

Appendix B

County Human Services Plan Template

The County Human Services Plan is to be submitted using the Template outlined below. It is to be submitted in conjunction with Appendices A and C (C-1 or C-2, as applicable) to the Department of Human Services (DHS) as directed in the Bulletin.

PART I: COUNTY PLANNING PROCESS

Centre County Planning Team includes the following departments: Children & Youth Services, Mental Health/Intellectual Disabilities/Early Intervention - Drug & Alcohol, Office of Adult Services, Commissioners Office, Controllers Office and the residents of Centre County. Each department received input from their respective providers of Block Grant services in regards to service needs, programming, measures to be monitored, and funding. Individuals who receive services were provided the opportunity to give feedback on the services through the public hearing process. Centre County Planning Team meets monthly to discuss service gaps, needs, and funding levels. The county departments and providers of Block Grant services have a variety of program evaluations, surveys, and opportunities to discuss services throughout the fiscal year. Individual departments work directly with the providers on feedback, services, needs and funding throughout the year to scope the development of the Block Grant. Advisory Board and Board of Commissioners meetings held throughout the year that are open to the public provide the opportunity for input from the community. Community Support Program and Consumer/Family Satisfaction Teams provide consumers and family members the opportunity to provide feedback on services. Recovery-Oriented Systems Indicators (ROSI) meetings provide opportunities to provide feedback on visions and mission statements from programs and services within Centre County. Centre County Youth Service Bureau conducts consumer satisfaction reviews for Children and Youth Services within the Block Grant. Community providers have internal evaluation reports, surveys, and offer consumer feedback opportunities during and after services are completed. Departments conduct provider review meetings for services and on-site provider reviews are conducted annually. For the Intellectual Disabilities Program, satisfaction will be determined through the Independent Monitoring for Quality (IM4Q) processes, with results shared with the Centre County Quality Council and incorporated into the Quality Management plan. The Team is represented at a number of community based councils and committees that discuss services in the county. Team members discuss the Block Grant at these meetings to garner information and feedback concerning services.

The Centre County Planning Team reviews all the above data, provider and consumer feedback, and discusses needs and gaps in our service continuum to determine our Block Grant plan. The departments stress the need for services that allow residents to be proactive in their needs, disabilities, and/or crises. Our services provide a safety net for individuals and families and promote an interactive service system to maximize our providers and services. With this information, the departments are able to shift funding as seen as appropriate. During this past fiscal year, Children and Youth and MH/ID were able to shift funds into Homeless Assistance Programs and Human Services and Supports due to the need of their clients to rely on these necessary supports to meet their basic needs. Rental Assistance, Specialized Services, and Adult Services were all areas that received reallocated funding. MH/ID Funding has also

supported inpatient and outpatient Drug and Alcohol treatment, both in the community and within our local correctional facility. Centre County has worked toward establishing increased reentry services and opportunities for our residents. Working with the correctional facility, providers, and county departments, Centre County will continue to look for opportunities to address the needs of this population.

PART II: PUBLIC HEARING NOTICE

Centre County held two public hearings on June 11 and June 16, 2015. Attached to the Appendix will be documentation of the Legal Advertisement posted in the local newspaper and on the county website. Departments sent out notices to providers, consumers, family members, etc. to attend the public hearings. Twenty five individuals attended our two public hearings. In addition, each county department's staff were present for the hearings. County staff presented information and updates for specific sections to provide an overview of the plan. First provider outlined the work they conduct at their free medical clinic. Staff outlined how they connect residents to mainstream resources, community resources, and overall health care in their time of need. One provider discussed during public comment the support they provide to the community, primarily based on volunteers. He remarked on the services provided in the community and the abundant support we are lucky to have. He outlined the work on the information and referral line the provider conducts.

Centre County was fortunate to hear from two families concerning services they receive in the community. The first family, a husband and wife, receives De-Clutter services which provides in home support and service in order to provide a safe, secure, and organized home for individuals and families. They were referred by their Mental Health Blended Case worker and spoke highly of both services. The husband highlighted how important it was for him to not throw things away and that the majority of his belongings have gone onto others who can use it. As a disabled Veteran, he struggled with allowing his items to pile up and felt very overwhelmed with it. The wife reported how difficult it was to go through life reminders but highlighted that they created a shadow box for her father's medals which hold special meaning for her. As she stated, this program "allowed me to have peace" and "took some of the emotional damage away as it provided us solutions".

The second family, a father, mother, and two children, highlighted the work of a parenting program offered in the community. The parents are originally from Sierra Leone, West Africa. They moved here and began raising their children in the United States. They recognized that parenting from their original homeland was not the same as in the United States. They saw a flyer for this program and voluntarily signed up. They wanted to strike a balance between the gentle way of parenting and learning to listen to their children. The father stated, "Children do not have a voice where we are from". Staff would come into the home and work with the family. He emphasized how important the bonding opportunities they created with the children have been a great way to connect. He stated that he felt their parenting of their children would

provide a better outcome in society and they were gladly open to their suggestions and work. The mother stated she was raised by a single father and had no role model. She wanted to learn how to be a good mother since she did not have a mother. She spoke highly of the staff coming into the home, playing games, bringing books, and showing ways to be active with their children. She was also very happy to have opportunities to share their cultures with the children and to educate them on their own childhoods. The father stated that when they mentioned issues, staff would research solutions and bring them back to the family.

Additional written testimony is attached to the plan.

PART III: WAIVER REQUEST
(applicable only to Block Grant Counties)

No waiver is being requested by Centre County.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

a) Program Highlights:

Highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system.

- Centre County Mental Health (CCMH) was awarded a second Mental Health Matters Grant in the amount of \$10,000. This grant provided the opportunity for CCMH to continue anti-stigma campaigning in Centre County. This year's focus was on the creation of a Stomper, Voice. Voice was created to further the endeavor to "Stomp Out" Mental Health Stigma. This was accomplished through partnerships with a wide-array of stakeholders in Centre County. Partnerships were what led to the decision of how to spend the grant funds, collect the used shoes that were needed for the Stomper, paint the shoes reflective of involved community members, elicit conversation to break down barriers and myths associated with mental illness, creation of the armature and the ultimate creation of Centre County's Stomper, Voice. Without full community participation, Voice could not have been created as successfully as it was. Please refer to the following link for additional highlights <http://www.stompersproject.org/mental-health-matters--voice2.html>
- CCMH was also able to help raise mental health awareness by participating in a First Friday, May 1st, event in downtown State College. Businesses agreed to showcase Mental Health Stopwatches for the entire month of May to promote awareness and ideas for how to be healthy. The event included music, art and story sharing in the heart of downtown and was a great success. CCMH was also able to provide funds for the CEO of the Jana Marie Foundation to be trained in Youth Mental Health First Aid, an additional tool for her to continue to promote wellness in youth.

- Centre County's Crisis Intervention Team (CIT) remains successful in expanding its team through continued trainings and additional curriculum. The team is hosting its tenth round of training in June of 2015. CIT training provides first responders with extensive information on mental illness, symptoms, recovery philosophy, medications, local resources and de-escalation skills that they can utilize when assisting a person experiencing a mental health crisis. In addition to addressing the needs of the mental health population the local curriculum now also offers the knowledge and skills to effectively manage crisis situations that involve people diagnosed on the Autism Spectrum as well as Youth and Veterans. It has added a Peer Support and hearing voices simulation component. It is focusing efforts to train local community hospital security staff and to get the local Sheriff's Department involved in the training this year. Centre County CIT created a video this past year which highlights their partnerships and techniques. Please refer to the following link to view this training video <https://www.youtube.com/watch?v=mzXJKmPcMJw&feature=youtu.be>
- Centre County now has three Pennsylvania Housing Affordability and Rehabilitation Enhancement Fund (PHARE) Grants, offered through the Pennsylvania Housing Finance Agency. It is effectively helping individuals in service to secure and retain permanent affordable housing. To date, the second PHARE grant which CCMH oversees, has assisted twenty households since October of 2014 and nine have successfully completed the program. This program has been successful in housing homeless individuals who are additionally utilizing a Shelter-Plus Care Voucher.
- CCMH struggled to maintain psychiatric service practices at the Base Service Unit (BSU) site this year due to on-going transitions with the contracted psychiatrists and not practicing as a licensed psychiatric outpatient clinic. Notice to terminate psychiatric outpatient practices at the BSU site was given to the contracted psychiatrists, individuals who utilize the service, providers and Community Care Behavioral Health (CCBH) in April of 2015. Termination will be effective June 30, 2015, with the close of the fiscal year. Individuals are being transitioned to the county and CCBH provider networks. CCMH will be able to effectively and smoothly transition individuals into those current systems to continue their psychiatric care needs with another provider. Transitions are currently occurring. CCMH has also been able to identify avenues to expand the psychiatric provider system for county-funded individuals as well as continue to collaborate with CCBH to support network expansion for individuals eligible for Medical Assistance (MA).
- CCMH's Targeted Case Management (TCM) Program continues to enhance collaboration with physical health care providers as well as through TCM linkage and the partnership with CCBH in the Patient-Centered Outcomes Research Institute (PCORI) Grant.
- CCMH continues to expand Supported and Supportive Living options. CCMH supports individuals by supplying behavioral health supports while the individuals are responsible for maintaining the residence. Two providers currently support eleven individuals.
- CCMH contracted with a third outpatient provider who is licensed to provide mental health services in addition to drug and alcohol services. CCBH also provides funding support to MA-eligible individuals who receive services through this provider.
- CCMH has been approved for an additional two CHIPPs this fiscal year. Efforts to create a home environment to support ladies' intensive mental and physical healthcare

needs for them to successfully transition out of the state hospital are being developed. CCMH is currently identifying a provider to create and oversee this home.

- CCMH maintains a Transition-Age Administrative Case Manager (ACM) position that supports individuals, ages 16 to 26, transitioning into the adult mental health system.
- CCMH's CASSP Coordinator was chosen to be a part of a Transition-Age Youth and Young Adult Workgroup through OMHSAS. Various issues that this population faces, were discussed and action steps are being created to help resolve some of them. Conference calls continue to discuss on-going issues and concerns.
- In partnership with the Centre County Housing Authority, CCMH supports individuals with disabilities and those that are homeless with Shelter Plus Care and Section 8 Vouchers.
- CCMH hired a MH Program Specialist to further enhance quality monitoring, measures, compliance and initiatives.
- CCMH has expanded crisis transportation services in Centre County. This need was caused by a significant increase in the utilization of crisis services as well as a decrease in the availability of ambulance services. The ambulance companies are limiting their availability for these transports or eliminating it altogether. They've indicated that it is very difficult to get reimbursement from third party payers. CCMH has secured two providers to support this community service with county funds.
- CCMH has an active Community Support Program (CSP) that meets monthly. Centre County CSP remains active with Central Region CSP as well. Both meetings are beneficial for networking, keeping tabs on what is happening throughout the Commonwealth and educational purposes.
- Centre County's 9th Annual Out of the Darkness Walk was held on April 26, 2015. It was another successful event and generated over \$40,000 to the local and national chapters.

b) Strengths and Needs:

Please identify the strengths and needs for the following target populations served by the behavioral health system:

- **Older Adults (ages 60 and above)**
 - Strengths:
 - CCMH and the Centre County Office of Aging (CCOOA) align crisis and protective services when older adults are suspected to be in need of services and supports.
 - CCMH has re-established a liaison specific to CCOOA.
 - CCMH and CCOOA are meeting routinely to discuss services, provide updates, further establish working relationships and identify service and support needs that we share.
 - CCMH and CCOOA are meeting to re-establish Project SHARE (Senior Centers and Mental Health: Activities, Resources and Education) to provide education and to further support the mental health needs of the older adult population by providing education and resources to each of the local senior centers on a monthly basis.
 - There are no older adults incarcerated in the Centre County Correctional Facility at this time.

- Needs:
 - Meet with each of the six senior centers to re-establish Project SHARE by introducing the liaison to Senior Center staff and members.
 - Establish a routine for the liaison to participate in activities at three of the Senior Centers per month. A topic that is already identified is “Beating the Holiday Blues” for November 2015.
 - CCMH is planning to attend quarterly Senior Center Director staff meetings. This was identified by CCOOA as beneficial for relationship building.
- **Adults (ages 18 and above)**
 - Strengths:
 - CCMH continues to utilize housing reinvestment funds to support housing case management services within our community. These funds are expected to be exhausted this calendar year. Centre County Block Grant partners will assess the on-going housing case management need in our community once those funds are depleted to determine if block grant funds will support this service on a further basis.
 - In partnership with Huntingdon, Mifflin and Juniata County Mental Health the Seven Mountains Warm Line continues to operate seven days per week, 365 days per year. CCMH is supporting this locally successful peer-driven service with county block grant funds.
 - Representative Payee services continue to be an expressed need within our community. This service also supports individuals who are involved with our Intellectual Disabilities, Drug and Alcohol, Children and Youth, Aging, Adult Services and Housing partners. CCMH is expanding Representative Payee services, with county block grant funds, effective July 1, 2015. CCMH is adding an additional provider to promote choice for individuals.
 - Mobile and Site-Based Psychiatric Rehabilitation services continue to be utilized on an increased basis within the county. These services are supported with Supplemental Service funding made available through CCBH and county funds. These services are widely used by individuals involved with all of our county block grant partners.
 - Due to the main campus of The Pennsylvania State University being located in Centre County, CCMH interacts with the student population routinely, with all services. Whenever possible, students’ insurances are utilized and/or they are referred for Medical Assistance benefits to support their services. County funds are used to further support this population, especially with crisis intervention and delegate services.
 - Located in Centre County are two State Correctional Institutions (SCIs). CCMH works in conjunction with both SCIs to support mental health service needs of incarcerated individuals and individuals transitioning from these facilities back to their home counties.
 - In partnership with the Centre County Housing Authority, CCMH supports individuals with disabilities and/or individuals that are homeless with Shelter-Plus Care and Section 8 Vouchers with securing and maintaining affordable, permanent housing.

- CCMH provides funding for vocational training, supported employment, Transitional Employment Placements and competitive employment through job coaching, psychiatric rehabilitation, case management and CRR services. CCMH and Intellectual Disabilities Employment Committees continue to join efforts to promote employment opportunities and outcomes for youth, transition-age, adult and older adult individuals.
- CCMH supports three Community Residential Rehabilitation (CRR) sites operated by two distinct providers. All sites provide rehabilitative skill-building services. CRR sites are utilized by the community for individuals being discharged or diverted from the state hospital and correctional facilities. Centre County Housing Authority continues to support the application of housing vouchers to the CRR programs which support individual transitions.
- Needs:
 - Centre County will continue to explore options to expand psychiatric service delivery in the community. CCMH and CCBH will continue to collaborate in the expansion process to support county-funded, CCBH-eligible and third party insured individuals.
 - Given that Centre County is a rural county and has limited transportation options, providing Targeted Case Management (TCM) services became more of a challenge in our community with travel no longer being allowed to be billed.
 - Expand community mobility options in the rural community.
 - Centre County will continue to develop an array of residential service options for individual choice and unique level of care needs.
 - Block grant partners are furthering housing support opportunities in support of all ages of individuals who use county services.
 - CCMH will help to further develop an advisory board for the Seven Mountains Mental Health Association, serving Huntingdon, Mifflin, Juniata and Centre Counties.
 - Centre County will continue to collaborate with the Department of Corrections to ensure continuity of services with their home counties for individuals being released from our local SCIs.
 - Centre County has the least affordable housing in the Commonwealth, so attention to creating affordable housing opportunities for all of its residents remains an on-going priority.
 - CCMH currently has twenty-three adult individuals incarcerated in the Centre County Correctional Facility.
- **Transition-age Youth (ages 18-26)**
 - Strengths:
 - A major strength for CCMH is the Transition-Age ACM. Her knowledge of local, state, and national resources is extensive. What she is able to share is not only beneficial to individuals on her caseload, but for local service providers and community partners as well. The Transition-Age ACM participates in numerous meetings/committees including Transition Council Meetings, Roundtable Subcommittee through BARJ, and the annual

- Transition Night event for parents and graduating students from high school.
- Centre County offers a Transitional Living Program and an Independent Living Program. There is also a homeless shelter available to adolescents.
 - Local service providers, community partners, and other county agencies have developed a great working relationship that aides in assisting this diverse population in a collaborative manner.
 - Needs:
 - One struggle CCMH faces is the need for more affordable housing for the transition-age population who want to be independent and work on their own recovery and resiliency in a supportive and positive manner.
 - An on-going need, which is frequently voiced by individuals in Centre County, is the lack of access to public transportation to medical and non-medical appointments. Individuals can utilize county transportation for their medical appointments if they have Medical Assistance or pay out of pocket, which can be a very expensive ride. There is a Centre Area Transportation Authority bus system; however, it is not available in the rural areas of this community.
 - One of biggest needs is the lack of services/supports for life skills mentoring. Certified Peer Specialists are great resources for the adult population. This service would also be an asset to individuals under the age of 18. This is a great way to build confidence and self-esteem in our adolescents.
 - There are currently five transition-age individuals incarcerated in the Centre County Correctional Facility.
 - **Children (under 18).** Counties are encouraged to also include services like Student Assistance Program (SAP), Respite, and CASSP Coordinator Services and Supports in the discussion.
 - Strengths:
 - For school year 2013-2014 there were a total of sixty-one Student Assessment Program (SAP) Assessments completed. In the current school year there has been sixty-nine assessments completed thus far. There are monthly District Council meetings that the CASSP Coordinator attends in partnership with our Drug and Alcohol Assistant Administrator, the Central Intermediate Unit #10 Representative, a State SAP Representative, school personnel and others who provide consultation and programs in the schools.
 - CCMH has provided respite services to nine adolescents this fiscal year thus far. Respite has helped to keep children in their homes and out of an inpatient setting; as it provides support to the individual and their family.
 - Partial Hospitalization is provided solely at a children, adolescent, and transition-age level in Centre County. Partial hospitalization is offered either in conjunction with a school district with education base funding or through a free standing community provider with Community Care. CCMH does not fund this service directly.

In May of 2015, CCMH was informed that one of the local partial providers is terminating their service at all of its sites effective August 11, 2015. The second partial provider will maintain partial services specific to children in grades K-5, but is transitioning their middle school partial to an alternative education program.

- CASSP allows for a multi-systemic approach to identifying the best possible supports and services to assist families in not only identifying the mental health supports they need, but also spiritual, physical, and social needs for the family in a culturally appropriate manner.
- Bi-weekly CASSP Team meetings bring together various community partners including, Centre County Children and Youth Services, Centre County Juvenile Probation Office, Penn State University's Psychological Clinic, Family Based Mental Health providers, Community Care Behavioral Health, outpatient providers, school district personnel, and other interested parties. Meetings are held as a preventative measure and help divert children and adolescents from possible inpatient stays as well as alternatives to Residential Treatment Facility (RTF) placement. Centre County has low RTF utilization with only having six individuals in RTF placement since July 2014. There have been no re-admissions within 30 days during this fiscal year.
- The CASSP Coordinator is involved with bi-weekly CASSP Meetings, bi-monthly CASSP Advisory Board Meetings, monthly Local Interagency Coordinating Council (LICC) meetings that bridge Early Intervention and children's mental health services, Community Care Behavioral Health's Residential Treatment Facilities (RTF) Collaborative quarterly meetings, and quarterly Behavioral Health Alliance of Rural Pennsylvania (BHARP) meetings for Children's Workgroup, Early Childhood Mental Health Subcommittee, and CASSP Coordinators Subcommittee meetings. The CASSP Coordinator also collaborates with other community partners during quarterly, Multi-Disciplinary Team and Out of Home Placement Team meetings with Children and Youth Services.
- The CASSP Coordinator continues to be a part of the Multi-Disciplinary Investigative Team Meeting and Advisory Committee Meeting at the Children's Advocacy Center.
- Centre County has a strong CASSP Team. The communication between providers and community and county agencies is robust.
- The CASSP Coordinator works closely with our Intellectual Disability and Drug and Alcohol partners for children and adolescents who also utilize mental health services.
- CCMH's ACMs are each involved in various community meetings/committees which focus on specific needs including forensic, housing, and overall community involvement that they share with others. This is a great way for the ACMs to stay current, not only on the needs of children/adolescents, but the strengths, activities, community supports and training opportunities specific to this population.

- Needs:
 - Identify ways to increase our communication and working relationship with local school districts in the county.
 - In May 2015, CCMH was informed that a local Family Based Mental Health (FBMH) provider is closing their program effective August 11, 2015. Ensuring that the impacted families will be able to transition their services to another provider as seamlessly as possible is a priority for CCMH and CCBH. CCMH is planning to move this service forward with two providers being contracted with the county. It is likely that the two new providers will hire the FBMH employees of the terminating provider which would enhance the seamlessness of pending transitions.

- **Individuals transitioning out of state hospitals**

Strengths:

- CCMH is fortunate to have the support of providers in making a priority of transitioning individuals utilizing state hospital services back to their home community. Primary support comes from CRR, Psychiatric Rehabilitation, Representative Payee, Targeted Case Management, outpatient, behavioral consultation, peer support and crisis intervention providers. Individuals making this transition go through an extensive Community Support Plan (CSP) process that includes evaluation and planning from the individual directly, their loved ones, clinical teams from the state hospital, the home county and any other party that the individual deems a life support person. The individual CSP Plan is a document that is amended as needed throughout the hospitalization and then followed in support of a person's discharge from the state hospital. It focuses on the whole person and follows Community Support Program Principles. CCMH supports a DSH Liaison and a CHIPP Coordinator that put forth effort to monitor state hospital admissions and discharges, provide support to individuals utilizing DSH services, diverting individuals from the state hospital and following people that have been discharged from the state hospital in the community to ensure that the needs identified within their unique CSP are being provided and supported. CCMH was fortunate to receive two CHIPPs in 2014-2015 to enhance community services and supports for individuals transitioning from the state hospital. CCMH is currently providing support to a total of nine individuals in Danville State Hospital.

Needs:

- Individuals transitioning from the state hospital identify most with the need for housing support. CCMH continues to identify ways to develop a wide array of housing options so that individuals transitioning from the state hospital can be supported with housing that meets their unique need and choosing.
- It would be highly beneficial to individuals, transitioning out of state hospitals or correctional facilities, if County Assistance Offices would create an early application process. This would allow the appropriate supports to be in place the day of discharge/release. The delay in individuals being deemed eligible for Medical Assistance benefits can be lengthy and

jeopardize individual's access to medications, services and supports. CCMH does provide funding to support individuals experiencing difficulty in obtaining benefits upon their return to the community.

- The need to transition individuals from community hospitals to state hospitals in a timelier manner exists.

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

Strengths:

- CCMH contracts with a local provider that provides outpatient psychiatric and therapy services to individuals that are diagnosed with a co-occurring disorder.
- There is a strong mental health and drug and alcohol partnership in Centre County Student Assistance Program (SAP) and CASSP Advisory.
- CCMH and Drug and Alcohol share office space which enhances collaboration and access to services to the individuals we serve.
- CCMH provides ACM services to individuals that are receiving co-occurring services to ensure continuity of mental health and drug and alcohol services.
- CCMH supports individuals who are eligible for mental health services by offering and activating them for Mental Health TCM Services when there is a wait list for Drug and Alcohol TCM Services.

Needs:

- CCMH will look for service expansion opportunities to further support individuals that are diagnosed with mental health and drug and alcohol disorders.
- Develop a case management position specific to the needs and interests of the co-occurring population.

- **Justice-involved individuals**

Strengths:

- CCMH provides continuity and collaboration with the forensic population by supplying an ACM on-site at the Centre County Correctional Facility a half of a work day four days per week.
- CCMH contracts with a local provider to provide mental health treatment and education groups in the Centre County Correctional Facility with retained revenue funds. CCMH will fund this service with block grant funds beyond the use of retained revenue.
- CCMH contracts with a provider who renders outpatient and consultation services to individuals who are incarcerated at the Centre County Correctional Facility. This service is provided solely with county funds.
- Currently, there are twenty-eight individuals who are active with CCMH and are incarcerated.

Needs:

- Individuals that are incarcerated consistently request assistance with finding housing and supports for their transition out of correctional facilities. Individuals are eliminated from Housing Authority support due to their criminal justice involvement. CCMH frequently supports individual's

transitions from the CCCF. Community Residential Rehabilitation (CRR) services are offered to this population routinely. CCMH needs to find funding avenues to secure additional housing options for this population

- **Veterans:**

Strengths:

- CCMH is fortunate to employ a veteran as a Blended Case Manager. Veterans benefit from the BCM's knowledge of the Veterans Administration (VA) system, access, services and resources.
- CCMH participates in the Veteran's Administration (VA's) Annual Mental Health Summit.
- Veterans are able to access services with VA benefits, county funds and managed care funds if eligible.

Needs:

- CCMH would benefit from receiving additional information and education on the resources and services that the Veteran's Administration (VA) has to offer. CCMH will continue to look for opportunities to secure this information while building a better relationship with the local VA.

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

Strengths:

- CCMH has providers that are LGBTQI competent that are accessible with managed care and county funds.

Needs:

- CCMH will continue to seek resources to offer individuals in this population further supports and services.

- **Racial/Ethnic/Linguistic minorities**

Strengths:

- CCMH has an array of providers that are racially, ethnically and linguistically competent in their service delivery that people of all ages are able to access with their private or public insurance and/or county funds.
- Penn State University brings people to Centre County with a wide variety of backgrounds and minorities which CCMH recognizes and supports competently with delivered services.

Needs:

- CCMH will continue to seek resources to offer individuals further supports and services unique to their race, ethnicity or language.

c) Recovery-Oriented Systems Transformation:

- CCMH was trained in Wellness Coaching as part of the PCORI Grant to promote self-directed wellness to individuals receiving TCM services. The training was expanded this past year to include the Administrative Case Management (ACM) Unit as well. It has been received well by all participants and is positively impacting individuals in setting goals for and achieving personal wellness with the support of case management. CCMH

has embedded wellness principles into the intake and Individualized Service Plans this year. This approach allows CCMH to talk with individuals about their wellness and recovery paths versus focusing on treatment services. It also provides an opportunity to link individuals with wellness tools and discuss the importance of physical health in conjunction with behavioral health – a holistic approach to one’s healthcare needs. CCBH’s online wellness tools provide further self-directed support to link individuals. CCMH will solicit feedback from case managers and individuals receiving services regarding wellness initiatives. CCMH will also monitor engagement in wellness by continuing to track the number of wellness plans being developed within the Mental Health TCM Unit after the PCORI Grant has ended.

- In 2013, Mount Nittany Health completed a Community Health Needs Assessment where people across the region provided feedback on which health issues were the most pressing in our area. Mental health was identified as one of the six priority areas. As a result of this assessment, a Centre County Partnership for Community Health, Mental Health Sub-Committee was formed. It has grown to be a solid partnership of representatives of our community to include CCMH, Mount Nittany Health, Mount Nittany Medical Center, Penn State University, Jana Marie Foundation, Universal Community Behavioral Health, Meadows Psychiatric Center, Strawberry Fields, Inc., PeerStar, Skills, Inc., and several community members with interest in mental health priorities. The committee is growing and making an impact on reducing the stigma associated with mental illness by educating the public and promoting awareness. The President and CEO of Mount Nittany Health recently stated (regarding this sub-committee) in an editorial he wrote and shared with the local press “We are fortunate to have so many people in our community who are passionately committed to keeping people healthy, both physically and mentally.” “In just two years, we’ve come a long way, and we have much to celebrate. Thanks to the support from local and national organizations, such as the Jana Marie Foundation, Skills of Central Pennsylvania, the Centre County Office of Mental Health/Intellectual Disabilities, American Foundation for Suicide Prevention, and the Centre County Crisis Intervention Team, we’re steadily moving in the right direction in reducing mental health stigma.”

INTELLECTUAL DISABILITY SERVICES

- Centre County MH/ID/EI-D&A currently uses base monies to fund the following continuum of services including:
 - Unlicensed Home and Community Habilitation
 - Transportation
 - Prevocational Services
 - Behavioral Support Services
 - Employment Services
 - Community Habilitation
 - Residential Services (licensed)
 - Licensed Day Habilitation for Older Adults
 - Nursing
 - Respite
 - Homemaker/Chore
 - Home Accessibility Adaptations

- Family Driven monies are used for:
 - Family Aide
 - Family Support Services/Individual Payment
 - Recreation/Leisure
 - Home Rehabilitation
 - Vehicle Accessibility Adaptations

	Estimated/Actual FY14/15	Projected in FY 15/16
Supported Employment	20	25
Prevocational Services	5	5
Adult Training Facility	3	5
Supports Coordination (nonwaiver)	118	125
Residential (6400)	2	2
Lifesharing (6500)	0	0
PDS/AWC	0	0
PDS/VF	0	0

Family Driven/FSS/Base NOS*	51	62
Behavioral Support Services	1	2
Home and Community Habilitation	10	12

*includes transportation

Supported Employment:

Centre County MH/ID/EI-D&A participates in the local Employment Coalition which dovetails with the local transition council. The membership consists of representatives from the Administrative Entity, local school districts (including the Intermediate Unit), Careerlink, OVR, local service providers, Supports Coordination Organization, Penn State University Project O.N.E. and family members. Each spring, this group hosts a “Provider Night” where individuals and their families, new to services, can gather information regarding transition. In addition to service provider, representatives from OVR, MATP, secondary education programs, and Careerlink also participate.

There are currently 5 agencies actively providing employment services in Centre County. Two providers currently contract with Centre County to access base funding for these services.

One of the contracted providers has developed and implemented an individualized employment program called Career Discovery. This program is based on the philosophy of Employment First, Customized Employment and trainings of Marc Gold & Associates. They have collaborated with the Pennsylvania State University and the Virginia Commonwealth University to create a program that meets the service definitions but emphasizes assessment, development of soft employment skills, and career (as opposed to job development).

The local agency that provides prevocational services has a community component to promote volunteerism, civic responsibility and community awareness. This provider is organizing meetings with individuals and families to discuss changes to this traditional model of service related to the CMS final rule.

Centre County continues to receive Employment Pilot funding. This funding has historically been to be used to support the individuals not in either waiver who fall within the pilot guidelines. As the new and varied opportunities are developed/ implemented in the upcoming year it is anticipated that the Employment Pilot funding can be used to support individuals in these new options as well as traditional supported employment. The ID Program Specialist requests employment information from the SCO on a quarterly basis and maintains a database.

Base Funded Supports Coordination:

Centre County MH/ID/EI-D&A currently has 1 individual residing in a state center and no one residing in a state hospital. We are not currently involved in either the Benjamin or Jimmy litigation. The AE and SCO work with other stakeholders (MCO, Education system, RTF staff, CYS, Juvenile Probation, ODP, etc.) when transitioning young adults from facility settings to the community. This includes regular participation in team meetings, community placement search/referrals, liaison to Central Region ODP, updating the ISP as needed and management of waiver capacity. Internally, the SCO and MH case management collaborate to identify primary case management responsibilities for individuals who are dually diagnosed.

Lifesharing Options:

Centre County MH/ID/EI-D&A currently has 2 Lifesharing placements. In the past year there was another placement for an individual from Centre County. However, the home was located outside of Centre County and the supports and services were transferred once the transition was completed. The local Lifesharing Coalition is made up of representatives from the AE, SCO and local providers. In the past, they meet quarterly and developed a strategic plan that is reviewed regularly. In the upcoming year there are plans to bring the local coalition back together to reevaluate the past strategic plan. A representative from the AE participates in Lifesharing activities at the regional and state level. Past activities include newspaper articles, flyers, presentations to civic organizations, mailings to churches, participation in local fairs and events, and media campaigns (print, radio and television). Centre County continues to actively work with various stakeholders to promote and expand Lifesharing as a residential option.

Cross Systems Communications and Training:

Centre County AE and SCO regularly participate in local trainings and meetings to gain knowledge of other service systems/resources. In the past, training on the ID system has been provided to other county offices and the local MCO. In the past year the AE continued to work with local stakeholders including local AAA, Adult Services and local Mental Health Administration to ensure the effective implementation of Adult Protective Services (APS). The AE has collaborated several times in the past year with the local Aging Office, following up on APS concerns.

Both AE and SCO staff participated in the regularly scheduled APS calls sponsored by ODP. In the past year the AE and SCO also participated in meetings and trainings related to Mandated Reporting and Adult Protective Services. After the identification of the APS vendor, Centre County MH/ID/EI-D&A Administrative staff, along with other county agencies, had the opportunity to meet with representatives from the identified provider for an overview.

The AE and SCO work with other stakeholders (MCO, Education system, RTF staff, CYS, ODP, etc.) when transitioning young adults from facility settings to the community. The AE is also a part of the CASSP Advisory Board.

Emergency Supports:

Centre County MH/ID/EI-D&A contracts with a local provider for after-hours emergencies. This provider has a call down list of AE staff to contact when necessary. AE staff are responsible to identify and maintain a knowledge of local resources including local shelters, churches, and other agencies that provide emergency shelter or funding for temporary shelter. AE will also assess the availability of respite options, both in Centre County as well as neighboring counties.

The AE is committed to continuing to authorize previously funded services. At the beginning of each fiscal year, the AE reviews utilization data for the prior fiscal year. Services are authorized based upon need as well as the analysis of the prior year's utilization data. Block Grant funds that are not authorized are monitored in order to meet future needs.

The AE reviews base dollars on a monthly basis to effectively and efficiently allocate funds as needed. The AE and SCO meet bi-weekly to review waiver capacity and the PUNS in an effort to identify and mitigate potential emergency needs. AE is responsible to monitor waiver capacity and program capacity in collaboration with ODP Central Region and local qualified providers.

The AE and SCO collaborate with other county agencies and community resources when responding to an individual in need of emergency supports. The AE and SCO will continue to collaborate with the MH system, Housing Authority, local shelters, local rep payee service, Adult Services, Local Aging Office, personal care homes, CYS, APS provider, and various other service providers to meet the needs of individuals. In an emergency situation, the AE will assess the situation and identify specific needs of the individual as it relates to the emergency and the need for short term or long term supports.

Administrative Funding:

Centre County MH/ID/EI-D&A will continue to monitor the requirements of the Administrative Entity (AE) Operating Agreement through the existing practices established by the Office of Developmental Programs (ODP): Administrative Entity Oversight Monitoring Process (AEOMP) and the remediation process. AE Operating Agreement duties assigned to the Supports Coordination Organization (SCO) were evaluated for the upcoming fiscal year and numerous duties were reassigned to the AE. The AEOA items are still assigned to the SCO and will be monitored in accordance the AE/SCO agreement and reported to ODP per their guidelines. The AE meets monthly with the fiscal management staff to review the status of base funded services and contracts as well as regularly monitor review the status of base funded services and contracts as well as regularly monitoring the utilization of services via HCSIS. Units are adjusted accordingly based on these reviews. Utilization is also reviewed and the frequency and duration is adjusted during the ISP Fiscal Year Renewal process.

County level measures:

The goal of the local ID service system is to maintain and monitor services for eligible individuals in a cost effective manner. The AE will use information from HCSIS to review utilization of services to maximize the use of non-waiver funding. Satisfaction will be determined through the IM4Q, with results shared with the Centre County Quality Council, Centre County Advisory Board and incorporated into the Quality Management plan.

HOMELESS ASSISTANCE SERVICES

Centre County continues to deal with affordability housing issues that affect our residents. We provide a continuum of services in the county to assist homeless and/or prevent homelessness when achievable. We continue to struggle with the loss of affordable units competing with new student housing development. As our inventory decreases, our providers work harder to establish and maintain positive working relationships with our landlords to provide affordable housing. We have a minimum of a two year wait list for Housing Choice Voucher program so we maximize all housing program opportunities in the county, especially those related to sub-populations (mental health, children and youth involvement, etc.).

We continue to utilize our Disabled Residents Team to assist families during housing crises. All Human Service Block Grant providers in HAP and HSS participate in this team. We mobilize and meet with families as soon as possible to discuss their housing needs, basic needs, transportation, employment, budget and family concerns. We then work with the family as a team with caseworkers focusing on housing, basic needs, etc. to assist the family during this transition. Centre County recently lost a tax credit development that will be re-developed into student housing. Ninety two family units will have to be relocated to other affordable housing opportunities. Housing Case Management will take the lead on assisting these families over the next two years.

Housing for the criminal justice population remains an area of interest for our providers, leaders, and residents. As part of strategic planning and mapping opportunities, housing has been highlighted as a high need for successful reentry. Centre County will look for opportunities to assist residents currently incarcerated and/or previously incarcerated to provide permanent housing opportunities.

	Estimated Individuals served in FY 14-15	Projected Individuals to be served in FY 15-16
Bridge Housing	28	29
Case Management	800	895
Rental Assistance	316	348
Emergency Shelter		
Other Housing Supports		

Bridge Housing:

Bridge Housing allows homeless residents and families the opportunity to live in an apartment while working on their goals toward interdependence living over a twelve to eighteen month period.

- o Centre County currently has five Bridge Housing units, two with one provider and three with the domestic violence provider. The providers maintain the leases on four of the five units in the county. The tenant based rental unit has proved successful for clients looking to establish credit, landlord references, etc. The domestic violence provider offers the tenant based rental unit.
- o Centre County Office of Adult Services meet with Bridge Service Providers monthly to discuss participants, vacancies, applications, and overall needs of the program. The office also conducts annual on-site monitoring to include chart reviews, fiscal reviews, and staff interviews.

Case Management:

Housing Case management is the keystone service for residents in Centre County seeking affordable housing.

- Housing Case management provides support, resources, budgeting skills, and advocacy for our residents. Housing Case management works with the homeless shelters, Housing Authority of Centre County, human service agencies, developers, landlords, county agencies, and faith based organizations all for the need to find housing.
- Housing Case management has two elements: client based services and information and referral. Residents seeking client based services meet with the case manager, establish goals, budget, needs, etc. and actively work with the case manager on finding housing. Information and referral allows residents simply seeking rental information to contact the case worker and receive up to date listings of units located throughout Centre County.
- Housing Case Management maintains a Housing Resource Guide available to residents, human service agencies, businesses, etc. to assist in finding affordable housing.
- Our county continues to struggle with the availability of affordable housing. The services of Housing Case Management have been instrumental in assisting residents in finding safe, accessible, and affordable housing. Housing Transitions, Inc. is the provider for Housing case Management services.
- Centre County Office of Adult Services meets with Housing Case Management Provider monthly to discuss participants, housing concerns, and overall needs of the program. The office also conducts annual on-site monitoring to include chart reviews, fiscal reviews, and staff interviews.

Rental Assistance:

Rental/Mortgage Assistance Program (RAP) provides rental or mortgage assistance to homeless or near homeless eligible residents in Centre County. RAP referrals come from human service agencies across the county and the provider completes the necessary intake paperwork and works with the landlords and/or mortgage companies to provide the assistance. The provider can meet with residents at various locations throughout the county to assist with transportation costs and concerns.

- Interfaith Human Services is the provider for RAP services.
- Centre County Office of Adult Services meets with the RAP Provider monthly to discuss clients, availability of funding and needs of the program. The office also conducts annual on-site monitoring to include chart reviews, fiscal reviews, and staff interviews.

Emergency Shelter:

- No funding is provided for this service as the providers receive funding from other local, state and federal programs. Centre County has three permanent homeless shelters and one weather related shelter:
 - Centre House which provides for men, women and children;
 - Centre County Women's Resource Center for women and children fleeing from domestic violence;

- Centre County Youth Service Bureau which provides for voluntary shelter for both males and females ages 12 through 18.
- Out of the Cold Program is a faith based program providing beds and shelter from October – April at a variety of churches located in Centre County. The sites can provide beds for up to 15 individuals, ages 18 years old and above.

Other Housing Supports:

Due to budgetary constraints, this service is not available in Centre County.

Centre County provides the required data entry into the HMIS for programs receiving funding through Housing and Urban Development (HUD) with coordination of the PA Department of Community and Economic Development (DCED). Providers of services that include supportive housing, SSO services, and Shelter Plus Care Programs have participated in the HMIS program.

CHILDREN and YOUTH SERVICES

Two major challenges for Centre County residents continue to be the high cost of housing and the high cost of childcare. Due to the cost of living in Centre County, the population served by the agency is often forced to reside in more rural areas with less access to community resources. In addition to these challenges, we continue to see an increase with drug usage among our young parents. All three of the HSBG funded programs assist in these three issues. It is critical that residents maintain their existing housing as affordable housing located in State College continues to dwindle. Programs like Money Management and DeClutter are often able to intervene before housing is lost. FGDM has been instrumental in helping families with drug issues identify and plan for problems prior to the removal of a child becoming necessary. We are looking to partially fund our Parenting Plus program through the block grant, the remainder of the program will continue to be funded through Needs Based funding. Parenting Plus was recently approved as a provider of SafeCare, an evidence based parenting program that focuses on three main areas: safety, positive parenting and child’s health. Utilizing the SafeCare model will help in accessing parenting abilities early on to better evaluate children’s safety in the home. In terms of successes, despite the challenging economic climate, the agency has been able to consistently maintain a high level of in-home services to Centre County families. These in-home services are instrumental in preventing out-of-home placements and assuring safety of children. However, the provision of these services, prior to placement, can be viewed as a success and a challenge. It is a success because of placement prevention and children can safely remain in the home. It becomes a challenge when placement becomes necessary as most non-emergency placements occur only after services have been exhausted which presents as a challenge to reunification services and often results in a lengthier time to permanency.

	Outcomes
Safety	<ol style="list-style-type: none"> 1. Children are protected from abuse and neglect. 2. Children are safely maintained in their own home whenever possible and appropriate.
Permanency	<ol style="list-style-type: none"> 1. Children have permanency and stability in their living arrangement. 2. Continuity of family relationships and connections are preserved for children.
Child & Family Well-being	<ol style="list-style-type: none"> 1. Families have enhanced capacity to provide for their children’s needs. 2. Children receive appropriate services to meet their educational needs. 3. Children receive adequate services to meet their physical and behavioral health needs.

Outcome	Measurement and Frequency	The Specific Child Welfare Service(s) in the HSBG Contributing to Outcome
Safety	<p>In an effort to measure the effectiveness of the program we track three outcomes: Objective #1 tracks the number of families referred to the program by CY5 a second time (1 family was referred for a second time, 9%); Objective #2 tracks improvement on the North Carolina Family Assessment Scale (NCFAS), specifically in the habitability of housing domain (83% of the families showed improvement from intake to case closure); Objective #3 tracks the number of clients who lose subsidized housing due to home conditions within one year of services closing (1 family lost their housing 14%).</p>	DeClutter
Permanency	<p>In an effort to measure the effectiveness of the program as it relates to permanency we track this outcome; Objective #2: to achieve successful adherence to the plan developed in Family Group conferences for those referrals involving permanency decisions one year after plan development; (71% of the plans that were developed including a permanency decision adhered to that plan within one year of the original plan)</p>	FGDM
Child and Family Well-being	<p>In an effort to measure the effectiveness of the program</p>	Financial Money

	as it relates to child and family well-being we track three outcomes: Objective #1: to assist families in not having their electric shut off (100%, none of the families served by this program had their electricity shut off); Objective #2: to aide families in maintaining their housing (100%, none of the families served lost their housing due to non- payment of rent); Objective #3: to assist families in meeting their basic needs (100%, none of the families involved with this program required additional financial assistance from CYS)	Management
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Program Name:	Family Group Decision Making
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Please indicate the status of this program:

Status	Enter X			
Funded and delivered services in 2014-2015 but not renewing in 2015-2016				
Requesting funds for 2015-2016 (new, continuing or expanding from 2014-2015)	X	New	Continuing	Expanding
		X		

- Family Group Decision Making (FGDM) is a family-centered practice that utilizes family input within a structured process guided by professionals to create a plan that is unique to every family. Family is loosely defined and can include anyone the family identifies as a support to them. Currently in Centre County, we use also use FGDM as a way to develop Transition Plans for youth aging out of the CYS system. Transition Plans are required by DHS for all youth in foster care who will be leaving care 90 days prior to, or after their 18th birthday. In an effort to measure the effectiveness of the program we track three outcomes: Objective #1: to integrate FGDM into standard practice in the CYS intake process; Objective #2: to achieve successful adherence to the plan developed in

Family Group conferences for those referrals involving permanency decisions; Objective #3: to increase Juvenile Probation’s usage of this program.

Complete the following chart for each applicable year.

	FY 14-15	FY 15-16
Description of Target Population	CYS clients	CYS clients
# of Referrals	73	80
# Successfully completing program	47	54
Cost per year	107,700	127,665
Per Diem Cost/Program funded amount	N/A	N/A
Name of provider	Youth Service Bureau	Youth Service Bureau

Were there instances of under spending or under-utilization of prior years’ funds?
 Yes

It is difficult to plan for exactly how many conferences will be utilized each year. We have made adjustments in previous years to compensate for the under-spending. The Agency has adopted the practice of referring the majority of all Intakes to FGDM however it is ultimately up to the family to participate which is out of the Agency’s control. Because the conferences are billed through a tiered system determined by DHS, if the family does not follow through with an actual conference, the maximum amount is not utilized.

Program Name:	DeClutter
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Please indicate the status of this program:

Status	Enter X			
Funded and delivered services in 2014-2015 but not renewing in 2015-2016				
Requesting funds for 2015-2016 (new, continuing or expanding from 2014-2015)	X	New	Continuing	Expanding
		X		

- De-Clutter provides help to families with organizing/cleaning their homes. The program engages other family members to help improve the home conditions. In an effort to measure the effectiveness of the program we track three outcomes: Objective #1 tracks

the number of families referred to the program a second time by CY5; Objective #2 tracks improvement on the North Carolina Family Assessment Scale (NCFAS), specifically in the habitability of housing domain; Objective #3 tracks the number of clients who lose subsidized housing due to home conditions, within one year of services closing.

Complete the following chart for each applicable year.

	FY 14-15	FY 15-16
Description of Target Population	CYS clients	CYS clients
# of Referrals	49	55
# Successfully completing program	49	55
Cost per year	\$43,155	\$71,901
Per Diem Cost/Program funded amount	\$45.91	\$45.91
Name of provider	Youth Service Bureau	Youth Service Bureau

Were there instances of under spending or under-utilization of prior years' funds?
No

Program Name:	Financial Money Management
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Please indicate the status of this program:

Status	Enter X			
Funded and delivered services in 2014-2015 but not renewing in 2015-2016				
Requesting funds for 2015-2016 (new, continuing or expanding from 2014-2015)	X	New	Continuing	Expanding
		X		

- Financial Money Management Program provides help to families with budgeting, bill management, and representative payee. In an effort to measure the effectiveness of the program we track three outcomes: Objective #1: to assist families in not having their electric shut off; Objective #2: to aide families in maintaining their housing; Objective #3: to assist families in meeting their basic needs.

Complete the following chart for each applicable year.

	FY 14-15	FY 15-16
Description of Target	CYS Clients	CYS Clients

Population		
# of Referrals	15	15
# Successfully completing program	15	15
Cost per year	\$3,500	\$3,500
Per Diem Cost/Program funded amount	\$35.00	\$38.00
Name of provider	Interfaith Human Services	Interfaith Human Services

Were there instances of under spending or under-utilization of prior years' funds?
No

Program Name:	SafeCare (Parenting Plus)
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Please indicate the status of this program:

Status	Enter X			
Funded and delivered services in 2014-2015 but not renewing in 2015-2016				
Requesting funds for 2015-2016 (new, continuing or expanding from 2014-2015)	X	New X	Continuing	Expanding

- *SafeCare* is a curriculum designed for parents of children ages birth – 5 years with a history of or risk for neglect and/or physical abuse. The curriculum is divided into 3 components: helping parents develop positive and safe parent-child interaction skills to increase permanency for children, teaching age-appropriate supervision and decreasing safety hazards in the home to improve child safety, and using a child health manual to improve overall child well-being. *SafeCare* takes approximately 18-20 weeks to deliver. *SafeCare* can be used as a precursor to PAT (Parents As Teachers). The program developers from Georgia State University have been on-site with YSB in the spring of 2014 providing training to the Parenting team, and will continue to provide remote technical assistance and fidelity monitoring on a monthly basis for the next two years while we have one of our own staff become certified as a *SafeCare* trainer. Our *SafeCare* trainer will then maintain annual certification through the National *SafeCare* Training and Research Center at Georgia State University.

As *SafeCare* is a part of the Parenting Plus Program, Needs Based Budget funds will be used in FY 15-16 in the amount of \$

- www.Safecare.publichealth.gsu.edu

Complete the following chart for each applicable year.

	FY 14-15	FY 15-16
Description of Target Population		CYS Clients
# of Referrals		5
# Successfully completing program		5
Cost per year		\$2,282
Per Diem Cost/Program funded amount		\$43.94
Name of provider	Youth Service Bureau	Youth Service Bureau

DRUG and ALCOHOL SERVICES

This section should describe the entire substance abuse service system available to all county residents that is provided through all funding sources, including state allocations, county funds, federal grants, HealthChoices, reinvestment funds, etc.

Access to Services

Residents of Centre County who are in need of drug and alcohol treatment have multiple options for accessing treatment services. Case managers for the Single County Authority (SCA) for Centre County serve as navigators through this process.

All clients specifically requesting outpatient services are given the names, phone numbers and addresses of the SCA's three contracted outpatient providers. The client may then choose an agency and call to schedule an appointment. This affords them direct access to services at this level of care without having to come through the county office.

Individuals who are looking for a more intensive level of service, or who are unsure of what types of services they need, will access assessments directly through the SCA. Case management staff will complete a screening and level of care assessment to determine what specific service is most appropriate. If they are in need of county funding to pay for their treatment, the case manager will contact providers of the individual's choosing and refer them for services. Staff will then continue contact with the individual while they are inpatient, confirming that they continue to need that level of care, authorize for continued funding (as available), and begin discussions with the individual and counselor around after care planning – addressing treatment and treatment-related needs as appropriate.

The majority of Probation Department referrals are handled through the Treatment Accountability for Safer Communities (TASC) Program. This program provides assessment, referral and administrative case management for clients involved in the criminal justice system. TASC services are provided by TASC case management staff, who assess the client and notify their referral source (attorney, Probation/Parole, Courts) of the recommended level of treatment. Clients appropriate for outpatient treatment are referred directly to one of the three contracted providers, as selected by the client and TASC case manager. The client is responsible for making contact with this outpatient provider following their assessment. Clients in need of inpatient residential treatment are evaluated for funding through the county office (or through Community Care or other insurance coverage, as available) to be considered for residential placement. This referral may be contingent on the approval of Probation and Parole, and the criminal justice system.

Individuals who have Community Care Behavioral Health eligibility under Health Choices may access treatment services either by calling a participating provider directly, contacting Community Care Behavioral Health for provider contact information, or by coming through the

SCA. Case management staff are available to assist CCBH-eligible clients with accessing the services they need, either through a formal level of care assessment or by providing provider contact information.

Individuals who have private resources or private insurance may consult with case management staff on the types of services available and to learn more about the provider network available throughout Pennsylvania. Centre County is seeing more individuals who struggle to understand the process of accessing their private insurance coverage. These individuals may consult with staff via phone or in person. In some cases, the provider may request an assessment from the SCA to gather all the information necessary to secure precertification for funding.

For individuals who have private insurance but are unable to meet their deductible, Centre County will conduct an assessment and refer the individual to a provider who is both under contract with the county and impanelled with their private insurance. Centre County will require that the provider bill the insurance and secure denial before backing payment to cover the deductible amount.

Centre County Drug and Alcohol also offers case coordination services. This program offers case management support to individuals who have ancillary treatment-related needs that have a direct impact on their ability to maintain their recovery. Individuals can self-refer for this service or be referred by a provider, probation/parole, administrative case management or other human service agency.

Waiting List Issues

In recent years, Centre County had to impose limits on the lengths of stay in inpatient treatment – detoxification services plus 14 days of inpatient treatment, due to funding limitations. Funding also made halfway house available only on a case-by-case basis.

In the Spring of 2015, the SCA had the opportunity to increase lengths of stay for individuals in need of residential treatment with the availability of retained earnings through the Human Services Block Grant. This was an opportunity to demonstrate the level of effectiveness of longer periods of intense treatment services. Availability was also paired with enhanced case management services to individuals during their period of residential treatment, along with follow up contact with the individual post discharge.

There is currently no waiting list for either inpatient or outpatient levels of care. Case coordination is available to individuals who need support with both treatment and treatment-related needs, though there continues to be a waiting list for intensive case coordination services. This service is offered to individuals who have a significant number of areas that need to be addressed. Centre County SCA collaborates with its partners in mental health and with Recovery Support Services at Crossroads in order to refer individuals to additional resources that will meet their needs, rather than wait for this particular service.

County Limits on Services

Centre County SCA is prepared to continue its efforts to offer longer lengths of stay in residential treatment and ongoing case coordination support to individuals upon return to the community. Over the past several months, the SCA is seeing more individuals securing Medical Assistance eligibility. Staff have also recently submitted several grant applications. The first would address the reentry needs of individuals who are returning to the community following a period of incarceration at the Centre County Correctional Facility. The second grant provides targeted treatment services to individuals who have an opiate substance use disorder. Funding under both of these grants would support both treatment and case management services. The SCA is optimistic that the resources will be available to avoid restricting access to treatment for individuals with substance use disorders.

The SCA will continue to seek all third party funding that is available to individuals who seek treatment services through the county. Those with insurance will have to contact a provider who accepts their coverage. Individuals will be required to pursue Medical Assistance eligibility (with assistance from their provider and case management staff). The SCA will consider assisting individuals who have very high deductibles which make accessing treatment services prohibitive for them, on a case by case basis. Staff will monitor the frequency of these needs, to assure that funding is available for this policy to continue.

Coordination of Care Across the System

Centre County SCA offers preferential access to treatment services for pregnant women who have substance use disorders. Case management staff work closely with the referring agency and other community organizations to assure that the treatment and treatment-related needs of these women are met.

Centre County also prioritizes services to adolescents and injection drug using individuals. All outpatient providers and select inpatient providers offer targeted services to these populations. Again, case management staff work closely with the referring agency and other organizations to assure that the treatment and treatment-related needs are met. That collaboration continues upon discharge, with case managers assisting individuals in maintaining their recovery/sobriety.

In coordination with the Department of Drug and Alcohol programs, Centre County SCA has been gathering information and resources around the occurrence of opioid overdose. Addressing the life-or-death needs of individuals in these circumstances will require a significant level of collaboration across human service and medical service organizations to provide as direct a connection between emergency care and drug and alcohol treatment as possible.

Centre County also works very closely with the Probation/Parole Department to conduct level of care assessments and offer treatment recommendations for individuals who are seeking consideration for intermediate punishment sentencing. These numbers have continued to be very high, largely due to a large number of referrals for DUI offenders with high blood alcohol

levels, who are not eligible for ARD sentencing. This process also assures that individuals who have substance abuse-related charges are referred for the services that will address what could be the underlying cause of their current situation.

Emerging Substance Use Trends Impacting County's Implementation of Substance Use Services

The Pennsylvania Coroners Association reports that for the four year time period of 2009 through 2013, Centre County had 13 individuals who died as a result of multi-drug toxicity. There were 3 deaths in 2012 and 7 deaths in 2013. The majority of these deaths were for individuals between the ages of 20-30, closely followed by those ages 41-50. The follow up report for 2014 showed a dramatic trend change – 18 deaths in this one year alone. Further analysis of these 18 deaths revealed several other concerning points of interest.

- An almost equal number of deaths occur in women as they do in men (44% female, 56% male). For many other counties in Pennsylvania, the percentage of men dying from overdose is a considerably higher percentage of the whole.
- While the largest percentages of deaths occurred in young people ages 20-30 (33%), the next most commonly affected age groups are ages 41-50 (28%) and ages 51-60 (28%).
- The most common drugs identified with these overdoses are non-legal (31%), followed by opioids (28%) and benzodiazepines (25%).

Medication-assisted therapies have been an ongoing need and request from individuals who contact the SCA for information and access to services. This option has been of particular interest to individuals who have an opiate substance use disorder. There has also been a great deal of interest in recent legislation that makes naloxone (Narcan) available to first responders and even family members, to be available as an emergency treatment in the event of an opioid overdose. This is an area of development that Centre County will be looking at over the course of the next year, particularly in educating members of the community and encouraging best practice strategies around prescribing practices and use of these medications.

As indicated above, Centre County is seeing an increase in the number of individuals who have private insurance coverage, but have deductibles that are high and unaffordable. The SCA has been working with treatment providers to identify which agencies are impanelled with the various insurance companies and the circumstances under which treatment will be covered. In addition, case management staff have assisted individuals in understanding their benefits and navigating access. This may involve calls to the insurance company with the individual, asking questions and advocating for access to care. Centre County is committed to supporting these requests.

Centre County SCA has been participating in multiple meetings over the last year specific to reentry services. From a point-in-time survey conducted in October 2014 with 195 inmates, 39 individuals self-reported both a mental health and a substance abuse disorder. Of those self-

reporting, 77% reported a drug dependency and 46% reported an alcohol dependency. In addition, the recidivism for this group is 77.3% for men and 81.3% for women – 11-12% higher than the general population.

Partnering agencies representing criminal justice and community organizations from across the county have been participating in reentry coalition activities in an effort to improve access to treatment and resources for individuals who are returning to the community. The goal of this work is to provide individuals with the tools they need to be successful in their home communities, and subsequently reduce recidivism rates.

Identified Populations:

- **Older Adults (ages 60 and above)**
- **Adults (ages 18 to 55)**
- **Transition-Age Youth (ages 18 through 26)**
- **Individuals with Co-occurring psychiatric and substance use disorders**

Outpatient and inpatient treatment services are both available to the above populations, based on the recommendations from the SCA/provider assessment and PCPC level of care. Block grant funding under this plan is used for both outpatient and inpatient treatment services to these populations.

Centre County continues to work closely with Crossroads Counseling who is dually licensed to provide mental health/psychiatric and drug & alcohol treatment services. Crossroads is the only provider in Centre County to have both licenses in place. This provides a very good option for individuals who have co-occurring diagnoses.

- **Adolescents (under 18)**

Outpatient and inpatient treatment services are both available to the above population, based on the recommendations from the SCA/provider assessment and ASAM level of care evaluation. Block grant funding supports both of these levels of care.

Centre County continues to support its community-based adolescent program through Crossroads Counseling. This service targets youth who are returning from out-of-home placements (i.e. RTF, inpatient treatment), or who are at risk of such placements. Through this service, a team of master-level therapists work with the adolescent and their family members on a variety of treatment and family issues that have kept this adolescent from being successful at lower levels of care. This program is structured to meet the needs of the adolescent and their family in a variety of locations – home, school, and community. This program continues to show very good outcomes.

- **Criminal Justice Involved Individuals**

Centre County SCA has a long history of providing case management support for individuals who are involved with the criminal justice system. Through the Treatment

Accountability for Safer Communities (TASC) program, two case managers are dedicated to conducting assessments, making referrals, and providing case management support to this target population. TASC staff serve as a liaison between the treatment providers, the criminal justice system, and the individual. Their extensive knowledge of both systems provides a needed resource for those who are often new both to the court system and the treatment system.

The Centre County DUI Court Program provides intensive support and supervision to those DUI offenders who are at the highest risk of reoffending and have the highest need. The target population for this program is 3rd time DUI offenders (within the last 10 years), who had the highest tier blood alcohol level at the time of arrest, and 2nd time DUI offenders with the highest tier BAC, who were previously sentenced to Intermediate Punishment but are now facing a revocation. The DUI Court program provides support with regular judicial reviews, probation supervision, treatment (as identified by the Pennsylvania Client Placement Criteria), and case management support.

Over the past year, Centre County has worked closely with the Department of Drug and Alcohol Programs, the Department of Human Services, the Centre County Assistance Office, and Community Care Behavioral Health to provide opportunities for individuals who are incarcerated at the Centre County Correctional Facility to receive inpatient non-hospital rehabilitation services. Case management staff facilitate the completion of the Medical Assistance application process and compiling documentation. The application is then submitted with the date of their release/admission to treatment. Most of the individuals who have been placed through this process have been found to be eligible for Medical Assistance quickly, minimizing the amount of funding needed from the SCA.

- **Veterans**

Centre County SCA has case management staff with extensive experience working with individuals with a military background. They are familiar with the system and have been quite instrumental in assisting clients in documenting their discharge status and accessing services.

When faced with the challenges of navigating the VA system, Centre County SCA is committed to helping veterans with emergent care needs (i.e. detoxification services). This has become less of an issue over the past year as staff have built working relationships with representatives from the James E. Van Zandt VA Medical Center. Recent collaborative efforts have focused on determining eligibility for benefit services.

Recovery-Oriented Services

Centre County currently offers recovery support services to adults with substance use/abuse disorders. These services include case coordination (provided by Centre County SCA staff) and/or a referral to meet with the certified recovery specialist (CRS) through Crossroads Counseling. Participation in treatment is not required to access these services. A portion of the

SCA's block grant funding is used to fund case management services to all individuals with substance use/abuse disorders who seek services of this office.

Over the last four months, in addition to having funding to offer extended lengths of stay in treatment, the SCA has implemented a process of enhanced case management services to individuals who are receiving inpatient treatment services. Specifically, staff are making contact with the individual and their assigned counselor every seven days while they are in treatment, to begin identifying treatment and treatment-related issues that need to be addressed as part of their aftercare planning. Not only does this help the provider's counseling staff identify local resources to support the individual upon discharge, but also builds an ongoing relationship with the individual that they can come back to if additional needs are identified once they are home.

Centre County has been partnering with Community Care Behavioral Health to identify ways to enhance the current recovery support system in order to better meet the needs of the individuals being served. For the coming year, this office has partnered with Juniata Valley Tri-County Drug and Alcohol and Clear Concepts Counseling to pursue recovery house programs in the four-county area using reinvestment funding through Community Care.

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

Note: Please ensure that the estimated individuals in the chart and planned expenditures in the narrative match what is included on the budget in Appendix C.

	Estimated Individuals Served in FY 14-15	Projected Individuals to be Served in FY 15-16
Adult Services	71	81
Aging Services		
Children and Youth Services		
Generic Services		
Specialized Services	734	830

Adult Services: Please provide the following:

Program Name/ Description: Service Planning Case Management

Changes in Service Delivery from Previous Year: None

Specific Service(s): service planning/casemanagement. Service Planning is a vital service within HSS services. This position is contracted through our provider that also is the Housing Case Management and one of the Bridge Housing providers. The overlap of service coordination and needs is evident when working with the staff. The Service Planning case manager meets with residents in the community between the ages of 18-59 who have a variety of needs based on their health, income, family dynamic, and other factors. These residents are often not linked to other county offices such as Mental Health/Intellectual Disabilities or Veteran’s Affairs. The case manager does a comprehensive review of their needs and can determine if they need to apply for benefits, eligibility for homemaker services or waiver services, basic care referrals, and a myriad of other needs. The case manager then links the client to the respective services in our community and continues follow up with the clients until the problem is resolved or on-going management is needed.

Planned Expenditures: \$19,529

Program Name/ Description: Homemaker

Changes in Service Delivery from Previous Year: We contracted with a fourth provider for services as need has increased.

Specific Service(s): homemaker. Homemaker services provide the non-medical personal care needs and basic care for residents over 18 years of age. This provides a necessary service for those in medically compromising situations and provides relief to many who have no support from family or friends to assist with their needs. Our Service Planning case manager assesses the needs of each client to determine their need for homemaker services, the amount of hours they are eligible for, and the longevity of the service that it will be needed for. Centre County currently has four Homemaker providers working throughout the county so each client has a choice in their provider. This allows our clients to have a choice in provider and have a longer term relationship with them if needed.

Planned Expenditures: \$16,000

Specialized Services: Please provide the following:

Program Name/ Description: Basic Needs Case Management (2 Providers)
Changes in Service Delivery from Previous Year: None
Planned Expenditures: \$35,055

Program Name/ Description: Money Management
Changes in Service Delivery from Previous Year: None
Planned Expenditures: \$5,500

Interagency Coordination:

Interagency Coordination is conducted through the Office of Adult Services. Staff is available to handle client calls to refer them to properly needed services to match their needs. Staff is actively involved in the community and residents to assess the needs. All providers of Human Services and Supports meet monthly with Office of Adult Services and/or a provider to monitor the program; client's needs, and discuss issues within the services. Staff sits on a variety of committees including the Centre County Council of Human Services, Centre County Affordable Housing Coalition, Centre County Partnership for Community Health, Centre County Community Safety Net, and Centre County Crisis Intervention Team. These collaborations are vital for the coordination of not only state funded programs but the link to private partnerships such as faith based organizations, United Way, and local leaders. Training is provided through collaborations such as the Centre County Council of Human Services.

Centre County Crisis Intervention Team (CIT) is law enforcement, criminal justice training curriculum to assist in handling crisis situations with reduced harm to officers, residents, and linking the person to resources in the county to address the crisis. Providers of Human Services and Supports actively participant in the CIT training and the Office of Adult Services maintains a leadership role within the Steering Committee.