

## **Appendix B**

### **County Human Services Plan Template**

The County Human Services Plan (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 instructed in the Bulletin 2021-01.

#### **PART I: COUNTY PLANNING PROCESS** (Limit of 3 pages)

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 provides feedback throughout the year on services and needs the community is experiencing. The plan is shared with members prior to the public hearing. Our plans are posted on our county website for public review throughout the year. In February 2020, Centre County MH/ID EI D&A and Adult Services held a Provider meeting to review the fiscal reporting, planning and obligations of the providers receiving HSBG funding. With staff changes over the years and funding needs evolving over time, we felt it was important to highlight the fiscal responsibilities to providers and engage them on how to improve any of our formats we use for the development of the HSBG Plan and Report. The training was attended by the majority of all the providers and positive feedback was received on the instruction.

4. 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. The departments stress the need for services that allow residents to be proactive in their needs, disabilities, and/or crises. With this information, the departments are able to shift funding as seen as appropriate. Social deterrents 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.

5. Please describe any substantial programmatic and funding changes being made as a result of last year's outcomes.

Centre County's Crisis Intervention Services (CIS), as provided by Center for Community Resources (CCR), felt the impact of COVID-19 through spring of 2021. This occurred especially in regards to mobile and walk-in services given the unwanted direct personal contact. Call volumes decreased as well, but caller contact was maintained through follow-up. This pattern remains the same broadly, but volumes are starting to rise. CCR continues to develop the utilization of walk-in services and has continued to broaden its partnerships within the community. CCR continues to enhance mobile service offerings as well, mostly in support of individuals, families and law enforcement.

CCMH was able to take advantage of the Community Mental Health Services Block Grant (CMHSBG) funding opportunity as recently offered by the Office of Mental Health and Substance Abuse Services (OMHSAS) through a Letter of Interest process. CCMH submitted a proposal dedicated to Mobile CIS expansion, so that CCR could look to secure additional full-time crisis and peer staff, expand the service array and train to respond to the community in a fuller, more expedited manner to the needs of this community. Ideally, Mobile CIS will be able to respond to the full county community's needs within 20 - 50 (distance dependent) minutes of a request. All response is crucial, but priority response is needed for law enforcement, individuals in crisis, youth, families, schools and students. This is one of the greatest areas of need consistently identified by this community. CCR has the service design to address this need. Grant approval will help to give CCR the ability to enact full-scale, if approved and staff are available for hire. CCMH was able to take advantage of the CMHSBG funding opportunity as recently offered by OMHSAS through a Letter of Interest process. CCMH submitted a proposal to start building a Crisis Diversion infrastructure to include creating a Crisis Residential and Evaluation site, providing urgent OP appointments and transitional and follow-up care and enhancing crisis transportation. CCMH's full vision includes the ability to create specialty psychiatric care in the community that would support emergency services to the degree of the ED presently. Providing whole health service-delivery in the community must mimic what is provided in institutional care to ensure that all basic needs are being met before, during and after crisis events for the individuals and families supported in this community.

## **PART II: PUBLIC HEARING NOTICE**

Centre County held two virtual public hearings pertaining to the FY 2021-2022 HSBG.

## **PART III: CROSS-COLLABORATION OF SERVICES**

For each of the following, please explain how the county works collaboratively across the human services programs; how the county intends to leverage funds to link residents to existing opportunities and/or to generate new opportunities; and provide any updates to the county's collaborative efforts and any new efforts planned for the coming year. (Limit of 4 pages)

Employment: There are approximately 10 providers qualified and willing to provide employment services in Centre County. These providers offer an array of employment services including Supported Employment (all phases), Advanced Supported Employment (all phases), Community Participation Supports, and Small Group Employment. One provider is currently completing the training requirements to become qualified to provide Benefits Counseling. Two providers currently maintain county contracts to provide employment services using HSBG monies.

In collaboration with Penn State University, Centre County AE and SCO supported 4 young adults in their first year of the newly developed WorkLink program at University Park in FY 2019-2020. Worklink is a two-year certificate program for individuals with intellectual disabilities or autism who seek a post-secondary education experience and training for employment. WorkLink is supported by a grant from the D.R.E.A.M. partnership and is in the Penn State College of Education. Three of the four participants successfully completed their first year and have continued to participate in the program during FY 2020-2021. This program enrolled of a second cohort of 4 individuals in Fall 2020. However, due to the ongoing COVID-19 Pandemic, all WorkLink classes were online during FY 2020-2021. The initial cohort of individuals will finish the second year of the WorkLink program in FY 2021-2022. The second cohort of three students, plus the new cohort of 5 students starting in August 2021 (including the first 3 students registered with other Administrative Entities) will complete first year coursework. The AE and SCO, along with WorkLink staff continue to meet with parents and participants throughout the year to monitor implementation and progress in addition to obtaining feedback for improvement.

In FY 2019/2020 Centre County MH/ID/EI -D&A had planned to develop a summer employment program for transition age students in collaboration with the SCO, school districts, local Careerlink and local providers. However, due to the ongoing COVID-19 Pandemic, this did not occur in FY 2019-2020 or FY 2020-2021. Centre County AE will plan to develop a summer employment program in 2021/2022.

Centre County MH/ID/EI-D&A continues to participate in the local Employment Coalition which dovetails with the local transition council. The Employment Coalition is chaired by an Administrative Entity Program Specialist and the Director of Employment Services of a local provider agency. The membership of the Employment Coalition consists of representatives from Administrative Entity, school districts (including the IU), Careerlink, OVR, other Centre County offices, local service providers, Supports Coordination Organization, and family members.

The Employment Coalition, in conjunction with Central Intermediate Unit 10, has hosted two online training sessions. The first session, in January 2021, was an overview of the Penn State University WorkLink program. The second session, an overview of ODP Employment Services occurred in March 2021. Participants in this training session included the Employment point person from Central Region Office of Developmental Programs, the Transition Consultant from Central Intermediate Unit 10, and several local employment service providers. This training session was recorded and can be viewed on the Central Intermediate Unit 10 website.

Centre County AE has included a goal related to increasing the number of individuals achieving Competitive Integrated Employment in its Quality Management Plan. The ID Program Specialist reviews Employment data compiled Office of Developmental Programs as part of the Quality Management Plan quarterly reports. This information is also used to review trends in Centre County and assists with the planning for employment activities in the upcoming fiscal year and longer term. The long-range plan is to continue to track employment data and share information with providers, Supports Coordination, MH/ID Advisory Board, local transition council, and other interested stakeholders.

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.

Opportunity Centre Clubhouse (OCC) operates under Skills and already realizes the challenges faced in centralizing efforts due to their long-term involvement with MHCC. OCC is willing to dedicate a Transitional Employment Placement (TEP) to further MHCC collaboration and an equivalent Supported Employment (SE) position through employment services. Skills has the ability to continually develop members' skills through both the technological and community work arenas. Member development is the focus for OCC each day. Skills' Corporation can secure IT training, support and oversight for the web-based component. Peer Support Services engage YAYA members through lived experience in the delivery of pre-employment activities and workforce promotion currently. Skills' has delivered an array of employment services to individuals with disabilities since their inception. Skills operates as a Behavioral Health Home Plus Provider in Centre as well. Through the multitude of MHCC connections, BHHP offerings will be incorporated into the spectrum. A TEP will interact with the MH Community on a routine basis to support website content. SE will work in partnership with TEP to produce the IT work - website and calendar needs. OCC will oversee the TEP. Skills' Employment Services will oversee the SE. The entire MHCC Membership will oversee all work matters and have equal access to both supports. The vision of MHCC is to provide the community a centralized location where Centre County residents can go to find information regarding options for people seeking mental health support. MHCC Coordination will be provided through Supported Employment which will a permanent work opportunity which further enhances the long-term goal.

Some of the collaborative job duties include keeping the calendar updated, reaching out to providers, building provider profiles on the website, marketing, developing a website library of helpful information, attending monthly MHCC meetings, working with the website developer and troubleshooting problems. As the vision of the MHCC committee expands the two positions will grow and play instrumental roles in carrying out action steps as active members on the committee.

Centre County MH/ID/EI-D&A Office rents space to OVR, so all agencies collaborate and are easily accessible. This is a satellite office for OVR given the distance to the OVR District Office in Altoona. Career Link is utilized readily by case managers in linking individuals with employment opportunities.

#### Housing:

The impact of housing funding throughout the past sixteen months is most evident within the Office of Adult Services. The focus on the needs of our residents became evident in the fall of 2020 with the acceptance of CARES funding for rental assistance. Centre County provided over \$750,000 in rental assistance funding. At the time, Centre County along with the local housing providers were dealing with looking into 2021 with unknown funding streams but continued needs. With the passing of the Emergency Rental Assistance Program (ERAP) it quickly became apparent that a greater need will arise. Since the opening of ERAP in March 2021, Centre County has received over 1,123 applications for rental and utility assistance via tenants and/or landlords

Centre County Adult Services along with Housing Transitions, Inc. also applied for Emergency Solutions Grant (CV-2) in late spring 2020 to provide additional support for the homeless population. Centre County was awarded a second year of this funding in May 2021.

All of the various funding streams, reporting requirements, data collection, and overall demands on staff has caused Adult Services, along with providers to restructure to be responsive. Adult Services has restructured the department to align with the overwhelming need to support the community. Providers are prioritizing needs, extending outreach to the homeless and near homeless population, and further coordinating their efforts with partners.

## **PART IV: HUMAN SERVICES NARRATIVE**

### **MENTAL HEALTH SERVICES**

The discussion in this section should take into account supports and services funded (or to be funded) with all available funding sources, including state allocations, county funds, federal grants, HealthChoices, reinvestment funds, and other funding.

#### **a) Program Highlights:** (Limit of 6 pages)

Please highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY20-21.

- It is imperative to note initially what a severe barrier to services that lack of staff has become this past FY. The lack of workforce hits/hurts everywhere in Centre County. Inpatient (IP) Psychiatric beds are not able to be utilized; Outpatient (OP) Service access is further restricted due to lack of licensed staff to provide; Intensive Behavioral Health Services (IBHS) have barely implemented due to lack of staff; people and families are going without appropriate support; people are sitting in the Emergency Department (ED) for greatly extended periods of time due to high acuity and a high amount of service denials, some of which are based on not having the staff to handle the level of need; EDs have to provide commitment extension support.
- COVID-19; high stress – low wage jobs; reductions in educational and career interest; reductions in people entering Human Services in general; public health benefit nuances, etc. are impacting the entire public mental health system.
- Centre County is hopeful for some pro-active steps to be afforded to gain a psychiatric system that is accountable for every individual with Severe Mental Illness or Serious Emotional Disturbances. A community-based psychiatric system where Centre County Mental Health (CCMH) is able to support the array of unique treatment, service and basic needs for each personal path.
- **ALL** MH Providers experience some level of staff recruitment and retention issues that impact their service-delivery.
- The MH Task Force in Centre County completed its recommendations and officially submitted them for consideration in November of 2020. [MH Task Force Final Report 110920.pdf](#) These recommendations hope to provide recovery-based transformation.
- Centre County's Crisis Intervention Services (CIS), as provided by Center for Community Resources (CCR), felt the impact of COVID-19 through spring of 2021. This occurred especially in regards to mobile and walk-in services given the unwanted direct personal contact. Call volumes decreased as well, but caller contact was maintained through follow-up. This pattern remains the same broadly, but volumes are starting to rise. CCR continues to develop the utilization of walk-in services and has continued to broaden its partnerships within the community. CCR continues to enhance mobile service offerings as well, mostly in support of individuals, families and law enforcement.
- CCMH was able to take advantage of the Community Mental Health Services Block Grant (CMHSBG) funding opportunity as recently offered by the Office of Mental Health and Substance Abuse Services (OMHSAS) through a Letter of Interest process. CCMH submitted a proposal dedicated to Mobile CIS expansion, so that CCR could look to secure additional full-time crisis and peer staff, expand the service array and train to

respond to the community in a fuller, more expedited manner to the needs of this community. Ideally, Mobile CIS will be able to respond to the full county community's needs within 20 - 50 (distance dependent) minutes of a request. All response is crucial, but priority response is needed for law enforcement, youth, families, schools and students. This is one of the greatest areas of need consistently identified by this community. CCR has the service design to address this need. Grant approval will help to give CCR the ability to enact full-scale, if approved and staff are available for hire.

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- CCMH additionally submitted reinvestment plans through HC for the Crisis Diversion/Transportation proposals.
- The four Supported Living sites funded thru MH Block Grant continue to show how staff support is effective in supporting individuals, especially with co-morbid needs, on a more permanent basis if chosen. Openings are infrequent between the 11 total Supported Living spots that are available as shown by the longevity of individual participation.
- The additional array of residential service options: Supportive Living, Community Residential Rehabilitation (CRR) and Enhanced Personal Care Home help maintain a level of fluidity between all sites and including the community. CCMH hopes to add the complement of Crisis Residential Services next FY.
- Centre County consistently focuses on the residential system at large to ensure that the array of residential and/or residential service options continue to meet the needs of the referrals, transitional and permanent.
- CRRs are experiencing significant resident transitions. Individuals are utilizing the programs for short-term transition rather than skill-building as had been customary. The bulk of referrals are for youth and young adult transition and individuals experiencing homelessness.
- The Children's Collaborative initiative in Centre County has been successful in engaging Early Childhood Mental Health (ECMH), daycares, school districts, charter schools and private schools in discussions regarding and education of each other's respective systems. While highlight remains on applying Children and Adolescent Service System Program (CASSP) principles to the service-delivery, youth and families are now leading their chosen paths under the auspice of informed decision-making from both the educational and behavioral health systems.
- Centre County Youth Service Bureau (YSB) continues to co-facilitate team meetings, to put the focus back on youth and families and to help move the Children's Service System forward in a manner that empowers youth and family. This partnership has grown significantly during the past two FYs. It allows for an increase in supports through the expertise that YSB brings in family engagement and their vast knowledge of family supports that exist in the community. Families are now able to access Family Group Decision Making and Rapid Family Conferencing offered through YSB and funded by

Centre County Mental Health (CCMH) as part of the new partnership. The Children's Program Specialist (aka CASSP Coordinator) for Centre County is partnering in the leadership of this new service. Requests are rising especially from the educational systems. Additionally, youth, families, natural supports and providers are providing positive feedback and schools are requesting follow-up meetings.

- The recently formed ECMH/CASSP Behavioral Health support service as provided through county contract/block grant funds with Penn State University's (PSU) Clinical Staff expertise remains intact. The service referrals were minimal during the pandemic. This service remains as a pilot project for CCMH and Centre County Early Intervention.
- This service is available now for youth up through their transition to Kindergarten as well, as CCMH is able to supply funding. CCMH assesses requests in partnership with Centre County Early Intervention and PSU. PSU has focused much time and effort towards a family this current FY and have been instrumental in coordinating the team to maintain the youth in the home with his mother. This family has a wide-array of need, service-wise and culturally. One provider has competently supported this Spanish-speaking family by supplying staff complement despite great physical distance. Telehealth allowance was instrumental for this family too, not only through service-delivery, but also for the mother who travels out-of-the-country routinely. She is able to maintain contact much better than she was historically.
- Centre County Crisis Intervention Team (CIT) held the 20<sup>th</sup> training session in June 2021. CIT has now trained a total of 385 first responders. The next bi-annual training will be scheduled for January 2022. The June 2020 and January 2021 CIT trainings both needed to be canceled due to the pandemic.
- The PA State Police started participating in CIT trainings in January of 2019 and are noticeably more engaged in the partnership given the expansive territory that one barrack now covers in Centre County and the number of individuals that they encounter that need behavioral health support. They are improving their communication of these encounters, learning how to connect individuals to services and continue to develop their abilities under the Box B 302 petition under the Mental Health Procedures Act (MHPA).
- Oasis and CenClear increased their service volumes to meet the needs of the individuals impacted by other Outpatient (OP) closures/transitions.
- CenClear maintains OP Service-delivery at two sites in Centre County and the Decision Support Center (DSC) continues to operate at the Bellefonte location.
- Centre County contracts with Crossroads Counseling that carries Mental Health and Drug and Alcohol licenses to support individuals with co-occurring needs.
- OP Providers are reporting significant difficulties in recruiting and retaining licensed practitioners. Many are requesting waivers and/or supplemental funding surrounding this issue. Recruitment and retention is reported as a significant barrier for provider service-delivery across all levels of care and service provisions. Human Services Personnel are difficult to secure per all community partners.
- Centre County Community Support Program (CSP) continues to meet virtually on a monthly basis. They supported one another throughout the pandemic. Attendance has been steady and participants are active. They have been able to hold presentations on such topics as wellness, crisis diversion planning, peer support, First Episode Psychosis, Housing Services, CARES funding opportunities through Adult Services, etc.
- Service Access and Management (SAM) was awarded the delegate contract for FY 20-21 and maintained a fairly level volume related to delegate actions during the pandemic. Delegate work was completed mainly virtually as desired by the local Emergency



Department (ED), individuals in crisis and law enforcement. CCMH recently submitted a waiver request to further this contract into FY 21-22 due to internal restraints.

- CCMH funded four individuals' peer support services during FY 2019-2020. Approximately 45 additional individuals were served through HealthChoices.
- CCMH contracted with Skills, Inc. to build peer support services within their psychiatric rehabilitation programs. Skills served two county-funded peers in FY 20-21.
- CCMH and PeerStar, LLC are entering into contract for Certified Peer Support Specialist Services. CCMH acknowledges PeerStar's success in providing this service, looks forward to develop the array of expertise that PeerStar provides and their strength in serving specialty populations. PeerStar continues to partner with Oasis LifeCare for the First Episode Psychosis Program being offered in Centre County, InSight.
- 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 returning citizens.
- The Forensic Specialist participates in CIT Trainings and is a member of the Steering Committee. CIT oversight was assumed by Criminal Justice Planning in 2020.
- During the COVID-19 shut down, The Forensic Specialist continued to support inmates and returning citizens via telehealth. All transitions were success despite this challenge given the solid partnership that exists with this CCCF-MH partnership.
- The Forensic Specialist devotes her time and efforts to support SCIs transitions as well, when Centre County is appropriately designated as home for each returning citizen. CCMH appreciates the SCI's efforts to enhance communication and linkage.
- The Forensic Program specialist provides support for returning citizens through state parole referrals.
- Centre County Commissioner's supported the Stepping Up Initiative Resolution in June of 2019; A national initiative to reduce the number of people with mental illness in correctional facilities. COVID-19 prevented the momentum of this workgroup.
- Mental Health Court is a focus of Stepping Up Initiative and will be further explored.
- The Centre County Suicide Prevention Task Force continues to have a strong and active role in the community. The focus of the Task Force is to reduce stigma around mental illness and educate the community on suicide prevention resources and trainings.
- The leadership of this task force is provided by the Jana Marie Foundation who puts forth great effort, planning and tasking of the community to fight this public health issue and empower individuals of all ages to live their lives to the fullest potential despite the barriers that life throws. Please visit <https://janamariefoundation.org/> for more information.
- Centre County is able to further support anti-stigma and awareness efforts when Mental Health Matters funds are made available. They are greatly appreciated by the robust mental health community that exists here. These funds inspire new creativity that is needed to promote community engagement and choice.
- CCMH looks to continue to coordinate suicide prevention efforts by further developing the network: crisis, SPTF, MHCC, CIT, MNMC, Coroner's Office, Jana Marie Foundation, Peer Support Providers, SP Trainers, CCMH, etc.

- Centre County's 16<sup>th</sup> Annual Out of the Darkness Walk was held in April of 2021, virtually. This will greatly impact local and regional AFSP Chapters' abilities to fund campaigns, staff salaries and trainings.
- The 16<sup>th</sup> Annual Candlelight Vigil was held in May 2021 at the Psychiatric Rehabilitation Site in Philipsburg
- MNMC reduced Psychiatric Case Management services within the hospital this FY. While Case Management Services are still provided 24/7/365, medical and psychiatric staff in that department are covering collaboratively and learning each other's skill.
- Please note that all ED Psychiatric Case Managers were placed on an On-call status due to COVID-19 and as a result of reduction in need during the same period. This ended in March of 2021 when ED activity started to rise again. The ED is reporting an increase in patients with mental health needs presently that require cross collaboration and further advocacy to assist.
- CCMH collaborates steadily with MNMC's Emergency Department (ED) and Behavioral Health Unit (BHU), Meadows Psychiatric Center and Centre County CIS to ensure that crisis intervention and delegate services are being delivered according to the MHPA and the Centre County MH Administrator. CCMH hosts monthly crisis team meetings, but there is also a significant amount of day-to-day communication and interactions.
- CCMH is participating on the Child Death Review Team (CDRT) in Centre County. This group's scope has expanded to include a review of deaths in which the manner of death was determined to be suicide. This broadens the networking, depth of awareness and provides insight into the preventions that can be applied to prevent the likelihood of reoccurrence. No CDRT Meetings were held in FY 20-21 due to COVID, but are starting up again in July of 2021. As a result of the above inclusion, a Deputy from the Centre County Coroner's Office is again participating in the SPTF in Centre County – a great addition and link for all involved-parties.
- 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.
- CCMH and OCC are working towards creating a Transitional Employment Placement (TEP) and a Supported Employment position to support MHCC efforts. MHCC membership identified the on-going need and as a gap in community awareness efforts. CCMH and OCC believe that these two positions that will focus on the program and technology needs of the MHCC will be able to update and maintain this activity. CCMH intends to sustain these positions with County Block Grant Funds, but has submitted a reinvestment plan to HealthChoices (HC) to get initial financial support for these supported employment opportunities. OCC is driving their transition-age membership to look at this opportunity based upon the skills that some possess.
- MHCC and MH Provider Meetings have been combined during the course of the pandemic. This has strengthened this group in collaboration and service awareness.
- CCMH has experienced significant transition in the Blended Case Management (BCM) Unit, again, this past year. Currently, CCMH employs one Administrative Case Manager and seven Targeted Case Managers. Interviews are occurring to fill the eighth BCM position as well.
- Mental Health Providers, across the board of service provision, are reporting significant recruitment and retention concerns which are restricting the delivery of services, especially with more complex cases. Providers are more and more challenged with how to meet the needs of the community.

**b) Strengths and Needs by Populations:** (Limit of 8 pages)

Please identify the strengths and needs of the county/joiner service system specific to each of the following target populations served by the behavioral health system. When completing this assessment, consider any health disparities impacting each population. Additional information regarding health disparities is available at <https://www.samhsa.gov/health-disparities>.

**Older Adults (ages 60 and above)**

▪ **Strengths:**

- There are no (zero) older adults incarcerated in the Centre County Correctional Facility at this time. There was one woman incarcerated during this FY to include in this population.
- CCMH maintains a strong partnership with Centre County Office of Aging (CCOOA) which includes Project SHARE: Senior 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.
- The CCOOA and CCMH communicate routinely in support of our systems, partnership and the individuals we mutually serve in our community. CCMH and the CCOOA align crisis and protective services when older adults are suspected to be in need of services and supports.
- The CCMH Liaison and CCOOA 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 MH Services Assistant Administrator maintains membership in the Older Adult Task Force, but these committee meetings are on hold due to COVID-19.
- CCMH and CCOOA meet routinely to discuss services, provide updates, further establish working relationships and identify service and support needs that are shared. Meetings are now being held virtually – the last one being held June 11, 2021.
- CCMH and OOA maintain Project SHARE to further support the mental health needs of the older adult population by providing education and resources to each of the local senior centers. Project SHARE has been on a hiatus during the pandemic as the 6 senior centers have been closed. Senior center directors maintained phone contact with their participants and have continued meeting with CCMH throughout the pandemic.
- CCMH's MH Program Specialist is involved in various community meetings/committees which focus on specific needs including forensic, housing, employment and community involvement. This is a great way 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:**

- Stigma continues to be a barrier regarding older adults accessing needed mental health services/supports. CCMH will continue to work with our community partners to help reduce the stigma.

- CCMH recognizes the continued resistance within the behavioral and physical health care communities that exists especially when people present with challenging or aggressive behaviors. When individuals are identified as such, many levels of service: inpatient, outpatient, mental health, drug and alcohol and medical for a few examples deny individuals access. It is imperative that people are given access to the treatment that they need even if that means that systems have to bend some to accommodate. These situations lead CCMH to continually have to think and build outside of traditional boxes and develop unique, creative plans, especially in partnership with the community at-large in Centre County. CCMH appreciates the support that OMHSAS and local managed care entities brings to these situations.
- Plans include to enhance access to affordable housing for the older adult population through linkage with the Centre County Housing Authority and the Centre County Housing Program Specialist; continue to search for opportunities to enhance residential service options for the older adult population, so that choice is provided to the older adult, especially those with co-morbid needs.
- CCMH wants to achieve an array that can support independent living with community-based/accessible supports versus independent living with in-home supports and mobile response ability versus a community-based home with level of care options embedded within.

### **Adults (ages 18 to 59)**

- **Strengths:**
- Adult Mental Health First Aid and Question, Persuade and Refer (QPR) classes are being offered readily within the community as the result of efforts by a local provider, PeerStar, and the Jana Marie Foundation.
- 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 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.
- Mobile Psychiatric Rehabilitation expansion has been occurring in Centre County due to an increase in request of individuals accessing the service and the positive feedback on the service being provided on a mobile basis, especially in rural areas of this county.
- All Psychiatric Rehabilitation Service Providers continued to offer services via Telehealth during the pandemic and are now transitioning back to site and mobile-based services.
- Due to the main campus of The Pennsylvania State University (PSU) being located in Centre County, CCMH interacts with the student population 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.
- CCMH continues to support PSU's crisis and emergency needs. The internal crisis system provided by PSU continues to support students and their families via phone and text on all of their campuses within the Commonwealth. The Penn State Crisis Line phone number is 877-229-6400.

- CCMH is experiencing a rise in the number of SCI contacts informing of an inmates potential release date. CCMH appreciates the communication as it helps with coordination of care and readiness upon the returning citizen's release.
- Located in Centre County are two State Correctional Institutions (SCIs). CCMH supplies only 302 commitment support to the local SCIs.
- 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 direct housing support. They can be very useful in helping people to maintain their independent housing and housing vouchers.
- CCMH provides funding for vocational training, Supported Employment (SE), Transitional Employment Placements (TEP) and competitive employment through job coaching, psychiatric rehabilitation, case management and CRR services.
- CCMH and Skills are in the process of developing a SE position and a TEP position dedicated to the Mental Health Community Committee (MHCC) efforts. These positions will target programmatic and technology-based skills through its membership, focusing on Young Adults who often exhibit those skills naturally. These positions will continue to build the website – content and tools – as sought by MHCC for many years. A reinvestment plan request was submitted to HC to create, design and fill these position. County funding is being provided to Skills to further develop, coordinate and sustain these positions long-term, as needed for MHCC sustainment as well.
- CCMH and Intellectual Disabilities Employment Committees continue to join efforts to promote employment opportunities and outcomes for youth, transition-age, adult and older adult individuals.
- CCMH supports three Community Residential Rehabilitation (CRR) sites operated by two distinct providers. All sites provide rehabilitative skill-building services. CRR sites are utilized by the community for individuals being discharged or diverted from the state hospital and correctional facilities. 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 utilizes four independent crisis transport providers give the fact that NO ambulance service will provide emergency crisis transports. These independent providers are supported with county/block grant funds.
- CCMH currently holds four crisis transport contracts, three are certified as Constables and the other as an MATP Service Provider. CCMH and Mount Nittany Medical Center (MNMC) share crisis transportation providers through separate contracts. MNMC supports 3 of these same providers.
- Mobile Medication Management services in Centre County were terminated by the provider, Beacon Light, in February 2021. Lack of funding, lack of referrals and difficulty securing/sustaining staff were cited as the reason for termination.
- American Family Psychiatry, a local MH OP Provider, closed its service in February 2021, impacting approximately 1,500 individuals in service.
- In addition to CCBH, CCMH supports Consumer Satisfaction Surveys for case management services on a bi-annual basis. CCMH consistently receives positive feedback from these surveys. The plans to survey during FY 20-21 were impacted by COVID. FY 21-22 is the next targeted survey year.

- CCMH currently maintains a Blended Case Management (BCM) Staff complement of 7 due to transitions. Staff turnover has been significant in FY 20-21.
- CCMH's BCM Unit had to start a wait list for referrals due to the impact of staff transitions. BCM Referrals and the staff transitions within the BCM Unit are constantly monitored and balanced as best able.
- BCM Services provided thru CCMH are presently provided as desired by the individual receiving them and the BCM providing them – a hybrid of in-person and telehealth.
- CCMH's Program Specialist and Case Worker 3 positions continue to develop and benefit the program's services and integrity this past year in continued focus on the Forensic Population, Quality, Community Outreach activities and high-risk individuals.
- Centre County Community Support Program (CSP) continues to hold monthly meetings virtually as a result of the pandemic.
- Community Residential Rehabilitation (CRR) referrals continued to be made. CRR has seen a lot of resident turnover during the pandemic. Referrals are currently highlighting young adult transitions. Team meetings continue to be held virtually for residents in transition, DSH diversions and individuals who are inpatient and in need of CRR supportive services.
- **Needs:**
  - Centre County's CIS needs to expand its service provision to meet the needs of the community. In particular, family, schools, medical personnel and law enforcement report significant barriers and delays when accessing CIS. Staff expansion is a must for the needed community response. CCMH is in the process of submitting a CMHSBG Grant Application dedicated to this need.
  - Centre County CIS also experienced a significant decline in activity due to COVID-19 shut down and safety concerns, as did the local Emergency Department (ED) at Mount Nittany Medical Center (MNMC). Both are reporting an increase in volume and individual need.
  - Delegate service need maintained need. Both entities continue to utilize telehealth due to safety concerns and remote abilities.
  - Involuntary Commitments: Oasis LifeCare secured an independent psychiatrist to support and process Involuntary Outpatient Commitments (IOCs) beyond their initial period. This was accomplished after many years of trying, with the support of OMHSAS and CCBH and with County MH funding. This has gone quite well and has been developed during the past FY. CCMH plans to submit another waiver for this service to continue in FY 21-22. An amendment to the Mental Health Procedures Act that allows for Physician Extenders, specifically Certified Psychiatric Physician Assistants (PA) in Centre County's case, to provide oversight to involuntary commitments (testimony, treatment and monitoring) is preferred within OMHSAS. CenClear has also been supportive of IOC needs during FY 20-21 with the support of their psychiatrists. Both Oasis and CenClear are highly regarded for this support as it is greatly needed and would not be able to be met without their efforts. On behalf of Oasis and CenClear, CCMH is pleased to report that majority of IOCs processed during FY 20-21 were supported and furthered by all involved-parties.
  - Additional agencies such as Centre for Volunteers in Medicine as well for Centre County as they too have been able to offer and sustain IOC support on behalf of the populations we share: no income, low income, in process of obtaining Medicaid Benefits, for a few examples.
  - CCMH is in a position of having to offer/utilize county block grant funds in order to secure and fund the un-MA-billable time that is lost when psychiatric time is needed to support involuntary commitment processes and modifications.

- Overtime, through experiences with IOCs and changes in the OP environment, CCMH has encountered the challenges that exist in matching and balancing programmatic need with fiscal need and county reporting responsibilities.
- Crisis Diversion Services plans include the need for expedited OP linkage for individuals before (preventative), during and following a crisis event. CCMH is on the process of formally submitting a grant application to OMHSAS for CMHSBG funding consideration.
- 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 to meet their basic needs.
- Transportation designed specifically around access to crisis diversion services has been requested through reinvestment funds per HC as well. It was recommended that this request be made independently of the Crisis Diversion request to highlight the service need under Social Determinants of Health (SDOH).
- Look to 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. CCMH and both CRR Providers have been meeting throughout the 20-21 FY to discuss restructuring options due to the needs changing of the individuals being served. Transitions to more supportive levels of care that are able to support individuals long-term have been explored for the many in this category that utilize CRR because of lack of well-suited options. An increase in young adult transitions has shown to produce a higher resident turnover rate than in the past and cases where CRR Services are not able to meet an individuals' need, but suitable higher level of care options are not able to be secured.
- The above team have explored Master Leasing, Supported Living, Dom Care, Personal Care and independent living possibilities where intensive behavioral support services are supplied. Two main barriers exist in development – funding and staffing. This team has; therefore, discussed options in re-allocating and making changes in licensing for the CRR Programs to enable some change without an increase in overall cost. This is challenging for all, of course.
- 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.
- CCMH recognizes the continued resistance within the behavioral and physical health care communities that exists especially when people present with challenging or aggressive behaviors. When individuals are identified as such, many levels of service: inpatient, outpatient, mental health, drug and alcohol and medical for a few examples deny individuals access. It is imperative that people are given access to the treatment that they need even if that means that systems have to bend some to accommodate. These situations lead CCMH to continually have to think and build outside of traditional boxes and develop unique, creative plans, especially in partnership with the community at-large in Centre County.

**Transition-age Youth (ages 18-26)** - Counties are encouraged to include services and supports assisting this population with independent living/housing, employment, and post-secondary education/training.

▪ **Strengths:**

- A noticeable increase in the number of CRR referrals for transition-age youth occurred this past FY. There were 11 referrals and 4 admissions for this population.
- Centre County offers a youth homeless shelter and Independent Living Program through Centre County Youth Service Bureau (YSB).
- Centre County began Children's Collaborative and Team Meetings have been beneficial for individuals in transition.
- 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 designed around the Transition-age Youth (TAY) population through local provider work. Skills focuses on this population thru every MH service they provide, an area of strength.
- Certified Peer Specialist services specific to transition-age youth are being implemented by local providers in Centre County, CenClear and Skills, who provides peer support through psychiatric rehabilitation services efforts. CCMH is entering into contract with PeerStar, LLC. effective July 1, 2021. This is a result of PeerStar's efforts to advance per support services in unique, expansive manners and their partnership in InSight, by Oasis, Centre County's First Episode Psychosis Program.
- Several CCMH staff are members of the Suicide Prevention Task Force and local CSP.
- The MH Forensic Program Specialist participates in transition-age youth meetings with the county forensic, court, legal, behavioral health and children and youth partners.
- CCMH's MH Program Specialist is involved in various community meetings/committees which focus on specific needs including forensic, housing, employment and community involvement. This is a good way for CCMH 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.
- Individuals that are eligible for MATP are also eligible for a program unique to Centre County that supports monthly bus pass expenses that person can independently attend their medical appointments via use of the bus pass three times or more per month. It is a nice benefit that Centre County promotes.

**Children (under age 18)** - Counties are encouraged to include services like Student Assistance Program (SAP), respite services, and Child and Adolescent Service System Program (CASSP) coordinator services and supports, as well as the development of community alternatives and diversion efforts to residential treatment facility placements.



▪ **Strengths:**

- During the pandemic the number of referrals and team meetings we have had during this fiscal year increased. There has also been an increase in the representation we have had from the 5 School Districts located in Centre County, as well as specialty schools like Soring Heights and Merakey. A total of 13 referrals were received with 12 initial and 11 follow-up meetings being held. The one referral that was not scheduled was due to the family's decision to take an alternative path.
- The collaboration with Centre County Youth Service Bureau (YSB) is going well and continues to develop as the needs of the community evolve. The facilitation of team meetings via a virtual platform was created and fine-tuned during the pandemic. CCMH and YSB look to further a hybrid model of in-person and virtual to allow for deeper participation as has been experienced during the pandemic. Virtual meetings have been successful with more overall participation from schools, community providers, families and other supports.
- Children's Collaborative meetings resumed in 2021 after a break during the pandemic. In April of 2021, overviews of the Central Intermediate Unit (CIU) 10 and Student Assistance Program (SAP) were provided through the collaborative forum and were well-received. Additionally, a discussion of barriers to services, linkage over the summer and on-going supports was held. Centre County's new First Episode Psychosis Program, InSight, by Oasis LifeCare, Early Childhood Learning, Jana Marie Foundation and additional discussion re: linkage with ambulatory services are planned for the summer. These meetings have been successful to link school systems and the mental health community. Each meeting builds on the previous and creates agenda items for future meetings.
- The Student Assistant Program (SAP) had an unusually low number of screenings due to the pandemic, ending the school year with 130 completed screenings. There was an increase in the number of screenings completed for elementary schools. SAP at the elementary level continues to grow, with districts requesting new team trainings.
- The transition from Behavioral Health Rehabilitative Services (BHRS) to Intensive Behavioral Health Services (IBHS) created some barriers in the children's behavioral system due to licensing requirements and significant recruitment and retention issues being reported by all BHRS and/or IBHS Providers. There continues to be extensive waiting lists for this level of care. Youth and families have struggled accessing medically necessary services. This has created additional waiting lists for alternative levels of care such as Family Based Mental Health Services.
- Out of home placements at Residential Treatment Facilities (RTF) totaled 11 individuals.
- Two youth utilized respite services this FY, one receiving respite services for the first time.
- Youth Mental Health First Aid and Question, Persuade and Refer (QPR) classes are being offered readily within the community.
- SFI provides support to weekly parent support groups for the community.

▪ **Needs:**

- CCMH needs the voices of children, adolescents and families for developing services, on-going discussions regarding the service delivery system and advocating for familial needs.
- CCMH greatly benefits from more input and communication from local school districts. Conversations are robust and influence and guide service provisions and enhancements.

Please identify the strengths and needs of the county/joiner service system (including any health disparities) specific to each of the following special or underserved populations. If the county does not currently serve a particular population, please indicate and note any plans for developing services for that population.

## **Individuals transitioning from state hospitals**

- **Strengths:**
- Centre County continues to dedicate a significant amount of time and effort to state hospital diversions, admissions, discharges and oversight thru liaison activities and administrative oversight.
- CCMH is fortunate to have the support of providers in making a priority of transitioning individuals utilizing state hospital services back to their home community. Primary support comes from CRR, Psychiatric Rehabilitation, Representative Payee, Targeted Case Management, outpatient, behavioral consultation, peer support and crisis intervention providers. Individuals making this transition go through an extensive Community Support Plan (CSP) process that includes evaluation and planning from the individual directly, their loved ones, clinical teams from the state hospital, the home county and any other party that the individual deems 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 is currently providing support to a total of eight individuals in Danville State Hospital.
- CCMH supports a DSH Liaison and administrative oversight 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 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 connects community partners with 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:**
- Not being able to access new dollars through Community Hospital Integration Project Program (CHIPP) opportunities remains a barrier to needed community mental health services infrastructure building.
- 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 and 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.
- Flexibility with bed availability at DSH that reflect individual and county need over administration responsibilities.
- CCMH needs the support of OMHSAS to modify and support what is needed based upon the communities' need and feedback. CCMH needs the flexibility and insight to supply creative approaches to the needs that exist within the community.
- CCMH experiences barriers especially with individuals being identified as "high-risk", beyond the needs transitioning to the state hospital.

### **Individuals with co-occurring mental health/substance use disorder**

- **Strengths:**
  - CCMH contracts with a local provider, Crossroads Counseling, 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. Crossroads is certified as a Trauma-Informed Care Center through managed care on the D&A side of services.
  - There is a strong mental health and drug and alcohol partnership in Centre County. Both maintain a strong presence in Student Assistance Program (SAP), Children's Collaborative 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.
  - Continue to develop co-occurring initiatives in conjunction with partners from Centre County D&A as available through block grant opportunities, retained revenue, reinvestment and HealthChoices.

**Criminal justice-involved individuals** - Counties are encouraged to collaboratively work within the structure of County Criminal Justice Advisory Boards to implement enhanced services for individuals involved with the criminal justice system including diversionary services that prevent further involvement with the criminal justice system as well as reentry services to support successful community reintegration.

▪ **Strengths:**

- CCMH provided 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) 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 block grant funds, Crossroads Counseling.
- CCMH contracts with a provider who renders individual outpatient and consultation services to individuals who are incarcerated and staff at the CCCF, PSU Psychological Clinic.
- These services are provided solely with county/block grant funds.
- CCMH tries to engage individuals in treatment that are coming into contact with law enforcement in an attempt to divert from incarceration. These efforts have always been in place, but have increased significantly with the growth of Crisis Intervention Team (CIT) in Centre County.
- The MH Program Specialist participates in the Re-Entry Coalition, BARJ (Balance and Restorative Justice), Children’s Roundtable, Transition-Age Youth, CIT Steering Commitment Meeting, Project Point of Light Team Meetings, Stepping Up Initiative and a Mental Health Review Meeting at CCCF.
- Centre County District Attorney created a Behavioral Health Diversion Program that CCMH along with crisis providers, Mount Nittany, and Strawberry Fields collectively work together to refer and support individuals in this newly developed program.
- Centre County is dedicated to the Stepping Up Initiative with all of its county and community partners – Criminal Justice Planning, Commissioners, CCCF, Court Personnel, etc.

▪ **Needs:**

- Individuals that are incarcerated consistently request assistance in finding housing and support for their return to the community. Individuals are often eliminated from the Housing Authority support due to their criminal justice involvement. CCMH frequently supports individual’s transitions from CCCF with Community Residential Rehabilitation (CRR) and Supported Living services. CCMH needs to find funding avenues to secure additional housing options for this population.
- Master Leasing and/or Bridge Housing grant opportunities need to continue to be explored by Centre County’s Housing Specialist. Communication continues with the Specialist for this need.

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**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 Affairs (VA’s) Mental Health Summits.

- Altoona VA, CCMH and several other suicide prevention-focused participants are developing a Lethal Means Safety group in Centre County, renamed Creating A Safe Environment (C.A.S.E.), by the VA
- 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.

### **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI)**

- **Strengths:**
- LGBTQI expertise is growing in the area especially within the residential, outpatient and inpatient settings. These services and school districts through the Children's Collaborative meetings communicate their development, enhancements and skill-building as needed to know how to better support individuals who identify themselves in this category.
- Local network providers discuss their setting and service enhancements along these lines routinely.
- Several local therapists are available through private insurance and HealthChoices to provide local access to specialized therapeutic services to local school districts.
- **Needs:**
- Develop avenues to engage individuals with the LGBTQI community that exist at Penn State University, local school districts and local inpatient units.
- Develop peer support training opportunities for this population through the process.
- 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 develop competencies.
- Enhanced Training activities

## **Racial/Ethnic/Linguistic Minorities (RELM) including individuals with Limited English Proficiency (LEP)**

### ▪ **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.
- Centre County has 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.
- CCMH is increasing its awareness with the expertise that local school districts have had to develop to support all of their students through Children's Collaborative Meetings that are being held in Centre County.
- This awareness is also being brought to the early education providers through these meetings which further enhances abilities by the time a youth starts Kindergarten.

### ▪ **Needs:**

- CCMH will continue to seek resources to offer individuals further supports and services unique to their race, ethnicity or language.
- Mental Health Taskforce Recommendations included the further development of training, including implicit biases, for mental health providers and will be seeking additional supports for this.
- 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 for individuals who need interpreter services. This is an area of increasing need in Centre County given the transient population – student, university, homeless, young adult, etc.
- Develop health education materials that are language-appropriate with our partners at PSU, Mount Nittany Health and local school districts.
- Explore technological options that the county could look to develop with block grant funds.

## **c) Strengths and Needs by Service Type:**

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

Yes    No

**Are there any additional Diversity, Equity, and Inclusion (DEI) efforts that the county has completed to address health inequities?**

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 Alliance of Rural PA (BHARP), Centre County formed a Zero Suicide Steering Committee in 2016. 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.*
- *This committee partners with the Suicide Prevention Task Force, the American Foundation for Suicide Prevention and Mount Nittany Health.*
- *The Zero Suicide Steering Committee has developed a Zero Suicide Toolkit specific to Centre County for providers to review and/or utilize as they explore interest in utilizing this model within their organization. A draft of this toolkit was reviewed by physical health care professionals for final approval.*

### **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.*
- *The Jana Marie Foundation leads the way with SP efforts in this community, 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.*
- *The task force has a Facebook Page that allows for sharing of resources and events. Everyone is encouraged to like and share the page to help reach a larger audience and to increase viewership of the page.*
- *Mental Health First Aid (MHFA) for both adults and youth and Question, Persuade and Refer (QPR) trainings are being offered throughout the community.*
- *SPTF has rack cards, business cards, and brochures that talk about the task force and ways to get involved.*
- *QPR Training is being planned for local bars/bartenders/VFWs/Legions to help them identify signs of people they encounter that may be struggling.*
- *Created a "Red Folder" to help community members recognize when someone is struggling with their mental health, what to do and how to link with resources that can help, supporting warm hand-offs.*
- *SPTF meets monthly, at minimum, and provides several annual events including Suicide Prevention Day/Month (September 8, 2020, at Courthouse), JAM Fest and a variety of fundraisers.*

### **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.*

### **Creating A Safe Environment (C.A.S.E.)**

- *A VA initiative that is forming newly in Centre County that unites several key groups to focus on firearm safety:*
  - [Suicide Prevention is Everyone's Business: A Toolkit for Safe Firearm Storage in Your Community \(afsp.org\)](https://afsp.org)
  - [Firearm Safety in Times of Community Stress v.9.3.20 \(va.gov\)](https://va.gov)

**Employment First**

The *PA Act 36 of 2018 The Employment First Act* requires county agencies provide services and supports to individuals with a disability to support competitive integrated employment for individuals with a disability who are eligible to work under Federal or State law. For further information on the Employment First Act 36 of 2018, see the [Employment-First-Act-three-year-plan.pdf](#).

1. Please provide the name and contact information for your county employment point of contact.  
 Name: Michelle Henry Email address: [mmhenry@centrecountypa.gov](mailto:mmhenry@centrecountypa.gov)  
 Jenn Chessie [jachessie@centrecountypa.gov](mailto:jachessie@centrecountypa.gov)
2. Please indicate if your county follows the [SAMHSA Supported Employment Evidence Based Practice \(EBP\) Toolkit](#):  
 Yes  No

<b>County MH Office Supported Employment Data</b>		
Please complete all columns below with data from FY 19-20. If data is not available for a category, please list as N/A. If data is available, but no individuals were served in a category, please list as zero. Data likely available from Supported Employment vendors/providers. Additional information that the county/vendor has on the population served can be included in the notes section (for example 50% of the Asian population served speaks English as a Second Language or number served for ages 14-21 includes juvenile justice population).		
<b>Data Requested</b>	<b>County Response</b>	<b>Notes</b>
Total Number Served	7	
# served ages 14 up to 21	0	
# served ages 21 up to 65	7	
# of male individuals served	4	
# of females individuals served	3	
# of non-binary individuals served	N/A	
Non-Hispanic White	7	
Hispanic and Latino (of any race)	0	
Black or African American	0	
Asian	0	
Native Americans and Alaska Natives	0	
Native Hawaiians and Pacific Islanders	N/A	
Two or more races	N/	
# of individuals served who have more than one disability	2	Dual-Dx
# working part-time (30 hrs. or less per wk.)	7	
# working full-time (over 30 hrs. per wk.)	0	



Lowest earned wage	\$9.75	
Highest earned wage	\$14.17	
# receiving employer offered benefits; (i.e. insurance, retirement, paid leave)	0	

**Supportive Housing:**

DHS’ five- year housing strategy, [Supporting Pennsylvanians Through Housing](#) is a comprehensive plan to connect Pennsylvanians to affordable, integrated and supportive housing. This comprehensive strategy aligns well with the Office of Mental Health and Substance Abuse Services (OMHSAS) planning efforts, and OMHSAS is an integral partner in its implementation.

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

**SUPPORTIVE HOUSING ACTIVITY** *includes Community Hospital Integration Projects Program (CHIPP), Reinvestment, County base-funded projects and others that were planned, whether funded or not. Identify program activities approved in FY20-21 that are in the implementation process. Please use one row for each funding source and add rows as necessary. (However, do not report collected data (columns 3, 4 & 5) for the current year, FY20-21, until the submission of next year’s planning documents.)*

<b>1. Capital Projects for Behavioral Health</b>				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
<b>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).</b>									
Project Name	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20 (only County MH/ID dedicated funds)	Projected \$ Amount for FY21-22 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22	Number of Targeted BH Units	Term of Targeted BH Units (e.g., 30 years)		Year Project first started
811 Project	HUD, DHS, PHFA	\$0	\$0	8	12	12	lifetime		2017
Totals		\$0	\$0	8	12	12			
Notes:									

<b>2. Bridge Rental Subsidy Program for Behavioral Health</b>				<input type="checkbox"/> Check if available in the county and complete the section.					
<b>Short-term tenant-based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.</b>									
	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22	Number of Bridge Subsidies in FY	Average Monthly Subsidy Amount in FY19-20	Number of Individuals Transitioned to another Subsidy in FY19-20	Year Project first started

Totals									
Notes:									

<b>3. Master Leasing (ML) Program for Behavioral Health</b>				<input type="checkbox"/> Check if available in the county and complete the section.					
<b>Leasing units from private owners and then subleasing and subsidizing these units to consumers.</b>									
	Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY19-20	Average Subsidy Amount in FY19-20	Year Project first started
Totals									
Notes:									

<b>4. Housing Clearinghouse for Behavioral Health</b>				<input type="checkbox"/> Check if available in the county and complete the section.					
<b>An agency that coordinates and manages permanent supportive housing opportunities.</b>									
	Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22			Number of Staff FTEs in FY19-20	Year Project first started

Totals								
Notes:								

<b>5. Housing Support Services (HSS) for Behavioral Health</b>					<input checked="" type="checkbox"/> Check if available in the county and complete the section.				
<b>HSS are used to assist consumers in transitions to supportive housing or services needed to assist individuals in sustaining their housing after move-in.</b>									
	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22			Number of Staff FTEs in FY19-20	Year Project first started
Representative Payee	County MH/HSBG	\$15,000	\$18,000	24	25			2	2009
DeClutter	County MH/HSBG	\$40,000	\$28,000	17 families; 2 children	25			2	2009
Totals		\$55,000	\$46,000	41	50			4	
Notes:									

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

	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22		Average Contingency Amount per person	Year Project first started
BHARP	Reinvestment	\$11,580.88	\$3,371.08	9	3		\$965.07	2011
Totals		\$11,580.88	\$3,371.08	9	3		\$965.07	
Notes:								

7. Other: Identify the Program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.				
<p><b>Project Based Operating Assistance (PBOA)</b> is a partnership program with the Pennsylvania Housing Finance Agency in which the county provides operating or rental assistance to specific units then leased to eligible persons; <b>Fairweather Lodge (FWL)</b> 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; <b>CRR Conversion</b> (as described in the CRR Conversion Protocol), <b>other</b>.</p>								
Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22			Year Project first started
Totals								
Notes:								

**d) Recovery-Oriented Systems Transformation:** (Limit of 5 pages)

1. Provide a brief summary of the progress made on the priorities listed in the FY20-21 plan.
  - a. Priority 1: *Crisis Residential Services* – the fuller Crisis Diversion Services infrastructure plan has been submitted for CMHSBG and Reinvestment consideration
  - b. Priority 2: *Suicide Prevention Coordinator* – on-going discussions as to how best develop and sustain this position, but no path has been secured to-date
  - c. Priority 3: *Integrated Care* – the workgroup met routinely and completed the work desired for community dissemination/awareness; this work will flow to MHCC for follow-through – new priority to develop a Transitional Employment Placement and Supported Employment position dedicated to the MH Community Committee.
  - d. Priority 4
  - e. Priority 5
  
2. Based on the strengths and needs reported in section (b), please identify the top three to five priorities for recovery-oriented system transformation efforts the county plans to address in FY21-22 at current funding levels. For **each** transformation priority, please provide:
  - A brief narrative description of the priority including action steps for the current fiscal year.
  - A timeline to accomplish the transformation priority including approximate dates for progress steps and priority completion in the upcoming fiscal year. Timelines which list only a fiscal or calendar year for completion are not acceptable and will be returned for revision.
  - Information on the fiscal and other resources needed to implement the priority. How much the county plans to utilize from state allocations, county funds, grants, HealthChoices, reinvestment funds, other funding and any non-financial resources.
  - A plan mechanism for tracking implementation of the priorities.

**1. Crisis Diversion Services:**

X Continuing from prior year  New Priority

- CCMH has looked at, 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.
- The service description entails multiple facets and approaches to this service being delivered to include assessment and housing services and supports. It reflects opportunities that exist for diversion from the emergency department, inpatient units and incarceration. Law Enforcement, CIT, Mobile Crisis Intervention Services and the community will have another access point which will alleviate some of the pressure that is being felt in the local hospital and county correctional facility.

- 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:

- If awarded, proposed for FY 21-22 implementation

Fiscal and Other Resources:

- Several 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.
- 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 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

## 2. Suicide Prevention Coordinator:

X Continuing from prior year  New Priority

Narrative including action steps:

- As deaths by suicide have risen, 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
- Enhanced partnership with Jana Marie Foundation

**3. Transitional and Supported Employment for the MH Community Committee**

Continuing from prior year  New Priority

**Narrative including action steps:**

The Mental Health Community in Centre County is robust and active. Many initiatives have occurred to centralize educational, training, advocacy, promotional activities that occur throughout the community. Mount Nittany Health's (MNH) Community Health Needs Assessment that began in 2013 and is conducted every three years has consistently held MH in the top priority group targets of this community. This started to align the MH Community in new ways. MNH, PSU, community foundations, school districts, insurance companies, physical health care providers, service providers, advocates, Centre County MH and an array of community member's united in the formation of "MHCC" = Mental Health Community Committee. This gave the community its first opportunity to build a cohesive website that contains a monthly calendar of. Opportunity Centre Clubhouse's (OCC) Work Units took on the challenge of being the primary source for website and calendar maintenance and further build. The skill and attention that it takes to accomplish the full potential and desired outcome of the MH Community has yet to be realized. One example, a Zero Suicide (evidence-based) Steering Committee was formed through BHARP initiatives several years ago. This committee developed the Zero Suicide Model specific to Centre County Needs. However, getting this awareness into the community has been challenging. Overall, the consistent message that is received through community channels is that there needs to be one centralized location to collate and disseminate this information and most importantly, one that is fully developed and maintained.

Opportunity Centre Clubhouse (OCC) operates under Skills and already realizes the challenges faced in centralizing efforts due to their long-term involvement with MHCC. OCC is willing to dedicate a Transitional Employment Placement (TEP) to further MHCC collaboration and an equivalent Supported Employment (SE) position through employment services. Skills has the ability to continually develop members' skills through both the technological and



community work arenas. Member development is the focus for OCC each day. Skills' Corporation can secure IT training, support and oversight for the web-based component. Peer Support Services engage YAYA members through lived experience in the delivery of pre-employment activities and workforce promotion currently. Skills' has delivered an array of employment services to individuals with disAbilities since their inception. Skills operates as a Behavioral Health Home Plus Provider in Centre as well. Through the multitude of MHCC connections, BHHP offerings will be incorporated into the spectrum. A TEP will interact with the MH Community on a routine basis to support website content. SE will work in partnership with TEP to produce the IT work - website and calendar needs. OCC will oversee the TEP. Skills' Employment Services will oversee the SE. The entire MHCC Membership will oversee all work matters and have equal access to both supports. The vision of MHCC is to provide the community a centralized location where Centre County residents can go to find information regarding options for people seeking mental health support. MHCC Coordination will be provided through Supported Employment which will a permanent work opportunity which further enhances the long-term goal.

Some of the collaborative job duties include keeping the calendar updated, reaching out to providers, building provider profiles on the website, marketing, developing a website library of helpful information, attending monthly MHCC meetings, working with the website developer and troubleshooting problems. As the vision of the MHCC committee expands the two positions will grow and play instrumental roles in carrying out action steps as active members on the committee.

#### Proposed Job Duties:

Supported Employment Position: "Project Coordinator"

Approx. 10 hours/week (to start)

Job Duties:

- Attend MHCC meetings
- Attend CSP meetings
- Make phone calls to community service providers daily to educate them on the MHCC website, events, gather info, etc.
- Gather event information from providers
- Gather mental health resources
- Communicate with website developer as needed- troubleshooting issues, renewals, etc.
- Communicate/provide all resources to Project Worker to include on MHCC website

Transitional Employment Position: "Project Worker"

Approx. 10 hours/week

Job Duties:

- Attend MHCC and CSP meetings as needed for technology support
- Check MHCC email daily for event calendar submissions
- Input events info into calendar
- Update MHCC website with current resources/contact info/calendar etc.
- Build provider profiles on MHCC website
- Website expansion

#### Timeline:

Skills is developing the concept of this program presently. They are starting to look at members for these positions. Full implementation is anticipated in FY 21-22.

#### Fiscal and Other Resources:

Centre County Block Grant funding will continue to be utilized in support of non-billable psychiatric rehabilitation and peer support activities, Transitional Employment Placements and

employment services, including transportation to site-based employment. Community Care supplemental services' funding will be applied to all associated billable psychiatric rehabilitation and peer support activities. Skills has strong community partnerships within the Centre County Community that will continue to be utilized such as on-going work with South Hills' Business School in which workforce recruitment and retention efforts can be applied. As has been the case for years, Skills' supports efforts to move Psychiatric Rehabilitation Services from supplemental to In-Plan which would alleviate some county-based funds to be applied elsewhere. Access to transportation would greatly enhance for all members and individuals' use and free up provider funds and time spent towards the array of transportation support that Skills' endures at this time. BHHP-associated activities are open for discussion with Skills to explore funding support options. Skills reports positive experiences with Value Based Purchasing agreements in Lycoming County. This project also could be helpful in creating billable employment opportunities which are evident as a focal point of OMHSAS'. This potential "pilot" would be beneficial under this focus and easily applied throughout the Commonwealth if successful in realizing its potential. Transitional Employment Placements are an ideal focal point under psychiatric rehabilitation billable activities. MNH dedicates funding to MHCC-related activities as well. Skills and Centre County will continue to explore peer-run service and potentially peer-run business grant funding opportunities as this project develops. At minimum, sustainment will be achieved through routine psychiatric rehabilitation and peer support billing available through Community Care and Promise, Centre County Mental Health Block Grant funding and community funding supports that are requested and/or offered through this collaborative.

Tracking Mechanism:

- Website development and maintenance
- MHCC participation
- Communication and networking enhancement
- Community dissemination
- Utilization of website and calendar per the number of "hits"  
Social Media linkage growth and response

**e) Existing County Mental Health Services**

Please indicate all currently available services and the funding source(s) utilized.

Services By Category	Currently Offered	Funding Source (Check all that apply)
Outpatient Mental Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Inpatient Hospitalization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Partial Hospitalization - Adult	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Partial Hospitalization - Child/Youth	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment <ul style="list-style-type: none"> <li>• Private Pay primarily</li> </ul>
Family-Based Mental Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Assertive Community Treatment (ACT) or Community Treatment Team (CTT)	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children's Evidence-Based Practices	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Telephone Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Walk-in Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Residential Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment <ul style="list-style-type: none"> <li>• In planning stages – CMHSBG &amp; Reinvestment Requests</li> </ul>
Crisis In-Home Support Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Emergency Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment CMHSBG & Reinvestment Requests
Targeted Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrative Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Transitional and Community Integration Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Employment/Employment-Related Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment <ul style="list-style-type: none"> <li>• Reinvestment Request</li> </ul>
Community Residential Rehabilitation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children's Psychosocial Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Adult Developmental Training	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Facility-Based Vocational Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Social Rehabilitation Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrator's Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Housing Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Family Support Services – FEP presently	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Peer Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Consumer-Driven Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Mental Health Treatment	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Behavioral Health Rehabilitation Services for Children and Adolescents	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Inpatient Drug & Alcohol (Detoxification and Rehabilitation)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Outpatient Drug & Alcohol Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Methadone Maintenance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Clozapine Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment

Additional Services (Specify – add rows as needed)	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
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Note: HC= HealthChoices

**f) Evidence-Based Practices (EBP) 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	11	Permanent housing sustainment or chosen transition	Provider Agency and County	Annually and per each transition	No	No	
Supported Employment	No	Not evidence based service						Include # Employed <b>9</b>
Integrated Treatment for Co-occurring Disorders (Mental Health/SUD)	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 in traditional OP only	45	Increased Community Tenure	Provider Agency	Every 3 to 9 months; individualizing	No	Yes	County Block Grant and HC Funded
Therapeutic Foster Care	No							
Multisystemic Therapy	No							
Functional Family Therapy	No							
Family Psycho-Education	Yes	3				Yes	Yes	Through FEP - InSight

**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	170	CCBH and County/Block Grant Funded
Compeer	No		
Fairweather Lodge	Yes	4	
MA Funded Certified Peer Specialist (CPS)- Total**	Yes	35	
CPS Services for Transition Age Youth (TAY)	Yes	2	
CPS Services for Older Adults (OAs)	Yes	3	
Other Funded CPS- Total**	Yes	20	County/Block Grant Funded
CPS Services for TAY	Yes	2	
CPS Services for OAs	Yes	3	
Dialectical Behavioral Therapy	Yes	0	PSU Lost certified staff this past FY
Mobile Medication	No	0	Provider terminated contract 2/21
Wellness Recovery Action Plan (WRAP)	No	0	This is not included in both training sites
High Fidelity Wrap Around	No		
Shared Decision Making	No		
Psychiatric Rehabilitation Services (including clubhouse)	Yes	107	Site Based and Mobile Psy Rehab
Self-Directed Care	No		
Supported Education	Yes	5	Psych Rehan and Supported Employmt
Treatment of Depression in OAs	Yes	12	OP
Consumer-Operated Services	No		
Parent Child Interaction Therapy	No		
Sanctuary	No		
Trauma-Focused Cognitive Behavioral Therapy	Yes	8	Reduction due to provider losing staff
Eye Movement Desensitization and Reprocessing (EMDR)	Yes	6	
First Episode Psychosis Coordinated Specialty Care	Yes	4	Centre County FEP Team
Other (Specify)			

\*Please include both county and HealthChoices funded services.

\*\*Include CPS services provided to all age groups in total, including those in the age break outs for TAY and OAs.

**h) Certified Peer Specialist Employment Survey:**

“Certified Peer Specialist” (CPS) is defined as:

An individual with lived mental health recovery experience who has been trained by a Pennsylvania Certification Board (PCB) approved training entity and is certified by the PCB.

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

- case management
- inpatient settings
- psychiatric rehabilitation centers
- intensive outpatient programs
- drop-in centers
- HealthChoices peer support programs
- consumer-run organizations
- residential settings
- ACT or Forensic ACT teams

<b>Total Number of CPSs Employed</b>	<b>20</b>
<b>Number Full Time (30 hours or more)</b>	<b>2</b>
<b>Number Part Time (Under 30 hours)</b>	<b>18</b>

**\*Please note:**

- Data is based upon three distinct providers
- While 9 of the one provider’s CPSs are certified, 3 are currently working under the 6 month grace period for completing certification and are scheduled to sit for the exam in July of 2021. All 12 are included in the above data. This provider is currently serving 28 individuals, 2 are young adults.
- One provider employs 7 part-time CPSs and all are certified except for one who is new and has their application submitted currently. This provider is currently serving 26 individuals thus far this FY, four of the individuals served were transition-aged (“YAYA”).
- Both of the above providers are team members of the First Episode Psychosis (FEP) Program in Centre County, InSight by Oasis LifeCare, LLC
- One provider has one full-time CPS working within their psychiatric rehabilitation program who meets the new definition due to certification. They continue to employ three CPSs that are not certified, one full-time and two part-time. These three were excluded from the data above.

**i) Involuntary Mental Health Treatment**

1. During CY2020, did the County/Joinder offer Assisted Outpatient Treatment (AOT) Services under PA Act 106 of 2018?
  - No, chose to opt-out for all of CY2020
  - Yes, AOT services were provided from \_\_\_\_\_ to \_\_\_\_\_ after a request was made to rescind the opt-out statement

- Yes, AOT services were available for all of CY2020
2. If the County/Joinder chose to provide AOT, list all outpatient services that were provided in the County/Joinder for all or a portion of CY2020 (check all that apply):
- Community psychiatric supportive treatment
  - ACT
  - Medications
  - Individual or group therapy
  - Peer support services
  - Financial services
  - Housing or supervised living arrangements
  - Alcohol or substance abuse treatment when the treatment is for a co-occurring condition for a person with a primary diagnosis of mental illness
  - Other, please specify: \_\_\_\_\_
3. If the County/Joinder chose to opt-out of providing AOT services for all or a portion of CY2020:
- How many written petitions for AOT services were received during the opt-out period?  
 \_\_\_\_\_  
 0/None
  - How many individuals did the county identify who would have met the criteria for AOT under Section 301(c) of the Mental Health Procedures Act (MHPA) (50 P.S. § 7301(c))?  
 \_\_\_\_\_  
 9

Please complete the following chart with the number served and administrative costs of AOT and IOT. Please complete all cells in the chart. If services are available in your county, but no one has been served in the year, enter 0. If services are not available in your county, enter N/A.

	AOT	IOT
Number of individuals subject to involuntary treatment in CY2020	0	99 total; 14 duplicated
Inpatient hospitalizations following an involuntary outpatient treatment for CY2020		16
Number of AOT modification hearings in CY2020	0	
Number of 180-day extended orders in CY2020	0	12 total; 5 duplicated
Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY2020	0	\$215,687.78

**j) CCRI Data reporting**

The Department requires the County/Joinder to submit a separate record, or "pseudo claim," each time a Member has an encounter with a Provider. An encounter is a service provided to a Member. This would include, but not be limited to, a professional contact between a Member and a Provider



and will result in more than one encounter if more than one service is rendered. For services provided by County/Joinder contractors and Subcontractors, it is the responsibility of the County/Joinder to take appropriate action to provide the Department with accurate and complete encounter data. The Department's point of contact for encounter data will be the County/Joinder and not other Subcontractors or Providers. It is the responsibility of the County/Joinder to take appropriate action to provide the Department with accurate and complete data for payments made by County/Joinder to its contractors and Providers. The Department will validate the accuracy of data on the encounter.

File/Report Name	Description	Date Format Transfer/Mode	Due Date	Reporting Document
837P Reporting	Reports each time consumer has an encounter with county/provider. Format/data based on HIPAA compliant 837P format	ASCII files via FTP	Due within 90 calendar days of the county/joinder accepting payment responsibility; or within 180 calendar days of the encounter	HIPAA implementation guide and addenda, PROMISE™ Companion guides.

Have all available claims paid by the county/joinder during CY 2020 been reported to the state as a pseudo claim?  Yes  No

**INTELLECTUAL DISABILITY SERVICES**

*\*Please note that under Person-Directed Supports (PDS), individuals served means the individual used Vendor Fiscal/Employer Agent (VF/EA) or Agency with Choice (AWC) for at least one service during the fiscal year. The percentage of total individuals served represents all funding streams. The percentage might not add to 100 percent if individuals are receiving services in more than one category.*

Centre County MH/ID/EI-D&A currently uses HSBG monies to fund the following services including:

- In-Home and Community Supports
- Transportation (both public and mile)
- Community Participation Services (Chapters 2380 and 2390)
- Behavioral Support Services
- Employment Services
- Community Habilitation
- Residential Services (licensed)
- Licensed Day Habilitation for Older Adults
- Respite
- Homemaker
- 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

**Individuals Served**

	<i>Estimated Number of Individuals served in FY 20-21</i>	<i>Percent of total Number of Individuals Served</i>	<i>Projected Number of Individuals to be Served in FY 21-22</i>	<i>Percent of total Number of Individuals Served</i>
Supported Employment	10	2.7%	15	3.4%
Pre-Vocational	1	<1%	2	<1%
Community participation	0	<1%	3	<1%
Base-Funded Supports Coordination	30	6%	35	7%
Residential (6400)/unlicensed	1	<1%	1	<1%

Lifesharing (6500)/unlicensed	0	0%	0	0%
In-Home and Community Support	5	1.8%	7	2.7%
PDS/AWC	0	0%	0	0%
PDS/VF	0	0%	0	0%
Family Driven Family Support Services/Base NOS	16	7%	20	7%
Transportation	1	<1%	4	1%

- HSBG funding is available for representative payee services for 5 individuals and ASL interpreters for 2 individuals not included in the numbers above.

**Supported Employment:**

There are approximately 10 providers qualified and willing to provide employment services in Centre County. These providers offer an array of employment services including Supported Employment (all phases), Advanced Supported Employment (all phases), Community Participation Supports, and Small Group Employment. One provider is currently completing the training requirements to become qualified to provide Benefits Counseling. Two providers currently maintain county contracts to provide employment services using HSBG monies.

In collaboration with Penn State University, Centre County AE and SCO supported 4 young adults in their first year of the newly developed WorkLink program at University Park in FY 2019-2020. Worklink is a two-year certificate program for individuals with intellectual disabilities or autism who seek a post-secondary education experience and training for employment. WorkLink is supported by a grant from the D.R.E.A.M. partnership and is in the Penn State College of Education. Three of the four participants successfully completed their first year and have continued to participate in the program during FY 2020-2021. This program enrolled of a second cohort of 4 individuals in Fall 2020. However, due to the ongoing COVID-19 Pandemic, all WorkLink classes were online during FY 2020-2021. The initial cohort of individuals will finish the second year of the WorkLink program in FY 2021-2022. The second cohort of three students, plus the new cohort of 5 students starting in August 2021 (including the first 3 students registered with other Administrative Entities) will complete first year coursework. The AE and SCO, along with WorkLink staff continue to meet with parents and participants throughout the year to monitor implementation and progress in addition to obtaining feedback for improvement.

In FY 2019/2020 Centre County MH/ID/EI -D&A had planned to develop a summer employment program for transition age students in collaboration with the SCO, school districts, local Careerlink and local providers. However, due to the ongoing COVID-19 Pandemic, this did not occur in FY 2019-2020 or FY 2020-2021. Centre County AE will plan to develop a summer employment program in 2021/2022.

Centre County MH/ID/EI-D&A continues to participate in the local Employment Coalition which dovetails with the local transition council. The Employment Coalition is chaired by an Administrative Entity Program Specialist and the Director of Employment Services of a local provider agency. The membership of the Employment Coalition consists of representatives from Administrative Entity, school districts (including the IU), Careerlink, OVR, other Centre County offices, local service providers, Supports Coordination Organization, and family members.

The Employment Coalition, in conjunction with Central Intermediate Unit 10, has hosted two online training sessions. The first session, in January 2021, was an overview of the Penn State University WorkLink program. The second session, an overview of ODP Employment Services occurred in March 2021. Participants in this training session included the Employment point person from Central Region Office of Developmental Programs, the Transition Consultant from Central Intermediate Unit 10, and several local employment service providers. This training session was recorded and can be viewed on the Central Intermediate Unit 10 website.

The Employment Coalition plans to host additional online training sessions. Future topics include: an introduction to the Office of Vocational Rehabilitation and its services, an overview of Social Security Benefits, a session on job accommodations and Assistive Technology in the workplace, and a parent panel to discuss employment goals and outcomes. Future online training sessions will also be recorded and housed on the Central Intermediate Unit 10 website.

In FY 2019-2020, representatives from the AE and SCO participated in several transition/agency nights for students and families held by the local school districts. In addition to service providers and AE/SCO staff, representatives from OVR, MATP, secondary education programs, Careerlink, and other community/civic programs also participate. The ongoing COVID-19 Pandemic caused the transition/agency night events in Spring 2020 and all of FY 2020-2021 to be cancelled.

County AE and SCO staff participate in employment related activities and trainings including the Annual Transition Conference, Experience Employment Connection sessions, SELN events and quarterly calls with ODP Central Region Office. These ongoing activities will provide networking opportunities as Centre County continues to explore, develop, and expand employment. Centre County AE also participates in the local Transition Coordinating Council and the Right to Education Task Force meetings in conjunction with Central Intermediate Unit 10 as well.

Centre County AE has included a goal related to increasing the number of individuals achieving Competitive Integrated Employment in its Quality Management Plan. The ID Program Specialist reviews Employment data compiled Office of Developmental Programs as part of the Quality Management Plan quarterly reports. This information is also used to review trends in Centre County and assists with the planning for employment activities in the upcoming fiscal year and longer term. The long-range plan is to continue to track employment data and share information with providers, Supports Coordination, MH/ID Advisory Board, local transition council, and other interested stakeholders.

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. Centre County AE, SCO, and Early Intervention participate in Communities of Practice/Charting the LifeCourse webinars and other activities for the 4 identified areas of focus: employment, front door initiative, family engagement and employment as they occur. In 2020/2021 Centre County AE had planned to collaborate with ODP

Central Region Office to offer LifeCourse training for local Community Participation Services (CPS) providers in Fall 2020. Unfortunately, due to the COVID-19 pandemic this training did not occur, however, there are tentative plans to schedule for Fall of 2021. Components of Charting the LifeCourse have been incorporated in both the ID and EI intake processes to assist with initial service planning.

SCO staff meet bi-weekly throughout the year, with meetings occurring virtually throughout the COVID-19 pandemic. Part of each meeting is a review of waiver capacity, status of ODP initiatives, residential openings, and service needs. In addition, supports coordinators can 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, information related to waiver opportunities, residential openings and new service providers are communicated to the SCO for review. New providers are invited to attend the bi-weekly meeting to discuss Centre County service needs and agency capacity. Agenda items are solicited from the AE for these meetings and AE personnel are available to attend these meetings as needed and/or requested.

Throughout the pandemic, Centre County conducted bi-weekly virtual meetings with local providers to assess needs (supplies, staffing, positive cases) and maintain communication related to the various updates. Virtual bi-weekly meetings will continue throughout 2021/2022. In addition to regularly scheduled provider meetings, Centre County AE meets quarterly with local providers of licensed day services (both Community Habilitation and Pre-Vocational) to review and discuss Community Participation Services (CPS) to increase the community experience participants, with focus on virtual activities due to the pandemic. Providers are encouraged to share information, resources and successes related to service provision. These meetings will continue in 2021/2022 at the request of the providers with a focus on employment.

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. It is the hope, that as in-person events continue to increase in frequency, annual transition/agency nights will be scheduled and local organizations, groups and agencies that are not part of the ID service system will participate and highlight community groups and events that are integrated.

Centre County AE reviews the various funding sources and service options at the time of intake to ensure that individuals and families are introduced to self-determination/participant directed services (PDS) options. In August 2020, Centre County AE hired an additional Program Specialist. This addition allowed the intake and eligibility determination process to be reviewed and updated. 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. The use of Supports Broker service is encouraged when an individual/family is interested in participant directed services. In the upcoming fiscal year, Centre County AE will be developing information packets and tip sheets for individuals interested in the Vendor Fiscal/Employer Agent service model.

### **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 (one licensed and two unlicensed). The provider of unlicensed Lifesharing makes their services available for respite as needed and appropriate. It was because of a respite need that resulted in one of the unlicensed placements. There are no local providers qualified to provide Supported Living at this time. The AE continues to discuss the development of supported living residential service with various providers and has explored the use of technology with the SCO and providers because of the pandemic.

The barrier in developing Lifesharing continues to be the difficulty in finding families/individuals willing to do the service. Many residents of Centre County can use their additional space to rent to students (Penn State University main campus is in Centre County) or rent space for specialty events (football weekends, graduation, Arts Fest). The existing Lifesharing providers and the SCO promote the option for family members to be paid as lifesharing providers. PUNS data and information from the SCO will be used to identify individuals and families in need of either Lifesharing or Supported Living.

A representative from the AE continues to participate in Lifesharing activities at the local and regional level.

### **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 as requested. 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 agency gives an overview of Intellectual Disabilities for local law enforcement entities during training for the local Crisis Intervention Teams (CIT). The CIT director has linked with ASERT to provide ASD information to CIT classes. Centre County AE and SCO had the opportunity to participate in a 3-part Racial Equity sponsored by the Centre County Council of Human Services in March 2021.

AE staff collaborate 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, along with the SCO and administration from MH unit meet regularly with the local Aging Office to follow up on individuals/families involved with both agencies as well as discussing high profile cases and protective services concerns. The AE and SCO work with other stakeholders (MCO, Education system, RTF staff, Probation, CYS, ODP, county housing office, Adult Services, etc.) when transitioning young adults from facility settings to the community.

The AE and SCO is also a part of the Children's Advisory Board (formerly CASSP). In the FY 2020/2021, despite meeting virtually, the Children's Advisory Board has continued to support the Children's Collaboration whose mission is to identify and increase services for children in Centre County. These meetings bring together county agencies (MH/ID, Early Intervention, and CYS), MH and EI providers, and school representatives (pre, public and private). Throughout the COVID-19 pandemic, the group continued to meet quarterly and offer opportunities for information sharing and training to increase knowledge of resources and improve the array of services for children in Centre County. Topics in FY 2020/2021 included presentations on Student Assistance Programs, First Episode Psychosis (FEP), and an overview of Central Intermediate Unit #10.

The SCO, with the support of the AE, present complex cases to members of the Children's Advisory Board, using the CASSP principles, to garner the input from various service systems to better serve both the individual and family. Centre County AE and SCO collaborate internally with Centre County Mental Health administration and case management to address the needs of individuals dually diagnosed including team meeting participation, sharing resources, and coordinating referrals. 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. Centre County AE and SCO conducted bi-weekly video calls with local providers throughout the COVID-19 pandemic to provide support, discuss resources and review ODP communications. 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 processes. 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 processes 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 with school personnel and has enabled the AE to better address the needs of transition age youth. The SCO and AE staff participate in IEP meetings as invited to plan transition activities and address changes in needs for individuals still in the school system. The Centre County AE and SCO collaborate in planning each year to address the needs of identified graduates via waiver capacity management.

Early Intervention Services (Infant/Toddler, birth through 3 years old) service coordination is part of the county offices. EI Service Coordination have participated in trainings related to Communities of Practice/Charting the LifeCourse. Early Intervention Service Coordination and EI providers are familiar with Charting the LifeCourse information which is used at transition meetings to assist families with planning. The EI Coordinator is a member of the Children's Advisory Board.

### **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 in the ID/A waiver programs.

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. In addition to the PUNS report, information, and input from the SC, including service notes, are reviewed to assist the AE and Agency administration with planning for waiver enrollment.

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. Both AE and SCO staff have

participated in the training opportunities made available by ODP in preparation for the implementation of the new Incident Management Bulletin.

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. Each fiscal year Centre AE earmarks HSBG funds to specifically address unanticipated 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 requires 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 or mental health 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 ensure health and safety, identify and coordinate resources, human services supports and funding to assist with the individual situation.

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, a contracted entity provides delegate services and works closely with the local Crisis Intervention Team (CIT) and hospital emergency department.

#### **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 individuals and families. The ID Program Specialist 1 has completed LifeCourse training via MyODP as well as a virtual training conducted by ODP Central Region staff. The intake process has been updated to incorporate the LifeCourse "star" to summarize information to be given to the SCO to assist with service planning and ISP development. The Quality Plan includes an outcome to increase CoP activities related to self-advocacy.

Centre County AE has chosen to continue to maintain oversight of the Centre County Human Rights Team (HRT), working with local providers to review and approve restrictive procedure plans in accordance with the applicable licensing chapters and the AE Operating Agreement. The Centre County HRT continued to meet virtually each month throughout the COVID-19 pandemic to review



plans. The Centre County Human Rights Committee (HRC) was formed in FY 2019/2020 with members from local providers. The current membership has 2 subcommittees. The data subcommittee reviews Incident Management data for trends and the quality subcommittee reviews the current restrictive plans for quality components.

The HCQU nurse is a member of the local Human Rights Team and conducts 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 continues to formally track referrals to identify ongoing training needs/trends for individuals, families, and providers. This information will be used to identify training gaps to be addressed in AE, SCO and provider Quality Plans as warranted. In 2021/2020, the HCQU will be incorporated in the Provider Risk Assessment process providing technical assistance as requested by the AE. In addition, the AE plans to utilize the HCQU to provide a deeper dive training for providers and SCs related to the review and use of Health Risk Screening reports.

Centre County AE reviews IM4Q considerations regularly in HCSIS. Reports are reviewed as necessary at the bi-weekly SCO 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. The IM4Q project is invited to the HSBG public hearings. Centre County AE participates in the Regional quarterly IM4Q meetings. The IM4Q Project Director provided training and overview to the new ID Program Specialist on the IM4Q project.

All local providers are invited to attend the biweekly provider meetings to network, discuss service needs/gaps, share resources, and discuss strategies to address staffing needs. 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, Children's Collaborative, 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 qualified and 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. The SCO monitors corrective actions related to risk and moves identified concerns to Centre County AE in accordance with their policy. Risk management is looked both at the individual level, related to specific issues, and at the provider level via the Provider Risk Assessment process. In FY 2020/2021, the AE and SCO completed Provider Risk Assessment process for 5 residential providers assigned to Centre County and provided feedback to Blair AE for a 6<sup>th</sup> residential provider not assigned to Centre AE. The Centre County AE participates in the regularly scheduled ODP Regional Risk Management meetings.

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, training needs and policy updates.

The county housing coordinator (through Centre County Adult Services) 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.

**Participant Directed Services (PDS):**

In the current fiscal year Centre County AE has a total of 51 individuals using Participant Directed Services (31 VF/EA and 20 AWC) – all waiver funded. These 2 service models continue to be popular due to the flexibility afforded individual and their teams. The AE provides training to the SCO as needed on both 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. There are 9 individuals that has taken advantage of the Supports Broker service to assist with the management and oversight of PDS.

Centre AE will be reviewing the various resources related to PDS services and will be developing tip sheets and guidelines for SCs, families and individuals. A current barrier to VF/AE PDS model is the real time access to utilization information from Palco. The reports shared by the regional PDS leads is helpful, but the PPL portal was useful for real time monitoring. The QA&I results from AWC providers allows both ODP and AEs to address gaps/needs in training for the AWC and managing employers. Centre County has located and is using Supports Broker services as needed to support CLEs. Centre County AE participates in quarterly PDS calls with ODP Central Region Office. ODP Central Region PDS leads are knowledgeable and helpful when questions or concerns arise.

**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. There are currently 5 individuals residing in nursing facilities, 3 individuals residing in private ICF facilities and 4 individuals in personal care homes. HSBG monies continue to be used to provide supports for individuals in personal care homes, as needed and appropriate, to keep them engaged in their community.

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 (RTF/APS) 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. Centre County AE is currently in the process of transitioning a young man from Devereux back to Centre County. Internally, the SCO and MH case management collaborate to identify primary case management responsibilities for individuals who are dually diagnosed.

## **HOMELESS ASSISTANCE PROGRAM SERVICES**

Centre County is fortunate to have a continuum of housing services available for individuals and families who are experiencing homelessness or near-homelessness. Services that are offered and funded through the Homeless Assistance Program include Bridge (transitional) housing, housing case management, rental & mortgage assistance, and the Housing Program Specialist position (categorized under Innovative Housing Solutions). Additional housing programs in Centre County that are not funded through the Human Services Block Grant include: ERAP, Section 811 Housing, PHARE Rental Assistance, rapid re-housing, and permanent supportive housing.

Centre County's Office of Adult Services is also actively involved with the Eastern PA Continuum of Care (CoC), South Central Regional Housing Advisory Board (RHAB), and the Coordinated Entry System (CES). Centre County is also working with local municipalities and community agencies to collect data, identify current/projected needs, and apply for grants to best support those who may be seeking assistance as a result of the COVID-19 pandemic. Housing services for homeless, including shelters, RAP, bridge housing and casemanagement all recognized needs and continued to provide services.

The impact of housing funding throughout the past sixteen months is most evident within the Office of Adult Services. The focus on the needs of our residents became evident in the fall of 2020 with the acceptance of CARES funding for rental assistance. Centre County provided over \$750,000 in rental assistance funding. At the time, Centre County along with the local housing providers were dealing with looking into 2021 with unknown funding streams but continued needs. With the passing of the Emergency Rental Assistance Program (ERAP) it quickly became apparent that a greater need will arise. Since the opening of ERAP in March 2021, Centre County has received over 1,123 applications for rental and utility assistance via tenants and/or landlords

Centre County Adult Services along with Housing Transitions, Inc. also applied for Emergency Solutions Grant (CV-2) in late spring 2020 to provide additional support for the homeless population. Centre County was awarded a second year of this funding in May 2021.

All of the various funding streams, reporting requirements, data collection, and overall demands on staff has caused Adult Services, along with providers to restructure to be responsive. Adult Services has restructured the department to align with the overwhelming need to support the community. Providers are prioritizing needs, extending outreach to the homeless and near homeless population, and further coordinating their efforts with partners.

### **Bridge Housing Services:**

Bridge Housing is a short-term, transitional 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 permanent housing. Centre County currently operates 5-8 units amongst two providers: Centre Safe and Housing Transitions. Providers secure and maintain leases on the majority of units; however the tenant-based rental model is available for clients who may be in a better position to secure permanent housing upon entrance into the program. For most clients, the provider-based model is an appropriate option as they require additional supports towards obtaining permanent housing on their own.

The Office of Adult Services meets with program staff on a monthly basis and supervisory/program staff on a bi-monthly basis to discuss client needs, vacancies, applications, service gaps, community collaborations, and upcoming funding opportunities. In addition, an annual self-audit is conducted to review client files, invoices, and provider policy and procedure. 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 further understand the needs of its most vulnerable residents and 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 Safe or the family shelter, Centre House, at Housing Transitions. For many clients enrolled in Bridge Housing, they have been able to exit the program 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 a rental subsidy. Based on current provider data, it is projected that 24 individuals will be served by the Bridge Housing Program. Bridge housing continued throughout the pandemic and we were able to link individuals and families to permanent housing.

In addition to the rental subsidy and supports offered by Bridge Housing, providers report that their clients have other areas of high need that include: food insecurity, budget counseling, behavioral health counseling, and education. These unmet needs, and many more, often contribute to an individual or family's inability to obtain and secure permanent housing. Case managers then work with their clients to address these needs or obstacles that often fuel housing insecurity. For example, case managers can refer their clients, who are experiencing food insecurity, to their local food pantry and other food assistance programs, such as WIC, if appropriate. For budget counseling, clients can be connected to a local financial care program that is funded through the Human Services Block Grant. Case managers can also encourage their clients to contact the Centre County MH/ID/EI – D&A department to explore and understand the various behavioral health services and programs that could be available to them. Lastly, clients could learn more about CareerLink and/or the Office of Vocational Rehabilitation for educational and/or employment training opportunities.

There are no proposed changes to the Bridge Housing program for FY 2021-2022.

### **Case Management:**

Effective FY 2021-2022, Case Management will no longer be funded through HAP. Case management services are being integrated into the provider's continuum of housing services to include the new Walk-In Center proposed under Innovative Housing Services.

## **Rental Assistance:**

The Rental & Mortgage Assistance Program (RAP) provides rent or mortgage assistance to eligible homeless or near-homeless Centre County residents. This program is administered by the Office of Adult Services. RAP recipients are either self-referred or referred by human service agencies countywide. Once screened for eligibility, clients are invited to complete an intake. Office of Adult Services' staff are 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.

The RAP program "opens" on the first business day of each month. Approximately \$9,800.00 is allocated each month for eligible households. Monthly funds are often depleted quickly. With the influx of rental assistance funding through federal and state funding, we continue to see a need for RAP funding. Estimation of need will be reviewed throughout the year as we adjust to the multiple funding streams and matching it based on individual's needs.

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 services provided through the Rental & Mortgage Assistance Program for FY 2021-2022.

## **Emergency Shelter:**

Centre County does not use funding from the Human Services Block Grant 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 Safe: 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 20+ individuals (men and women), ages 18+.

### **Innovative Supportive Housing Services:**

Centre County uses funds from the Human Services Block Grant to support the Housing Program Specialist (HPS), a position within the Office of Adult Services. The HPS coordinates efforts and educates residents, county human service departments, the Centre County Housing Authority, and community agencies to help our most vulnerable residents to secure safe, appropriate, and affordable housing. These services can range anywhere from helping to navigate the local rental housing market to explaining landlord/tenant law. The HPS also administers the following housing programs: Rental & Mortgage Assistance Program (RAP), PHARE Rental Assistance, and Section 811 Housing. The HPS also leads the Centre County Housing Options Team and is actively involved with the Eastern PA Continuum of Care, South Central Regional Housing Advisory Board, Centre County Reentry Coalition, Centre County Affordable Housing Coalition, Centre County Community Safety Net, PARC (Housing Subcommittee), MH/ID Provider meetings, and the School District Youth Homelessness meetings.

Since the HPS is a position under 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.

There are no proposed changes to the services provided by the Housing Program Specialist for FY 2021-2022.

Centre County was approved for a Walk in Center by the Eastern Continuum of Care. The Walk-In Center will work with the Coordinated Entry System for Centre County. To operate the Center, the provider Housing Transitions, Inc. is creating a Homeless Housing Service Coordinator (HHSC) and hosting the center within their facility.

To serve as the Homeless Housing Service Coordinator (HHSC) in Centre County for Housing Transitions, the position would provide coordinated entry referral services for individuals and families experiencing homelessness or who meet the definition of homelessness according to the Department of Housing and Urban Development (HUD). Staff will participate in assessing, developing and prioritizing existing and new initiatives to meet client and community needs. Staff will assist individuals and families who are experiencing homelessness, or who are defined as homeless by HUD in Centre County, to enter the CoC Coordinated Entry System's (CES) By Name List (BNL). Staff will evaluate eligibility for individuals and families who walk-in or call Housing Transitions' walk-in site to enter the BNL, and make referrals to other resources if they do not qualify as homeless. Staff will regularly meet with those experiencing homelessness on-site, in other agencies, or at other agreed upon locations, to collect information to complete a vi-Spdat assessment to evaluate a household's vulnerability and barriers related to housing. Staff will provide coordination between agencies to prevent duplication of services and ensure households on the BNL receive timely outreach. Staff will accept phone calls and complete a vi-Spdat over the phone. Staff will daily monitor the BNL, perform outreach to those on it, and make referrals to HT case managers and their programs, and/or other agencies for assistance.

While not all qualify to be on BNL, staff will refer to other appropriate resources. In Centre County, there have been about 85 households at any given time on it. We would estimate that the walk-in site person would serve around 300 households, while entering 125 of them into the Coordinated Entry System.

**Homeless Management Information Systems:**

The Office of Adult Services received two licenses via the Eastern PA Continuum of Care (CoC) in January 2019. Effective July 1st, 2019, data is entered into HMIS for all clients receiving assistance from the Rental & Mortgage Assistance Program; a program funded under the Human Services Block Grant.

**SUBSTANCE USE DISORDER SERVICES** (Limit of 10 pages for entire section)

This section should describe the entire substance use service system available to all county residents regardless of funding sources.

Please provide the following information:

**1. Waiting List Information:**

Services	# of Individuals*	Wait Time (days)**
Withdrawal Management	0	0-2 days
Medically-Managed Intensive Inpatient Services (4.0)	0	3-5 days
Opioid Treatment Services (OTS)	0	3-7 days (depending on the provider)
Clinically-Managed, High-Intensity Residential Services (3.5)	0	3-5 days
Partial Hospitalization Program (PHP) Services	0	0-2 days
Outpatient Services	0	3-5 days
Other (specify)	N/A	N/A

\*Average weekly number of individuals

\*\*Average weekly wait time

Wait time to access treatment services continues to vary at each level of treatment. For each inpatient request, staff continues to contact a variety of treatment providers (as approved by the individual) in an effort to find the earliest possible bed date. In some cases, a delay in accessing inpatient treatment is based on individual choice. Once an individual is authorized for a particular level of care and a treatment date is set, case management staff will notify the provider if the individual needs or wishes to change that date for any reason. 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 authorization from the SCA.

At the outpatient level of care, individuals may contact the provider directly to arrange for services. The SCA monitors access to services at this level of care to assure that clients have ongoing availability that is timely. When the start of treatment is delayed, this again is most often due to client choice.

**2. Overdose Survivors' Data:** Please describe the SCA plan for offering overdose survivors direct referral to treatment 24/7 in the county. Please indicate if a specific model is used and provide the following data for the State Fiscal Year 2019-2020.

# of Overdose Survivors	# Referred to Treatment	Referral method(s)	# Refused Treatment
102	102	Referral offered by medical staff	89

Based on data provided, it is assumed that all individuals were offered the option of a treatment referral. Of the 13 individuals who accepted a referral to treatment, 5 were referred to a drug and alcohol facility. 8 individuals were referred to a behavioral health/mental health facility.



Emergency Department data also shows that while heroin/narcotic drugs were the primary substances responsible for the overdoses reported here (46 cases), benzodiazepines were a very close second (36 cases).

The data also indicates that 38% of cases (39 cases total) were discharged home for self-care. An additional 16 cases were sent home with home healthcare. Many of these were older adults. In both situations, the substance involved in the overdose showed no particular trend.

Centre County SCA continues to offer 24/7 direct referrals to individuals experiencing an overdose through ongoing relationships with Mount Nittany Medical Center (MNMN) and the Center for Community Resources whose staff provide support services after regular business hours and on nights/weekends/holidays. The Center for Community Resources is a licensed mental health mobile crisis provider under contract with Centre County Mental Health/ Intellectual Disabilities/Early Intervention - Drug and Alcohol for walk in crisis assessment and mobile assessment.

### Standard Business Hours

If an individual presents at Mount Nittany Medical Center's Emergency Department (ED) during standard business hours having experienced an overdose, they are first medically cleared. The ED staff determine if they are interested in treatment services and if so, call for case management at the hospital to work with them on connecting them to services. MNMC Case management 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, MNMC case management staff will be notified so that they can arrange for 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

If an individual presents at the ED after hours or on a weekend having experienced an overdose and is requesting non-hospital detoxification services, they are first medically cleared by the ED medical staff. ED staff will determine if the individual is interested in treatment services and if so, call for case management staff at the hospital to come and assist with accessing services. MNMC case management staff will then contact Center for Community Resources (CCR) staff who will gather sufficient information to make the referral and will call all approved providers looking for bed availability. CCR staff have 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. CCR 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, CCR staff will notify MNMC case management and ED staff so that they can arrange for the needs of the individual on a medical basis (as appropriate). CCR 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 the county’s contracted providers.

LOC American Society of Addiction Medicine (ASAM) Criteria	# of Providers	# of Providers Located In-County	# of Co-Occurring/Enhanced Programs
4 WM	1	0	0
4	1	0	0
3.7 WM	TBD	0	0
3.7	TBD	0	0
3.5	26	0	10
3.1	11	0	0
2.5	3	0	2
2.1	2	2	1
1	3	3	1

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

Centre County continues to expand the availability of Medication-Assisted Therapies (MAT) to individuals who are uninsured and need financial assistance. Currently, the SCA funds both Suboxone and Vivitrol services through both of its outpatient treatment providers (Crossroads Counseling and Quest Services) and offers Vivitrol services to individuals who are referred from the Centre County Correctional Facility.

Centre County maintains contracts for methadone maintenance with State College Medical and Discovery House (Clearfield). This affords individuals with Opiate Use Disorder with multiple options and local resources for services.

The COVID-19 pandemic had a significant impact on the number of individuals who accessed this service and the network’s ability to provide this service effectively. As the provider system continues to resume in-person services as well as more services at the correctional facility, the SCA will monitor the return to in-person services at the ambulatory levels of care – particularly in offering MAT services and assure that availability is there for those in need.

Centre County continues to operate two very active treatment court programs - a DUI Court and a Drug Court program. In September 2021, the federal grant that has supported the Drug Court program since its inception will end. The Drug Court team has worked closely with the Centre County Board of Commissioners to identify alternative funding strategies to sustain this and the DUI Court

program going forward, as both have been very successful in meeting the unique needs of the individuals served by these programs.

Centre County continues to monitor increasing trends around methamphetamine and cocaine use by individuals seeking services of this office. Staff also continue to see use of various synthetic drugs that can be purchased online or at local convenience stores. The SCA will continue to support its providers in developing strategies and programming that will meet the needs of clients who present with vastly different symptomology and need treatment services that differ from that of individuals with opiate use disorder. Funding and training will be critical needs as we meet the changing demands of the individuals who may be using these substances.

Finally, Centre County has completed another year of expanded case management service, through funding from the Department of Drug and Alcohol Programs. These funds are critical to offering increased support and resources to individuals who are in the early stages of recovery, are newly discharged from inpatient levels of care, and are managing multiple treatment-related needs that can interfere with their ability to be successful in long-term recovery. Case management is an ongoing priority for the SCA, as we continue to support individuals in their efforts to start again.

- 5. Access to and Use of Narcan in County:** Please describe the entities that 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 on 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 its police departments are trained and carrying Narcan for emergency situations. In addition, the Centre County Sheriff's Department, Centre County Probation/Parole, and the Centre County Correctional Facility is trained and carries Narcan for emergency situations.

Under the most recent application that was submitted, additional persons have been identified as first responders and are eligible to receive Narcan through the grant from the CCE. As requests are made, the SCA refers interested individuals to Dr. Botti to request Narcan as appropriate. The SCA will continue its collaboration with Dr. Botti and with the local Heroin and Opiate Prevention and Education (HOPE) Initiative to increase awareness and availability of Narcan to those who need this life-saving support.

- 6. County Warm Handoff Process:** Please provide a brief overview of the current warm handoff protocols established by the county including challenges with the warm handoff process implementation.

Mount Nittany Medical Center is the only hospital facility located within Centre County. At this time, they have access to the following providers and/or services to help transition opioid overdose survivors to specialty substance use disorder treatment:

- Hospital-based case managers
- SCA case management staff
- Center for Community Resources (contracted crisis provider authorized to make after-hours/weekend detox admission arrangements)

- Crossroads Counseling, Inc., a Center of Excellence, and provider of CRS services located in Centre County.

If an overdose patient presents at Mount Nittany Medical Center's Emergency Department (ED) during standard business hours (Mon–Fri), medical staff will initially treat and stabilize. Once the individual is medically cleared for admission to withdrawal management services, the ED staff determine if they are interested in treatment services and if so, call for case management at the hospital to work with them on connecting them to services. MNMC Case management staff will contact the SCA and request assistance. An SCA case manager will gather sufficient information to begin a bed search among providers contracted to provide medically monitored inpatient withdrawal management services (3.7 WM). If the individual is sufficiently stable, a full drug and alcohol assessment will be completed to assure s/he can easily make the transition from WM 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, MNMC case management / ED staff will be notified so that they can arrange for the individual's medical needs (as necessary). If an overdose patient is discharged from the ED prior to placement in an appropriate facility, SCA staff will attempt to maintain daily contact with the person while making ongoing phone calls to determine if an opening has come available. The SCA also permits its contracted 3.7WM providers to proceed with contacting the overdose survivor directly when a bed becomes available, knowing that the authorization for admission is in place.

In the interim, the survivor would be offered access to services through the Center of Excellence at Crossroads Counseling, Inc. in State College, PA. At Crossroads, the individual would have access to a treatment team which would include a therapist, a wellness nurse, a Certified Recovery Specialist (CRS) and if appropriate, MAT services as prescribed by a contracted physician. Crossroads is dually licensed to provide mental health treatment as well. It should be noted that Crossroads Counseling has also notified ED staff that they are willing to send a CRS to the ED to meet with overdose survivors at any time. If the overdose survivor is unable or unwilling to access services through the Center of Excellence, SCA staff educate the individual about the full range of treatment and support services available in Centre County and will make referrals for any requested services. In the Fall of 2021, Quest Services and State College Medical will also transition to Center of Excellence status as well, having been approved by the Department of Human Services. This will also increase the available resources for individuals who need this level of service support following an overdose situation.

The warm-hand-off protocol for evenings, weekends and holidays is much the same. However in lieu of SCA case management staff, MNMC case managers and ED staff would contact Center for Community Resources (CCR) staff who will gather sufficient information to make the referral and will call all approved providers looking for bed availability. CCR staff has the authority to contact contracted treatment providers on the SCA's behalf to arrange for 3.7 WM admissions. They are also authorized to assure SCA funding for 3.7 WM admissions until the next business day. CCR staff will submit an after-hours detox request form and copies of all relevant paperwork to the SCA office no later than the morning of the next business day so that a case manager knows to immediately follow up 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, CCR staff will notify MNMC case management / ED staff so that they can arrange for the medical needs of the individual (as appropriate). If an overdose survivor is discharged from the ED

prior to a bed being secured, CCR staff will maintain contact with the individual until the next business day when SCA staff will take over.

**Warm Handoff Data 2019 - 2020:**

Emergency Department Visits for Drug Overdose Centre County Warm Hand Off Data				
Period of Time	Total Drug Overdose in ED (Does not include alcohol)	# Opioid Overdose	Direct Referrals To Treatment	# Completing Treatment
SFY 19-20	204	20	2	2
CY 2019	195	16	0	N/A
CY 2020	184	35	10	unknown

In May 2020, DDAP changed their format for Warm Hand Off reporting. Monthly reports now include alcohol related ED visits and breaks down other drug overdoses by category. This change may account for the increase in direct referrals to treatment in CY 2020.

One of the primary challenges Centre County continues to encounter with its warm handoff process is that many opioid overdose survivors refuse transport to the Emergency Department after a naloxone reversal. This seems to be especially true when naloxone is administered by a police officer. Anecdotal reports from local law enforcement officers indicate that very few survivors agree to be transported to the ED for further treatment – and that most leave the scene as quickly as possible.

Community conversations with opioid users indicate they hold little trust in anyone who plays a role in the criminal justice system. Many fear that despite the Good Samaritan law, interacting with police will result in charges being filed against the victim and/or witness. This fear is not completely unfounded as Pennsylvania’s Good Samaritan law does not protect the individual from felony charges. Sadly, some witnesses have expressed specific concern about being charged with “Drug Delivery Resulting in Death” should the overdosed individual fail to be resuscitated. Others fear that contact with law enforcement will result in the involvement of Children and Youth Services or jeopardize their public housing.

To maintain contact and strengthen relationships with these individuals who decline ED transport and/or treatment referral, the Centre County HOPE (Heroin & Opioid Prevention & Education) Initiative received funding to implement a pilot program with two local police departments. Under this program, the day after the overdose, the officer who administered the naloxone will partner with a Certified Recovery Specialist (CRS) and attempt to make face-to-face contact with the survivor. In theory, the CRS would be able to engage the individual in conversation as they should be seen as a non-threatening presence. This initial dialogue would create a conduit which the overdose survivor may use whenever s/he is ready to explore the option of treatment and/or support services. The pandemic has also been a significant barrier to getting this project started. Fortunately, PCCD has allowed for extensions on available grant funding. While this program was initially slated to begin in 2020, it should be up and running by Summer 2021.

Centre County is expanding its reach within its warm handoff policy to include data collection on other substances that involve other life-threatening overdose situations. While it has always been the

policy of the SCA to support treatment referrals and admissions for individuals who experience an overdose regardless of substance used, better data collection allows us to better understand the trends that are occurring and help us to plan for the needs that exist in this community.

Following is a breakdown of the reports received by from Mount Nittany Medical Center from May 2020 through December 2020:

<b>Emergency Department Visits for Alcohol and Drug Overdose Centre County Warm Hand Off Data May 2020 – Dec 2020</b>							
Month	Total # ED visits for OD	Alcohol	Opioids	Stimulants	Cannabis/ Cannabinoids	Benzo- diazepines	Other
May	56	36	2	6	0	0	12
June	72	59	1	1	2	0	9
July	83	67	3	2	0	1	10
August	98	88	2	3	0	2	3
September	118	101	4	0	0	3	10
October	123	118	3	0	0	1	1
November	78	64	4	4	1	1	4
December	86	64	7	2	0	1	12
<b>TOTAL</b>	<b>714</b>	<b>597</b>	<b>26</b>	<b>18</b>	<b>3</b>	<b>9</b>	<b>61</b>
<b>% of Total ED Visits</b>	<b>100%</b>	<b>83.61%</b>	<b>3.64%</b>	<b>2.52%</b>	<b>0.42%</b>	<b>1.26%</b>	<b>8.54%</b>
<b>% of Total ED Visits Due to OD - Excluding Alcohol</b>			<b>22%</b>	<b>15%</b>	<b>3%</b>	<b>8%</b>	<b>52%*</b>

\*According to the Warm Hand Off Staff at Mount Nittany Medical Center, the majority of the overdoses classified as “other” involve the ingestion of acetaminophen, ibuprofen, gabapentin, diphenhydramine and drugs prescribed to treat mental health conditions (i.e., antidepressants, antipsychotics, mood stabilizers).

Since the inception of the warm hand-off program, this county has focused its data collection efforts on the survivors of opioid overdose. Meanwhile, each year Mount Nittany reports a significant number of their substance-related ED admissions are due to alcohol and benzodiazepines. Centre County Drug and Alcohol plans to work cooperatively with Mount Nittany to broaden efforts in SUD screening, subsequent SCA referral, follow-up protocols, and data collection for all individuals who may benefit from SUD services.

Centre County SCA is also reporting warm handoff data on referrals to treatment for individuals who are seen in other areas of Mount Nittany Medical Center (in addition to the Emergency Department). SCA staff support these individuals through level of care assessments and direct referrals to drug and alcohol treatment. The medical severity and complexity of these cases continues to challenge the resources available, with Level 4 (Medically Managed Intensive Inpatient Services) facilities not always able to accept them and Level 3.5 (Clinically-Managed, High-Intensity Residential Services) facilities unable to meet their needs.

Centre County SCA continues to work with the Department of Drug and Alcohol Programs, the Office of Mental Health and Substance Abuse Services, and Community Care Behavioral Health as the network brings providers into alignment under the ASAM guidelines. The Department will be reviewing the requests of multiple providers who feel that they are equipped to meet the criteria as aligned as a 3.7 ASAM provider. This will give SCA's the ability to refer individuals who have significant psychiatric and physical health conditions secondary to their substance use disorder treatment needs. Once this process is complete, it will be important to determine if there are any gaps remaining in the system and if so, work with the provider network to meet any identified needs to assure that individuals can be served.

## **HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND (HSDF)**

Please use the fields and dropdowns to describe how the county intends to utilize HSDF funds on allowable expenditures for the following categories. (Please refer to the HSDF Instructions and Requirements for more detail.)

***Dropdown menu may be viewed by clicking on “Please choose an item.” Under each service category.***

Copy and paste the template for each service offered under each categorical, ensuring each service aligns with the service category when utilizing Adult, Aging, Children and Youth, or Generic Services.

### **Adult Services:**

Program Name: Homemaker Services Case Management

Description of Services: The Homemaker Services Case Management program provides support to low-income, disabled individuals age 18+. Referrals to this program are often made from county human services departments, local non-profits, and faith-based entities. Clients who are referred to this program are often assessed for the Homemaker Services Program (HSP). If enrolled in the HSP, 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 not interested or eligible in the HSP 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.

**Adult Services:** Please provide the following:

Program Name: Homemaker Services Program

Description of Services: The Homemaker Services Program (HSP) provides non-medical personal care and chore assistance services to low-income, disabled individuals age 18-59 who are not eligible for Community Health Choices. Existing clients who turn 60 may be grandfathered into the HPS if there are no other comparable services available. 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 are based on the results of their level of care assessment. This program is intended to offer relief to those who have little or no support from family and friends. Centre County has two providers contracted to offer this service. Both providers were selected through a Request for Proposal (RFP) process and contracts are scheduled to expire on June 30th, 2022. 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.

**Generic Services:** Please provide the following:

Program Name: 24-Hour Information and Referral Hotline

Description of Services: Centre County’s 24-Hour Information & Referral Hotline (aka COMMUNITY HELP LINE) is the first step to connecting residents with basic needs-related programs that provide



financial assistance and other resources for rent, housing/shelter, utilities, transportation, food, and medical bills/access to healthcare and insurance. Hotline staff and volunteers are also knowledgeable of resources available to help individuals and loved ones struggling with mental health, physical health, and substance abuse issues. In addition to information & referral services, hotline staff and volunteers are also trained mandated reporters and have the ability to provide short-term counseling and emotional support to residents who are experiencing a crisis and/or who just need someone to talk to. In order for residents to access this service, they can either call the local or 1-800 number, text, or send an instant message through the provider's website. This service is administered by Centre Helps.

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

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

**Specialized Services:** Please provide the following: (Limit 1 paragraph per service description)

Program Name: Basic Needs Case Management

Description of Services: Basic Needs Case Management offers short-term financial assistance coordination and service navigation to individuals ages 18+ and their families. 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 case manager helps package monies from county human service departments, non-profit organizations, and faith-based entities in order to help the household prevent homelessness, utility termination, and any other challenges that may impact safety and daily living. While working to resolve the immediate crisis, the case manager will help clients navigate existing programs that they may be eligible for. These services include: SNAP, LIHEAP, WIC, P-CAP, and local food pantries. The case manager will also develop reasonable short-term and long-term goals with clients that focus on obtaining and maintaining sufficient employment, securing affordable housing, and/or 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 case manager to be well-versed in health care and health insurance options. They also need to be able to help interpret and effectively communicate these options to clients so they can best manage their health and personal finances. The 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 case manager may advocate for financial assistance on behalf of their clients for needs such as hearing aids and dentures. This program is administered by Centre Volunteers in Medicine.

**Program Name: Financial Care**

**Description of Services:** The Financial Care program offers budget counseling (short-term services) and money management (long-term services) to clients ages 18+ who are struggling to manage their personal finances, pay bills, and prioritize expenses. Of our most vulnerable clients, many struggle with budgeting skills due to lack of education and experience. Often times, they are also living on a fixed income which does not allow for much financial change or flexibility. 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.

**Program Name: Adult Services Case Management**

**Description of Services:** To provide case management for residents of Centre County, ages 18+ and their families, and assist with the administration of rental assistance programs. Staff provides case management to individuals/families involved with county human service departments, local human service agencies, the court system, correctional facility, or self-referrals. Staff will assist the Housing Program Specialist with the administration of rental assistance programs by conducting phone interviews and completing intakes. Staff offer supports and referrals to individuals/families who are experiencing a life transition and need assistance navigating the human service system by assessing challenges and barriers to receiving services. Staff work to build and maintain relationships with existing service providers to help individuals/families access food, receive financial assistance, resolve homelessness or near-homelessness, and prevent utility termination. Staff advocate for individuals who are involved with the correctional facility and/or court system; have a mental illness, substance use disorder, and/or intellectual and development issues. Case management activities include: client needs assessment, service coordination and client advocacy, goal setting, service follow-up, reassessment of needs, case notes, data entry, filing, client confidentiality.

**Interagency Coordination: (Limit of 1 page)**

Interagency coordination funding is administered by the Office of Adult Services in an effort to maintain strong relationships and partnerships with both contracted providers and community agencies. By attending community meetings, the department stays informed of available programming, potential service gaps, and funding opportunities. The listing below highlights the county and community-facilitated groups that Office of Adult Services staff currently attends:

- Local Interagency Coordinating Council - Early Intervention
- 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
- Food Pantry Meetings
- Penn State Extension Board
- Centre County Housing Options Team
- MH/ID Provider Meeting
- School District Youth Homelessness Meetings
- PARC (Housing subcommittee)

Funding is spent on salaries and benefits for Office of Adult Services staff.