020-2021. 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 assists 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, however we continue to discuss how we could include specific trainings related to IDD and Autism into this specific training curriculum. 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.

Cumberland County Human Services Block Grant Plan 2020 - 2021

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 eight (8) emergency situations. In most of these cases, the caregiver was either not able to care for the individual or not willing to care for the individual any longer and an APS report had been filed. Base funding was used to support these emergency situations at the onset until waiver capacity became available. We needed to request six Consolidated waivers and two Community Living waivers from ODP thru the Unanticipated Emergency process as we did not have the waiver capacity available to meet the needs of these individuals. ODP approved our requests for all of these individuals.

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

Cumberland County Human Services Block Grant Plan 2020 - 2021

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. The LifeCourse information and tools are distributed to families by the Intake Specialist, the supports coordination unit, and at special events, i.e. our annual Transition Fair.

IDD Task Force - Fifteen (15) 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/Autism 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 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 as well as individuals who have complex needs. 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 and/or those individuals with complex needs. Historically, both schools and social service agencies have focused on the needs of the student/consumer with special needs. While there is no question that the needs of the individual are paramount, it also is important to address the needs of the families who care for individuals with special needs. Thus, by supporting the family as well as the individual during challenging transition processes, such as transitioning from high school into the world of adult services or transitioning from living at home to living in an apartment or a group home, positive outcomes can be achieved. By providing extra support to elderly caregivers who are reluctant to make plans for when they are no longer able to care for their son/daughter, positive outcomes can be achieved. And by providing extra support and guidance to families who have children with complex needs, 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. Last year, Cumberland-Perry and Dauphin County IDD Services expanded the Early Intervention “Community Links” website, www.community-links.net, website, which is an informational/community participation-type website, to include a school-age

Cumberland County Human Services Block Grant Plan 2020 - 2021

portal and an adult portal. The Community Links website contains many, many resources for families who are looking for community supports, formal government supports, and education about a myriad of topics.

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.

Several years ago, 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 two 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 offer. Cumberland/Perry also contracts with a provider who operates two (2) respite homes in the Mechanicsburg area in order to increase respite capacity for families.

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 2018-2019, there were 67 independent surveys completed by Vision for Equality, our IM4Q provider, 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 disabilities/Autism. HCQUs are units comprised of nurses, clinicians and others with expertise in the area of intellectual disabilities/Autism 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 disabilities/Autism. 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/Autism 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.

The HCQU's have also spent a considerable amount of time providing trainings to providers, individuals, families, AE and SCO staff on the Fatal 4 (aspiration, constipation, dehydration and seizures). These conditions present a high risk to

Cumberland County Human Services Block Grant Plan 2020 - 2021

individuals with intellectual disabilities/Autism. The trainings assist in gaining an understanding of the conditions, the risk factors associated with the conditions, and strategies for preventing or minimizing these health concerns.

The HCQU is also serving as the regional lead for implementation of the Health Risk Screening Tool (HRST). The HRST implementation will initially screen all individuals with intellectual disabilities/Autism who are residing in a residential placement. The HRST is a web-based screening instrument designed to detect health destabilization EARLY and PREVENT preventable illness, health related events and even death. It is a reliable, field-tested screening tool that consists of 22 rating items, divided into five health categories. Each of the 22 items consists of questions answered by the Rater. When fully answered the HRST assigns a numeric degree of health risk to the person called a Health Care Level (HCL). The scale ranges from 1 (low risk) to 6 (high risk). There are also designated areas within the online program for diagnosis and medication entry.

In 2019, we engaged our HCQU to develop a web based, interactive training platform in order to increase their ability to offer trainings to more individuals and families. This training platform was especially helpful during the COVID-19 Pandemic when the ability to participate in face to face trainings was restricted.

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 ID/Autism 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 disabilities/Autism. 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/Autism throughout the year.

Over the past two years, an emphasis has been placed on assisting providers become more knowledgeable about the Fatal Four health risks - aspiration, constipation, dehydration, and seizures - that many individuals with ID/Autism experience during their life. If these four health risks are not identified and cared for in the proper manner, individuals could die. Cumberland/Perry had all residential providers complete a survey where the providers were to identify all the individuals that they support who had any of the Fatal Four health risks and then evaluate how well they (the provider) was doing in supporting these individuals. Staff training was found to be a big need and the HCQU developed specific trainings for each of these four health risks that could be presented to the staff. Completing the survey also helped to raise providers' awareness as to how many individuals they support actually have a Fatal Four health risk.

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.

In addition, Cumberland/Perry MH/IDD and Dauphin County ID/A facilitate a provider forum on a bi-monthly basis for all IDD/Autism providers who provide services to individuals with intellectual disabilities and Autism in Cumberland, Dauphin and Perry counties.

Cumberland County Human Services Block Grant Plan 2020 - 2021

Risk Management and Incident Management

Cumberland-Perry IDD Services facilitates a Human Rights Committee/Risk Management team meeting every three months. The Human Rights Committee/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 Human Rights Committee/Risk Management Team reviews the following agenda items as they relate to the Risk Management process: 1. Quarterly data for related incidents of Restraints, Rights Violations, etc.; 2. Review of spreadsheet (data collection of Restrictive Plans); 3. ISP Behavior Support Plan information; 4. Review of Restrictive Plans; and 5. 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 ID/Autism 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 via the ODP required Supports Coordinator Organization training. The County AE Incident Manager supplements this training and is available for technical assistance during initial and ongoing training needs for the Supports Coordination Organization.

The Cumberland-Perry AE and our providers recognize that in order to move the ID/Autism 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. Rental assistance funding has been used to promote independent living and prevent individuals with ID/Autism from experiencing homelessness when Section 8 vouchers are not immediately available. ID/Autism staff work collaboratively with the Housing Authority Special Needs Case Manager to identify and facilitate housing options for those individuals.

ID/Autism staff participate on the Local Housing Options Team to work with human service providers to address issues related to housing and homelessness.

ID/Autism staff also participate in the local 811 Project Rental Assistance Pilot. The 811 Project Rental Assistance is a pilot program funded by the U.S. HUD Bureau to provide extremely low-income people with disabilities/Autism access to affordable, integrated and accessible housing. The program prioritizes individuals who are currently institutionalized, at-risk of institutionalization, or living in congregate care settings. Pennsylvania was awarded project-based rental subsidies for 400 units for the 811 program.

Emergency Preparedness Plan

All ID/Autism residential and day program providers are asked to update their disaster preparedness plans on an annual basis by the Cumberland County Emergency Management Program. ID/Autism providers are then instructed to forward the

Cumberland County Human Services Block Grant Plan 2020 - 2021

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 ID/Autism 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.

During the COVID-19 pandemic, all of our providers implemented their Emergency Plans immediately. Our providers were amazing during this pandemic. Both management staff and DSP staff “rose to the occasion” offering care that complied with both the CDC and the Pennsylvania Department of Health’s guidelines. This high level of care kept our individuals safe from contracting the coronavirus while managing the individuals’ other support needs at the same time. All of our providers, management staff and DSP staff, are to be commended for a job well done!

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. Families now have access to multiple Supports Brokers in Cumberland/Perry counties to assist with employment functions related to PDS. Supports Brokers can assist families to alleviate some of this burden.

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 ID/Autism 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 28 individuals who are living at state centers or other ICF/MRs. Whenever we learn that a Cumberland/Perry individual living at a state center or other ICF/MR wants to return to the community to live, we work with the individual, his/her team at the state center, his/her supports coordinator, and providers across the state to develop a plan that will allow this individual the opportunity to move back to the community to live.

B. HOMELESS ASSISTANCE SERVICES (Homeless Assistance Program - HAP)

Please describe the continuum of services to individuals and families within the county who are experiencing homelessness or facing eviction. An individual or family is facing eviction if they have received either written or verbal notification from the landlord that they will lose their housing unless some type of payment is received.

Bridge Housing Services:

- *Please describe the bridge housing services offered. Include achievements and improvements in services to families at risk or experiencing 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 Harbour continues to be routine in nature as a valuable referral resource to many of our clients achieving independent and self-sufficient living. The program provides three levels of housing services: (1) Bridge Housing; (2) Single Room Occupancy (SRO); and (3) Decentralized Housing (Scattered Site Initiative). Eligible clients must meet low-income criteria and have a history of residence in Cumberland County.

The **Bridge Housing** portion is a transitional service that allows individuals and families temporary housing within a supportive living environment while they prepare to live independently. Residents are eligible for participation in this service for up to eighteen months. Any additional time must be approved by the County HAP Coordinator via a waiver request and approval from the PA Department of 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? Please provide a brief summary of bridge housing services results.*

Each program is required to fulfill contractual requirements and is monitored annually. The fiscal officer maintains accurate administrative records which are reported to PA Dept. of Human Services, Office of Social Programs on a yearly basis. Aging and Community Services receives copies of their audited financial statements for review. Most recent reviews yielded no findings with financial or contractual requirements.

- *Please describe any proposed changes to bridge housing services for FY 20-21.*

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:

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

Case management services are offered through our Homeless Assistance Program (HAP) through Maranatha and our Rental Assistance Program. 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).

- *How does the county evaluate the efficacy of case management services? Please provide a brief summary of case management services results.*

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 to review, who in turn sends to the County Controller's office for payment. The fiscal officer maintains accurate administrative records which are reported to PA Dept. of Human Services on a yearly basis. Monitoring of these Homeless Assistance Programs is completed by the planner and fiscal officer yearly. Client satisfaction surveys are completed. Most recent reviews yielded no findings with financial or contractual requirements.

- *Please describe any proposed changes to case management services for FY 20-21.*

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:

- *Please 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.

Cumberland County Human Services Block Grant Plan 2020 - 2021

Disbursements of Rental Assistance funds are based on certain eligibility requirements. A waiver can be requested for the required eviction notice during a State of Emergency, Natural Disaster, Moratorium on no evictions, a localized area affected by a disaster, or a Public Health emergency to prevent evictions if the person can provide certain verification. 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? Please provide a brief summary of rental assistance services results.*

Through monitoring, staff performance reviews and client satisfaction surveys. 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 for review, who in turn sends to the County Controller's office for payment. Bi-weekly checks are dispersed directly to the landlords of Rental Assistance Program applicants who are eligible to receive payments. The fiscal officer maintains accurate administrative records which are reported to PA Dept. of Human Services on a yearly basis. Monitoring of these Homeless Assistance Programs is completed by the planner and fiscal officer yearly. Most recent reviews yielded no findings with financial or contractual requirements.

- *Please describe any proposed changes to rental assistance services for FY 20-21.*

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.

Cumberland County Human Services Block Grant Plan 2020 - 2021

Emergency Shelter:

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

Community C.A.R.E.S. (previously Carlisle CARES) 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 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 a waiting list based upon their assessment scores and need in relation to others who have taken it, 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 if they return to their residence can receive emergency, short-term placement in a motel/hotel utilizing HAP funds, or in other short-term placements such as Nursing Facilities, Personal Care Homes, or Domiciliary Care Homes which will be billed to the older adult. This emergency shelter placement would continue until the risk is eliminated or until appropriate long-term arrangements are finalized in conjunction with the Cumberland County Office of Aging and Community 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? Please provide a brief summary of emergency shelter services results.*

Each program is required to fulfill contractual requirements and is monitored annually. Aging and Community Services receives copies of their audited financial statements for review. Billing reimbursement requests for these programs are given to the fiscal officer for review, who in turn sends to the County Controller's office for payment. The fiscal officer maintains accurate administrative records which are reported to PA Dept. of Human Services on a yearly basis. Monitoring of these Homeless Assistance Programs is completed by the planner and fiscal officer yearly. Most recent reviews yielded no findings with financial or contractual requirements.

- *Please describe any proposed changes to emergency shelter services for FY 20-21.*

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.

Innovative Supportive Housing Services:

- *Please describe the other housing supports services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.*

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

Cumberland County Human Services Block Grant Plan 2020 - 2021

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, which provides assessments in person or through 211 to get those that qualify on the list for needed housing services, and makes appropriate referrals.

- *How does the county evaluate the efficacy of other housing supports services? Please provide a brief summary of other housing supports services results.*

N/A

- *Please describe any proposed changes to other housing supports services for FY 20-21.*

None planned at this time.

- *If other housing supports services are not offered, please provide an explanation of why services are not offered.*

N/A

Homeless Management Information Systems:

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

All county shelters, excluding the Domestic Violence Shelter for Cumberland and Perry County, are using the HMIS system as well as the County office of Housing and Redevelopment. 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 current and the previous four fiscal years the Commission has been fortunate to not experience system-wide waiting lists for any level of care due to limited SCA treatment funding. This is due in large part to the positive impact of Medical Assistance (MA) 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 use disorder. For this reason various proposals at the federal level to terminate MA Expansion continue to be a major concern. Termination of MA Expansion would greatly reduce access to substance abuse treatment services for Cumberland and Perry County residents.

Since the fall of 2017 the Commission has also received some additional federal funding – State Targeted Response (STR) and State Opioid Response (SOR) – designed to combat the nationwide opioid epidemic. This additional funding has helped us to address the increased demand for substance use disorder case management, treatment and recovery support services.

Although limited Commission funding has not been an obstacle to accessing substance abuse treatment in recent 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 is 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.

Cumberland County Human Services Block Grant Plan 2020 - 2021

Services	# of Individuals	Wait Time (days)**
Withdrawal Management	0	0-3
Medically-Managed Intensive Inpatient Services	0	1-14
Opioid Treatment Services (OTS)	0	0-3
Clinically-Managed High-Intensity Residential Services	0	1-7
Partial Hospitalization Program (PHP) Services	0	1-5
Outpatient Services	0	2-10
Other: Clinically-Managed Low Intensity Residential Services	0	1-7

**Average wait time in days

The availability of detox beds is often sporadic, and a 0 to 3-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 case manager 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.

Within the past three years it does seem that access to detox has improved. This is probably due to two factors. First, there has been an increase in the number of non-hospital detox beds throughout the state and within south-central Pennsylvania. Second, an increase in access to methadone and Suboxone services has eliminated the need for some individuals with opioid use disorders to begin their substance abuse treatment with a detoxification program.

Access to hospital-based services (medically-managed intensive inpatient) is our most significant capacity issue. There are a very limited number of licensed hospital-based detox and rehab programs in Pennsylvania. Our SCA does maintain detox and rehab contracts with Eagleville Hospital and Valley Forge Medical Center. However, at any given time it can be difficult to find an open bed at either of these facilities. Fortunately it is a small percentage of our SCA-funded clients who require hospital-based care, but when the need arises such care is critical. In these cases there are usually co-occurring physical health issues which require ongoing medical attention. If we are unable to facilitate an immediate referral to hospital-based substance use disorder treatment, we will refer the individual to a local hospital to address acute medical needs.

Capacity issues at the outpatient level are caused by a significant problem with staff vacancies. Recruitment and retention of qualified professionals for treatment positions is an ongoing challenge for the drug and alcohol field. During the previous fiscal year five of the Commission's eight outpatient providers reported to the SCA (per contract requirements) capacity limitations due to staff turnover. Two of the providers actually reached the point where they were temporarily 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 commercial 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.

Cumberland County Human Services Block Grant Plan 2020 - 2021

2. OVERDOSE SURVIVORS' DATA

As one of our local responses to the opioid health crisis the Commission has developed 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. A full description of this program and the data that has been gathered is presented below in the subsection entitled "County Warm Handoff Process."

In addition to our SCA's warm handoff program the Commission's Case Management Unit has identified 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.

Clients may be identified as members of this priority group in at least two ways:

- 1) The client is referred by medical personnel or local emergency room staff immediately following an overdose in which the individual was revived through medical intervention; or
- 2) The client self-reports the experience of ingesting an amount of any substance to the degree that some level of intervention had to be provided by another person to prevent unconsciousness, regardless of who provided it, how it was provided, or when it was provided.

It is the philosophy of the Commission's Case Management Unit that the client's own perception and self-report that he or she has experienced an overdose is what is most important. The degree to which the overdose was formally documented as life-threatening, or the extent to which emergency first responders at the scene were involved in keeping the client conscious are irrelevant. Any experience defined by the client as an overdose can be traumatic for the client, and this experience can be used therapeutically as motivation to embrace treatment and recovery goals.

Presented below is data gathered by our Case Management Unit through its clinical assessment and treatment referral services provided during the 2018-2019 fiscal year:

# of Overdose Survivors	# Referred to Treatment	Referral Methods	# Refused Treatment
16	16	Case Management to Treatment Provider	0

3. LEVELS OF CARE

As required by the DDAP Treatment Manual, the Commission's network of providers covers the full continuum of licensed 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 Inpatient Residential, Medically Managed (Hospital-Based) Detoxification, and Medically Managed Inpatient Residential. In addition the Commission maintains contracts with two local methadone maintenance outpatient 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.

Cumberland County Human Services Block Grant Plan 2020 - 2021

LOC ASAM Criteria	# of Providers	# of Providers Located In-County	# of Co-Occurring/Enhanced Programs
4 WM	2	0	1
4	2	0	1
3.7 WM	15	0	11
3.7	The distinction between short-term and long-term rehab has been eliminated. DDAP is in the process of clarifying the criteria for a treatment program to be designated as an ASAM 3.7 level of care.		
3.5	31	0	13
3.1	14	0	0
2.5	2	0	0
2.1	4	4	2
1	9	8	3

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

With the ongoing opioid health crisis a top local priority continues to be expanded access to different forms of medication-assisted treatment for opioid use disorders. During the 2018-2019 fiscal year the Commission increased the amount of funding earmarked for methadone services. With continued federal opioid funding we were able to sustain this increase for the current 2019-2020 fiscal year. Our plan is to continue this increased allocation of funding for methadone services for 2020-2021, but our ability to do so is contingent upon available state and federal funding.

In addition, the Commission has contracted with The RASE Project to expand its Medication Assisted Recovery Services (Suboxone and Vivitrol Coordination) provided in our two-county area to include non-MA eligible clients. These RASE services, which were originally initiated with reinvestment funding, are already well established for MA recipients as a supplemental service in our HealthChoices behavioral health program. RASE educates clients about Suboxone or Vivitrol to help them determine whether or not they want to pursue either form of medication-assisted treatment. It then links clients up with medical providers who can provide the medication. RASE also ensures the clients receiving Suboxone or Vivitrol are also engaged in concomitant substance use disorder therapy and recovery support activities as per best practice guidelines.

Last fiscal year the Commission teamed up with its criminal justice partners in both Cumberland County and Perry County and was successful in securing two separate grants from the PA Commission on Crime and Delinquency (PCCD) to provide Vivitrol-related services for county inmates. In Cumberland County a Vivitrol program had been initiated in the prison in May 2017, and it had demonstrated positive outcomes. The new round of PCCD funding which began July 1, 2019 enabled an expansion of this program. Partners include Cumberland County Prison CCP Treatment

Cumberland County Human Services Block Grant Plan 2020 - 2021

Staff, The RASE Project Recovery Support Staff, Roxbury Drug and Alcohol Treatment Staff, Prime Care Medical Services, Cumberland County Adult Probation and Positive Recovery Solutions (a mobile Vivitrol provider).

In Perry County a PCCD grant also began July 1, 2019. It is covering the costs of starting a new Vivitrol program. Partners include Perry County Prison Treatment Staff, Perry Human Services Treatment and Recovery Support Staff, Prime Care Medical Services, Perry County Probation and Hamilton Health Center's Newport Clinic (an Opioid Center of Excellence and Vivitrol provider).

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, in recent years the Commission has also been involved with decisions to allocate Capital Area Behavioral HealthChoices reinvestment funding to help expand local capacity. A few years ago 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. Halfway Environment for Alcoholic Recovering, Inc. (the parent company for the Gate House facilities) also received reinvestment funding and will be opening a new 24-bed halfway house for men within Lancaster County.

There are also two drug and alcohol related reinvestment projects for our Capital Area Behavioral HealthChoices program involving outpatient services in our two-county area. The first is providing seed money for Perry Human Services to embed a Certified Recovery Specialist Program as a complement to its outpatient substance abuse treatment services. The second project makes available start-up funding for Diakon Family Life Services to secure physician services for the purpose of more effectively integrating medication-assisted treatment (Suboxone and/or Vivitrol) for individuals with opioid use disorders with their outpatient therapy.

Finally, in recent years the Commission has taken steps to help address the outpatient treatment capacity issue noted above. During 2018-2019 we added one additional provider – Mazzitti & Sullivan – to our SCA-funded outpatient provider network. During 2019-2020 we also added the Carlisle site of PA Counseling Services, Inc. as an additional drug and alcohol outpatient provider in our SCA-funded network. Although we are interested in potentially adding other services and providers to our network, any future expansion would be contingent upon our ability to access additional funding. Unfortunately, the negative financial impact of COVID-19 on state and federal budgets seems to make this unlikely in the upcoming fiscal year.

5. ACCESS TO AND USE OF NARCAN IN COUNTY

Listed in the table below is overdose fatality data from the Cumberland and Perry County Coroners from 2014 through June 11th of 2020. In Cumberland County we saw a significant decrease (46.5 percent) in overdose deaths from 2017 to 2019. However, year-to-date data for 2020 reveals a current trend of increasing overdose fatalities. The Coroner reports that the vast majority of these deaths are linked to fentanyl. There is much concern that the social isolation associated with current COVID-19 restrictions is contributing to an increase in relapses and overdoses.

In Perry County there was a 33.3 percent increase in overdose deaths between 2017 and 2018, and then a reduction in 2019. The data thus far for 2020 is encouraging, suggesting there may be an additional decrease in Perry County overdose fatalities.

Cumberland County Human Services Block Grant Plan 2020 - 2021

Drug Overdose Fatalities							
	2014	2015	2016	2017	2018	2019	2020 (thru 6/11/20)
Cumberland County	35	41	66	86	52	46	33
Perry County	6	3	10	12	16	10	2

Our local opioid overdose response effort is multifaceted. One particularly strong component that is having a positive impact is the collective efforts of Emergency Medical Services (EMS), local and state police, and concerned family members to administer naloxone to those who overdose on opiates.

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 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 were distributed to municipal law enforcement officers in Cumberland County, and those officers were trained to respond to an opioid overdose. As of March 7, 2020 naloxone has been administered by local police officers 369 times resulting in a reversal of symptoms (a life saved) for 314 individuals, amounting to an 85.1% 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.

In October 2017 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 have been made available to EMS providers, police and other first responders through the current fiscal year. Holy Spirit Geisinger EMS recently applied to PCCD for another round of funding to continue as the Central Coordinating Entity for distribution of naloxone to local first responders. If approved this funding will be effective July 1, 2020.

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 opioid use disorder; or 2) a family member receiving prescription opioid 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.

Cumberland County Human Services Block Grant Plan 2020 - 2021

During the 2018-2019 fiscal year our SCA teamed up with the Partnership for Better Health to purchase Community Naloxone Training from The RASE Project. The U.S. Surgeon General recommends that if someone is close to a person with an opioid use disorder, or a person who takes opioid painkillers on a long-term basis due to chronic pain, they should maintain a couple doses of naloxone in their home to be able to respond to an accidental overdose. With this in mind, the target group for these Community Naloxone Training events is family members and friends.

In these workshops participants learn about addiction as a brain disease. They also learn how to recognize the signs of an opioid overdose, and how to administer naloxone. At the completion of the training each participant receives two doses of naloxone at no cost. Since October 2018 RASE has provided 16 of these workshops at various locations throughout Cumberland and Perry Counties. There have been a total of 309 participants. The cost for providing these workshops and the naloxone has been covered by the Partnership for Better Health, Cumberland and Perry Counties' PCCD naloxone grants and our SCA.

With the statewide COVID-19 emergency declaration and stay-at-home order there had been a lull in offering these workshops. In response, RASE adjusted their training design and recently offered a workshop as a virtual training event. Naloxone was mailed to those who successfully completed the training. This alternate method of delivering the training seems to be successful, so our plans are to offer other virtual Community Naloxone training workshops for local residents.

Finally, the Pennsylvania Harm Reduction Coalition (PHRC) recently received approval to provide naloxone to county jails and to assist them in developing their own distribution programs for offenders. We know that a high risk time for relapse and overdose is when someone with an opioid use disorder returns home after spending some time in prison. We are pleased to report that both the Cumberland County Prison and the Perry County Prison were recipients of a supply of naloxone from PHRC and have developed protocol for distributing this medication to at-risk offenders upon discharge.

6. COUNTY WARM HANDOFF PROCESS

The Commission has contracted with Just For Today (JFT) Recovery and Veterans Services to serve as the provider agency for Cumberland-Perry warm handoff outreach services on a 24/7 basis to the three hospital emergency departments located within our two-county service area. JFT utilizes Certified Recovery Specialists to provide the outreach services to individuals and family members. The service was initially designed as an intervention for overdose survivors. However, at the request of the hospitals the program has been expanded to include anyone who presents at the emergency room with any type of substance use disorder issue.

Once a patient with a drug or alcohol related issue is medically stabilized, emergency room personnel encourage him or her to speak with a recovery specialist from JFT in order to access substance abuse treatment. If the patient agrees, the emergency department personnel calls JFT's on-call system and an outreach worker is dispatched.

The JFT outreach worker meets with the patient in the emergency room and uses motivational interviewing techniques to encourage him or her to pursue substance abuse treatment. The outreach worker explains the range of substance use disorder treatment options that are available, and facilitates a referral based on the patient's choice. If there are problems accessing treatment JFT collaborates with the Commission's Case Management Unit.

If the overdose survivor refuses to speak with a JFT outreach worker, the emergency department personnel provides the patient and his/her family with written information about how to access local detox or medication-assisted treatment

Cumberland County Human Services Block Grant Plan 2020 - 2021

services. JFT and the Commission's Case Management Unit are identified as a key local resources for accessing treatment.

JFT began providing warm handoff services in mid-December 2018 at UPMC Pinnacle Carlisle Hospital and UPMC Pinnacle West Shore Hospital. On June 1, 2019 Geisinger Holy Spirit Hospital joined the program. Thus far this initiative has been going very well. JFT has built positive working relationships with the emergency department personnel. Even during the current COVID-19 pandemic all three hospitals have continued to utilize the service and welcome JFT workers into their emergency rooms.

Warm handoff activity is reported monthly to DDAP. However, the data set does not include tracking participants through the completion of treatment. Here is the data that has been gathered for the 17-month period from December 2018 through the end of April 2020.

Number Served	268
Number Entering Treatment	158
Number Completing Treatment	unknown

Cumberland County Human Services Block Grant Plan 2020 - 2021

HUMAN SERVICES AND SUPPORTS/HUMAN SERVICES DEVELOPMENT FUND

Please use the fields and dropdowns to describe how the county intends to utilize HSDf funds on allowable expenditures for the following categories. Dropdown menu may be viewed by clicking on "please choose an item."

Adult Services:

Program Name: Chore Services (\$2000 budgeted for 2020-2021)

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: Transportation (\$9550 budgeted for 2020-2021)

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 (\$9550 budgeted for 2020-2021)

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.

Aging Services:

Program Name: Care Management (\$9549 budgeted for 2020-2021)

Description of Services: Care Management for individuals 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.

Children and Youth Services: N/A

Generic Services:

Program Name: Homeless Assistance Services – Case Management (\$5000 budgeted for 2020-2021)

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

Cumberland County Human Services Block Grant Plan 2020 - 2021

Generic Services:

Program Name: Information and Referral (\$2000 budgeted for 2020-2021)

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

Specialized Services:

Program Name: Cumberland Cares for Families (\$115,987 budgeted for 2020-2021 - \$69,500 non-HSDF "other")

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.

Interagency Coordination: (Limit of 1 page)

If the county utilizes funds for Interagency Coordination, please 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, and other allowable costs).*
- *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.

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

Cumberland County Human Services Block Grant Plan 2020 - 2021

Pennsylvania Association of County Human Services Administrators (PACHSA), Human Services Policy Team, and Pennsylvania Association of Area Agencies on Aging.

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, 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.

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Cumberland County Human Services Block Grant Plan 2020 - 2021

**APPENDIX C-1: BLOCK GRANT COUNTIES -
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED**

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. <i>This does not include Act 152 funding or SUD funding received from the Department of Drug and Alcohol Programs.</i>
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, and other non-DHS funding). Completion of this column is optional.
<p>■ Please use FY 19-20 primary allocations, less any one-time funding and less the MA-ID federal allocation (due to the implementation of the statewide RMTS). If the county received a supplemental CHIPP/forensic allocation during FY 19-20, include the annualized amount in the FY 20-21 budget.</p> <p>■ DHS will request your county to submit a revised budget if, based on the budget enacted by the General Assembly, the allocations for FY 20-21 are significantly different than FY 19-20. In addition, the county should notify DHS 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).</p>	

Cumberland County Human Services Block Grant Plan 2020 - 2021

APPENDIX C - BUDGET						
County: Cumberland	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES - # Served = Cumberland/Perry Counties' JOINDER TOTALS						
ACT and CTT	41		\$208,303			
Administrative Management	2,349		\$732,223		\$1,445	
Administrator's Office			\$564,625		\$50,456	\$116,183
Adult Developmental Training						
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment	92		\$160,880		\$6,409	
Community Residential Services	117		\$5,434,933		\$202,674	
Community Services	260		\$967,502		\$74,021	\$30,329
Consumer-Driven Services	92		\$150,105			
Emergency Services	1,012		\$59,516		\$150	
Facility Based Vocational Rehabilitation						
Family Based Mental Health Services	1		\$3,207			
Family Support Services	88		\$130,793		\$2,575	
Housing Support Services	127		\$494,592		\$13,322	
Mental Health Crisis Intervention	5,160		\$1,061,744			
Other						
Outpatient	78		\$210,533		\$4	
Partial Hospitalization	1		\$3,375			
Peer Support Services	35		\$77,684			
Psychiatric Inpatient Hospitalization	1		\$3,375			
Psychiatric Rehabilitation	141		\$211,265			
Social Rehabilitation Services	243		\$504,121		\$18,648	
Targeted Case Management	351		\$310,132			
Transitional and Community Integration	310		\$138,140			
TOTAL MENTAL HEALTH SERVICES	10,499	\$11,427,048	\$11,427,048	-	\$369,704	\$146,512

Cumberland County Human Services Block Grant Plan 2020 - 2021

County: Cumberland	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENSITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
INTELLECTUAL DISABILITIES SERVICES - # Served = Cumberland/Perry Counties' JOINDER TOTALS						
Administrator's Office			\$1,567,493		\$34,370	
Case Management	982		\$266,872		\$41,402	
Community-Based Services	150		\$832,396		\$20,973	
Community Residential Services	7		\$822,590			
Other						
TOTAL INTELLECTUAL DISABILITIES SERVICES	1,139	\$3,489,351	\$3,489,351		\$96,745	

HOMELESS ASSISTANCE SERVICES						
Bridge Housing	27		\$40,000			
Case Management	6,588		\$224,799			\$9,320
Rental Assistance	138		\$25,259			\$5,500
Emergency Shelter	551		\$11,000			
Innovative Supportive Housing Services						
Administration						
TOTAL HOMELESS ASSISTANCE SERVICES	7,304	\$301,058	\$301,058			\$14,820

SUBSTANCE USE DISORDER SERVICES - # Served = Cumberland/Perry Counties' JOINDER TOTALS						
Case/Care Management	10		\$29,426			
Inpatient Hospital						
Inpatient Non-Hospital	71		\$296,061			
Medication Assisted Therapy	14		\$91,000			
Other Intervention						
Outpatient/Intensive Outpatient						
Partial Hospitalization						
Prevention						
Recovery Support Services	20		\$57,148			
Administration			\$24,000			
TOTAL SUBSTANCE USE DISORDER SERVICES	115	\$497,635	\$497,635			

Cumberland County Human Services Block Grant Plan 2020 - 2021

County: Cumberland	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENSITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
HUMAN SERVICES DEVELOPMENT FUND						
Adult Services	6		\$2,000			
Aging Services	605		\$28,649			
Children and Youth Services						
Generic Services	2,962		\$7,000			
Specialized Services	167		\$57,095			\$58,892
Interagency Coordination			\$21,524			
Administration			\$12,919			\$21,858
TOTAL HUMAN SERVICES DEVELOPMENT FUND	3,740	\$129,187	\$129,187			\$80,750
GRAND TOTAL	22,797	\$15,844,279	\$15,844,279		\$466,449	\$242,082

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