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

1. Centre County Planning Team includes the following departments: Mental Health/Intellectual Disabilities/Early Intervention - Drug & Alcohol, Office of Adult Services, Commissioners Office, Financial Management, Controllers' Office. Residents of Centre County can provide feedback throughout the year via any of the above noted offices and through advisory boards. The Centre County Planning Team reviews data, provider and consumer feedback, and discusses needs and gaps in our service continuum to determine our Block Grant plan. The Planning Team meets monthly to provide timely data, fiscal reporting, and needs.
2. Each department received input from their respective providers of Block Grant services in regards to service needs, programming, measures to be monitored, and funding. 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. Individuals who receive service are provided the opportunity to give feedback on the services throughout the year and during the public hearing process. 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. 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 is determined through the Independent Monitoring for Quality (IM4Q) processes, with results shared with the Centre County Quality Council, Advisory Board, 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.
3. Centre County MH/ID EI Advisory Board and the Centre County Drug & Alcohol Planning Council have active opportunities to participate in the development of the HSBG plan. In addition, the Centre County United Way Community Impact Committee receives the plan to provide opportunity to look for collaboration, data, and trends that align with United Way's goals.
4. The departments stress the need for services that allow residents to be proactive in their needs, disabilities, and/or crises. By providing services in the least restrictive setting, it creates 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. Social determents of health are a critical factor amongst all of the services we address with our clients. We develop individualized plans and services based on least restrictive services. Homemaker services is an example of this individualized plan. By providing in home care for disabled and low income individuals, it

allows them to remain in their home as opposed to being moved to personal care homes and/or nursing homes. Adult Services was awarded PHARE funding to enhance the Homemaker services due to the least restrictive setting that allows individuals to stay in their affordable homes and receive the necessary care. Funding will remain a priority in the HSBG for FY 2018-2019.

The Enhanced Personal Care Home model is another example of least restrictive setting programs. It was developed within mental health and provides individuals with the opportunity to reside in their community with supports as an diversion from a state hospital and community based hospitals. The program allows individuals to remain active in their recovery in their community, with supports, services, and supportive housing. This program allows for Centre County to refer to the Danville State Hospital when the most restrictive setting is necessary.

5. Homemaker services continue to be a necessary need in our community. Adult Services has looked for additional funding through grant opportunities to provide additional services. During FY 17-18 PHARE funding expanded the services in our community currently offered through HSBG funding. With HSBG funding along with the PHARE funding, we believe we will be able to meet the increased need in our community. PHARE funding will continue until December 31, 2018 along with the HSBG funding.

   Through the efforts of the MH/ID EI and D&A office, a focus for FY 17-18 will be to sustain the Medication Assisted Therapy programs that were achieved using Retained Earnings. We will work towards expanding the services in the community and for the Reentry population through a partnership with our local correctional facility.

   Centre County D&A Office expanded and sustained it efforts with Medication Assisted Therapy programs with Retained Earnings. The expansion into our Correctional Facility will result in an improved transition period for returning individuals to receive Vivitrol. The increased CURES funding has provided Centre County with the opportunity to assist individuals with inpatient and outpatient treatment as appropriate to their needs. A Recovery House provided through Reinvestment funding opened in February 2018. As the program develops and needs are identified, the county will remain available to discuss opportunities with providers and residents. The HSBG funding for D&A remains a focus to enhance services in our county.

PART II: PUBLIC HEARING NOTICE

Centre County held two public hearings pertaining to the FY 2018-2019 HSBG. Our first hearing was on February 20, 2018 at 3:30pm. The second public hearing was held on May 8th at 5:30pm. Legal ad notifications and sign-in sheets are attached to this plan. County staff reviewed FY 2017-2018 services and spending and highlighted areas for 2018-2019 to consider. Providers and the public provided testimony on services available through the HSBG. Written testimony was provided by individuals, family members, and members. Written testimonies are attatched to this plan.

PART III: CROSS-COLLABORATION OF SERVICES

Employment: Centre County Mental Health (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.

Centre County MH/ID/EI-D&A continues to participate in the local Employment Coalition which dovetails with the local transition council. The membership consists of representatives from Administrative Entity, school districts (including the IU), Careerlink, OVR, local service providers,

Supports Coordination Organization, Penn State University Project O.N.E. and family members. In previous years, the group hosted an Agency Night for individuals and families new to services and has developed transition information for dissemination. In this current year, local school districts hosted a transition/agency night, focusing on their students. In addition to service providers and AE/SCO staff, representatives from OVR, MATP, secondary education programs, Careerlink, and other community programs also participate.

Centre County ID increased to 9 providers qualified and willing to provide employment services in Centre County. Two providers currently maintain county contracts to provide services using base monies. In addition, both of these providers offer individualized employment programs based on Discovery and customized employment.

Centre County continues to track expenditures related to the Employment Pilot. 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 accessing individualized employment options as well as traditional supported employment.

At the end of each quarter (January – March, April – June, July – September, and October – December) the ID Program Specialist compiles employment information from Supports Coordination Organization related to individuals on their caseloads who were competitively employed, making at least the federal minimum wage, on the snapshot dates (the first of each month). This data has been collected at the end of each quarter since the start of calendar year 2011. A total of 60 months of employment data has been collected and compiled in a comprehensive review of employment data from calendar years 2011 – 2015. The summary was shared at with ODP, at the regional and state level. The long range plan is to continue to track employment data and share this comprehensive review with providers, Supports Coordination, MH/ID Advisory Board, local transition council, other interested stakeholders. This information will be essential in reviewing trends and planning for employment activities in the upcoming fiscal year and longer term.

Lastly, local OVR counselors utilize MH/ID office space. This arrangement affords the SCO better coordination with OVR for intakes. The counselors are also a valuable resource for both the SCO and the AE.

Housing:

Housing Program Specialist (HPS) provides a coordinated effort on behalf of residents, county agencies, housing authority, and human service agencies to assist with the need of affordable housing. HPS provides education to county departments on housing programs, availability, and liaison for programs. HPS works with federal and state grant opportunities to provide affordable housing assistance. HPS will provide oversight to the housing assistance funding through the HSBG. HPS leads the Centre County Housing Options Team, representative for RHAB, attends Reentry Coalition, Affordable Housing Coalition, MH/ID Provider Meeting, and School District Youth Homelessness. The position has allowed greater involvement in housing needs for clients spanning across the spectrum of the HSBG, provides necessary linkage for information and referrals, and coordinates efforts to advance affordable housing for clients. Centre County has developed a key person to understand, assist, and support housing programs throughout the county.

During FY 16-17 Centre County Adult Services became the Lead Agency for the Section 811 program in Centre County. This additional leadership role has allowed for increased coordination of available 811 units with our county categorical programs to assist in locating affordable and

accessible housing. The units have provided additional affordable housing units and expanded our landlord outreach efforts.

Centre County has been awarded Rapid Re Housing grant through Housing and Urban Development (HUD) funding. The program began in October 2017. We have been awarded a second year which will be October 1, 2018 through September 30, 2019. The program is available for literally homeless, homeless veterans and disabled homeless individuals, thus working with a number of county programs. The program has provided housing opportunities for homeless individuals and families throughout the County. Clients with Adult Services, MH/ID EI D&A along with community based providers have worked with Housing Transitions, Inc. to support this new program.

Centre County continues to be awarded PHARE funding for housing assistance. RAP funding is exhausted quickly each month with the demand for assistance. PHARE funding is able to assist eligible families living in the impacted areas of Centre County with necessary rental assistance.

Housing will remain a focus in Centre County to look for available funding, opportunities, needs, and innovative services to meet our community’s goals.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

a) Program Highlights:

- An Outpatient Mental Health (MH) Provider added the complement of an LGBTQI Therapist who not only provides therapy to individuals, but also provides education and insight through community-based training in regards to how best support and interact with individuals who identify themselves under this population.
- An Outpatient MH Provider is participating in the Trauma-Informed Care Center Initiative, in partnership with the Behavioral Health Alliance of Rural Pennsylvania (BHARP).
- Centre County contracts with an Outpatient Provider that carries Mental Health and Drug and Alcohol licenses to support individuals with co-occurring needs.
- Centre County Crisis Intervention Team (CIT) held the 15th training session in January 2018. CIT has now trained a total of 299 first responders. The next bi-annual training is scheduled for June 25-29, 2018.
- Centre County CIT started a Commonwealth-wide conference to further educate CIT personnel, aide other counties starting their own CIT Program, support existing programs that are struggling and provide networking opportunities. The first Commonwealth-wide conference was held in March of 2013. For the past several years, Pennsylvania Commission on Crime and Delinquency (PCCD) has collaborated with Centre County CIT and holds the CIT State-wide Conference every spring, with the last one being held on March 20, 2018.
- Centre County has experienced moderate growth in community-based outpatient medication management providers that include psychiatrists and a psychiatric physician assistant. Centre County Mental Health (CCMH) has been able to secure county contracts with several of these providers.
- The aforementioned physician assistant implemented a unique approach to services by providing psychiatric and physical health care services within the same practice. This practice is supporting the overall wellness of individuals they serve and eliminating the silos that exist in healthcare services and promoting and encouraging holistic health care. Individuals are able to receive mental health and physical health medication and therapies collaboratively under this one site. Additional specialties that this provider carries are diet and nutrition.
- Centre County's 12th Annual Out of the Darkness walk was held on April 29, 2018. This event continues to be quite successful as evidenced by the number of participants rising year by year and the funding that it generates for the local and national chapters.
- The 13th Annual Candlelight Vigil was held on May 9, 2018. This event was, again, well-attended and generates participation of many partners.
- Centre County Community Support Program remains active within the local community and regionally. Locally, they are updating by-laws.
- The 6th edition of "The Mental Health Services in Centre County" Resource Book was released in 2018. This edition added child/adolescent services, suicide prevention resources, trauma resources and local support group information. Printed and electronic versions are available. This resource guide continues to be highly sought out and used throughout the county – police, agencies, school districts, etc.
- Centre County Mental Health (CCMH), Universal Community Behavioral Health's Crisis Intervention and Emergency Services (Can Help) and Mount Nittany Medical Center's (MNMC's) Emergency Department (ED) and Behavioral Health Unit's (BHU) staff have further developed protocols and processes under this emergency-based system. Communication, collaboration and efficiency have produced better outcomes for individuals

being supported, highlight the least restrictive philosophy, further incorporate the police to physician commitment capability under the Mental Health Procedures Act given the strength that CIT carries in Centre County, promotes mobile-based services being utilized more in the community and develops expertise within all parties' staff.

- MNMC's ED employs Psychiatric Case Managers who primarily focus on the behavioral health needs of the individuals that present. Psychiatric Case Managers currently cover the ED from 9:00 am to 2:00 am every day. MNMC ED plans to hire additional staff to cover the ED 24/7 effective July 1, 2018.
- MNMC's BHU employs Psychiatric Liaison Nurses who provide internal psychiatric support to all areas of the medical center as needed for the individuals/patients they are caring for.
- Mount Nittany Health and CCMH are in the process of developing a Memorandum of Understanding.
- CCMH has accessed the Dual-Diagnosis Treatment Team and Community Stabilization and Reintegration Unit for additional support of individuals with dual-diagnoses, in partnership with the Intellectual Disability Unit.
- CCMH developed a new Quality Program Specialist position this past year to help the unit focus on quality improvement efforts and initiatives, research and improve adherence to regulations and standards, and conduct internal case reviews.
- CCMH is in the process of revamping Children and Adolescent Service System Program (CASSP) to provide additional support to the Coordinator with facilitation of meetings, engagement of CASSP Advisory Board members, improve provider networking and enhance the referral process. Centre County will maintain the CASSP Coordinator position internally, building upon the strength and expertise that the Coordinator carries regarding the MH system.
- CCMH participated in the 4th Annual Super Fair of Centre County Community Resources on October 7, 2017.
- The Centre County Mental Health Community Committee (MHCC) continues to increase its membership and participation. This committee is strong in its partnerships.
- MHCC's website is actively being developed and promoted. Members of the Opportunity Centre Clubhouse maintain the website and MH activity calendar within which is a win-win as it develops strengths in the members who maintain it and collectively supports the mental health and general community in Centre County.
- MHCC implemented Service Highlight Series in 2018 by marketing and recording/archiving specific MH Providers and the services that they provide within the Centre County Community. These series have been of interest for the general community in increasing their awareness, knowledge and service linkage ability.
- Adult and Youth Mental Health First Aid classes are being offered readily within the community as the result of efforts by a local foundation and provider.
- CCMH's Targeted Case Management (TCM) Unit continually addresses quality service-provision. Efficiencies have been put into place that allows TCMs to spend more face-to-face/quality time with the individuals they support. TCM Supervisors have assisted the unit in being more efficient as well by supporting referrals on the front end and streamlining TCM assignments and initial paperwork. CCMH has experienced better engagement in TCM services, less transition occurring with case managers, been able to reduce the number of people that a person needs to see to access the service thru a direct TCM referral process and better adherence to regulations and performance standards.
- CCMH has experienced significant transition in the case management units this past year. Currently, CCMH employs two Administrative Case Managers and eight Targeted Case Managers.
- Wellness Initiatives remain the focus for CCMH's case management units. The units continue to incorporate wellness principles into all aspects of service delivery including day-to-day goal planning, the intake and Individualized Service Plans (ISPs). CCMH is also

surveying case management staff bi-annually to assess the knowledge and confidence of staff delivering wellness initiatives as a result of participation in the Patient Centered Outcomes Research Institute (PCORI). CCMH will continue to educate staff, old and new, on wellness principles and participate in on-going wellness initiatives that are offered to the county.

- CCMH is recognized as a Behavioral Health Home Plus (BHHP) provider by Community Care Behavioral Health (CCBH) due to CCMH's participation in PCORI and the Wellness Coaching Recovery Learning Collaborative. Through these initiatives, CCMH has embedded wellness principles into case management services, continues to provide wellness training to new staff and on an annual basis to all staff and links individuals that are supported with the array of wellness tools that promote a person's independence. CCMH was a self-directed care model participant which fit well into providing case management services, but eliminated a wellness nurse track. CCMH is able to access the benefits of wellness nurses through other community providers.
- CCMH's Quality Program Specialist was certified in Wellness Coaching in May of 2018. This is the third certified trainer for CCMH and can now assist with furthering internal staff wellness training.
- CCMH continues to partner with the local crisis intervention and emergency services provider, Can Help, to educate the community about crisis intervention and delegate services. Time is devoted to educating the community about the Mental Health Procedures Act (MHPA) and Centre County's interpretation of the Act.
- CCMH collaborates steadily with MNMC's Emergency Department (ED) and Behavioral Health Unit (BHU), Meadows Psychiatric Center and Can Help to ensure that crisis intervention and delegate services are being delivered according to the MHPA and the County MH Administrator. CCMH holds quarterly meetings, but there is a significant amount of day-to-day communication and interactions.
- CCMH's Mental Health Forensic Program Specialist position continues to be a success not only for CCMH, but for the Centre County Correctional Facility (CCCF). This specialist provides support to individuals that are involved with the justice system, in any capacity and of any age. The Forensic Specialist spends half of every work day on site at the CCCF to bolster the mental health support needs of individuals that are incarcerated and in partnership with jail staff. The Forensic Specialist activates outpatient services provided within the jail for people that are incarcerated and want to engage in services and for people transitioning out of the jail.
- CCMH and Mount Nittany Health (MNH) developed a Memorandum of Understanding in 2018 that reflect the partnership that exists with ED, crisis/emergency, BHU services and CCMH services (direct and contracted).
- CCMH and the State College Police Department updated their protocol in December 2017 as it relates to emergency services.

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

- **Older Adults (ages 60 and above)**
    - Strengths:
        - There are no older adults incarcerated in the Centre County Correctional Facility at this time.
        - CCMH maintains a strong partnership with Centre County Office of Aging (CCOOA) which includes Project SHARE: Senior Resource Centers and Mental Health: Activities, Resources and Education, partnering in the community in support of individuals that cross both populations when they are in crisis and/or in need of protective services, participation in the Older Adult Task Force, investigating elder abuse reports, participation in Mental Health

Community Committee, sharing resources, providing education about our individual systems, participating in the Geriatric Interest Network (GIN) and communicating about Adult Protective Services (further details about each activity is listed below).

- CCOOA experienced a transition in Administrators which has helped to enhance the partnership. The current OOA Administrator has interest in MH-based activities and interest in increasing communication and collaboration. The OOA Administrator and MH Assistant Administrator communicate routinely in support of our systems and the individuals we serve in our community.
- CCMH and the Centre County Office of Aging (OOA) align crisis and protective services when older adults are suspected to be in need of services and supports.
- CCMH maintains a liaison specific to OOA.
- The CCMH Liaison and OOA Protective Services staff provides outreach collaboratively to individuals in the community as needed when prompted by either agency or through CIT encounters when the individual requests or agrees to additional support efforts. This partnership remains strong and effective in engaging community-based individuals in services and providing additional supports.
- The CCMH Liaison and MH Assistant Administrator are members of the Older Adult Task Force.
- CCMH and OOA meet routinely to discuss services, provide updates, further establish working relationships and identify service and support needs that are shared.
- CCMH and OOA maintain Project SHARE (Senior Centers and Mental Health: Activities, Resources and Education) to further support the mental health needs of the older adult population by providing education and resources to each of the local senior centers.
- Meet with each of the six senior resource centers to maintain Project SHARE by providing a CCMH Liaison to Senior Resource Center staff and members by visiting each center every other month.
- CCMH is attending quarterly Senior Resource Center Director staff meetings. This was identified by OOA as beneficial for relationship building.
- Crisis Intervention Services are linked with the Senior Resource Centers each year to provide depression screening and suicide assessment and to link people with services and supports when identified as “at risk” or verbalize the desire to engage in services. CCMH Liaison partners in these activities to provide further continuity and support.
- CCMH participates in the Senior Expo held annually in Centre County.
- CCMH’s Administrative Case Managers (ACMs) are each involved in various community meetings/committees which focus on specific needs including forensic, housing, employment and community involvement. This is a great way for the ACMs to stay current, not only on the needs of older adults, but also the strengths, activities, community supports and training opportunities specific to this population.

- Needs:
  - Enhance engagement of the older adult population in reducing the stigma associated with mental illness through reinforcement that it is ok to discuss personal feelings.

- Increase the amount of screening and assessment that occurs for this population that may be more vulnerable and at risk for depression and suicide.
- Use the strength of the CCOOA and CCMH partnership to continue to secure unique avenues of how to engage and promote services that are available to enhance the wellness, security and safety of the older adult population.
- Ensure access to affordable housing for the older adult population through linkage with the Centre County Housing Authority and the Centre County Housing Program Specialist.

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

  - Strengths:
    - CCMH's Administrative Case Managers (ACMs) are each involved in various community meetings/committees which focus on specific needs including forensic, housing, employment and community involvement. This is a great way for the ACMs to stay current, not only on the needs of adults, but also the strengths, activities, community supports and training opportunities specific to this population.
    - Adult Mental Health First Aid classes are being offered readily within the community as the result of efforts by a local provider
    - CCMH has two county/block grant funded Representative Payee options to offer individuals. A third Representative Payee option is also available in the county for individuals to access independently. This agency additionally offers Money Management services. This service also supports individuals who are involved with our Intellectual Disabilities, Drug and Alcohol, Children and Youth, Aging, Adult Services and Housing partners.
    - 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/block grant 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 (PSU) 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/block grant funds are used to further support this population, especially with crisis intervention and delegate services. These services are used on an increased basis by students, their families and PSU staff.
    - PSU maintains an independent contract with county crisis service provider, Can Help/Universal Community Behavioral Health (UCBH). In FY 16-17, PSU's contract expired in February 2017. When this independent contract expires, CCMH regains the full crisis provision costs within the county.
    - Due to PSU's contract with Can Help and the county's previous reporting of overall crisis intervention numbers regardless of payer, Centre County's crisis services client counts for block grant expenditure reporting fluctuates from year to year. Centre County is now reporting only county/block grant funded crisis services expenditures. The PSU contract capitation variable impacts these counts significantly each year.
    - PSU has newly developed crisis intervention phone services for their students and families. The Penn State Crisis Line phone number is 877-229-6400.

- PSU continues to utilize Centre County's Crisis Intervention and Emergency Services for additional support to students, families and faculty, outside of their scope and ability.
- Located in Centre County are two State Correctional Institutions (SCIs). CCMH works in conjunction with both SCIs to support the mental health service needs of incarcerated individuals and individuals transitioning from these facilities back to their home counties. CCMH expends county/block grant funds to provide Involuntary Inpatient and Outpatient Commitment support to both SCIs.
- Emergency services client counts also fluctuate year to year due to SCI commitment hearings being included in this unduplicated count. CCMH is experiencing an extreme increase in the number of commitment hearings being scheduled for the two local SCIs. This number is expected to continue to rise due to the restructuring by the Department of Corrections and the creation of D Roster Facilities. Centre County fully covers the costs of these hearings with county/block grants funds.
- Centre County continues to provide housing support for individuals with mental illness with Housing Contingency funding provided through county/block grant funds and through health choices reinvestment.
- DeClutter services are utilized by individuals and families that need the direct housing support. They can be very useful in helping people to maintain their independent housing and housing vouchers.
- Centre County Block Grant and Housing Authority funds have sustained the housing support needs of all individuals impacted through the loss of the Shelter Plus Care in May of 2016. All of the individuals impacted have been converted to a Section 8 Voucher provided through the Housing Authority.
- 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 has expanded its employment services by adding an additional provider that utilizes the evidence-based Career Discovery Model to provide the service. This now gives individuals employment service options within Centre County.
- 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. Referrals from these sources are consistently the priority. Centre County Housing Authority continues to support the application of housing vouchers to the CRR programs which support individual transitions to independent living.
- CCMH has secured three independent crisis transport providers due to the increasing denials from ambulance to provide emergency crisis transports. These independent providers are supported with county/block grant funds.
- Mobile Medication Management services have been successful in Centre County as evidenced by the increase in utilization and feedback received. CCBH and CCMH fund this service.
- In addition to CCBH, CCMH supports Consumer Satisfaction Surveys for case management services on an annual basis. CCMH consistently receives positive feedback from these surveys.

- Needs:
    - Amendment to the Mental Health Procedures Act that allows for Physician Extenders, specifically Physician Assistants in Centre County's case, to provide oversight to involuntary outpatient commitments (testimony, treatment and monitoring)
    - 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/block grant funded, CCBH-eligible and third party insured individuals.
    - CCMH continues to seek transportation linkage options for individuals that do not have access to public transportation.
    - 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.
    - 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 Centre County's local SCIs.
    - Additional funding to support the cost of the hearings (increasing) associated with the two local SCIs.
    - CCMH currently has twenty-two adult individuals incarcerated in the Centre County Correctional Facility.
    - CCMH will continue to address emergency crisis transport service needs within the community.
    - CCMH has researched existing programs within the Commonwealth and plans to create a Crisis Diversion Service option in Centre County. There has been a need for this service to reduce hospitalizations, reduce incarcerations for individuals with mental illness and provide a diversion option for the crisis intervention provider and the local emergency department.
    - Secure contracts with Outpatient Providers that accept Medicare and the Medicare rate for payment of services. This is needed for individuals that are only insured under Medicare to save additional out-of-pocket expenses and individuals that are dual-eligible (Medicare and Medical Assistance (MA)), so that MA funding can provide full supplement for the payment of the service.

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

    - Strengths:
        - CCMH participates in annual transition events for students that are graduating from local high schools and their parents. These events are being scheduled by each of the five local school districts.
        - Psychiatric Rehabilitation services are being tailored around the Transition-age Youth (TAY) population through local provider work.
        - Certified Peer Specialist services specific to TAY are being implemented by a local provider in Centre County.
        - 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.

- The CASSP Coordinator is a member of the Suicide Prevention Task Force and local CSP.
- Opportunity Centre Clubhouse holds evening hours devoted to TAY activities.
- Opportunity Centre Clubhouse is building activities around the needs specific to individuals diagnosed with Autism Spectrum Disorders.
- The MH Forensic Program Specialist participates in transition-age youth meetings with the county forensic, court, legal, behavioral health and children and youth partners.
- Certified Peer Specialist service providers are engaging transition-age individuals in peer support activities.
- CCMH's Administrative Case Managers (ACMs) are each involved in various community meetings/committees which focus on specific needs including forensic, housing, employment and community involvement. This is a great way for the ACMs to stay current, not only on the needs of transition-age youth, but also the strengths, activities, community supports and training opportunities specific to this population.

  - 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. Individuals can utilize county transportation for their medical appointments if they have Medical Assistance or pay out of pocket, which is commonly cost-prohibitive. There is a Centre Area Transportation Authority bus system; however, it is not available in the rural areas of this community.
    - There are currently six transition-age individuals incarcerated in the Centre County Correctional Facility.

- **Children (under 18)**

  - Strengths:
    - CCMH is in the process of revamping Children and Adolescent Service System Program (CASSP) to provide additional support to the Coordinator with facilitation of meetings, engagement of CASSP Advisory Board members, improve provider networking and enhance the referral process. Centre County will maintain the CASSP Coordinator position internally, building upon the strength and expertise that the Coordinator carries regarding the MH system.
    - CASSP participants have been working on revamping the referral, acknowledgement and coordination of care plan to improve upon the cultural competence and better reflect the current service-delivery system and the current population that is being served.
    - The CASSP team has also created Youth and Family Guidelines and Provider Guidelines brochures for community/public education on what CASSP has to offer and what CASSP is and is not able to provide.
    - CASSP has focused upon youth, family and provider data collection and feedback this year by creating and disseminating a data collection form that helps CCMH identify gaps within the service-delivery system. CCMH will focus on how to address those gaps with this feedback in partnership with the CASSP Advisory Board and community-wide provider and network systems.

Potential funding avenues include base dollars, medical assistance, CCBH, reinvestment and retained revenue.

- Under the revamping of CASSP within Centre County, CASSP Advisory Board Meetings will focus on OMHSAS' Performance Expectations and Recommended Guidelines for the County Child and Adolescent Service System Program Bulletin that was issued in 2002 and the associated Indicator Checklist. While this document was previously utilized, Centre County plans to work within this document again to ensure collaboration toward common objectives that benefit youth and their families are being met and promoting the desired outcomes of all systems collaboration.
- Also under the revamping, with the addition of a strong youth and family driven provider, CCMH anticipates stronger youth and family participation, modeling of effective cross-system collaboration, further identification of systemic issues and gaps, program development needs, effective committee function and enhanced documentation and dissemination of information regarding committee activities.
- The provider that will partner with CCMH for CASSP development carries expertise of a Family Group Decision Making (FGDM) Model in support of youth and family. This model will be added to the complement of services for CCMH. CCMH will fund FGDM with base dollars.
- For school year 2016-2017 there were a total of 104 Student Assessment Program (SAP) screenings completed. In the current school year there have been 72 screenings completed thus far.
- There are monthly District Council meetings that the CASSP Coordinator attends in partnership with the Single County Authority (SCA), the Central Intermediate Unit #10 Representative, a State SAP Representative, school personnel and others who provide consultation and programs in the schools.
- New SAP teams were created for Sugar Valley Rural Charter School and Nittany Valley Charter School during the 2017-2018 school year.
- SAP has gone through some slight transition this past year as one of the two independent liaisons terminated the contract with Centre County and CCMH responded by adding a provider agency to the mix. Currently, there is one independent liaison and one provider agency representative under contract to provide SAP liaison activity to all of the five local school districts and SAP-active charter schools.
- CCMH has provided respite services to seven adolescents so far this fiscal year. 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. There are three referrals currently in place for individuals who are new to respite services this fiscal year.
- Partial Hospitalization is provided solely for grades K-5. Partial hospitalization is offered in conjunction with a school district with education base funding, through private insurance or through CCBH. CCMH does not fund this service directly.
- 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, CCBH, 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 eight individuals in RTF placement since July 2017. There have been no 30-day or 180-day re-admissions during this fiscal year. There are currently seven individuals utilizing RTF services.

- The CASSP Coordinator is involved with bi-weekly CASSP Meetings, bi-monthly CASSP Advisory Board Meetings and monthly Local Interagency Coordinating Council (LICC) meetings that bridge Early Intervention and children's mental health services.
- The CASSP Coordinator attends quarterly Behavioral Health Alliance of Rural Pennsylvania (BHARP) meetings for Children's Workgroup and CASSP Coordinators Subcommittee meetings.
- The CASSP Coordinator 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, the 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 Administrative Case Managers (ACMs) are each involved in various community meetings/committees which focus on specific needs including forensic, housing, employment and community involvement. This is a great way for the ACMs to stay current, not only on the needs of children and adolescents, but also the strengths, activities, community supports and training opportunities specific to this population.
- Implementation of Community School-Based Behavioral Health services in the Philipsburg-Osceola School District (P-O) (CCBH, Clearfield/Jefferson Joinder and Centre County partnership) went smoothly with the identification of the provider through the Request for Qualifications process. The service hit the ground running, has supported over 15 youth and families thus far and continues to expand. P-O has since requested and been approved for expansion of the service into their Middle School.
- Youth Mental Health First Aid classes are being offered readily within the community as the result of efforts by a local foundation and provider.

- Needs:
  - Identify ways to increase the communication and working relationships with local school districts in Centre County.
  - Promote the continuation of Community School Based Behavioral Health (CSBBH) in partnership with CCBH. This service provides quality coordination and continuity of care, builds provider networks and helps to establish deeper service-provision especially in our rural communities. It would further help identify and support the needs of youth in all five of the local school districts and help to address gaps in the system.
  - Direct engagement of youth and families in CASSP activities.
  - Receive community-wide feedback to identify gaps within the system that CCMH can then develop plans to address.

- **Individuals transitioning out of state hospitals**

  - Strengths:
    - Centre County has the lowest number of individuals being at Danville State Hospital two years or more in comparison to the entire catchment area.
    - 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, medication 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 as a natural support. 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 manager that puts forth effort to monitor state hospital admissions and discharges, provide, at minimum, monthly support to individuals utilizing DSH services and divert individuals from the state hospital. The liaison monitors people that have been discharged from the state hospital to the community to ensure that the needs identified within their unique CSP are being provided and supported. CCMH is currently providing support to a total of eight individuals in Danville State Hospital.
    - CCMH maintains consistent communication with all of the partners associated with state hospital activities to provide better coordination of care for the individuals that we support collaboratively.
    - The liaison brings community partners to DSH to facilitate communication, discharge planning and CSP process support.
    - CCMH carries a bed cap of seven at DSH. This low bed cap was not a concern previously as the counties in that catchment area hold a strong relationship and mutually agreed to share beds. This meant that individual counties were not held to their bed caps when requesting admission(s). Due to this low bed cap and the risk of it being reduced further, CCMH is not in a position to apply for additional CHIPP funding if/when made available to the DSH catchment area in the future.

  - 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 and the Social Security Administration 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 and Social Security benefits can be lengthy and jeopardize individual's access to medications, services, supports and income. CCMH does provide funding to support individuals experiencing difficulty in obtaining benefits upon their return to the community.
    -
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- **Co-occurring mental health/substance use disorder**

  - Strengths:
    - CCMH contracts with a local provider that provides outpatient psychiatric and therapy services to individuals that are diagnosed with a co-occurring disorder. This provider carries a mental health and drug and alcohol license.
    - There is a strong mental health and drug and alcohol partnership in Centre County. Both maintain a strong presence in Student Assistance Program (SAP), CASSP Advisory Board, County Jail Re-Entry meetings, Criminal Justice Advisory Board and Behavioral Health Alliance of Rural Pennsylvania workgroup meetings, just to name a few.
    - CCMH and Drug and Alcohol share office space which enhances collaboration and access to services to the individuals we serve.
    - CCMH provides Administrative Case Management (ACM) services to individuals that are receiving co-occurring services to ensure continuity of mental health and drug and alcohol services.
    - Co-occurring services are delivered to individuals that are incarcerated in the county jail via individual and group treatment options.
    - Individuals under this population access Centre County's DUI and Drug Court Programs.

  - 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 specialized case management position that supports the needs and interests of the co-occurring population.

- **Justice-involved Individuals**

  - Strengths:
    - CCMH provides continuity and collaboration with the forensic population by supplying a Mental Health Program Specialist that functions as an ACM on-site at the Centre County Correctional Facility (CCCF) a half of a work day five days per week.
    - CCMH contracts with a local provider to provide mental health treatment and education groups in the CCCF with county/block grant funds.
    - CCMH contracts with a provider who renders individual outpatient and consultation services to individuals who are incarcerated and staff at the CCCF. This service is provided solely with county/block grant funds.
    - Currently, there are twenty-nine individuals who are active with CCMH and are incarcerated.
    - The MH Program Specialist participates in Re-Entry Coalition, BARJ (Balance and Restorative Justice), Children's Roundtable, Transition-Age Youth, CIT Steering Committee Meeting and Project Point of Light Team meetings.
    - The MH Forensic Program Specialist assists in the coordination of services, helps to reinstate income and benefits, secures community mobility and identifies housing options for CCCF and SCI returning citizens.

  - 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 with Community Residential Rehabilitation (CRR) services, Supported Living services and Homeless Shelters. CCMH needs to find funding avenues to secure additional housing options for this population.

- It would be highly beneficial to individuals, transitioning out of correctional facilities, if County Assistance Offices and the Social Security Administration 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 and Social Security benefits can be lengthy and jeopardize individual's access to medications, services, supports and income. CCMH does provide funding to support individuals experiencing difficulty in obtaining benefits upon their return to the community.
- Development of a mental health court that diverts individuals with mental illness from incarceration through engagement in community-based services and supports.
- Develop and utilize crisis diversion services to further reduce incarceration of individuals with mental illness through engagement in community-based services and supports and their own recovery.

- **Veterans**

  - Strengths:
    - CCMH has been able to enhance its partnerships with Veterans Affairs through committee work in Suicide Prevention Task Force, Zero Suicide Initiative, Mental Health Community Committee, American Foundation for Suicide Prevention, local trainings and participation in the Veterans Affair's (VA's) Mental Health Summits.
    - The development of the VA's Multi Service Centers, mobile services (peer and case management) and Outpatient Clinics provide local access and services to veterans, which provides a great deal of mobility assistance in rural communities.
    - CCMH offers their full service array to the veteran population.
    - CIT training offers first responders insight into supporting veterans in crisis and provides service linkage options for veterans that they encounter in their day-to-day interactions.
    - CCMH partners with the County VA Director as needed in support of veterans that want to access VA and MH benefits and services.
    - CCMH and the County VA educate one another on resources and service eligibility.

  - Needs:
    - CCMH benefits from receiving up-to-date information and education on the resources and services that the Veteran's Affairs/Administration (VA) has to offer. The VA has been implementing additional services that CCMH can offer as resources to local veterans. CCMH will continue to partner with VA staff to secure this information and build the partnership that exists.
    - Share knowledge, insight and resources surrounding suicide prevention initiatives.

- Continue to partner in the development of trainings in the community that our mutual populations desire.

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

  - Strengths:
    - An outpatient provider added the complement of an LGBTQI Therapist who not only provides therapy to individuals, but also provides education and insight through community-based training in regards to how best support and interact with individuals who identify themselves under this population.
    - This therapist also provides in-school services and local access to therapeutic services to local school districts.
    - CCMH hosted LGBTQI training in 2017 for the MH Case Managers which was well-received and offered deeper awareness as to how to interact with and support individuals identifying under this population.
    - CCMH takes advantage of trainings that are offered by or for this population within the community.

  - Needs:
    - Develop avenues to engage individuals with the LGBTQI community that exists at Penn State University.
    - CCMH is seeing an increase of individuals identifying themselves within this population and; therefore, will continue to seek and develop supports and services that help providers to interact appropriately and respectfully.

- **Racial/Ethnic/Linguistic Minorities (including Limited English Proficiency)**

  - 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/block grant 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.
    - CCMH has the ability to link individuals to Mid-State Literacy which enhances minorities' independence, support and engagement in the community.
    - Due to PSU, Centre County's more rural areas are supporting minorities with affordable housing, community mobility, community participation, education and basic life needs.

  - Needs:
    - CCMH will continue to seek resources to offer individuals further supports and services unique to their race, ethnicity or language.
    - CCMH will seek trainings to enhance awareness of the needs of minority groups and adjust the service-delivery system as needed to support the unique needs of all individuals requesting services.
    - Develop linkage options with Penn State University for individuals who need interpreter services.

- Develop health education materials that are language-appropriate with our partners at PSU and Mount Nittany Health.
- Continue to promote the dignity and worth of all persons within the service delivery system.

- **Other (specify), if any**

  - Strengths:
    - CCMH was educated on Traumatic Brain Injury through training provided by the regional Brain Injury Association and through individual support planning this past year.
    - CCMH helped to facilitate assignment of a TBI Long-Term Care Waiver for an individual that presented with TBI and MH diagnoses and then to place this individual at a regional TBI long-term care facility of their choosing. This experience was challenging, but successful.

  - Needs:
    - Continue to develop awareness of resources that can offered to individuals that present with their unique service and support needs.

Is the county currently utilizing Cultural and Linguistic Competence (CLC) Training?

☐ Yes ☒ No

Does the county currently have any suicide prevention initiatives?

☒ Yes ☐ No

- **Zero Suicide**
  - With the support and initial effort of the Behavioral Health Administrative Unit (BHAU), Centre County formed a Zero Suicide Steering Committee in 2016. It is another good example of the partnerships that are being formed in the county, to include physical health care partnerships. The committee developed an individual and organizational self-study based upon the Zero Suicide Model to disseminate within the Centre County Community to solicit feedback and further obtain data needed to support this on-going initiative. This committee obtains monthly, on-going data related to suicide from CIT, Can Help Crisis Intervention and Delegate Services, community providers, PSU, the Coroner's Office and other stakeholders. This committee partners with the Suicide Prevention Task Force, the American Foundation for Suicide Prevention and Mount Nittany Health.
  - In 2017, the Zero Suicide Steering Committee successfully developed and disseminated individual and organizational surveys that solicited and engaged the community. The committee received extensive feedback from the local community surrounding professional roles and work sites, experience, responsibilities associated with suicide assessment risk, specific populations, procedures and follow-through.
  - The surveys additionally assessed the comfort levels and confidence that employees of all ranks within an organization have (or don't have) as it pertains to recognizing, discussing, evaluating, handling and supporting individuals that are at risk of suicide when they are encountered.
  - Organizational procedures and utilized suicide screenings were solicited as well to get a handle on what training, resources and support needs exist within the Centre County Community.

- The committee continues to identify physical health care partners and evaluate an array of suicide screening tools that will be beneficial as a standardized tool.
- This committee hosted Shared Decision-Making training presented by the Healthcare Council of Western Pennsylvania.

- **Suicide Prevention Task Force**

  - This coalition's membership is strong and active and holds a presence within the community. This group raises MH Awareness, collects data and impacts the stigma associated with mental health through its events and campaigning.
  - A local foundation has been instrumental in this collaboration and is genius in developing activities that promote awareness and engagement.
  - This coalition is currently focused on raising awareness through marketing with local veterans clubs and restaurant establishments and developing Public Service Announcements and a social media campaign.

- **American Foundation for Suicide Prevention (AFSP) on-going activities and support**

  - Centre County is fortunate to be part of an active AFSP Chapter. The leadership and volunteerism within this Chapter is strong and knowledgeable.
  - The Chapter networks heavily locally, regionally and commonwealth-wide and engages the community regularly in local activities such as the annual Out of the Darkness Walk, holding anti-stigma events, bringing speakers to the area to highlight mental health, showcasing films that generate discussion surrounding mental health and educating the community at-large.

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 OMHSAS planning efforts, and OMHSAS is an integral partner in its implementation.

Supportive housing is a successful, cost-effective combination of affordable housing with services that helps people live more stable, productive lives. Supportive housing works well for people who face the most complex challenges—individuals and families who have very low incomes and serious, persistent issues that may include substance use, mental illness, and HIV/AIDS; and may also be homeless, or at risk of homelessness.

SUPPORTIVE HOUSING ACTIVITY *Includes Community Hospital Integration Projects Program (CHIPP), Reinvestment, County base funded or other projects that were planned, whether funded or not.* ***Include any program activity approved in FY 17-18 that is in the implementation process. Please use one row for each funding source and add rows as necessary.* (*Note: Data from the current year FY17-18 is not expected until next year*)**

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

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

Project Name	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17 (only County MH/ID dedicated funds)	Projected $ Amount for FY 18-19 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19	Number of Targeted BH Units	Term of Targeted BH Units (ex: 30 years)		Year Project first started
811 Project	HUD, DHS, PHFA	$0	$0	1	5	7	lifetime		2017
Notes:	1. A Centre County 811 Project was highlighted in the April 2017 BHARP Newsletter – link attached: http://www.bharp.org/volume-5-issue1/								

	2. One of CCMH's Blended Case Managers (BCM) supported an individual through an appeal for an 811 Project application approval and it was a significant success. Angela Smoyer, Region 3 Regional Housing Coordinator and Statewide 811 Waitlist Administrator through the Self-Determination Housing Project of PA, sent the BCM a congratulatory email and asked if she could use this as a highlight in their next newsletter.

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

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

	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19	Number of Bridge Subsidies in FY 16-17	Average Monthly Subsidy Amount in FY 16-17	Number of Individuals Transitioned to another Subsidy in FY 16-17	Year Project first started
Notes:									

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

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

	*Funding Source by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18 –19	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY 16-17	Average subsidy amount in FY 16-17	Year Project first started

Notes:									

4. Housing Clearinghouse for Behavioral Health	☐ Check if available in the county and complete the section.								
An agency that coordinates and manages permanent supportive housing opportunities.									
	*Funding Source by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Number of Staff FTEs in FY 16-17	Year Project first started
Notes:									

5. Housing Support Services for Behavioral Health	☒ Check if available in the county and complete the section.								
HSS are used to assist consumers in transitions to supportive housing and/or services needed to assist individuals in sustaining their housing after move-in.									
	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Number of Staff FTEs in FY 16-17	Year Project first started
Representative Payee	County/block grant funds	$22,000	$18,000	27	30			2	2009
DeClutter	County/block grant funds	$28,000	$28,000	25	25			2	2009

Notes:									

6. **Housing Contingency Funds for Behavioral Health**	☒ Check if available in the county and complete the section.								
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings etc.									
	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Average Contingency Amount per person	Year Project first started
BHARP	reinvestment	$3,574.19	$20,872.23	6	28			$595.70	2011
Centre County	Retained revenue	$16,513.34	$0	8	0			$2,064.17	2015
Notes:	No Contingency funds were available through Centre County's Retained Revenue in 2017-2018 and are not planned for 2018-2019; BHARP's 2018-2019 projections are based upon current 2017-2018 counts.								

7. **Other: Identify the Program for Behavioral Health**	☒ Check if available in the county and complete the section.							
Project Based Operating Assistance (**PBOA** is a partnership program with Pennsylvania Housing Finance Agency in which the County provides operating or rental assistance to specific units then leased to eligible persons); **Fairweather Lodge** (**FWL** is an Evidenced Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness); **CRR Conversion** (as described in the CRR Conversion Protocol), **other.**								
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 FY 16-17	Projected $ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Year Project first started

FWL	United Way Resident pay	$8,707 $21,194	$8,000 $21,800	4	4			2008
Notes:								

d) <u>Recovery-Oriented Systems Transformation:</u>

1. Zero Suicide

Narrative including action steps:

- With the support and initial effort of the Behavioral Health Administrative Unit (BHAU), Centre County formed a Zero Suicide Steering Committee in 2016. It is another good example of the partnerships that are being formed in the county, to include physical health care partnerships. The committee developed an individual and organizational self-study based upon the Zero Suicide Model to disseminate within the Centre County Community to solicit feedback and further obtain data needed to support this on-going initiative. This committee obtains monthly, on-going data related to suicide from CIT, Can Help Crisis Intervention and Delegate Services, community providers, PSU, the Coroner's Office and other stakeholders. This committee partners with the Suicide Prevention Task Force, the American Foundation for Suicide Prevention and Mount Nittany Health (MNH).
- In 2017, the Zero Suicide Steering Committee successfully developed and disseminated individual and organizational surveys that solicited and engaged the community. The committee received extensive feedback from the local community surrounding professional roles and work sites, experience, responsibilities associated with suicide assessment risk, specific populations, procedures and follow-through.
- The surveys additionally assessed the comfort levels and confidence that employees of all ranks within an organization have (or don't have) as it pertains to recognizing, discussing, evaluating, handling and supporting individuals that are at risk of suicide when they are encountered.
- Organizational procedures and utilized suicide screenings were solicited as well to get a handle on what training, resources and support needs exist within the Centre County Community.
- The committee continues to identify physical health care partners and evaluate an array of suicide screening tools that will be beneficial as a standardized tool.
- For a full project overview/status please visit: https://drive.google.com/drive/folders/1WVC0V1jAwg_hpt2PV9T6od6GUk576bTK?usp=sharing

Timeline:

The steering committee formed a project timeline which is as follows:

Finalize elements of Pilot – current thru June 30, 2018
Address and solve identified challenges – June 2018
Finalize toolkit – July thru August 2018
Specific Physical Health and Behavioral Health Partners identified, soft ask and exploration begins – August thru September 2018
Implementation target – November 2018

Fiscal and Other Resources:

- The committee has yet to determine specific costs associated with training and support needs. MNH is assuming the responsibility for training costs. Steering committee members and providers have agreed to assist with resources and providing training needs as well at reduced or no cost. Securing grant funds have been discussed, but not pursued at this point. CCMH will request use of county/block grant funds as needed.
- Obtain technical assistance from the Zero Suicide Model organization: Suicide Prevention Resource Center

Tracking Mechanism:

- Securing at least one behavioral health and one physical health care provider to implement the project in Centre County.
- Comparing baseline data that was obtained versus data collection once project is implemented.
- Reduction in the number of deaths by suicide in Centre County - using Coroner and CIT data comparisons

2. Crisis Diversion Services

Narrative including action steps:

- CCMH has discussed and researched this service for the past couple of years based upon it being identified as a service gap in Centre County by individuals who utilize services, families, providers, the local hospital and crisis intervention services.
- CCMH has held multiple discussions locally and regionally to identify potential partners in and surrounding Centre County. Discussion have occurred with adjacent counties, BHARP, CCBH, MNMC – ED and BHU staff, MNH, Crisis Intervention and Emergency Services and local providers and individuals.
- CCMH has toured several crisis diversion and stabilization centers that currently provide these types of services in Central and Western PA.
- CCMH is currently focused on the development of a Crisis Diversion Service with an existing, local outpatient provider. CCMH and this provider are writing a service description and creating a start-up and annualized budget to propose in seeking approval to implement this service in Centre County.
- This service description will entail multiple facets and approaches to this service being delivered to include assessment, medication management and housing services and supports. It will reflect the opportunities that will exist for diversion from the emergency department, inpatient units and incarceration. Law Enforcement, CIT, Mobile Crisis Intervention Services and Penn State will have another access point which will alleviate some of the pressure that the community is feeling in the local hospital, local university and county correctional facility.
- This site will provide whole health support and community resource linkage to individuals in the Centre County Community. If during an assessment at the crisis diversion site, it is determined that an individual is in need of emergency or other community-based services, they will be aligned accordingly to the avenues that exist.
- This service will be designed in full partnership with the current structure and service-delivery system.
- Data is currently being collected from Crisis Intervention and Emergency Services, CCBH, CIT and MNMC/MNH. This is being sought for insight into the reported service gap, targeted impact areas, generating baseline data for future comparison and expansion opportunities.

Timeline:

CCMH and the potential provider will draft a timeline in conjunction with the service description.

Fiscal and Other Resources:

- Many funding streams are being explored at this time. They include: CCBH – supplemental and MA, MA FFS, retained revenue, county/block grant funds, reinvestment thru BHARP, PSU and avenues to generate revenue.
- MNH has opportunities to assist with start-up funding that will be sought in partnership.
- Reimbursement thru private insurance will be sought once data reflects a reduction in emergency and inpatient services.

Tracking Mechanism:

- Develop baseline data.
- Once services are implemented, compare data against baseline and focus on the following:
  - Utilization of services by Crisis Intervention, CIT, PSU and the community in general
  - Diversion from MNMC ED
  - Diversion from inpatient
  - Diversion from incarceration
  - Linkage to community-based services (outpatient, psychiatric rehabilitation, case management, peer support, etc.)
  - Stability and engagement of individuals utilizing the service
  - Transitions to permanent or transitional housing

3. Suicide Prevention Coordinator

Narrative including action steps:

As deaths by suicide are on the rise locally, within the Commonwealth and nationally, the Centre County Mental Health Community is focused on enhancing prevention efforts and raising mental health awareness. The Mental Health Community Committee (MHCC) created a website and event calendar for collaboration in marketing and disseminating information related to mental health awareness, education, training and marketing events/activities. MHCC and all of its membership continue to provide mental health trainings that promote awareness and educate the community on the service-delivery system and available services and supports, educate the community on how to access services and how to handle mental health emergencies when they are encountered and how to support someone dealing with mental health needs. The Suicide Prevention Task Force and Zero Suicide Steering Committee focus on suicide prevention efforts to reduce and hopefully ultimately eliminate deaths by suicide. As this critical public health issue is being acknowledged and addressed, the need for a Coordinator has become evident. A Suicide Prevention Coordinator in Centre County could ensure that all efforts are working in harmony and that the energy is focused appropriately and in a pertinent and collaborative manner. CCMH will request the creation of such a position within the county with retained revenue funding provided through the block grant. All block grant partners will benefit from having a coordinator as it is known that suicide itself does not discriminate; it impacts people of all ages, gender, race and societies.

Timeline:

The request for a Suicide Prevention Coordinator position will be made annually.

Fiscal and Other Resources:

Retained Revenue; County/block grant funds

Tracking Mechanism:

- Suicide Prevention Coordinator's involvement in Zero Suicide, American Foundation for Suicide Prevention, Suicide Prevention Task Force, MHCC, Senior Centers, Youth and Family activities, Transition-age Youth activities and overall county coordination efforts.
- Community-wide education
- stigma reduction
- individual engagement
- reduction in the number of deaths by suicide locally

e) <u>Existing County Mental Health Services:</u>

Please indicate all currently available services and the funding source or sources utilized.

Services By Category	Currently Offered	Funding Source (Check all that apply)
Outpatient Mental Health	☒	☒ County ☒ HC ☐ Reinvestment
Psychiatric Inpatient Hospitalization	☒	☒ County ☒ HC ☐ Reinvestment
Partial Hospitalization (K-5 only)		
Adult	☐	☐ County ☐ HC ☐ Reinvestment
Child/Youth	☒	☐ County ☒ HC ☐ Reinvestment
Family-Based Mental Health Services	☒	☒ County ☒ HC ☐ Reinvestment
ACT or CTT	☐	☐ County ☐ HC ☐ Reinvestment
Children's Evidence Based Practices	☐	☐ County ☐ HC ☐ Reinvestment
Crisis Services		
Telephone Crisis Services	☒	☒ County ☒ HC ☐ Reinvestment
Walk-in Crisis Services	☒	☒ County ☒ HC ☐ Reinvestment
Mobile Crisis Services	☒	☒ County ☒ HC ☐ Reinvestment
Crisis Residential Services	☐	☐ County ☐ HC ☐ Reinvestment
Crisis In-Home Support Services	☐	☐ County ☐ HC ☐ Reinvestment
Emergency Services	☒	☒ County ☐ HC ☐ Reinvestment
Targeted Case Management	☒	☒ County ☒ HC ☐ Reinvestment
Administrative Management	☒	☒ County ☐ HC ☐ Reinvestment
Transitional and Community Integration Services	☒	☒ County ☒ HC ☐ Reinvestment
Community Employment/Employment Related Services	☒	☒ County ☐ HC ☐ Reinvestment
Community Residential Services	☒	☒ County ☐ HC ☐ Reinvestment
Psychiatric Rehabilitation	☒	☒ County ☒ HC ☐ Reinvestment
Children's Psychosocial Rehabilitation	☐	☐ County ☐ HC ☐ Reinvestment
Adult Developmental Training	☒	☒ County ☐ HC ☐ Reinvestment
Facility Based Vocational Rehabilitation	☒	☒ County ☐ HC ☐ Reinvestment
Social Rehabilitation Services	☐	☐ County ☐ HC ☐ Reinvestment
Administrator's Office	☒	☒ County ☐ HC ☐ Reinvestment
Housing Support Services	☒	☒ County ☐ HC ☐ Reinvestment
Family Support Services	☒	☒ County ☒ HC ☐ Reinvestment
Peer Support Services	☒	☒ County ☒ HC ☐ Reinvestment
Consumer Driven Services	☒	☒ County ☒ HC ☐ Reinvestment
Community Services	☒	☒ County ☐ HC ☐ Reinvestment
Mobile Mental Health Treatment	☒	☐ County ☒ HC ☐ Reinvestment
BHRS for Children and Adolescents	☒	☐ County ☒ HC ☐ Reinvestment
Inpatient D&A (Detoxification and Rehabilitation)	☒	☒ County ☒ HC ☐ Reinvestment
Outpatient D&A Services	☒	☒ County ☒ HC ☐ Reinvestment
Methadone Maintenance	☒	☒ County ☒ HC ☐ Reinvestment
Clozapine Support Services	☒	☒ County ☒ HC ☐ Reinvestment
Additional Services (Specify – add rows as needed)	☐	☐ County ☐ HC ☐ Reinvestment

*HC= HealthChoices

f) Evidence Based Practices Survey:

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	No							
Supportive Housing	Yes	8	Permanent housing sustainment or chosen transition	Provider Agency and County	Annually and per each transition	No	No	
Supported Employment	Yes	1	Competitive Employment	Provider Agency	annually	No	Yes	Career Discovery Include # Employed: 5
Integrated Treatment for Co-occurring Disorders (MH/SA)	Yes	100	Clinical Supervision and Quality Compliance	Provider Agency	weekly	Yes	Yes	SAMHSA Co-Occurring Program curriculum, Relapse Prevention Model, EMDR, Internal Family Systems
Illness Management/ Recovery	No							
Medication Management (MedTEAM)	Yes	30	Increased community tenure	Provider Agency	Every 3 to 9 months; individualized	No	Yes	HC and county/block grant funded
Therapeutic Foster Care	No							
Multisystemic Therapy	No							
Functional Family Therapy	No							
Family Psycho-Education	No							

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

To access SAMHSA's EBP toolkits:

http://store.samhsa.gov/list/series?name=Evidence-Based-Practices-KITs

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	Yes	300	CCBH and County/block grant funded
Compeer	No		
Fairweather Lodge	Yes	4	
MA Funded Certified Peer Specialist- Total**	Yes	45	
CPS Services for Transition Age Youth	Yes	10	
CPS Services for Older Adults	Yes	5	
Other Funded Certified Peer Specialist- Total**	Yes	6	County/block grant funded
CPS Services for Transition Age Youth	Yes	2	Being implemented soon
CPS Services for Older Adults	Yes	1	
Dialectical Behavioral Therapy	No		
Mobile Meds	Yes	30	CCBH and county/block grant funded
Wellness Recovery Action Plan (WRAP)	No	0	The one CPS that was trained in and providing WRAP support moved away in 2017
High Fidelity Wrap Around/Joint Planning Team	No		
Shared Decision Making	No		
Psychiatric Rehabilitation Services (including clubhouse)	Yes	220	Site-based and mobile psych rehab service engagement is on the rise
Self-Directed Care	No		
Supported Education	Yes	5	Psych rehab services
Treatment of Depression in Older Adults	Yes	20	OP
Consumer Operated Services	No		
Parent Child Interaction Therapy	No		
Sanctuary	No		
Trauma Focused Cognitive Behavioral Therapy	Yes	28	
Eye Movement Desensitization And Reprocessing (EMDR)	Yes	15	
First Episode Psychosis Coordinated Specialty Care	No		
Other (Specify)			

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

****Include CPS services provided to all age groups in Total, including those in the age break outs for TAY and OA below**

Reference: Please see SAMHSA's National Registry of Evidenced Based Practice and Programs for more information on some of the practices at the link provided below.

http://www.nrepp.samhsa.gov/AllPrograms.aspx

h) Certified Peer Specialist Employment Survey:

"Certified Peer Specialist" (CPS) is defined as:

> An individual who has completed a 10-day Certified Peer Specialist training course provided by either the Institute for Recovery and Community Integration or Recovery Innovations/Recovery Opportunities Center.

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

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

Total Number of CPSs Employed	**16**
Number Full Time (30 hours or more)	**3**
Number Part Time (Under 30 hours)	**13**

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
- ❑ Representative Payee services
- ❑ ASL Interpreter Services

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

	Estimated/Actual FY167-18	Percent of total Individuals Served	Projected in FY 18-19	Percent of total individuals served
Supported Employment	12	3%	20	5%
Prevocational Services	2	<1%	8	2%
Community participation	5	1%	10	2.5%
Base Funded Supports Coordination	39	10%	45	12%
Residential (6400)/unlicensed	2	<1%	1	<1%
Lifesharing (6500)/unlicensed/Supported living	0	0%	2	< 1%
Home & Community Habilitation	12	3%	15	10%

(unlicensed)				
PDS/AWC	0	0%	0	0%
PDS/VF	0	0%	0	0%
Family Driven/FSS/Base NOS*	26	7%	36	9%
Transportation	3	<1%	10	2.5%

*includes representative payee costs, ASL interpreter services and emergency respite services

Supported Employment:
Centre County MH/ID/EI-D&A continues to participate in the local Employment Coalition which dovetails with the local transition council. The membership consists of representatives from Administrative Entity, school districts (including the IU), Careerlink, OVR, local service providers, Supports Coordination Organization, and family members. In the past year, several school districts hosted a transition/agency night for students and families. In addition to service providers and AE/SCO staff, representatives from OVR, MATP, secondary education programs, Careerlink, and other community/civic programs also participate.

In the upcoming fiscal year, the AE would collaborate with school districts and local providers to develop and increase employment experiences for students and young adults. Centre County AE and SCO staff participate in employment related activities and trainings including the Annual Transition Conference, Experience Employment Connection sessions and SELN events. These ongoing opportunities will provide networking opportunities as Centre County continues to explore and develop employment opportunities.

There are currently 9 providers qualified and willing to provide employment services in Centre County. Two providers currently maintain county contracts to provide services using HSBG monies. In addition, both of these providers offer individualized employment programs based on Discovery and customized employment. There are also several providers either offering or developing small group employment opportunities.

Centre County continues to track expenditures related to the Employment Pilot. 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 continue to be developed/ implemented in the upcoming year it is anticipated that the Employment Pilot funding will be used to support individuals in accessing individualized employment options as well as traditional supported employment.

At the end of each quarter (January – March, April – June, July – September, and October – December) the ID Program Specialist compiles employment information from Supports Coordination Organization related to individuals on their caseloads who were competitively employed, making at least the federal minimum wage, on the snapshot dates (the first of each month). This data has been collected at the end of each quarter since the start of calendar year 2011. A total of 60 months of employment data has been collected and compiled in a comprehensive review of employment data from calendar years 2011 – 2015. The summary was shared at with ODP, at the regional and state level. The long range plan is to continue to track employment data and share this comprehensive review with providers, Supports Coordination, MH/ID Advisory Board, local transition council, other interested stakeholders. This information will be essential in reviewing trends and planning for employment activities in the upcoming fiscal year and longer term.

Lastly, local OVR counselors utilize MH/ID office space. This arrangement affords the SCO better coordination with OVR for intakes. The counselors are also a valuable resource for both the SCO and AE.

Supports Coordination:
The AE and SCO Assistant Administrators participate in weekly administrative meetings with the agency Administrator and administrative counterparts for Mental Health and Drug & Alcohol units. Both entities are part of the Communities of Practice/Charting the LifeCourse collaboration (Central 8) with Northumberland, CMSU and Lycoming/Clinton counties. The two Assistant Administrators participated in the Everyday Lives Conference session for local collaborative groups. SCO and AE staff have completed the MyODP website training and there is in-person training scheduled for all ID and EI staff in late May 2018 with Nancy Richey and ODP regional staff. This training will give service and supports coordinators (SCs) an opportunity to explore the tools in depth. The plan is to use the tools at key times such as intakes, transitions and planning meetings. In addition, the Central 8 Collaborative is in the process of planning a kick-off meeting for stakeholders.

SCO staff meets bi-weekly throughout the year. Part of each meeting is a review of waiver capacity, status of ODP initiatives, residential openings and service needs. In addition supports coordinators have the opportunity to review any individual on their caseload. Special attention is given to individuals with known life events including upcoming graduates, individuals aging out of other systems (e.g. CYS, EPSDT), hospital/nursing home discharges, and individuals involved in the legal system. Information from these meetings related to transitions, openings, discharges and changes in need are communicated directly to the AE for planning purposes. Conversely, waiver opportunities, residential openings and new service providers are communicated to the SCO for review. Agenda items are solicited from the AE for these meetings and AE personnel attends these meetings as needed.

Centre County provider network (including SCO) has a commitment to community integration for the individuals receiving services. The local providers of licensed day services (both Community Habilitation and Pre-Vocational), SCO and AE staff have participated in webinars related to the new Community Participation Services. ODP regional staff provided face-to-face training for Centre County SCO, AE and provider staff on March 22, 2018.

Individuals who choose not to participate in traditional services or pursue competitive employment are supported and encouraged by ISP teams to explore other options in their community that support community integration. The AE has ensured that SCO, residential providers, individuals, families and other stakeholders understand the options available under the service definitions in the proposed waivers. In addition, as part of the annual transition/agency nights, local organizations, groups and agencies that are not part of the ID service system are invited to highlight community groups and events that are integrated.

Centre County AE reviews the various funding and service options at the time of intake to ensure that individuals and families are introduced to self-determination/participant directed services options. The AE attends planning meetings/ISPs with the supports coordinator when participant directed services are initially discussed to ensure that the individual/family understand the service model structure, service definitions and responsibilities.

Lifesharing Supported Living:
There continues to be limited growth of Lifesharing as a residential service in Centre County. Currently there are three Lifesharing placements in Centre County (the increase is due to a transfer/not new development) and 2 local providers qualified to provide the service. Currently, there are no local providers qualified to provide Supported Living though it is hoped that providers who currently are qualified for residential habilitation (licensed and unlicensed) will consider the development of this service in 2018/2019. The AE has discussed the development of supported living with various providers and will continue to work to develop this residential service in Centre County.

The barrier in developing Lifesharing continues to be the difficulty in finding families/individuals willing to do the service. Many residents of Centre County are able to use their additional space to rent to students (Penn University main campus is located in Centre County) or rent space for specialty events (football weekends, graduation, Arts Fest). It is hoped that the changes to the Lifesharing service definition in the proposed Consolidated Waiver, specifically the option for family members to be paid as lifesharing providers, will have a positive impact on the development and growth of this service. PUNS data and information from the SCO will be used to identify individuals and families in need of this service.

A representative from the AE continues to participate in Lifesharing activities at the local and regional level. In the upcoming year the focus will be on identifying individuals in need of the service and increase provider choice.

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. Training on the ID system has been provided to other county offices and the local MCO by county ID staff. In addition, staff from other county offices has provided overviews of services at both the SCO unit meetings and larger agency meetings.

A representative from the ID unit gives an overview of Intellectual Disabilities for local law enforcement entities during training for the local Crisis Intervention Teams (CIT). As ODP provides training and guidance to AEs and SCOs (especially as it relates to individuals with ASD), the CIT training can be expanded to provide similar training and background.

AE staff 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 to follow up on APS concerns. The AE and SCO work with other stakeholders (MCO, Education system, RTF staff, Probation, CYS, ODP, etc.) when transitioning young adults from facility settings to the community.

The AE is also a part of the CASSP Advisory Board. The SCO, with the support of the AE, present complex cases at CASSP meetings to garner the input from various service systems to better serve both the individual and family. Other groups/services used to support individuals with complex concerns include DDTT, HCQU, CSRU and PPC.

The AE conducts regular provider meetings. Waiver capacity, ODP initiatives/communications, available funding and service needs are part of the agenda. AE staff schedule an introductory meeting with all providers new to the ID system in Centre County. Part of this discussion includes service needs, waiting list information, and referral process. After meeting with AE staff new

providers are scheduled to attend a bi-weekly unit meeting (attended by both SCO and AE staff). The new provider gives an overview of the services they are qualified and willing to provide. Service needs and the referral process are addressed as well.

A representative from the AE regularly attends the local Transition Council meetings held throughout the school year which is also attended by representatives from the local IU and school districts. This venue has allowed the AE to develop relationships school personnel and has enabled the office to better address the needs of transition age youth. The SCO participates in IEP meetings and updates the AE regarding changes in needs for individuals still in the school system.

Representatives from the AE and SCO (along with Mental Health staff) meet regularly with staff from the local AAA to review shared cases and discuss service collaboration.

Early Intervention Services (Infant/Toddler, birth through 3 years old) service coordination is part of the county offices. The EI Coordinator and Assistant Administrator for ID Services have begun discussions regarding how to identify and transition children from EI and how to engage families who may be eligible for support. EI staff will participate in the training related to Communities of Practice/Charting the LifeCourse. The use of the tools will be discussed with all EI staff and providers, specifically targeting children transitioning out of Infant/Toddler EI services.

Emergency Supports:
Centre AE maintains contracts/letters of agreement with local agencies to use non-waiver funding to provide services. Individuals are approved and authorized for services based on the need for services identified through the Office of Developmental Programs (ODP) Prioritization of Urgency of Needs for Services (PUNS) process. In addition, Centre AE also administers Family Driven/Family Support Services (FD/FSS) voucher program used to address various and unique needs of individuals not enrolled in either waiver program.

The PUNS Management Report is reviewed regularly by AE and SCO staff to assist with the planning for waiver enrollment when waiver opportunities are available, either through maintenance capacity or ODP initiatives.

Centre County MH/ID/EI-D&A contracts with a local provider for after-hours emergencies. This provider has a call down list of county administrative personnel to contact if an emergency occurs outside of normal work hours. AE personnel monitor incident management in HCSIS during weekends and holidays to review incidents submitted by providers.

As noted above, Centre AE maintains FD/FSS funds to address the needs of individuals not enrolled in waiver programs. A portion of these dollars are not authorized in plans, but are maintained in reserve to address unanticipated needs. In 2017/2018, Centre AE reserved block grant dollars to meet emergency respite needs. Utilization of FD/FSS funds and respite funds as well as other unallocated and underutilized funds are monitored monthly by AE, SCO and Fiscal personnel and could be accessed in the event of an unanticipated emergency.

In the event of an individual needs emergency services any and all of the following activities will occur:

- An assessment to determine the immediate health and safety needs of the individual and the immediate action to provide health and safety.

- The notification of appropriate entities as required or needed to ensure the immediate health and safety of the individual: Adult Protective Services (APS), Office of Developmental Programs (ODP), Office of Aging, Children and Youth Services (CYS), Department of Health, local law enforcement and necessary medical services.
- If residential services are necessary, local resources will be utilized, including identified respite providers, local shelters, and personal care homes. Program capacity at the local level will be considered in addition to the use of ODP's Statewide Vacancy list, if needed. The availability and appropriateness of local family will also be evaluated. If appropriate and necessary, ODP's procedure for Unanticipated Emergencies will be implemented to assist with planning and funding.
- Non-residential emergencies can be varied as they can include everything except housing. An assessment of the situation by the AE and SCO would need to occur to determine the type of resources needed to address the emergency. AE and SCO personnel would be responsible to identify and coordinate resources, human services supports and funding to assist with the individual.

Centre County MH/ID/EI-D&A maintains a contract with a local MH provider for mobile crisis, walk-in crisis, and telephone crisis services. In addition, the same entity provides delegate services and works closely with the local Crisis Intervention Team (CIT) and hospital emergency department. This entity both provides training related to their services and participates in available training to improve service delivery.

Administrative Funding:
Centre County MH/ID/EI-D&A is part of a local Communities of Practice/Supporting Families/Charting the LifeCourse collaborative along with Northumberland, CMSU and Lycoming/Clinton counties (Central 8). The original vision of the collaborative is based on creating a Parent Mentor/Support pathway for connecting and networking opportunities for families. In addition, the collaborative proposes a meaningful Self Advocacy pathway for individuals with a disability to achieve self-determination, interdependence, integration and inclusion in all facets of community life. The group participated in Everyday Lives Conference session in January 2018. The collaborative is currently in the process of planning a kick-off event for local stakeholders (including persons receiving services/families).

With all the proposed changes as a result of the waiver renewals and the Chapter 6100 regulations, ongoing training and resources need to be made available to AEs, SCOs and providers in a timely manner. Eligibility training and a bulletin that is not in draft is needed to assist with intakes for young children and individuals with ASD for both AEs and SCOs. OCDEL has done a nice job with providing local EI programs with standardized information regarding the EI system that is given at each intake. This type of standardized/branded information provides guidance for service coordination staff and facilitates discussions with families related to the program and services available. This type of information would be invaluable given all the proposed changes and the importance of AE and SCO providing clear, consistent information to all stakeholders, but most importantly individuals and their families/surrogates.

The HCQU nurse participates in the local Human Rights Committee and provider meetings as well as incident management reviews related to hospitalizations, emergency room visits and any other incident as warranted/requested. Both the SCO and AE attend the annual HCQU meeting. The annual report generated by the HCQU is shared with all SCO and AE staff, and providers. The AE has begun to formally track referrals in order to identify ongoing training needs/trends for individuals,

families and providers. This information will be used to identify training gaps to be addressed in the Quality Plan.

Centre County AE reviews IM4Q considerations regularly in HCSIS. Reports are reviewed as necessary at the bi-weekly unit meetings. Follow up activities are discussed to ensure that considerations are addressed. Both AE and SCO staff dialogue directly with the local program when there are questions or clarification needed regarding considerations or their resolution. A representative of the IM4Q is invited to provider meetings and the MH/ID Advisory Board to present IM4Q data.

All local providers are invited to attend the provider meeting to network and discuss service needs and gaps. AE staff will attend team meetings to provide support and assist with the identification of resources for individuals with complex needs. All providers are forwarded information on training that is available and pertinent. Local resources such as HCQU, DDTT, CASSP, CSRU and PPC are available as resources to assist teams supporting individuals with higher levels of need. The AE has identified 2 providers who are willing to provide an enhanced level of habilitation (LPN) to support individuals living independently who need support around nutrition, understanding diagnoses and engaging in follow-up appointments.

Risk Management/Mitigation is an important component of every incident (whether it meets the definition to be filed or not). Part of the bi-weekly unit meetings includes a review of issues or concerns and follow up activity. Risk management is looked both at the individual level, related to specific issues, and a more global level as warranted. An important piece of incident management review is the identification and mitigation of risk. There have been instances where the AE required providers to add corrective actions to an incident that specifically addresses the identified risk. The SCO monitors corrective actions related to risk and informs the AE when there are specific issues and concerns that need addressed.

The county housing coordinator has attended the bi-weekly unit meeting and the larger agency meeting to explain housing programs that are available in Centre County. The information related to eligibility, availability and the application process is explained in detail. The housing coordinator emails updates and information to key county staff for distribution to case management staff, including the SCO as it relates to funding and housing opportunities. There is a local provider who has expressed interest in the Housing Transition and Tenancy Sustaining Services and is working with the AE and ODP Central Region regarding questions and clarification.

Participant Directed Services (PDS):
Centre County AE currently has 61 individuals using Participant Directed Services (26 VF and 35 AWC) – all waiver funded. This service model is very popular. The AE provides training to the SCO at least annually on the service models. A representative from the AE attends team meetings to assist the SC, individual and families in understanding the service models so that informed choices can be made. One of the barriers for base funded PDS is the cost of the administration fee.

Centre AE is comfortable regarding promoting and increasing the use of PDS services. Two steps taken by ODP that has helped with the management of PDS are the introduction AWC monitoring and access to the PPL Portal. The results are AWC monitoring allows both ODP and AEs to address the gaps/needs in training for the AWC and managing employers. Prior to access to the PPL portal, the gap/lag regarding information related to overtime and utilization made it challenging for AE/SCO staff to address concerns in a timely manner. The PDS handbook was originally issued in 2008. It would

be of great assistance if ODP would update resources to incorporate updates and changes to information in a timely manner. Lastly, standardized training is needed for Common Law Employers prior to accepting the role.

Community for All:
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. There are currently 6 individuals residing in nursing facilities and 3 individuals residing in private ICF facilities.

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.

In this current fiscal year, Centre AE was able to successfully work with the local teams to develop community supports and services for an individuals paroled from a state correctional facility, discharged from a nursing facility and discharged from the CSRU. Local resources/agencies (housing, counseling, medical, transportation, ID services) were essential for these events to occur.

In this current fiscal year the AE and SCO worked with various stakeholders (MCO, Juvenile Probation, CYS, CSRU, DDTT and the MH unit) to place 2 individuals aging out of the children's system into licensed community homes. Also, there were 3 individuals aging out of the EPSDT (medical) system this fiscal year. Consolidated waiver funding has been secured for all three and service planning is being completed by their support teams.

In Summary:
The AE continues to implement the numerous changes in processes and procedures as a result of the renewal of the Person/Family Directed Services (PFDS) and Consolidated waivers on July 1, 2017 and the implementation of the Community Living Waiver (CLW) on January 1, 2018. The Chapter 6100 regulations will presumably go into effect sometime in 2018/2019 and impact on various processes and procedures.

HOMELESS ASSISTANCE SERVICES

The lack of affordable housing in Centre County continues to be an on-going struggle and major barrier for low-income households. For these individuals and families, it is not uncommon for more than 30% of their gross monthly income to be spent on housing. In fact, 74% of low-income renters in the State College, PA metro area spend more than 50% of their gross monthly income on housing; impacting their ability to be financially resilient should a family or medical crisis arise.

When housing becomes a major cost burden for our most vulnerable residents, they are often referred to long-term support options. In Centre County, these options include: tax-credit or project based units, Housing Choice Vouchers, and Section 811 Housing. Currently, there is 33 tax-credit or projected based properties (1,634 units) in Centre County that offer income eligible residents safe, affordable, and permanent housing. That said, there are still many high need individuals and families who are homeless or near-homelessness that cannot afford to live in a tax-credit unit, without additional subsidy, because they are either on a fixed or an unstable source of income.

For low-income individuals and families who require additional subsidy, they are often referred to the Centre County Housing Authority to apply for a Housing Choice Voucher (if they have not done so already). Unfortunately, unless the household is able to receive a voucher via the preference list or Family Reunification Program (FUP), the wait time for a Housing Choice Voucher is 2-3 years. Another avenue, should at least one adult individual in the household be eligible, is applying for Section 811 Housing. Section 811 Housing consists of units specifically designed for individuals between the ages of 18 to 61, and who have been diagnosed with some type of disability. They must be Medicaid eligible or have Medicaid. Clients are prioritized by their current living situation; (1) institutionalized (and preparing to re-enter their community) or (2) at high risk of institutionalization, and finally, (3) living in a congregate care setting and desire to live in the community. Individuals who are eligible and move into a Section 811 Housing unit will also receive wrap-around case management services. Aside from the strict criteria, this can be a challenging program for households to access as there are only 8 units available in Centre County. Centre County Government's Office of Adult Services is the local lead agency for the Section 811 Housing program.

Should a household be unable to receive assistance through a long-term housing option, they will be connected to other housing services that may address their specific needs. If the household is homeless or near homelessness and require assistance with security deposit and/or first month's rent/rent arrearages, there are both public and private funds available; assuming they meet eligibility criteria and funds have not been depleted for the month. Other available services for individuals and families struggling with housing include: case management, budget counseling/money management, and federally funded housing first programs.

In addition to Human Service Block Grant – Housing Assistance Services funds, Centre County has also been able to secure the following state and federally-funded programs to add to our existing continuum of care:

Pennsylvania Housing Affordability and Rehabilitation Enhancement (PHARE) Fund/Marcellus Shale (i.e. PHARE Rental Assistance): The PHARE Rental Assistance program is similar to the Human Services Block Grant – Housing Assistance Services Rental & Mortgage Assistance Program; however, it only serves specific municipalities in Centre County that are impacted by the natural gas industry. For FY 2018-2019, the Office of Adult Services was awarded $22,000 (towards a program total of $65,000), for additional rental assistance funds that will be made available to eligible residents

in our most geographically rural areas of the county. This program will be administered by the Office of Adult Services and funding is provided by the Pennsylvania Housing Finance Agency.

Rapid Re-Housing: The Rapid Re-Housing program provides assistance to individuals and families who are “literally homeless”. If deemed eligible, this supportive living arrangement offers time-limited rental subsidy and case management to prepare clients for long-term success. In the Rapid Re-Housing program, the clients hold their own lease. The program is administered by Housing Transitions and funding is provided by the U.S. Department of Housing and Urban Development. This program is new to Centre County as of October 1st, 2017.

Permanent Supportive Housing: The Permanent Supportive Housing program provides assistance to individuals and families who are “chronically homeless”. If deemed eligible, this supportive living arrangement offers rental subsidy and case management to help clients maintain permanent housing. In the Permanent Supportive Housing program, the provider agency holds the lease. The program is administered by Housing Transitions and funding is provided by the U.S. Department of Housing and Urban Development. This program is new to Centre County as of October 1st, 2017.

While there are no major anticipated changes to Housing Assistance Services programs in Centre County during FY 2018-2019, providers (under the direction of the Office of Adult Services) will continue improving data collection, client-centered service delivery, collaboration, and streamlining in order to efficiently use all funding and provide essential programming to our most vulnerable residents.

Bridge Housing:

Bridge Housing is a short-term housing option (12-18 months) that offers subsidized rental assistance and wrap-around case management services to homeless individuals and families; allowing them the opportunity to work towards self-sufficiency and transition to permanent housing. Centre County currently operates five Bridge Housing units with two providers: Centre County Women’s Resource Center and Housing Transitions. Providers secure and maintain leases on four of the five units. The tenant-based rental unit has proved successful for clients who are in a position to establish credit and landlord references. The four units that are provider-based offer a more appropriate option for households who require additional supports and resources.

The Office of Adult Services meets with program staff on a monthly basis, then supervisory and program staff on a bi-monthly basis (on-site), to discuss client needs, vacancies, applications, service gaps, community collaborations, and upcoming funding opportunities. Adult Services also conducts an annual self-audit to review client files, invoices, provider policy and procedure, and to conduct staff interviews. The Office of Adult Services also requires that each provider submit a monthly report that identifies the number of individuals/households served, need(s) identified, Federal Poverty Level (FPL) of each household, unmet need or number of clients that could not be served (due to lack of funding or ineligibility), and current wait lists. All of this data is then collected and analyzed to determine trends and service gaps; positioning Centre County to apply for additional grant funds as they become available.

Bridge Housing in Centre County has been successful for many individuals and families that are experiencing homelessness and are residing in either the domestic violence emergency shelter at Centre County Women’s Resource Center or the family shelter at Housing Transitions. For many clients enrolled in the Bridge Housing program, they have been able to exit once they obtain a

Housing Choice Voucher and secure permanent housing. Others have been able to secure steady and higher paying employment so that, upon exiting the program, they can afford permanent housing on their own without subsidy.

Other than housing, the largest reported need amongst Bridge Housing clients is transportation. Some clients are in need of bus tokens or funds to purchase a bus pass while many others need assistance with vehicle repairs or the purchase of a vehicle. Clients' primary method of transportation then dictates where they can work and where they can live. Commonly in Centre County (specifically in State College), clients are able to obtain work but either struggle to secure dependable transportation and/or cannot earn enough income to afford permanent housing without continued assistance. These are service gaps that we continue to monitor and better define in preparation for any available grant funding and community collaboration initiatives.

There are no proposed changes to the Bridge Housing program for FY 2018-2019.

Case Management:

In Centre County, the Housing Case Management program is administered by Housing Transitions. This program offers support, resources, budgeting and advocacy services to emergency shelter residents, Bridge Housing participants, and other community members who are seeking affordable housing options. Most that are seeking and/or are referred to the Housing Case Management program are in desperate situations. Thus, continuous partnership with the Centre County Housing Authority, Office of Adult Services Housing Program Specialist, county human services departments, local non-profit and faith-based entities, developers, and landlords are crucial.

In order to manage these needs, the Housing Case Management program has two elements: client-based case management and information & referral services. Client-based case management begins with an assessment to help both the client and case manager set goals towards a more sustainable financial and housing situation. Clients that receive this service may also work closely with a case manager to locate housing. Information & referral services offer support to residents who are just starting to explore their options. They can connect with the case manager regularly to receive an up-to-date listing of affordable units located throughout Centre County.

The Office of Adult Services meets with program staff on a monthly basis, then supervisory and program staff on a bi-monthly basis (on-site), to discuss client needs, service gaps, community collaborations, and upcoming funding opportunities. The Office of Adult Services also conducts an annual self-audit to review client files, invoices, provider policy and procedure, and to conduct staff interviews. The Office of Adult Services also requires that each provider submit a monthly report that identifies the number of individuals/households served, need(s) identified, Federal Poverty Level (FPL) of each household, unmet need or number of clients that could not be served (due to lack of funding or ineligibility), and current wait lists. All of this data is then collected and analyzed to determine trends and service gaps; positioning Centre County to apply for additional grant funds as they become available.

One improvement or program upgrade that the Office of Adult Services is working in collaboration with the Housing Case Management program is effective relationship building with local landlords; with the primary goal being the ability to locate affordable units across the county for those in need. Through the administration of various rental assistance programs, the Office of Adult Services has started connecting and building rapport with local landlords that may not be aware of services offered

in Centre County and through Housing Transitions' Housing Case Management program. In order to make this connection, the Office of Adult Services will begin a landlord follow-up effort to ensure they have received resource materials, post client assistance, and to encourage that they be connected with Housing Case Management as we may be able to link them with residents who are seeking units when they have vacant units to rent.

Other than this initiative, there are no major anticipated changes to the Housing Case Management Program during FY 2018-2019.

Rental Assistance:

The Rental & Mortgage Assistance Program (RAP) provides rent or mortgage assistance to eligible homeless or near-homeless Centre County residents. RAP recipients are either self-referred or referred by human service agencies countywide. Once screened for eligibility, clients are invited to complete an intake. The provider is then responsible for communicating with the landlord or mortgage company regarding the requested amount of assistance needed to resolve the immediate crisis. Once all involved parties are in agreement regarding the assistance available, funds will be released to the landlord or mortgage company to resolve homelessness or prevent near-homelessness.

The RAP program is administered by the Office of Adult Services and "opens" on the first business day of each month. Approximately $8,000 is allocated each month for eligible households. On average, funds are depleted within 24-48 hours; which this alone is telling of the need for housing assistance in Centre County. Since March 2017, staff has been collecting data re: unmet need. While we are able to assist approximately 8-11 households each month, there are 20-30 additional households who could not be served; either because funds were depleted or they were deemed ineligible for the program. While data on unmet need has not traditionally been collected for Human Services Block Grant – Housing Assistance Services funds, we are finding that the information makes our county more competitive for housing and rental assistance grant opportunities from other federal, state, and local sources.

The greatest need for the clients who are reaching out for this program is obviously related to housing; however, we are finding that the amount of money needed to secure safe and affordable housing is astronomical. It is not uncommon for clients to request $1,500-$3000, which is a challenge when RAP is capped at $1,000 for adult-only households and $1,500 for households with children. In these cases, there is more weight on the client to make a larger financial contribution and for the Office of Adult Services to reach out to partner non-profit and faith-based entities to request and coordinate private funds.

In addition to housing, the second most common identified need amongst clients receiving RAP is money management. While many of the households served through this program are experiencing a short-term financial crisis, most are continuously mismanaging their finances and it is likely they will continue to struggle without additional services and intervention. Clients with that identified need are then referred to Centre County's Financial Care program, administered by Interfaith Human Services.

Since the RAP program is administered by the Office of Adult Services, the Director meets with appropriate staff on a monthly basis to discuss client needs, service gaps, community collaborations, and upcoming funding opportunities. An annual self-audit is also completed to review client files, invoices, and discuss potential improvement for the coming year. It is also required that appropriate staff submit a monthly report that identifies the number of individuals/households served, need(s)

identified, Federal Poverty Level (FPL) of each household, unmet need or number of clients that could not be served (due to lack of funding or ineligibility), and current wait lists. All of this data is then collected and analyzed to determine trends and service gaps; positioning Centre County to apply for additional grant funds as they become available.

There are no proposed changes to the Rental & Mortgage Assistance Program for FY 2018-2019.

Emergency Shelter:

Centre County does not use funding from Human Services Block Grant – Homeless Assistance Services for emergency shelter. Alternatively, emergency shelters receive different sources of funding from federal, state, and local sources. Currently, Centre County has three permanent homeless shelters and one weather-related shelter:

- Centre House (Housing Transitions): provides shelter and services for men, women, and children;
- Centre County Women's Resource Center: provides shelter and services for women and children fleeing domestic violence;
- Centre County Youth Services Bureau: provides shelter and services for males and females ages 12-18;
- Out of the Cold Centre County: faith-based initiative that provides shelter between October-May on rotation amongst 12-15 churches in Centre County. The sites provide beds for up to 15 individuals and is only open for males and females ages 18+.

Other Housing Supports:

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

Homeless Management Information Systems:

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 these specific programs participate in the HMIS. Centre County does not utilize or have access to HMIS for HAP or HSDF funded programs.

SUBSTANCE USE DISORDER SERVICES

1. Waiting List Information:

	# of Individuals	Wait Time (days)**
Detoxification Services	0	0-2 days
Non-Hospital Rehab Services	0	3-5 days
Medication Assisted Treatment	0	Less than 3 days
Halfway House Services	0	14-21 days
Partial Hospitalization	0	0-2 days
Outpatient	0	3-5 days

**Average weekly wait time

Wait time for access to treatment services continues to vary at each level of treatment. Staff will contact a variety of treatment providers (as approved by the individual) in an effort to find the earliest bed availability date. In some cases, a delay in access to treatment is the individual's choice. Once an individual is approved at a particular level of care and a treatment date is set, staff will notify the provider that if a bed date/appointment time is available sooner, the provider may contact the individual directly and admit them sooner without having to seek additional approval from the SCA.

2. **Overdose Survivors' Data**: Describe the SCA plan for offering overdose survivors direct referral to treatment 24/7 in your county. Indicate if a specific model is used.

# of Overdose Survivors	# Referred to Treatment	# Refused Treatment	# of Deaths from Overdoses
109	73	64	14

**Data for Calendar Year 2017

Centre County SCA will assure 24/7 direct referrals to individuals experiencing an overdose via its current after hours policy, which utilizes Mount Nittany Medical Center and Centre County CAN HELP to provide this service after regular business hours and on nights/weekends/holidays. Mount Nittany Medical Center Centre County CAN HELP, an entity which is a licensed mental health mobile crisis provider in Centre County and under contract with Centre County Mental Health/ Intellectual Disabilities/Early Intervention - Drug and Alcohol for this service and for delegate action (model #2, DDAP Treatment Manual, Revised January 2016).

Standard Business Hours

If an individual presents at Mount Nittany Medical Center's Emergency Department (ED) during standard business hours having experienced an overdose, is medically cleared for transfer to a non-hospital detoxification services, and is requesting detoxification services, ED staff will contact the SCA and request assistance. Sufficient information will be collected and a referral to detox services will be made. If the individual is sufficiently stable, a full drug and alcohol assessment will be completed. This assures that they can easily make the transition from detox to rehab, if appropriate.

If there is a delay in access to this level of care due to capacity of contract providers to accept the admission, ED staff will be notified so that they can manage the needs of the individual on a medical basis (as appropriate). SCA staff will maintain daily contact with the individual during the waiting period, while making ongoing phone calls to determine if an opening has come available. If the provider is willing, the SCA will grant approval and allow the provider to proceed with contacting the individual directly when an opening occurs, knowing that the authorization for admission is in place.

After Hours/Weekends
Mount Nittany Medical Center has secured a 1.5 FTE psychiatric case management position, assigned to the ED to assist with access to emergent treatment services for individuals with mental health and/or substance use issues. Plans are underway for this complement to be expanded to 24 hour/seven day coverage for the ED.

If a similar individual presents at the ED after hours or on a weekend, having experienced an overdose, is medically cleared for transfer to a non-hospital detoxification services, and is requesting detoxification services, the ED psychiatric case manager will contact Centre County CAN HELP staff, who will gather sufficient information to make the referral and will call all approved providers looking for bed availability. CAN HELP has the authority to contact contracted treatment providers on the SCA's behalf to arrange for a non-hospital detoxification admission, and then approve an after hours non-hospital detox admission until the next business day. Staff will submit an after-hours detox request form and copies of all paperwork to the SCA office the morning of the next business day so that follow up can occur with the individual and the detox provider.

If there is a delay in access to this level of care due to capacity of contract providers to accept the admission, CAN HELP staff will notify both ED staff so that they can manage the needs of the individual on a medical basis (as appropriate). CAN HELP staff will maintain daily contact with the individual until the next business day when SCA staff will take over.

3. **Levels of Care (LOC)**: Please provide the following information for your contracted providers.

LOC	# of Providers	# of Providers Located In-County	Special Population Services**
Inpatient Hospital Detox	0	0	*SCA will assure access to this level of care by contracting with a facility when the need arises.
Inpatient Hospital Rehab	0	0	*SCA will assure access to this level of care by contracting with a facility when the need arises.
Inpatient Non-Hospital Detox	16 provider sites	0	*Bowling Green – pregnant women *Pyramid Duncansville – adults and adolescents *White Deer Run York – can accommodate someone in a wheelchair *Several facilities utilize MAT as part of their detox protocol.
Inpatient Non-Hospital Rehab	26 provider sites	0	*Firetree and Pyramid - long-term residential option *Gaudenzia Fountain Springs – pregnant women, women w/ children *Multiple facilities - co-occurring mental health service tracks *White Deer Run – specialized LGBTQ track *Pyramid Ridgeview- adolescents
Partial Hospitalization	3	1	
Intensive Outpatient	4	4	
Outpatient	4	4	
Halfway House	11	0	*Gaudenzia Erie, Gaudenzia New Destiny – pregnant women, women w/ children

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

4. **Treatment Services Needed in County**: Provide a brief overview of the services needed in the county to ensure access to appropriate clinical treatment services. Include any expansion or enhancement plans for existing providers or any use of HealthChoices reinvestment funds for developing new services.

   In the last year, Centre County has worked to expand the availability of Medication-Assisted Therapies to individuals who are uninsured and are in need of financial assistance. Currently, the SCA funds both Suboxone and Vivitrol services through Crossroads Counseling. In the coming year, the SCA is looking to expand availability of MAT (specifically Vivitrol) to individuals who are returning to the community from the Centre County Correctional Facility. This will provide individuals with Opioid Use Disorders with additional tools to help in their transition.

   Also in the coming year, the SCA will look to add two additional inpatient facilities to its array of treatment options for individuals who need assistance with their inpatient costs. Both of these facilities are smaller programs who are able to offer more specialized treatment services to individuals with substance use disorders.

   In January 2018, Centre County accepted its first admissions to its new Drug Court program. This has been quite the learning experience for all team members and for the individuals being served through this program. It will be very important to take time during the next year to establish additional collaborations and determine if expanded resources are needed in order to meet the unique needs of the participants. Long-term sustainability is also an important consideration for the team as we move forward.

5. **Access to and Use of Narcan in County**: Include what entities have access to Narcan, any training or education done by the SCA and coordination with other agencies to provide Narcan.

   The SCA continues to work collaboratively with Dr. Kassandra Botti and staff at Mount Nittany Medical Center to assure availability of Narcan to first responders throughout the county. Dr. Botti/Mount Nittany serves as the Central Coordinating Entity of Narcan through the Pennsylvania Commission on Crime and Delinquency. Centre County is fortunate that all of its police departments are trained and carrying Narcan for emergency situations. In addition, the Centre County Sheriff's Department is trained and carry Narcan for emergency situations.

6. **ASAM Training**: Provide information on the SCA plan to accomplish training staff in the use of ASAM. Include information on the timeline for completion of the training and any needed resources to accomplish this transition to ASAM. See below to provide information on the number of professionals to be trained or who are already trained to use ASAM criteria.

	# of Professionals to be Trained	**# of Professionals Already Trained**
SCA	8	8
Provider Network	44	21

The above numbers noted for the provider network includes all licensed treatment providers in Centre County and not just those providers who are under contract with the SCA. The SCA continues to work with providers to identify trainings with available openings for staff to attend and complete their trainings in a timely manner. Unfortunately for some provider staff, travel outside of the county is a considerable hardship. We will continue to brainstorm options for pooling resources and bringing localized options for this training.

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

Adult Services:

Program Name: Homemaker Services Case Management
Description of Services: The Homemaker Services Case Management program provides support to clients who are low-income, disabled persons. Many of these clients are ages 18-59; however, some continue to receive services at age 60+, on a case-by-case basis, when other age appropriate services may be unavailable. Referrals to this program are often made from county human services departments, local non-profits, and faith-based entities. Prospective clients are then screened for level of need and, if enrolled into the Homemaker Services Program, they will continue to receive long-term case management and service coordination to ensure that their basic needs are met and living conditions are safe and appropriate. Clients who are referred to this program and are not eligible or interested in the Homemaker Services Program may still receive long-term case management and service coordination. This service is administered by Housing Transitions.
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.

Program Name: Homemaker Services Program
Description of Services: The Homemaker Services Program provides non-medical personal care and chore assistance services to low-income, disabled persons ages 18-59 who are not eligible for the Under 60 waiver. If there are no other comparable services available, clients (ages 60+) may be grandfathered into the program on a case-by-case basis. To be deemed eligible, individuals must have either a chronic physical disability or a temporary health condition/limitation that impacts their ability to maintain their home and/or own basic self-care. The number of hours and length of time that clients are eligible for this program are based on their health condition and need. This program is intended to offer relief to those who have little or no support from family and friends. Centre County currently has four providers contracted to offer this service; however, will be releasing a Request for Proposal (RFP) in the coming weeks as contracts with current providers end June 30th, 2018. Having multiple providers allows clients to have a choice and maintain a long-term relationship with a provider should they be approved for the Under 60 waiver or find themselves in a different financial situation where they can pay out-of-pocket. The Office of Adult Services was also awarded grant funds from the Pennsylvania Housing Affordability and Rehabilitation Enhancement (PHARE) Fund/Realty Transfer Tax (RTT) to expand upon this existing program; allowing flexibility to accept more clients and modify service hours/length of service on a case-by-case basis. This funding will continue to be available until the projected close-out date of December 31st, 2018. This service is overseen by both the Office of Adult Services and the Homemaker Services Case Manager at Housing Transitions.
Service Category: Homemaker - Activities provided in the person's own home by a trained, supervised homemaker if there is no family member or other responsible person available and willing to provide the services, or relief for the regular caretaker.

Specialized Services:

Program Name: Basic Needs Case Management
Description of Services: Basic Needs Case Management offers short-term financial assistance coordination and service navigation to Centre County residents ages 18+. Clients who contact or are referred to this service often need assistance with paying rent, utilities, or other basic needs that one

single agency or program is unable to resolve alone. Therefore, the Basic Needs Case Manager helps package monies from county human service departments, non-profit organizations, and faith-based entities in in order to help the household prevent homelessness, utility termination, and any other obstacles that may impact safety and daily living. While working to resolve the immediate crisis, the Basic Needs Case Manager will help clients to navigate existing programs to determine whether or not there are other services they are eligible for. These services may include: SNAP, LIHEAP, WIC, P-CAP, and Centre County Food Pantries. The Basic Needs Case Manager will also develop reasonable short-term and long-term goals with clients that often focus on obtaining and maintaining sufficient employment, securing affordable housing, and/or consistently and appropriately prioritizing spending. The ability or effort to meet these goals is often an indicator to how frequently clients may be able to receive financial assistance at the time of intake and at any point in the future. The Basic Needs Case Management program is often times, by default, the service of last resort and, through strong community partnerships, able to provide unique and creative resolutions in order to resolve incredibly complex situations. This program is administered by Centre Helps.

Program Name: Basic Needs Medical Case Management
Description of Services: Basic Needs Medical Case Management is a component of our county's free medical and dental clinic. This program provides short-term case management to all of the clinic's clients and community members who require assistance with medical and health insurance navigation, enrollment support, and referrals to other community resources. This requires the Basic Needs Medical Case Manager to be well-versed in health care and health insurance trends. They also need to be able to help interpret and effectively communicate complex policies to clients so they can best manage their health and personal finances. The Basic Needs Medical Case Manager must also maintain strong partnerships with community agencies as other issues such as housing, utilities, and food security are often identified needs amongst clients. In extenuating circumstances, the Basic Needs Medical Case Manager may advocate financial assistance on behalf of their clients; however, it is more common that clients will be connected with a more appropriate agency for that service. This program is administered by Centre Volunteers in Medicine.

Program Name: Financial Care
Description of Services: The Financial Care program is a short or long-term service offered to residents who are struggling to manage their personal finances, pay bills, and prioritize expenses. Of our most vulnerable residents, many struggle with budgeting skills due to lack of education and experience. Often times, they are also living on a limited, fixed income which does not allow for much financial change or flexibility. They may also have mental health or intellectual disabilities that limit their understanding of the importance of consistent budgeting and appropriate spending. More often than not, residents come to recognize there is an issue or inability to manage their own finances after a death or major relationship shift; especially if they were not held responsible or accountable for the household budget. A Financial Care Coordinator can then meet with the client and review income, bills, and current living situation. This service is often part of a client's service plan or goal setting established by county human service departments, non-profit organizations, and/or faith-based entities. This program is administered by Interfaith Human Services.

Interagency Coordination:

Interagency coordination is conducted through the Office of Adult Services. In order to maintain strong relationships and partnerships with both contracted providers and community agencies, it is imperative to be on the pulse of available programming, service gaps, and funding opportunities. This also allows our county to better match and leverage funds to create new programming and expand

existing services. The listing below highlights the county and community-facilitated groups that Office of Adult Services staff is currently involved with:

- Local Interagency Coordinating Council - Early Intervention
- Children & Youth Services Placement Meeting
- Pennsylvania Association of County Human Services Administrators
- Regional Housing Advisory Board/Continuum of Care
- Centre County Re-entry Coalition
- Centre Moves
- Centre County Council for Human Services
- Centre County Community Safety Net
- State & Federal Funded Food Pantry Meetings
- Penn State Extension Board
- Centre County Housing Options Team
- Centre County Affordable Housing Coalition
- MH/ID Provider Meeting
- School District Youth Homelessness Meetings

These collaborations are an effective way to share information about programs, services, and upcoming events. Attending these meetings is also crucial for staff so they can learn and be reminded of the services each agency provides; allowing staff to make the most appropriate referrals to residents who call or visit the office requesting assistance.

Through interagency coordination, the Office of Adult Services has been able to address a number of community needs related to re-entry citizens, affordable housing, and social determinants of health. As part of the Centre County Re-entry Coalition, staff has assisted Centre County Correctional Facility staff in effectively bridging supportive communication, programs, and services from the prison setting to the Centre County community; with the expectation that these efforts will yield a lower recidivism rate and an overall healthier and productive lifestyle for that population. In addition, staff will be serving on a strategic planning committee to ensure that the coalition meets project goals and maintains momentum.

Staff also continues to work closely with community partners to identify service gaps re: affordable housing. Staff will continue pursing landlord outreach initiatives and expand into landlord follow-up. With the introduction of new rental assistance funds, the Office of Adult Services has had increased knowledge of and collaboration with local landlords. The goal of this effort is to collect outcome data, build positive relationships, and better identify available housing units.

Lastly, staff is involved with a local initiative called Centre Moves. The focus of Centre Moves is to promote healthy living events, education, programs, and activities across the county for residents to enjoy. Some of these events include a seed swap, community garden summit, fit family challenge, and 5k race. As the Office of Adult Services is also focused on social determinants of health, this is a great opportunity to connect our low-income residents with free or affordable activities that encourage regular exercise and healthy eating.
Funding is spent on salaries and benefits for Centre County Office of Adult Services staff.