

Appendix B
County Human Services Plan Template

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 have active opportunities to participate in the development of the HSBG plan. Our plans are posted on our county website for public review throughout the year.
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. Centre County is highlighting the below programmatic expansions and additions for the FY 2019/2020.
- In partnership with Centre County Intellectual Disabilities, Centre County Mental Health (CCMH) opened a new Supported Living site for individuals with a dual-diagnosis in late June of 2019. CCMH has access to two of the four spots that this home has to offer and filled both sites within a month. The one gentleman was diverted from Danville State Hospital to this home following a lengthy inpatient stay and the other gentleman was released from being incarcerated at the Centre County Correctional Facility (CCCF).
 - The Children’s Advisory Board helped to re-brand CASSP as well by replacing “CASSP” with “Children’s Collaborative”. Children’s Collaborative is reflective of the direction that CCMH intends to head with the Children’s Service System by uniting the local educational systems with the Behavioral Health System. In the process of re-branding, CCMH also implemented a new partnership with Centre County Youth Service Bureau (YSB) to co-facilitate team meetings, to help 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 new partnership 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 CCMH as part of the new partnership. Via the Children’s Collaborative Advisory Board, early education and daycare providers are also included in this collaborative. The first Children’s Collaborative Meeting was held on March 1st and the second on May 3rd, 2019. Both collaborative meetings were highly successful with number of attendees and a robust discussion that help to identify what is working, what is not working, what educational systems are lacking, what gaps exist in the service-delivery system and helping CCMH to identify where gaps can be filled moving forward. Trauma, family engagement, early childhood education and learning the mental health service-delivery system are the identified areas of focus. Children’s Collaborative meetings are helping to bridge the gap between behavioral health services and supports with the 5 local school districts, charter schools and private schools serving Centre County children/adolescents and Early Childhood providers.
 - Centre County issued a Request for proposal (RFP) for Crisis Diversion Services (Crisis Assessment and Residential options) in early 2019 that produced no responses. In turn, Centre County then issued a RFP for the Crisis Assessment Service option only which produced three responses. Through an evaluation committee, a provider was identified in June of 2019. Centre County Mental Health (CCMH), is currently working with this provider to secure a contract and site for this service to be implemented in FY 19-20. The selected provider is new to Centre County and offers a wealth of experience providing this service. This is the start of a new service in Centre County that the community has wanted for years. It is an exciting partnership and service addition for Centre County, with the hope of expansion into Crisis Residential Services next (securing the initial full vision).
 - 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. Mobile Medication Management services have been successful in Centre County as evidenced by the increase in utilization and feedback received. This service continues to grow every year. CCBH and CCMH fund this service. For CCMH, costs associated with this budget more than doubles during FY 18-19. CCMH has expanded its employment services by adding an additional provider that utilizes the evidence-based Career Discovery Model to provide the service. This now gives individuals employment service options within Centre County.

- Rental Assistance Program has seen a consistent need for rental assistance in our County. Based on 2 years of data collection regarding unmet need, our total allocation for FY 2019-2020 has been increased by \$19,200. This funding increase will allow the department to serve 2-3 additional households each month.
- Homemaker Services has seen an increased need as well as an update to our provider system. Centre County has two providers contracted to offer this service: County Homemakers, Inc. and Helpmates, Inc. Both providers were selected through a recent Request for Proposal (RFP) process and contracts are scheduled to expire on June 30th, 2022. Having at least two providers allows for consumer choice. With the increased need, we have added an additional \$23,000 for the FY 2019/2020.

PART II: PUBLIC HEARING NOTICE

Centre County held two public hearings pertaining to the FY 2019-2020 HSBG. Our first hearing was on March 25 at 5:30pm. The second public hearing was held on August 1 at 9:00am. Legal ad notifications and sign-in sheets are attached to this plan. The first public hearing, all providers received a survey to complete in regards to needs and trends they are experiencing. The hearing highlighted the needs and outcomes we are seeing. The second hearing was attended by community members, individuals receiving services, and providers. We received written testimony which is attached to the plan.

PART III: CROSS-COLLABORATION OF SERVICES (Limit of 4 pages)

Employment:

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

In the upcoming fiscal year, the AE plans to develop a summer employment program for transition age students in collaboration with the SCO, school districts, local Careerlink and local providers. Centre 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 opportunities will provide networking opportunities as Centre County continues to explore, develop, and expand employment opportunities.

There are approximately 10 providers qualified and willing to provide employment services in Centre County. These providers offer an array of employment services including job finding/development, Discovery/customized employment, small group employment and 1:1 job support. Two providers currently maintain county contracts to provide employment services using HSBG monies.

Centre County continues to track expenditures related to the Employment Pilot. This funding has historically been to be used to support the individuals who are not enrolled/receiving waiver funding and who fall within the pilot guidelines. As the new and varied opportunities continue to be developed/ implemented in the upcoming year it is anticipated that the Employment Pilot funding will be used to support individuals in accessing individualized employment options as well as traditional supported employment.

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

The AE and SCO are working with Penn State to identify young adults to participate in the newly developed WorkLink program at Penn State-University Park. Worklink is a two-year certificate program for individuals with intellectual disabilities 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 located in the Penn State College of Education. This program is anticipated to enroll 4 individuals in Fall 2019.

Centre County MH/ID/EI-D&A Office rents space to OVR, so all agencies collaborate and are easily accessible. This has been the case for 10 years now. 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. Career Link's Office is close in proximity and also shared with OVR Services. Career Link offers technical skill support which is utilized by staff and individuals being served. 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.

CCMH provides funding for vocational training, supported employment, Transitional Employment Placements and competitive employment through job coaching, psychiatric rehabilitation, case management and CRR services. CCMH and Intellectual Disabilities Employment Committees continue to join efforts to promote employment opportunities and outcomes for youth, transition-age, adult and older adult individuals. CCMH has expanded its employment services by adding an additional provider that utilizes the evidence-based Career Discovery Model to provide the service. This now gives individuals employment service options within Centre County.

Housing:

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 populations 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.

The two programs to highlight for FY 2019-2020 are Section 811 Housing and PHARE Rental Assistance. Since May 2017, Centre County Government has been the Local Lead Agency for Section 811 Housing. It is administered through the Office of Adult Services and supported by 9 stakeholders. Some of these stakeholders include: SAM Inc., Housing Transitions, Universal Community Behavioral Health, and Strawberry Fields, Inc. In the last 2 years, the program has grown tremendously. Centre County currently has 8 Section 811-designated units at Low-Income Housing Tax Credit (LIHTC) properties; 6 of which are active and 2 that are pending. With a healthy wait list of 40-45 households, Centre County has not been targeted as an area requiring additional assistance towards program growth from the Self-Determination Housing Project of PA.

As the Local Lead Agency, the greatest challenge is supporting individuals in the program who have voluntarily discontinued case management services. This has presented Centre County with a number of obstacles when property managers start to experience issues with these tenants regarding renewal paperwork, rent payments, unauthorized guests, and pest infestations. Our goal

for this year is to explore alternative ways to support both the property managers and tenants so that these highly vulnerable individuals do not get evicted and experience homelessness and/or become institutionalized.

The PHARE Rental Assistance program provides rental assistance to individuals and families residing in Centre County municipalities that are impacted by the natural gas industry. On July 11th, 2019, Centre County Government was awarded its 3rd year of funding from the Pennsylvania Housing Finance Agency (PHFA). \$22,000 from PHFA will go towards the total \$65,000 program to help residents in our most rural municipalities stay in their own communities. The Office of Adult Services will continue to administer this program and expects to serve 60-65 of households residing in the County's 17 municipalities that are impacted by Marcellus Shale.

Centre County has been awarded Rapid Re Housing grant through Housing and Urban Development (HUD) funding. The program began in October 2017. We have been awarded a third year which will be October 1, 2019 through September 30, 2020. The program is available for literally homeless, homeless veterans and disabled homeless individuals, thus working with a number of county programs. The program has provided housing opportunities for homeless individuals and families throughout the County. Clients with Adult Services, MH/ID EI D&A along with community based providers have worked with Housing Transitions, Inc. to support this new program.

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 FY 18-19.

- Centre County issued a Request for proposal (RFP) for Crisis Diversion Services (Crisis Assessment and Residential options) in early 2019 that produced no responses. In turn, Centre County then issued a RFP for the Crisis Assessment Service option only which produced three responses. Through an evaluation committee, a provider was identified in June of 2019. Centre County Mental Health (CCMH), is currently working with this provider to secure a contract and site for this service to be implemented in FY 19-20. The selected provider is new to Centre County and offers a wealth of experience providing this service. This is the start of a new service in Centre County that the community has wanted for years. It is an exciting partnership and service addition for Centre County, with the hope of expansion into Crisis Residential Services next (securing the initial full vision).
- In partnership with Centre County Intellectual Disabilities, CCMH opened a new Supported Living site for individuals with a dual-diagnosis in late June of 2019. CCMH has access to two of the four spots that this home has to offer and filled both sites within a month. The one gentleman was diverted from Danville State Hospital to this home following a lengthy inpatient stay and the other gentleman was released from being incarcerated at the Centre County Correctional Facility (CCCF). Both referrals went smoothly and the gentlemen are happy and well-supported holistically.
- CCMH started to re-brand the Children and Adolescent Service System Program (CASSP) this past year by changing how meetings are run and how youth and families are supported, to decrease the focus on the provider and place it back on the child/adolescent and families and to get back to basics by reviewing OMHSAS' "Performance Expectations and Recommended Guidelines for the County CASSP" and detailing the associated checklist with the Children's Advisory Board.
- In the process of re-branding, CCMH also implemented a new partnership with Centre County Youth Service Bureau (YSB) to co-facilitate team meetings, to help 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 new partnership 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 CCMH as part of the new partnership.

- The Children’s Advisory Board helped to re-brand CASSP as well by replacing “CASSP” with “Children’s Collaborative”. Children’s Collaborative is reflective of the direction that CCMH intends to head with the Children’s Service System by uniting the local educational systems with the Behavioral Health System. Via the Children’s Collaborative Advisory Board, early education and daycare providers are also included in this collaborative.
- The first Children’s Collaborative Meeting was held on March 1st and the second on May 3rd, 2019. Both collaborative meetings were highly successful with number of attendees and a robust discussion that help to identify what is working, what is not working, what educational systems are lacking, what gaps exist in the service-delivery system and helping CCMH to identify where gaps can be filled moving forward. Trauma, family engagement, early childhood education and learning the mental health service-delivery system are the identified areas of focus.
- Children’s Collaborative meetings are helping to bridge the gap between behavioral health services and supports with the 5 local school districts, charter schools and private schools serving Centre County children/adolescents and Early Childhood providers.
- Centre County Crisis Intervention Team (CIT) held the 17th training session in June of 2019. CIT has now trained a total of 365 first responders. The next bi-annual training is scheduled for January 13-17, 2020.
- The PA State Police started participating in CIT trainings in January 2019. In 2018 a 2-hour training block on autism and a 1-hour block on Critical Incident Stress Management was added to the training curriculum. As a result of adding this block, several Penn State and Ferguson Township CIT Officers have volunteered to become trained to be part of the Centre County Critical Incident Stress Management (CISM) Team to offer peer to peer support services for law enforcement/first responders.
- Centre County CIT started a Commonwealth-wide conference to further educate CIT personnel, aide other counties starting their own CIT Program, support existing programs that are struggling and provide networking opportunities. The first Commonwealth-wide conference was held in March of 2013. For the past several years, Pennsylvania Commission on Crime and Delinquency (PCCD) has collaborated with Centre County CIT to hold the CIT State-wide Conference in Centre County every spring.
- In May of 2018, two CIT members received the two-day CIT Train-the-Trainer Training from the CIT Memphis team and in November of 2018, CIT was asked to present at the annual Citizen's Police Academy.
- In January 2019, CIT was asked to do a presentation on suicide prevention to the ROTC at Penn State University after the near loss of a cadet to suicide. There were over 200 cadets in attendance for this presentation.
- CIT regularly participates in volunteer training at Centre Helps, Jana Marie Foundation events, AFSP Out of the Darkness walks, and Skills’ Candlelight Vigil (where the CIT Officer of the Year Award is presented).
- Two Outpatient MH Providers are participating in the Trauma-Informed Care Center Initiative, in partnership with the Behavioral Health Alliance of Rural Pennsylvania (BHARP). One is officially certified and the other is pending certification.

- Centre County contracts with an Outpatient Provider that carries Mental Health and Drug and Alcohol licenses to support individuals with co-occurring needs.
- Centre County Community Support Program (CSP) continues to meet on a monthly basis. There was a change in time and location that has helped increase attendance. The committee has been focusing on community presentations that educate the members about services and supports and are reviewing by-laws.
- The local CSP was instrumental in updating the MH Resource Book again this year, the 7th Edition in 2019.
- Between the two county-funded Certified Peer Specialist providers in Centre County, 59 individuals were provided peer support services during FY 2018-2019.
- CCMH's Mental Health Forensic Program Specialist position continues to be a success not only for CCMH, but for the Centre County Correctional Facility (CCCF). This specialist provides support to individuals that are involved with the justice system, in any capacity and of any age. The Forensic Specialist spends half of every work day on site at the CCCF to bolster the mental health support needs of individuals that are incarcerated and in partnership with jail staff. The Forensic Specialist activates outpatient services provided within the jail for people that are incarcerated and want to engage in services and for people transitioning out of the jail. This specialist also provides oversight to the CIT Program.
- The Forensic Specialist completed 271 assessments at the correctional facility and 41 intakes to activate individuals in services during this fiscal year.
- 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.
- 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 Task Force created a Facebook page that highlights upcoming trainings and events within Centre County.
- Centre County's 13th Annual Out of the Darkness walk was held on April 28, 2019. This event continues to be quite successful as evidenced by the number of participants rising year by year and the funding that it generates for the local and national chapters.
- The 14th Annual Candlelight Vigil was held on May 8, 2019. This event was, again, well-attended and generates participation of many partners. It is truly inspiring for this county.
- The 1st Annual Candlelight Vigil was held for members in the northwest part (Philipsburg/Clearfield) of Centre County. The event was well attended.
- MNMC's Emergency Department (ED) employs Psychiatric Case Managers who primarily focus on the behavioral health needs of the individuals that present. Psychiatric Case Managers currently cover the ED 24/7.
- CCMH participated in the 5th Annual Super Fair of Centre County Community Resources in March of 2019.
- The Centre County Mental Health Community Committee (MHCC) continues to increase its membership and participation. This committee is strong in its partnerships.

- MHCC's website is actively being developed and promoted. Members of the Opportunity Centre Clubhouse maintain the website and MH activity calendar within which is a win-win as it develops strengths in the members who maintain it and collectively supports the mental health and general community in Centre County.
- MHCC implemented Service Highlight Series in 2018 by marketing and recording/archiving specific MH Providers and the services that they provide within the Centre County Community. These series have been of interest for the general community in increasing their awareness, knowledge and service linkage ability.
- MHCC linked with the Students for Non-Profit Organizations thru Penn State University for a second time this past year to further develop the MHCC website and calendar.
- CCMH's Targeted Case Management (TCM) Unit continually addresses quality service-provision. Efficiencies have been put into place that allows TCMs to spend more face-to-face/quality time with the individuals they support. TCM Supervisors have assisted the unit in being more efficient as well by supporting referrals on the front end and streamlining TCM assignments and initial paperwork. CCMH has experienced better engagement in TCM services, less transition occurring with case managers, been able to reduce the number of people that a person needs to see to access the service thru a direct TCM referral process and better adherence to regulations and performance standards.
- CCMH has experienced significant transition in the case management units, again, this past year. Currently, CCMH employs one Administrative Case Manager and nine Targeted Case Managers as of August 4th. We added an additional Targeted Case Manager during FY 2018/2019.
- Wellness Initiatives remain the focus for CCMH's case management units. The units continue to incorporate wellness principles into all aspects of service delivery including day-to-day goal planning, the intake and Individualized Service Plans (ISPs). CCMH is also surveying case management staff bi-annually to assess the knowledge and confidence of staff delivering wellness initiatives as a result of participation in the Patient Centered Outcomes Research Institute (PCORI). CCMH will continue to educate staff, old and new, on wellness principles and participate in on-going wellness initiatives that are offered to the county.
- CCMH is recognized as a Behavioral Health Home Plus (BHHP) provider by Community Care Behavioral Health (CCBH) due to CCMH's participation in PCORI and the Wellness Coaching Recovery Learning Collaborative. Through these initiatives, CCMH has embedded wellness principles into case management services, continues to provide wellness training to new staff and on an annual basis to all staff and links individuals that are supported with the array of wellness tools that promote a person's independence. CCMH was a self-directed care model participant which fit well into providing case management services, but eliminated a wellness nurse track. CCMH is able to access the benefits of wellness nurses through other community providers.
- CCMH continues to partner with the local crisis intervention and emergency services provider, Can Help, to educate the community about crisis intervention and delegate

services. Time is devoted to educating the community about the Mental Health Procedures Act (MHPA) and Centre County's interpretation of the Act.

- CCMH collaborates steadily with MNMC's Emergency Department (ED) and Behavioral Health Unit (BHU), Meadows Psychiatric Center and Can Help to ensure that crisis intervention and delegate services are being delivered according to the MHPA and the County MH Administrator. CCMH holds quarterly meetings, but there is a significant amount of day-to-day communication and interactions.

b) Strengths and Needs: (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.
- 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 Administrator and MH Assistant Administrator communicate routinely in support of our systems and the individuals we serve in our community.
- CCMH and the Centre County Office of Aging (OOA) align crisis and protective services when older adults are suspected to be in need of services and supports.
- CCMH maintains a liaison specific to OOA.
- The CCMH Liaison and OOA Protective Services staff provides outreach collaboratively to individuals in the community as needed when prompted by either agency or through CIT encounters when the individual requests or agrees to additional support efforts. This partnership remains strong and effective in engaging community-based individuals in services and providing additional supports.

- The MH Assistant Administrator maintains membership in the Older Adult Task Force.
- CCMH and OOA meet routinely to discuss services, provide updates, further establish working relationships and identify service and support needs that are shared.
- CCMH and OOA maintain Project SHARE (Senior Centers and Mental Health: Activities, Resources and Education) to further support the mental health needs of the older adult population by providing education and resources to each of the local senior centers.
- Project SHARE continues to educate the older adult population on overall wellness. A presentation is done six times per year in each of the six Senior Resource Centers in Centre County.
- Centre County Office of Aging and CCMH continue to hold quarterly meetings to discuss practices, ways to assist mutual individuals and to enhance on-going collaboration.
- CCMH participates in the Senior Expo held annually in Centre County.
- CCMH's Administrative Case Managers (ACMs) are each involved in various community meetings/committees which focus on specific needs including forensic, housing, employment and community involvement. This is a great way for the ACMs to stay current, not only on the needs of older adults, but also the strengths, activities, community supports and training opportunities specific to this population.
- Needs:
 - 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.
 - Use the strength of the CCOOA and CCMH partnership to continue to secure unique avenues of how to engage and promote services that are available to enhance the wellness, security and safety of the older adult population.
 - Ensure access to affordable housing for the older adult population through linkage with the Centre County Housing Authority and the Centre County Housing Program Specialist.
- **Adults (ages 18 to 59)**
 - Strengths:
 - It is anticipated that with the addition of Crisis Diversion Services in Centre County that the array of crisis intervention services will meet the additional needs of individuals and families in the community.

- CCMH's Administrative Case Managers (ACMs) are involved in various community meetings/committees which focus on specific needs including forensic, housing, employment and community involvement. This is a great way for the ACMs to stay current, not only on the needs of adults, but also the strengths, activities, community supports and training opportunities specific to this population.
- Adult Mental Health First Aid and Question, Persuade and Refer (QPR) classes are being offered readily within the community as the result of efforts by a local provider and 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 agency additionally offers Money Management services. This service also supports individuals who are involved with our Intellectual Disabilities, Drug and Alcohol, Children and Youth, Aging, Adult Services and Housing partners.
- Mobile and Site-Based Psychiatric Rehabilitation services continue to be utilized on an increased basis within the county. These services are supported with Supplemental Service funding made available through CCBH and county/block grant funds. These services are widely used by individuals involved with all of our county block grant partners.
- 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.
- Due to the main campus of The Pennsylvania State University (PSU) being located in Centre County, CCMH interacts with the student population routinely, with all services. Whenever possible, students' insurances are utilized and/or they are referred for Medical Assistance benefits to support their services. County/block grant funds are used to further support this population, especially with crisis intervention and delegate services. These services are used on an increased basis by students, their families and PSU staff.
- CCMH regained the full crisis provision costs within the county during FY 17-18 as PSU did not maintain an independent contract with county crisis service provider, Can Help/Universal Community Behavioral Health (UCBH). PSU built some structure of crisis services internally within the Commonwealth Campuses that the main campus supports; however, it does not cover the full needs of the student's crisis-related events such as mobile crisis and delegate services. These costs are; therefore, absorbed by the county and this expense impacts CCMH's budget annually.
- PSU has a newly developed crisis intervention phone services for their students and families. The Penn State Crisis Line phone number is 877-229-6400.
- Due to PSU's contract with Can Help and the county's previous reporting of overall crisis intervention numbers regardless of payer, Centre County's crisis

services client counts for block grant expenditure reporting fluctuates from year to year. Centre County is now reporting only county/block grant funded crisis services expenditures. The PSU contract capitation variable impacts these counts significantly each year.

- PSU continues to utilize Centre County's Crisis Intervention and Emergency Services for additional support to students, families and faculty, outside of their scope and ability.
- Located in Centre County are two State Correctional Institutions (SCIs). CCMH works in conjunction with both SCIs to support the mental health service needs of individuals that are incarcerated and individuals transitioning from these facilities back to their home counties. CCMH expends county/block grant funds to provide Involuntary Inpatient and Outpatient Commitment support to both SCIs.
- Emergency services client counts also fluctuate year to year due to SCI commitment hearings being included in this unduplicated count. CCMH is experiencing an extreme increase in the number of commitment hearings being scheduled for the two local SCIs. This number is expected to continue to rise due to the restructuring by the Department of Corrections and the creation of D Roster Facilities. Centre County fully covers the costs of these hearings with county/block grants funds.
- Centre County continues to provide housing support for individuals with mental illness with Housing Contingency funding provided through county/block grant funds and through health choices reinvestment.
- DeClutter services are utilized by individuals and families that need the direct housing support. They can be very useful in helping people to maintain their independent housing and housing vouchers.
- CCMH provides funding for vocational training, supported employment, Transitional Employment Placements and competitive employment through job coaching, psychiatric rehabilitation, case management and CRR services. CCMH and Intellectual Disabilities Employment Committees continue to join efforts to promote employment opportunities and outcomes for youth, transition-age, adult and older adult individuals.
- CCMH has expanded its employment services by adding an additional provider that utilizes the evidence-based Career Discovery Model to provide the service. This now gives individuals employment service options within Centre County.
- CCMH supports three Community Residential Rehabilitation (CRR) sites operated by two distinct providers. All sites provide rehabilitative skill-building services. CRR sites are utilized by the community for individuals being discharged or diverted from the state hospital and correctional facilities. Referrals from these sources are consistently the priority. Centre County Housing Authority continues to support the application of housing vouchers to the CRR programs which support individual transitions to independent living.

- CCMH has secured three independent crisis transport providers due to the increasing denials from ambulance to provide emergency crisis transports. These independent providers are supported with county/block grant funds.
- CCMH is in the process of contracting with a newly certified crisis transport service. This will be the fourth independent crisis transport provider for Centre County.
- CCMH and Mount Nittany Medical Center (MNMHC) share crisis transportation providers through separate contracts.
- Mobile Medication Management services have been successful in Centre County as evidenced by the increase in utilization and feedback received. This service continues to grow every year. CCBH and CCMH fund this service. For CCMH, costs associated with this budget more than doubles during FY 18-19.
- In addition to CCBH, CCMH supports Consumer Satisfaction Surveys for case management services on an annual basis. CCMH consistently receives positive feedback from these surveys.
- CCMH has experienced significant transition in the case management units, again, this past year. Currently, CCMH employs one Administrative Case Manager and nine Targeted Case Managers as of August 4th. We added an additional Targeted Case Manager during FY 2018/2019 to support referral needs.
- CCMH's sole Resource Coordinator (RC) was promoted to a Program Specialist position this past year. CCMH filled the RC position as a BCM position, so is now fully staffed with BCM services.
- CCMH created two new Program Specialist and one new Case Worker 3 positions this past year in support of the efforts of staff and to continue to focus on Forensic, Quality and Community Outreach activities and high risk individuals.
- Needs:
 - Amendment to the Mental Health Procedures Act that allows for Physician Extenders, specifically Physician Assistants in Centre County's case, to provide oversight to involuntary outpatient commitments (testimony, treatment and monitoring)
 - Centre County will continue to explore options to expand psychiatric service delivery in the community. CCMH and CCBH will continue to collaborate in the expansion process to support county/block grant funded, CCBH-eligible and third party insured individuals.
 - CCMH continues to seek transportation linkage options for individuals that do not have access to public transportation.
 - Expand community mobility options in the rural community.
 - Centre County will continue to develop an array of residential service options for individual choice and unique level of care needs.
 - Block grant partners are furthering housing support opportunities in support of all ages of individuals who use county services.

- Centre County will continue to collaborate with the Department of Corrections to ensure continuity of services with their home counties for individuals being released from Centre County's local SCIs.
 - Additional funding to support the cost of the hearings (increasing) associated with the two local SCIs.
 - CCMH will research delegate procedures within Pennsylvania and the country to determine best practices. CCMH will work with the current provider, local leadership, and others to explore options for our delegate procedures.
 - CCMH will continue to address emergency crisis transport service needs within the community.
 - CCMH has researched existing programs within the Commonwealth and plans to create a Crisis Residential Service option in Centre County. There has been a need for this service to reduce hospitalizations, reduce incarcerations for individuals with mental illness and provide a diversion option for the crisis intervention provider, local first responders and the local emergency department.
 - Secure contracts with Outpatient Providers that accept Medicare and the Medicare rate for payment of services. This is needed for individuals that are only insured under Medicare to save additional out-of-pocket expenses and individuals that are dual-eligible (Medicare and Medical Assistance (MA)), so that MA funding can provide full supplement for the payment of the service.
 - CCMH currently has sixteen adult individuals incarcerated in the Centre County Correctional Facility.
 - Re-develop contract negotiations with PSU to offset costs of crisis services within the county.
 - CCMH has been experiencing consistent staff turnover the past two years in Blended Case Management. CCMH will identify opportunities to enhance staff retention.
- **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:
 - Centre County offers a youth homeless shelter and Independent Living Program.
 - Centre County began Children's Collaborative Meetings on a quarterly basis to unite the early childhood, educational and behavioral health communities. These meeting are designed to impact the systems by increasing awareness, identifying gaps, recognizing the strengths and enhancing communication for youth and their families.

- 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.
 - Certified Peer Specialist services specific to transition-age youth are being implemented by a local provider in Centre County.
 - Several CCMH staff are members of the Suicide Prevention Task Force and local CSP.
 - Opportunity Centre Clubhouse holds evening hours devoted to transition-age youth activities.
 - Opportunity Centre Clubhouse is building activities around the needs specific to individuals diagnosed with Autism Spectrum Disorders.
 - The MH Forensic Program Specialist participates in transition-age youth meetings with the county forensic, court, legal, behavioral health and children and youth partners.
 - Certified Peer Specialist (CPS) service providers are engaging transition-age individuals in peer support activities.
 - Centre County has two CPS Providers that supply peer support services to individuals over the age of 14.
 - CCMH's Administrative Case Managers (ACMs) are involved in various community meetings/committees which focus on specific needs including forensic, housing, employment and community involvement. This is a great way for the ACMs to stay current, not only on the needs of transition-age youth, but also the strengths, activities, community supports and training opportunities specific to this population.
 - Centre County CSP has seen a small increase of on-going attendance from this population which provides a voice in advocating for needed services.
- 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
 - CCMH currently has six transition-age individuals incarcerated in the Centre County Correctional Facility.

Children (under age 18)- Counties are encouraged to include services like Student Assistance Program (SAP), respite, 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:
 - SAP completed 113 screenings during the 2018-2019 school year.
 - CCMH had 9 individuals utilize respite. Of those 9, 5 individuals were new to respite services.
 - Centre County had 11 individuals placed out of their homes at Residential Treatment Facilities. Of those, 1 was a transfer to Centre County from a different county, 1 was discharged back home and 1 was discharged to a Therapeutic Foster Home with an overall goal of returning home.
 - Youth 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 and foundation.

- Needs:
 - CCMH will benefit from more input and communication from local school districts.
 - 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.

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 has the lowest number of individuals being at Danville State Hospital two years or more in comparison to the entire catchment area.
 - CCMH is fortunate to have the support of providers in making a priority of transitioning individuals utilizing state hospital services back to their home community. Primary support comes from CRR, Psychiatric Rehabilitation, Representative Payee, Targeted Case Management, outpatient, behavioral consultation, peer support, medication support and crisis intervention providers. Individuals making this transition go through an extensive Community Support

Plan (CSP) process that includes evaluation and planning from the individual directly, their loved ones, clinical teams from the state hospital, the home county and any other party that the individual deems as a natural support. The individual CSP Plan is a document that is amended as needed throughout the hospitalization and then followed in support of a person's discharge from the state hospital. It focuses on the whole person and follows Community Support Program Principles. CCMH supports a DSH Liaison that puts forth effort to monitor state hospital admissions and discharges, provide, at minimum, monthly support to individuals utilizing DSH services and divert individuals from the state hospital. The liaison monitors people that have been discharged from the state hospital to the community to ensure that the needs identified within their unique CSP are being provided and supported. CCMH is currently providing support to a total of seven individuals in Danville State Hospital.

- CCMH maintains consistent communication with all of the partners associated with state hospital activities to provide better coordination of care for the individuals that we support collaboratively.
 - The liaison brings community partners to DSH to facilitate communication, discharge planning and CSP process support.
 - CCMH carries a bed cap of seven at DSH. This low bed cap was not a concern previously as the counties in that catchment area hold a strong relationship and mutually agreed to share beds. This meant that individual counties were not held to their bed caps when requesting admission(s). Due to this low bed cap and the risk of it being reduced further, CCMH is not in a position to apply for additional CHIPP funding if/when made available to the DSH catchment area in the future.
- Needs:
- Individuals transitioning from the state hospital identify most with the need for housing support. CCMH continues to identify ways to develop a wide array of housing options so that individuals transitioning from the state hospital can be supported with housing that meets their unique need and choosing.
 - It would be highly beneficial to individuals, transitioning out of state hospitals or correctional facilities, if County Assistance Offices and the Social Security Administration would create an early application process. This would allow the appropriate supports to be in place the day of discharge/release. The delay in individuals being deemed eligible for Medical Assistance and Social Security benefits can be lengthy and jeopardize individual's access to medications, services, supports and income. CCMH does provide funding to support individuals experiencing difficulty in obtaining benefits upon their return to the community.
 - An increase in beds at DSH that reflect needs in each county's community.

- **Individuals with co-occurring mental health/substance use disorder**
 - **Strengths:**
 - CCMH contracts with a local provider that provides outpatient psychiatric and therapy services to individuals that are diagnosed with a co-occurring disorder. This provider carries a mental health and drug and alcohol license.
 - There is a strong mental health and drug and alcohol partnership in Centre County. Both maintain a strong presence in Student Assistance Program (SAP), 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.
- **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 to include 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 contract with a local provider to provide mental health treatment and education groups in the CCCF with block grant funds.
 - CCMH contracts with a provider who renders individual outpatient and consultation services to individuals who are incarcerated and staff at the CCCF. This service is provided solely with county/block grant funds.

- Currently, there are sixteen individuals who are active with CCMH and are incarcerated.
- CCMH tries to engage individuals in treatment that are coming into contact with law enforcement to try and avoid 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 is dedicated to the Stepping Up Initiative with all of its county and community partners – Criminal Justice Planning, Commissioners, CCCF, Court Personnel, etc. MH has engaged a family member to participate in the steering committee activities associated with this initiative.
- Needs:
 - Individuals that are incarcerated consistently request assistance in finding housing and support for their transition out of the correctional facilities. Individuals are eliminated from the Housing Authority support due to their criminal justice involvement. CCMH frequently support 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.
- **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.
 - The development of the VA's Multi Service Centers, mobile services (peer and case management) and Outpatient Clinics provide local access and services to veterans, which provides a great deal of mobility assistance in rural communities.
 - CCMH offers their full service array to the veteran population.
 - CIT training offers first responders insight into supporting veterans in crisis and provides service linkage options for veterans that they encounter in their day-to-day interactions.

- CCMH partners with the County VA Director as needed in support of veterans that want to access VA and MH benefits and services.
- CCMH and the County VA educate one another on resources and service eligibility.
- Needs:
 - CCMH benefits from receiving up-to-date information and education on the resources and services that the Veteran's Affairs/Administration (VA) has to offer. The VA has been implementing additional services that CCMH can offer as resources to local veterans. CCMH will continue to partner with VA staff to secure this information and build the partnership that exists.
 - Share knowledge, insight and resources surrounding suicide prevention initiatives.
 - Continue to partner in the development of trainings in the community that our mutual populations desire.
- **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) Consumers**
 - Strengths:
 - An outpatient provider added the complement of an LGBTQI Therapist who not only provides therapy to individuals, but also provides education and insight through community-based training in regards to how best support and interact with individuals who identify themselves under this population.
 - This therapist also provides in-school services and local access to therapeutic services to local school districts.
 - CCMH takes advantage of trainings that are offered by or for this population within the community.
 - Needs:
 - Develop avenues to engage individuals with the LGBTQI community that exists at Penn State University.
 - CCMH is seeing an increase of individuals identifying themselves within this population and; therefore, will continue to seek and develop supports and services that help providers to interact appropriately and respectfully.
- **Racial/Ethnic/Linguistic Minorities (including individuals with Limited English Proficiency)**
 - Strengths:
 - CCMH has an array of providers that are racially, ethnically and linguistically competent in their service delivery that people of all ages are able to access with their private or public insurance and/or county/block grant funds.

- Penn State University brings people to Centre County with a wide variety of backgrounds and minorities which CCMH recognizes and supports competently with delivered services.
- CCMH has the ability to link individuals to Mid-State Literacy which enhances minorities' independence, support and engagement in the community.
- Due to PSU, Centre County's more rural areas are supporting minorities with affordable housing, community mobility, community participation, education and basic life needs.
- Needs:
 - CCMH will continue to seek resources to offer individuals further supports and services unique to their race, ethnicity or language.
 - CCMH will seek trainings to enhance awareness of the needs of minority groups and adjust the service-delivery system as needed to support the unique needs of all individuals requesting services.
 - Develop linkage options with Penn State University for individuals who need interpreter services.
 - Develop health education materials that are language-appropriate with our partners at PSU and Mount Nittany Health.
 - Continue to promote the dignity and worth of all persons within the service delivery system.
- **Other (specify), if any** (including Tribal groups, people living with HIV/AIDS or other chronic diseases or impairments, Acquired Brain Injury, Fetal Alcohol Spectrum Disorders)
 - Strengths:
 - CCMH continues to be educated annually on Traumatic Brain Injury through training provided by the regional Brain Injury Association and through individual support planning.
 - CCMH helped to facilitate assignment of a TBI Long-Term Care Waiver for an individual that presented with TBI and MH diagnoses and then to place this individual at a regional TBI long-term care facility of their choosing. This experience was challenging, but successful.
 - Due to work experiences such as the above, CCMH has grown to be more competent in supporting individuals with TBI through case management services.
 - Needs:
 - Continue to develop awareness of resources that can be offered to individuals that present with their unique service and support needs.

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

Yes No

If yes, please describe the CLC training being used, including training content/topics covered, frequency with which training is offered, and vendor utilized (if applicable). If no, counties may include descriptions of any plans to implement CLC trainings in the future. (Limit of 1 page)

Does the county currently have any suicide prevention initiatives?

Yes No

If yes, please describe the initiatives. If no, counties may describe plans to implement future initiatives in the coming fiscal year. (Limit of 1 page)

- **Zero Suicide**

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

- 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 is currently being 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.
- A local foundation has been instrumental in this collaboration and is genius in developing activities that promote awareness and engagement.
- This coalition is currently focused on raising awareness through marketing with local veterans clubs and restaurant establishments and developing Public Service Announcements and a social media campaign.
- 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 to help them identify signs of people they encounter that may be struggling
- SPTF meets monthly, at minimum, and provides several annual events including Suicide Prevention Day (9-10-19), Suicide Prevention Month (9-19), 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.

Based on the Governor's Employment First Initiative:

1. Do you use the Individual Placement and Support (IPS) model of supported employment for individuals with Serious Mental Illness (SMI)?

Yes No

2. Do you collaborate with the local PA Office of Vocational Rehabilitation (OVR) and/or Careerlink to increase employment for individuals with SMI?

Yes No

If yes to the questions above, in a sentence or two, please describe the collaboration.

- Centre County MH/ID/EI-D&A Office rents space to OVR, so all agencies collaborate and are easily accessible. This has been the case for 10 years now. 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. Career Link's Office is close in proximity and also shared with OVR Services. Career Link offers technical skill support which is utilized by staff and individuals being served.

c) Supportive Housing:

DHS’ five- year housing strategy, [Supporting Pennsylvanians through Housing](#), is a comprehensive plan to connect Pennsylvanians to affordable, integrated and supportive housing.

This comprehensive strategy aligns well with OMHSAS planning efforts, and OMHSAS is an integral partner in its implementation.

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

SUPPORTIVE HOUSING ACTIVITY includes *Community Hospital Integration Projects Program (CHIPP), Reinvestment, County base-funded or other projects that were planned, whether funded or not. Include any program activity approved in FY 18-19 that is in the implementation process. Please use one row for each funding source and add rows as necessary. (Note: Data from the current year, FY18-19, is not expected until next year’s planning documents.)*

1. Capital Projects for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15-30 year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e., an apartment building or apartment complex).									
Project Name	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 18-19 (only County MH/ID dedicated funds)	Projected \$ Amount for FY 19-20 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY 18-19	Projected Number to be Served in FY 19-20	Number of Targeted BH Units	Term of Targeted BH Units (ex: 30 years)		Year Project first started
811 Project	HUD, DHS, PHFA	\$0	\$0	5	8	8	lifetime		2017
Notes:									

2. Bridge Rental Subsidy Program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Short-term tenant-based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.									
	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18	Projected \$ Amount for FY 19-20	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20	Number of Bridge Subsidies in FY 17-18	Average Monthly Subsidy Amount in FY 17-18	Number of Individuals Transitioned to another Subsidy in FY 17-18	Year Project first started
Notes:									

3. Master Leasing (ML) Program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Leasing units from private owners and then subleasing and subsidizing these units to consumers.									
	Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18	Projected \$ Amount for FY 19-20	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY 17-18	Average Subsidy Amount in FY 17-18	Year Project first started
Notes:									

4. Housing Clearinghouse for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
An agency that coordinates and manages permanent supportive housing opportunities.									
	Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18	Projected \$ Amount for FY 19-20	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20			Number of Staff FTEs in FY 17-18	Year Project first started
Notes:									

5. Housing Support Services (HSS) for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
HSS are used to assist consumers in transitions to supportive housing or services needed to assist individuals in sustaining their housing after move-in.									
	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 18-19	Projected \$ Amount for FY 19-20	Actual or Estimated Number Served in FY 18-19	Projected Number to be Served in FY 19-20			Number of Staff FTEs in FY 18-19	Year Project first started
Representative Payee	County/block grant funds	\$22,000	\$18,000	27	30			2	2009
DeClutter	County/block grant funds	\$28,000	\$28,000	25	25			2	2009
Notes:									

6. Housing Contingency Funds for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings, and other allowable costs.									
	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 18-19	Projected \$ Amount for FY 19-20	Actual or Estimated Number Served in FY 18-19	Projected Number to be Served in FY 19-20			Average Contingency Amount per person	Year Project first started
BHARP	reinvestment	\$10,626.25	\$10,000	26	28			\$442.76	2011
Centre County *PROGRAM ENDED IN 2017*	Retained revenue	\$0	\$0	0	0			\$0	2015
Notes:									

7. Other: Identify the Program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Project Based Operating Assistance (PBOA) is a partnership program with the Pennsylvania Housing Finance Agency in which the county provides operating or rental assistance to specific units then leased to eligible persons; Fairweather Lodge (FWL) is an Evidenced-Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness; CRR Conversion (as described in the CRR Conversion Protocol), other.									
Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18	Projected \$ Amount for FY 19-20	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20			Year Project first started	

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

Based on the strengths and needs reported above in section (b), please identify the top three to five priorities for recovery-oriented system transformation efforts the county plans to address in FY 19-20 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.
- 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. Zero Suicide

Narrative including action steps:

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

- The steering committee experienced some delays in project implementation due to delays in reviewing and approval the draft toolkit with physical health professionals, the inability of securing physical health care organizations in piloting this model and training barriers. These delays are reflected in the updated timeline below.

Timeline:

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

- Finalize elements of Pilot – current thru June 30, 2020
- Address and solve identified challenges – completed
- Finalize toolkit – December of 2019
- Specific Physical Health and Behavioral Health Partners identified, soft ask and exploration begins – January thru June of 2020
- Implementation target – July of 2020

Fiscal and Other Resources:

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

Tracking Mechanism:

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

2. Crisis Diversion (Assessment and Residential) Services

Narrative including action steps:

- 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.
- CCMH has toured several crisis diversion and stabilization centers that currently provide these types of services in Central and Western PA.

- CCMH was focused on the development of a Crisis Diversion Service with an existing, local outpatient provider. When CCMH issued a Request for Proposal (RFP) for this service in March of 2019, there were no (zero) responses received.
- CCMH re-issued the RFP for the Crisis Assessment Service portion of the diversion service only in April of 2019. CCMH received three responses.
- A provider that is new to Centre County was selected by the RFP Review Committee (CCMH, BHARP and MH/ID Advisory Board representatives) in May of 2019. This provider is actively working to implement Crisis Assessment Services in Centre County – securing a site and advertising for staff, initially. It is anticipated that this service will be active in the community by the end of 2019.
- This provider is interested in expansion into Crisis Residential Services.
- The service description entails multiple facets and approaches to this service being delivered to include assessment and housing services and supports. This services will be designed in full partnership with the current structure and service-delivery system. 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.
- This site will provide whole health support and community resource linkage to individuals in the Centre County Community. If during an assessment at the crisis diversion site, it is determined that an individual is in need of emergency or other community-based services, they will be aligned accordingly to the resources that exist today.
- Data is currently being collected from Crisis Intervention and Emergency Services, CCBH, CIT and MNMC/MNH. This is being sought for insight into the reported service gap, targeted impact areas, generating baseline data for future comparison and expansion opportunities.

Timeline:

CCMH and the Crisis Assessment Provider anticipate having this new service actively up and running by the end of 2019.

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

3. Suicide Prevention Coordinator

Narrative including action steps:

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

Timeline:

The request for a Suicide Prevention Coordinator position will be made annually based on available funding.

Fiscal and Other Resources:

Retained Revenue; County/block grant funds

Tracking Mechanism:

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

e) Existing County Mental Health Services:

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

Services By Category	Currently Offered	Funding Source (Check all that apply)
Outpatient Mental Health	<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
Child/Youth (K-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family-Based Mental Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
ACT or 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		
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
Crisis In-Home Support Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Emergency Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Targeted Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrative Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Transitional and Community Integration Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Employment/Employment-Related Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Residential Rehabilitation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children’s Psychosocial Rehabilitation	<input 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 type="checkbox"/> Reinvestment
Family Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Peer Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Consumer-Driven Services	<input 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 type="checkbox"/>	<input type="checkbox"/> County <input 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 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

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	Yes	1	Competitive Employment	Provider Agency	annually	No	Yes	Career Discovery Include # Employed: 5
Integrated Treatment for Co-occurring Disorders (MH/SA)	Yes	100	Clinical Supervision and Quality Compliance	Provider Agency	weekly	Yes	Yes	SAMHSA Co-Occurring Program curriculum, Relapse Prevention Model, EMDR, Internal Family Systems
Illness Management/ Recovery	No							
Medication Management (MedTEAM)	Yes	45	Increased community tenure	Provider Agency	Every 3 to 9 months; individualized	No	Yes	HC and county/block grant funded
Therapeutic Foster Care	No							
Multisystemic Therapy	No							
Functional Family Therapy	No							
Family Psycho-Education	No							

*Please include both county and HealthChoices funded services.

To access SAMHSA's EBP toolkits:

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

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

Recovery-Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer/Family Satisfaction Team	Yes	300	CCBH and County/block grant funded
Compeer	No		
Fairweather Lodge	Yes	4	
MA Funded Certified Peer Specialist-	Yes	45	
CPS Services for Transition Age	Yes	10	
CPS Services for Older Adults (OAs)	Yes	5	
Other Funded Certified Peer Specialist-	Yes	6	County/block grant funded
CPS Services for TAY	Yes	2	Being implemented soon
CPS Services for OAs	Yes	1	
Dialectical Behavioral Therapy	No		In progress with an OP provider
Mobile Medication	Yes	30	CCBH and county/block grant funded
Wellness Recovery Action Plan	No	0	The one CPS that was trained in and providing WRAP support moved away in 2017
High Fidelity Wrap Around	No		
Shared Decision Making	No		
Psychiatric Rehabilitation Services	Yes	220	Site-based and mobile psych rehab service engagement is on the rise
Self-Directed Care	No		
Supported Education	Yes	5	Psych rehab services
Treatment of Depression in OAs	Yes	20	OP
Consumer-Operated Services	No		
Parent Child Interaction Therapy	No		
Sanctuary	No		
Trauma-Focused Cognitive Behavioral	Yes	28	
Eye Movement Desensitization and	Yes	15	
First Episode Psychosis Coordinated	No		Centre County is considering this specific request
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.

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

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

h) Certified Peer Specialist Employment Survey:

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

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

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

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

Total Number of CPSs Employed	6
Number Full Time (30 hours or more)	2
Number Part Time (Under 30 hours)	4

PART IV: HUMAN SERVICES NARRATIVE

INTELLECTUAL DISABILITY SERVICES

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

- In-Home and Community Supports
- Transportation (both public and mile)
- Prevocational Services
- Behavioral Support Services
- Employment Services
- Community Habilitation
- Residential Services (licensed)
- Licensed Day Habilitation for Older Adults
- Nursing
- 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 18-19</i>	<i>Percent of total Number of Individuals Served</i>	<i>Projected Number of Individuals to be Served in FY 19-20</i>	<i>Percent of total Number of Individuals Served</i>
Supported Employment	12	2.7%	15	3.4%
Pre-Vocational	2	<1%	2	<1%
Community participation	2	<1%	3	<1%
Base-Funded Supports Coordination	26	6%	32	7%
Residential (6400)/unlicensed	2	<1%	2	<1%

Life sharing (6500)/unlicensed	0	0%	0	0%
In-Home and Community	8	1.8%	12	2.7%
PDS/AWC	0	0%	0	0%
PDS/VF	0	0%	0	0%
Family Driven Family Support Services	29	7%	29	7%
Transportation	4	<1%	5	1%

Supported Employment:

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

In the upcoming fiscal year, the AE plans to develop a summer employment program for transition age students in collaboration with the SCO, school districts, local Careerlink and local providers. Centre 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 opportunities will provide networking opportunities as Centre County continues to explore, develop, and expand employment opportunities.

There are approximately 10 providers qualified and willing to provide employment services in Centre County. These providers offer an array of employment services including job finding/development, Discovery/customized employment, small group employment and 1:1 job support. Two providers currently maintain county contracts to provide employment services using HSBG monies.

Centre County continues to track expenditures related to the Employment Pilot. This funding has historically been used to support the individuals who are not enrolled/receiving waiver funding and who fall within the pilot guidelines. As the new and varied opportunities continue to be developed/ implemented in the upcoming year it is anticipated that the Employment Pilot funding will be used to support individuals in accessing individualized employment options as well as traditional supported employment.

At the end of each quarter (January – March, April – June, July – September, and October – December) the ID Program Specialist compiles employment information from Supports Coordination Organization related to individuals on their caseloads who were competitively employed, making at least the federal minimum wage, on the snapshot dates (the first of each month). This data has been collected at the end of each quarter since the start of calendar year 2011. The long range plan is to

continue to track employment data and share this comprehensive review with providers, Supports Coordination, MH/ID Advisory Board, local transition council, other interested stakeholders. This information will be essential in reviewing trends and planning for employment activities in the upcoming fiscal year and longer term.

The AE and SCO are working with Penn State to identify young adults to participate in the newly developed WorkLink program at Penn State-University Park. Worklink is a two-year certificate program for individuals with intellectual disabilities 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 located in the Penn State College of Education. This program is anticipated to enroll 4 individuals in Fall 2019.

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 hosted a Communities of Practice/Charting the LifeCourse kick-off event on November 6, 2018. Local leaders from ID providers, EI providers, school districts, and CIU #10 in addition to family members were invited to participate. Other Communities of Practice/Charting the LifeCourse activities included participation in a day of learning with AI Condoluci and attendance at the 6/12/2019 statewide event. Components of Charting the LifeCourse have been incorporated in both the ID and EI intake processes.

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

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). Providers are encouraged to share information related to service provision. These meetings will continue in 2019/2020 at the request of the providers. ODP Central Region Office staff, along with Centre County AE, met with individually with local providers on June 17, 2019 to review data.

Individuals who choose not to participate in traditional services or pursue competitive employment are supported and encouraged by ISP teams to explore other options in their community that support community integration. The AE has ensured that SCO, residential providers, individuals, families and

other stakeholders understand the options available under the service definitions in the proposed waivers.

In addition, as part of the annual transition/agency nights, local organizations, groups and agencies that are not part of the ID service system are invited to highlight community groups and events that are integrated.

Centre County AE reviews the various funding sources and service options at the time of intake to ensure that individuals and families are introduced to self-determination/participant directed services options. The AE attends planning meetings/ISPs with the supports coordinator when participant directed services are initially discussed to ensure that the individual/family understand the service model structure, service definitions and responsibilities. The AE and SCO worked with ODP to ensure the transition of VF/EA services from PPL to Palco in FY 2018/2019.

Lifesharing Supported Living:

There continues to be limited growth of Lifesharing as a residential service in Centre County. Currently there are two Lifesharing placements in Centre County: one licensed and one unlicensed. There are no local providers qualified to provide Supported Living at this time. The AE has discussed the development of supported living with various providers in the past year and one provider has expressed interest in exploring the option in 2019/2020.

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

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

Cross Systems Communications and Training:

Centre County AE and SCO regularly participate in local trainings and meetings to gain knowledge of other service systems/resources. Training on the ID system has been provided to other county offices and the local MCO by county ID staff. In addition, staff from other county offices has provided overviews of services at both the SCO unit meetings and larger agency meetings.

A representative from the agency gives an overview of Intellectual Disabilities for local law enforcement entities during training for the local Crisis Intervention Teams (CIT). The CIT coordinator has linked with ASERT to provide ASD information to CIT classes.

AE staff work with local stakeholders including local AAA, Adult Services and local Mental Health Administration to ensure the effective implementation of Adult Protective Services (APS). The AE, 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 APS concerns. The AE and SCO work with other stakeholders (MCO, Education system, RTF

staff, Probation, CYS, ODP, etc.) when transitioning young adults from facility settings to the community.

The AE and SCO is also a part of the CASSP Advisory Board. In the past year, the Advisory Board has developed into a Children's Collaboration 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). The first 2 meetings were well attended with positive feedback from participants. Training needs/topics have been identified and future meetings will address these areas.

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

The AE conducts regular provider meetings. Waiver capacity, ODP initiatives/communications, available funding and service needs are part of the agenda. AE staff schedule an introductory meeting with all providers new to the ID system in Centre County. Part of this discussion includes service needs, waiting list information, and referral process. After meeting with AE staff new providers are scheduled to attend a bi-weekly unit meeting (attended by both SCO and AE staff). The new provider gives an overview of the services they are qualified and willing to provide. Service needs and the referral process are addressed as well.

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

Early Intervention Services (Infant/Toddler, birth through 3 years old) service coordination is part of the county offices. EI Service Coordination have participate 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.

Emergency Supports:

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

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

Centre County MH/ID/EI-D&A contracts with a local provider for after-hours emergencies. This provider has a call down list of county administrative personnel to contact if an emergency occurs

outside of normal work hours. AE personnel monitor incident management in HCSIS during weekends and holidays to review incidents submitted by providers.

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

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

- An assessment to determine the immediate health and safety needs of the individual and the immediate action to provide health and safety.
- The notification of appropriate entities as required or needed to ensure the immediate health and safety of the individual: Adult Protective Services (APS), Office of Developmental Programs (ODP), Office of Aging, Children and Youth Services (CYS), Department of Health, local law enforcement and necessary medical 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 identify and coordinate resources, human services supports and funding to assist with the individual.

Centre County MH/ID/EI-D&A maintains a contract with a local MH provider for mobile crisis, walk-in crisis, and telephone crisis services. In addition, the same entity provides delegate services and works closely with the local Crisis Intervention Team (CIT) and hospital emergency department. In this past year, the AE met with the provider of crisis services to provide an overview of the ID/A services and system.

Administrative Funding:

Centre County MH/ID/EI-D&A is part of a local Communities of Practice/Supporting Families/Charting the LifeCourse collaborative along with Northumberland, CMSU and Lycoming/Clinton counties (Central 8). The original vision of the collaborative is based on creating a Parent Mentor/Support pathway for connecting and networking opportunities for families. In conjunction with the PA Family Network, Centre County AE, SCO, and Early Intervention hosted a Communities of Practice/Charting the LifeCourse kick-off event on November 6, 2018.

With all the changes anticipated the implementation of the Chapter 6100 regulations and IM Bulletin ongoing training and resources need to be made available to AEs, SCOs and providers in a timely manner. Eligibility training and a bulletin that is not in draft is needed to assist with intakes for young children and individuals with ASD for both AEs and SCOs. OCDEL has done a nice job with providing local EI programs with standardized information regarding the EI system that is given at

each intake. This type of standardized/branded information provides guidance for service coordination staff and facilitates discussions with families related to the program and services available. This type of information would be invaluable given all the changes and the importance of AE and SCO providing clear, consistent information to all stakeholders, but most importantly individuals and their families/surrogates.

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

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

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

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

The county Housing Program Specialist (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 Program Specialist 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. Centre County Adult Services is exploring the possibility of becoming a qualified/willing provider of Housing Transition and Tenancy Sustaining Services and is working with the AE and ODP Central Region regarding questions and clarification.

Participant Directed Services (PDS):

Centre County AE currently has 52 individuals using Participant Directed Services (25 VF and 27 AWC) – all waiver funded. This service model is very popular. The AE provides training to the SCO at least annually on the service models. A representative from the AE attends team meetings to assist the SC, individual and families in understanding the service models so that informed choices can be made. One of the barriers for base funded PDS is the cost of the administration fee.

Centre AE is comfortable regarding promoting and increasing the use of PDS services. A current barrier to VF/AE PDS model is the apparent disconnect between utilization information in HCSIS and Palco data. The PPL portal was useful in utilization monitoring. The results from AWC monitoring allows both ODP and AEs to address the gaps/needs in training for the AWC and managing employers. The PDS handbook was originally issued in 2008. It would be of great assistance if ODP would update resources to incorporate updates and changes to information in a timely manner. Lastly, standardized training is needed for Common Law Employers prior accepting the role. Centre County has located and is using Supports Broker services as needed to support CLEs, as well as participating in quarterly PDS calls with ODP Central Region Office.

Community for All:

Centre County MH/ID/EI-D&A currently has 1 individual residing in a state center and no one residing in a state hospital. We are not currently involved in either the Benjamin or Jimmy litigation. There are currently 5 individuals residing in nursing facilities, 3 individuals residing in private ICF facilities and 3 individuals in personal care homes. HSBG monies are used to provide In-Home and Community Supports, Community Participation Services, Behavioral Supports, and Transportation services to individuals in nursing facilities and personal care homes 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. 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 by the Homeless Assistance Program include Bridge Housing, Housing Case Management, and Rental Assistance. Additional housing programs available in Centre County include: Section 811 Housing, PHARE Rental Assistance, Rapid Re-Housing, and Permanent Supportive Housing. Centre County 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).

The two programs to highlight for FY 2019-2020 are Section 811 Housing and PHARE Rental Assistance. Since May 2017, Centre County Government has been the Local Lead Agency for Section 811 Housing. It is administered through the Office of Adult Services and supported by 9 stakeholders. Some of these stakeholders include: SAM Inc., Housing Transitions, Universal Community Behavioral Health, and Strawberry Fields, Inc. In the last 2 years, the program has grown tremendously. Centre County currently has 8 Section 811-designated units at Low-Income Housing Tax Credit (LIHTC) properties; 6 of which are active and 2 that are pending. With a healthy wait list of 40-45 households, Centre County has not been targeted as an area requiring additional assistance towards program growth from the Self-Determination Housing Project of PA.

As the Local Lead Agency, the greatest challenge is supporting individuals in the program who have voluntarily discontinued case management services. This has presented Centre County with a number of obstacles when property managers start to experience issues with these tenants regarding renewal paperwork, rent payments, unauthorized guests, and pest infestations. Our goal for this year is to explore alternative ways to support both the property managers and tenants so that these highly vulnerable individuals do not get evicted and experience homelessness and/or become institutionalized.

The PHARE Rental Assistance program provides rental assistance to individuals and families residing in Centre County municipalities that are impacted by the natural gas industry. On July 11th, 2019, Centre County Government was awarded its 3rd year of funding from the Pennsylvania Housing Finance Agency (PHFA). \$22,000 from PHFA will go towards the total \$65,000 program to help residents in our most rural municipalities stay in their own communities. The Office of Adult Services will continue to administer this program and expects to serve 60-65 of households residing in the County's 17 municipalities that are impacted by Marcellus Shale.

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.

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 2019-2020.

Case Management:

In Centre County, Housing Transitions is contracted to operate the Housing Case Management program. This program offers support, resources, budget counseling, and advocacy services to emergency shelter residents, Bridge Housing participants, and other community members who are in need of affordable housing. The case manager works with clients on a housing plan and helps them navigate housing options in Centre County that are most suitable to meet their needs. To do this, a continuous partnership with the Centre County Housing Authority, Office of Adult Services' Housing Program Specialist, county human services departments, local non-profit and faith-based entities, developers, and landlords are critical when providing these services to homeless and near-homeless individuals and families.

To best manage the diversity of client housing needs, the Housing Case Management program provides both client-based case management and information & referral services. Client-based case

management begins with an assessment to help both the client and case manager set goals towards a more sustainable financial and housing situation. Clients that receive this service may also work closely with a case manager to locate housing. Information & referral services offer support to residents who are just starting to explore their options. They can connect with the case manager regularly to receive an up-to-date listing of affordable units located throughout Centre County.

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

One program goal for FY 2019-2020 is to increase outreach and education regarding these services to community agencies, churches, and other faith-based entities. The greatest challenge with this program is that there is an assumption that the housing case management program provides immediate housing options. This can cause frustration for both the case manager and client; thus, the client often declines the case management services needed to work towards securing permanent housing. In response, Housing Transitions is looking at ways to re-educate the community on services available and to increase their presence at Housing Choice Voucher meetings now that the waitlist through the Centre County Housing Authority is no longer frozen. This will help new voucher recipients identify landlords that are willing to work with the Housing Choice Voucher program and to have support during their transition period into either a new unit or new financial situation.

There are no proposed changes to the Housing Case Management program for FY 2019-2020.

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 \$8,000 is allocated each month for eligible households. Monthly funds are often depleted quickly. On average, the RAP program can serve 8-11 households each month using the \$8,000 monthly allocation; however, that monthly allocation is not enough funding to serve all eligible households who are facing homelessness or near-homelessness. Based on 2 years of data collection regarding unmet need, our total allocation for FY 2019-2020 has been increased by \$19,200. This funding increase will allow the department to serve 2-3 additional households each month.

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 2019-2020.

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 populations 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 2019-2020.

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 will be 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.

1. Waiting List Information:

	# of Individuals	Wait Time (days)**
Withdrawal Management	0	0-2 days
Medically-Managed Intensive Inpatient Services	0	3-5 days
Opioid Treatment Services (OTS)	0	Less than 3 days
Clinically-Managed, High-Intensity Residential Services	0	14-21 days
Partial Hospitalization Program (PHP) Services	0	0-2 days
Outpatient Services	0	3-5 days

**Use average weekly wait time

Wait time for access to treatment services continues to vary at each level of treatment. For each inpatient request, staff will contact a variety of treatment providers (as approved by the individual) in an effort to find the earliest bed availability date. In some cases, a delay in access to inpatient treatment is based on individual choice. Once an individual is approved at a particular level of care and a treatment date is set, staff will notify the provider if the individual needs or wishes to change the 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 the provider is offering clients timely availability. Where there are delays, this is most often also a case of where the client has identified personal barriers that keep them from starting treatment sooner.

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

# of Overdose Survivors*	# Referred to Treatment	# Refused Treatment	# of Deaths from Overdoses
194	43	27	20

Note that data is for Calendar Year 2018. This number reflects only those cases treated in the ED of Mount Nittany Medical Center and includes 34 intentional self-harm attempts. Twenty-five of these incidents involved heroin or another opioid, and four of those 25 were determined to be intentional. **112** of the incidents (> 57%) involved alcohol poisoning.

Centre County SCA will assure 24/7 direct referrals to individuals experiencing an overdose via its current after hours policy, which utilizes Mount Nittany Medical Center and Centre County CAN HELP staff to provide this service after regular business hours and on nights/weekends/holidays. Centre County CAN HELP is a licensed mental health mobile crisis provider under contract with Centre

County Mental Health/ Intellectual Disabilities/Early Intervention - Drug and Alcohol for this service and for delegate action (model #2, DDAP Treatment Manual, Revised July 2018).

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. Once cleared and requesting detoxification services, ED staff will contact the SCA and request assistance. Sufficient information will be collected and a referral to detox services will be made. If the individual is sufficiently stable, a full drug and alcohol assessment will be completed. This assures that they can easily make the transition from detox to rehab, if appropriate.

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

After Hours/Weekends

Mount Nittany Medical Center has psychiatric case management staff assigned to the ED to assist with access to emergent treatment services for individuals with mental health and/or substance use issues.

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

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

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

LOC ASAM Criteria	# of Providers	# of Providers Located In-County	# of Co-Occurring/Enhanced Programs
4WM	0	0	
4	0	0	
3.7WM	13	0	
3.7	12	0	7

3.5	25	0	9
3.1	10	0	
2.5	3	0	2
2.1	2	2	1
1	2	2	1

4. **Treatment Services Needed in County:** Please provide a brief overview of the services needed in the county to ensure access to appropriate clinical treatment services. Include any expansion or enhancement plans for existing providers 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 are in need of financial assistance. Currently, the SCA funds both Suboxone and Vivitrol services through Crossroads Counseling and is now offering this service to individuals who are referred from community sources as well as individuals who are referred from the Centre County Correctional Facility. The SCA is exploring the addition of MAT with another provider in the rural areas of the county to meet our needs.

Centre County has also expanded its contracts for methadone maintenance with contracts for this particular MAT with State College Medical and Discovery House (Clearfield). This affords individuals with Opiate Use Disorder with additional options and local resources for services.

In February of this year, Clear Concepts Counseling closed its Bellefonte office, reducing the number of outpatient treatment providers in Centre County to two. The SCA will be evaluating the specific needs for this level of care – both in locations within the county and types of services needed before proceeding with any new contracts. In the coming year, the SCA will also continue to monitor the need for additional MAT resources and evaluate the need for access to this particular service.

Centre County continues to operate two very active treatment court programs - a DUI Court and a Drug Court program. The SCA will work closely with the respective treatment court teams to identify and secure the resources needed to meet the unique needs of the individuals served by these programs and to assure their sustainability.

Finally, Centre County will continue to monitor increasing trends in use of methamphetamine and cocaine by individuals seeking services of this office. Staff are also reporting increased client use of synthetic drugs. Treatment programs will need to be prepared to meet the needs of clients who will present with vastly different symptomology and will need treatment services that differ from that of individuals with opiate use disorder.

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

The SCA continues to work collaboratively with Dr. Kassandra Botti and staff at Mount Nittany Medical Center 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 of

its police departments are trained and carrying Narcan for emergency situations. In addition, the Centre County Sheriff's Department is trained and carries Narcan for emergency situations.

6. County Warm Handoff Process: Please provide a brief overview of the current warm handoff protocols established by the county.

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 psychiatric case managers
- SCA case management staff
- Centre County CAN HELP (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, ED staff will contact the SCA and request assistance from case management staff. A 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, ED staff will be notified so that they can manage the individual's medical needs (as necessary). In the event that an overdose patient is discharged from the ED prior to placement in an appropriate facility, SCA staff will strive 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 will educate the individual about the full range of treatment and support services available in Centre County and will make referrals for any requested services.

The warm-hand-off protocol for evenings, weekends and holidays is much the same. However in lieu of SCA case management staff, Mount Nittany Medical Center has their own psychiatric case management staff assigned to the ED to assist with access to emergent treatment services for individuals with mental health and/or substance use issues. Anytime an overdose

survivor is amenable to and medically cleared for transfer to medically monitored inpatient withdrawal management services (3.7 WM), the ED psychiatric case manager will contact Centre County CAN HELP staff who will gather sufficient information to make the referral and will call all approved providers looking for bed availability. CAN HELP has the authority to contact contracted treatment providers on the SCA’s behalf to arrange for 3.7 WM admissions. They are also authorized to assure SCA funding for 3.7 WM admissions until the next business day. CAN HELP 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, CAN HELP staff will notify ED staff so that they can manage the medical needs of the individual (as appropriate). If an overdose survivor is discharged from the ED prior to a bed being secured, CAN HELP staff will maintain contact with the individual until the next business day when SCA staff will take over.

Warm Handoff Data – Calendar Year 2018:

Number of Individuals Served	25
Number Entering Treatment	1
Number Declining Treatment	23
Number Completing Treatment	Unknown

Note: These numbers reflect **only the number of individuals who were treated for heroin and/or other opioid overdoses** in the ED of Mount Nittany Medical Center.

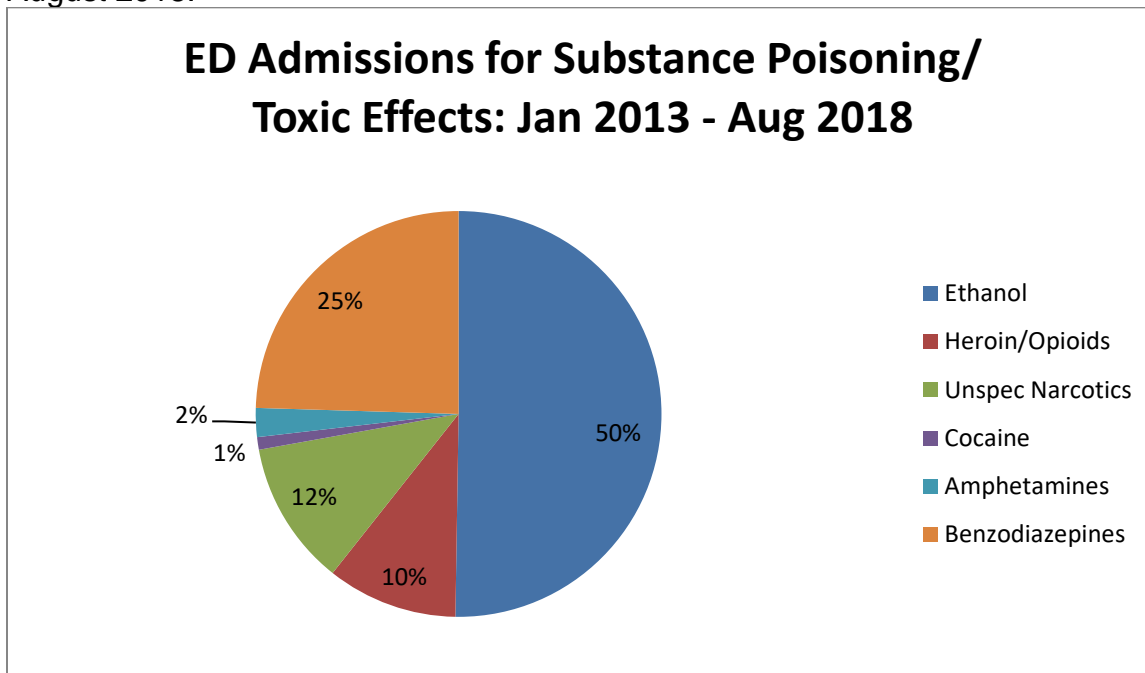
Please identify Challenges with Warm Handoff Process Implementation:

One of the primary challenges Centre County has encountered with implementing a warm handoff process is that a significant number of 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.

In an effort 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 is looking to pilot a program in cooperation with one of our local police

forces. If this program is implemented, the day after the overdose, the officer who administered the naloxone will partner with either an Intensive Case Coordinator (ICC) or a Certified Recovery Specialist (CRS) and attempt to make face-to-face contact with the survivor. In theory, the ICC or CRS may be able to engage the individual in conversation as they should be seen as a non-threatening presence. This initial dialogue will create a conduit which the overdose survivor may use whenever s/he is ready to explore the option of treatment and/or support services.

Another challenge Centre County hopes to undertake is the refinement of the existing warm handoff policy so that it specifically addresses a particular need identified in Centre County. A recent report prepared by PA's Overdose Reduction Technical Assistance Center indicated the following about Centre County's substance-related ED admissions from January 2013 – August 2018:



While Mount Nittany Medical Center concentrates on implementing a warm-handoff with survivors of opioid overdose, 75% of the facility's substance-related ED admissions are due to alcohol and benzodiazepines. Centre County Drug and Alcohol plans to work cooperatively with Mount Nittany to implement an early SUD screening and subsequent SCA referral and/or follow-up protocol for all appropriate individuals.

It is worth noting though, that Centre County SCA staff does complete a number of assessments on individuals who were admitted to Mount Nittany Medical Center for medical stabilization. In recent years, an increasing number of these cases have been so medically severe and complex that staff have been unable to locate any Level 4 (Medically Managed Intensive Inpatient Services) facilities willing to accept them. Centre County SCA will continue to work with the Department of Drug and Alcohol Programs, the Office of Mental Health and Substance Abuse Services, and contract providers to build a network of services that will meet the treatment needs of individuals whose needs exceed the current capacity of our non-hospital rehab programs, yet do not quite meet the level of care of a hospital-based program.

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

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.

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 either the Independence or Attendant Care Waiver. 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: County Homemakers, Inc. and Helpmates, Inc. Both providers were selected through a recent Request for Proposal (RFP) process and contracts are scheduled to expire on June 30th, 2022. Having at least two providers allows for consumer choice. 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:

Program Name: 24-Hour Information & 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**):

Adult Aging CYS SUD MH ID HAP

Specialized Services:

Program Name: Basic Needs Case Management

Description of Services: Basic Needs Case Management offers short-term financial assistance coordination and service navigation to 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.

Interagency Coordination:

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
- Centre County Affordable Housing Coalition
- MH/ID Provider Meeting
- School District Youth Homelessness Meetings
- Community Harvest (PS Farm Produce Program Meeting)
- Toys for Tots Coordination
- CCCHS Audit/Finance Quarterly Committee Meeting
- CCCHS Mutual Funds Quarterly Meeting
- Food Pantry Website Coordination
- PARC (Housing subcommittee)

The three groups to highlight focus on housing and food security:

The PARC subcommittee focuses on Housing, Employment, Education, and Development (HEED). The subcommittee is working to find ways to engage landlords in the housing process for returning citizens, create a list of reentry-friendly landlords for statewide distribution, create Commonwealth incentives for landlords who offer housing to reentering citizens, and have an incentive program for property rehabilitation in the reentry housing arena.

The Community Harvest Program began when local residents volunteered to plant produce specifically for the Centre County Food Pantries; supplementing State and Federal food allocations and donations with fresh fruits and vegetables. Following this trend, local produce growers and farmers started donating their excess produce to this project. In 2018, the Penn State Research Farm

agreed to use one acre of land to grow additional product. This year, they are offering two acres and expect to grow enough food to distribute to all eight Centre County Food Pantries and 29 other community agencies. All this is being accomplished through the generosity of many volunteers, Penn State staff/students, AmeriCorps Members, and the Centre County Retired and Senior Volunteer Program.

The Centre County Food Pantry website (www.centrecountyfood.org) was created for residents to have easier access to information regarding the in-network food pantries receiving state and federal funds from the Department of Agriculture, as well as other food assistance programs in Centre County. On the website, residents can learn more about their local food pantry's distribution times, location, and income eligibility criteria and click links to visit websites for other human service agencies, churches, and other faith-based entities.

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