

Appendix B

County Human Services Plan Template

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

PART I: COUNTY PLANNING PROCESS

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

The Centre County Planning Team reviews all the above data, provider and consumer feedback, and discusses needs and gaps in our service continuum to determine our Block Grant plan. The departments stress the need for services that allow residents to be proactive in their needs, disabilities, and/or crises. Our services provide a safety net for individuals and families and promote an interactive service system to maximize our providers and services. With this information, the departments are able to shift funding as seen as appropriate.

In January 2016, Centre County created a Human Services Administrator position within the County. Their primary responsibility is the oversight of the following departments: Children & Youth Services, Mental Health/Intellectual Disabilities/Early Intervention - Drug & Alcohol, Office

of Adult Services, Office of Aging, Office of Transportation and Office of Veterans Affairs. The position allows for greater oversight and collaboration amongst the departments to better serve the needs in our county. The Administrator will take the lead role within the Human Services Block Grant and explore services, options, and needs within the departments.

During this past fiscal year, Children and Youth and MH/ID were able to shift funds into Human Services and Supports due to the need of their clients to rely on these necessary supports to meet their basic needs. Homemaker services continue to show an increased need in the community to provide the opportunity for residents to remain in their home. Housing remains a priority within our County and we continue to provide services to obtain and maintain stable, permanent housing. Centre County developed a programmatic change in the Children and Youth Services. Centre County offered *SafeCare*. The program is a curriculum designed for parents of children ages birth – 5 years with a history of or risk for neglect and/or physical abuse. The curriculum is divided into 3 components: helping parents develop positive and safe parent-child interaction skills to increase permanency for children, teaching age-appropriate supervision and decreasing safety hazards in the home to improve child safety, and using a child health manual to improve overall child well-being. *SafeCare* takes approximately 18-20 weeks to deliver. The development of this program was made possible by the flexibility of the block grant. During the fiscal year, Mental Health added providers for outpatient services to offer a larger option of choice of providers for consumers. For fiscal year 2016-2017, Children and Youth Services continue to expand their evidence based programming within the block grant. The County will remain focus on developing housing services and continue with the Housing Program Specialist that is funded using Retained Earnings funding.

PART II: PUBLIC HEARING NOTICE

Centre County held two public hearings on May 26th and May 31st, 2016. Attached to the Appendix will be documentation of the Legal Advertisement posted in the local newspaper and on the county website. Departments sent out notices to providers, consumers, family members, etc. to attend the public hearings. The May 31st public hearing was held during the weekly Commissioners' meeting. This provided the opportunity for the media and local television coverage of the hearing. County staff presented information and updates for specific sections to provide an overview of the plan.

Additional written testimony is attached to the plan.

PART III: MINIMUM EXPENDITURE LEVEL **(Applicable only to Block Grant Counties)**

For FY 2016/17, there is no minimum expenditure level requirement; however, no categorical area may be completely eliminated. Please see the Fiscal Year 2016/17 County Human Services Plan Guidelines Bulletin for additional information.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

a) Program Highlights:

- Centre County's Crisis Intervention Team (CIT) remains successful in expanding its team through continued trainings and additional curriculum. The team is hosting its twelfth round of training in June of 2016 and is celebrating its five-year anniversary. CIT training provides first responders with extensive information on mental illness, symptoms, recovery philosophy, medications, local resources and de-escalation skills that they can utilize when assisting a person that is experiencing a mental health crisis. In addition to addressing the needs of the mental health population the local curriculum now also offers the knowledge and skills to effectively manage crisis situations that involve people diagnosed on the Autism Spectrum as well as Youth and Veterans. The Peer Support and hearing voices simulation is a nice complement to the training.
- The Pennsylvania Housing Affordability and Rehabilitation Enhancement Fund (PHARE) Grant, offered through the Pennsylvania Housing Finance Agency, that Centre County Mental Health (CCMH) oversaw, was effective in helping 31 households to secure and retain permanent affordable housing. Funds were expended in approximately 15 months (October 2014 to February 2016) which was much faster than anticipated, reflecting a need for further rental assistance programs in Centre County due to its lack of affordable housing.
- CCMH has been able to identify avenues to expand the psychiatric provider system for county-funded individuals as well as continue to collaborate with Community Care Behavioral Health (CCBH) to support network expansion for individuals eligible for Medical Assistance (MA). Both have secured additional outpatient clinics and independent practitioners in FY 2015-2016. Both are continuing to add providers for the 2016-2017 FY as well. Current and forthcoming providers are able to offer additional choice and treatment modalities to individuals in Centre County.
- Centre County is fortunate to have a Physician Assistant-based mental health outpatient provider that is adding a physical health care service complement, so that individuals can receive both their behavioral and physical health care services in one site. This service is being supported by both county and CCBH funds.
- CCMH, with the support of an existing local Personal Care Home provider, developed an Enhanced Personal Care Home (EPCH) in Milesburg with Community Hospital Integration Project Program (CHIPP) funding. CCMH was awarded a two-person CHIPP for FY 2014-2015 and discharged the first person from Danville State Hospital (DSH) on December 30, 2015, the day the home officially opened. The second CHIPP-identified individual will be discharged once it is determined that she is ready for discharge from DSH to the community. The EPCH currently supports two individuals, but can accommodate up to four residents. This home adds to the array of residential services for Centre County. CCMH is grateful for the opportunities created by CHIPP funds.
- In partnership with the Centre County Housing Authority, CCMH supports individuals with disabilities and those that are homeless with Shelter Plus Care and Section 8 Vouchers.

- CCMH has an active Community Support Program (CSP) that meets monthly. Centre County CSP remains active with Central Region CSP as well. Both meetings are beneficial for networking, keeping tabs on what is happening throughout the Commonwealth and educational purposes.
- Centre County's 10th Annual Out of the Darkness Walk was held on April 24, 2016. It was another successful event and generated additional funding for the local and national chapters.
- CCMH is contracting with a provider who is new to the Centre County area for Mobile Medication Management services. This service is being implemented with reinvestment funds provided by Community Care Behavioral Health (CCBH). County funding for this service is also available for individuals that are not eligible for CCBH. This service will add additional support for individuals in their home environments, individuals who are transitioning out of local community and state hospitals, individuals who are struggling with medication compliance, individuals that desire to be more educated about their medications and individuals who are receiving injectable medications.
- Centre County created and hired a Housing Specialist position with retained revenue through block grant funds.

b) Strengths and Needs:

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

- **Strengths:**

- 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).
 - CCMH and OOA are meeting routinely to discuss services, provide updates, further establish working relationships and identify service and support needs that we share.
 - CCMH and OOA have re-establish Project SHARE (Senior Centers and Mental Health: Activities, Resources and Education) to provide education and to further support the mental health needs of the older adult population by providing education and resources to each of the local senior centers on a monthly basis.
 - There are no older adults incarcerated in the Centre County Correctional Facility at this time.

- **Needs:**

- Meet with each of the six senior centers to maintain Project SHARE by providing a liaison to Senior Center staff and members.
 - Establish a routine for the liaison to participate in activities at three of the Senior Centers per month.
 - CCMH is attending quarterly Senior Center Director staff meetings. This was identified by OOA as beneficial for relationship building.

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

- **Strengths:**

- Housing Case Management services continue to be provided in Centre County with block grant funds under Homeless Assistance.

- Representative Payee services continue to be an expressed need within the Centre County community. This service also supports individuals who are involved with our Intellectual Disabilities, Drug and Alcohol, Children and Youth, Aging, Adult Services and Housing partners. CCMH has two county-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.
- Mobile and Site-Based Psychiatric Rehabilitation services continue to be utilized on an increased basis within the county. These services are supported with Supplemental Service funding made available through CCBH and county funds. These services are widely used by individuals involved with all of our county block grant partners.
- Due to the main campus of The Pennsylvania State University being located in Centre County, CCMH interacts with the student population routinely, with all services. Whenever possible, students' insurances are utilized and/or they are referred for Medical Assistance benefits to support their services. County funds are used to further support this population, especially with crisis intervention and delegate services.
- Located in Centre County are two State Correctional Institutions (SCIs). CCMH works in conjunction with both SCIs to support mental health service needs of incarcerated individuals and individuals transitioning from these facilities back to their home counties. CCMH expends base funds to provide Involuntary Inpatient and Outpatient Commitment support to both SCIs.
- CCMH was made aware in May of 2016 that the Shelter Plus Care Grants which were held in partnership with the Centre County Housing Authority will not be extended beyond the current grant period. Centre County is working to continue to provide support to individuals with alternate housing funds until another grant or supportive housing option can be obtained. CCMH continues to see the need for securing additional housing supports due to the lack of affordable housing in Centre County.
- 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. Centre County Housing Authority continues to support the

application of housing vouchers to the CRR programs which support individual transitions.

- Needs:
 - Centre County will continue to explore options to expand psychiatric service delivery in the community. CCMH and CCBH will continue to collaborate in the expansion process to support county-funded, CCBH-eligible and third party insured individuals.
 - Given that Centre County is a rural county and has limited transportation options, providing Targeted Case Management (TCM) services became more of a challenge in our community with travel no longer being allowed to be billed. CCMH does continue to support individuals with their transportation needs through linkage and provided by TCM as a last resort
 - 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.
 - The Seven Mountains Warm Line support service ended in June of 2015 due to a loss of partnership funding.
 - CCMH continues to advocate and search for providers that can provide Dialectical Behavioral Therapy especially for individuals that are transitioning out of DSH.
 - CCMH will help to further develop an advisory board for the Seven Mountains Mental Health Association, serving Huntingdon, Mifflin, Juniata and Centre Counties.
 - CCMH will search for alternative funding avenues to re-establish a Warm Line for Centre County residents.
 - 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.
 - Centre County has the least affordable housing in the Commonwealth, so attention to creating affordable housing opportunities for all of its residents remains an on-going priority.
 - CCMH currently has eleven adult individuals incarcerated in the Centre County Correctional Facility.
- **Transition-Age Youth (ages 18-26)**
 - Strengths:
 - CCMH participates in an annual Transition Night event for graduating students from high school and their parents.
 - Centre County offers a Transitional Living Program and an Independent Living Program. There is also a homeless shelter available to adolescents.
 - Local service providers, community partners, and other county agencies have developed a great working relationship that aides in assisting this diverse population in a collaborative manner.
 - The CASSP Coordinator participates in the Transition-Age Youth & Young Adult Workgroup through OMHSAS. Various issues that this population

faces were discussed and action steps were created to resolve some of them. There continues to be conference calls to discuss on-going issues and concerns.

- The CASSP Coordinator collaborates with Centre County Community Support Program (CSP) as well as Central Region CSP.
- 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.
 - One of biggest needs is the lack of services/supports for life skills mentoring. Certified Peer Specialists are great resources for the adult population. This service would also be an asset to individuals under the age of 18. This is a great way to build confidence and self-esteem in our adolescents.
 - There are currently five transition-age individuals incarcerated in the Centre County Correctional Facility.
- **Children (under 18).** Counties are encouraged to also include services like Student Assistance Program (SAP), Respite, and CASSP Coordinator Services and Supports in the discussion.
 - Strengths:
 - For school year 2014-2015 there were a total of 96 Student Assessment Program (SAP) Assessments completed. In the current school year there have been 71 assessments completed thus far. There are monthly District Council meetings that the CASSP Coordinator attends in partnership with the Drug and Alcohol Assistant Administrator, the Central Intermediate Unit #10 Representative, a State SAP Representative, school personnel and others who provide consultation and programs in the schools.
 - CCMH has provided respite services to 7 adolescents so far this fiscal year. Respite has helped to keep children in their homes and out of an inpatient setting; as it provides support to the individual and their family. There are two referrals currently in place for individuals who are new to respite services this fiscal year.
 - Partial Hospitalization is provided solely for grades K-5. Partial hospitalization is offered either in conjunction with a school district with education base funding or through a free standing Community Care Behavioral Health provider. CCMH does not fund this service directly.
 - CASSP allows for a multi-systemic approach to identifying the best possible supports and services to assist families in not only identifying the mental

- health supports they need, but also spiritual, physical, and social needs for the family in a culturally appropriate manner.
- Bi-weekly CASSP Team meetings bring together various community partners including, Centre County Children and Youth Services, Centre County Juvenile Probation Office, Penn State University's Psychological Clinic, Family Based Mental Health providers, Community Care Behavioral Health, outpatient providers, school district personnel, and other interested parties. Meetings are held as a preventative measure and help divert children and adolescents from possible inpatient stays as well as alternatives to Residential Treatment Facility (RTF) placement. Centre County has low RTF utilization with only having four individuals in RTF placement since July 2015. There have been no re-admissions within 30 days during this fiscal year.
 - The CASSP Coordinator is involved with bi-weekly CASSP Meetings, bi-monthly CASSP Advisory Board Meetings, monthly Local Interagency Coordinating Council (LICC) meetings that bridge Early Intervention and children's mental health services, Community Care Behavioral Health's Residential Treatment Facilities (RTF) Collaborative quarterly meetings and quarterly Behavioral Health Alliance of Rural Pennsylvania (BHARP) meetings for Children's Workgroup, Early Childhood Mental Health, and CASSP Coordinators Subcommittee meetings. The CASSP Coordinator also collaborates with other community partners during quarterly, Multi-Disciplinary Team and Out of Home Placement Team meetings with Children and Youth Services.
 - The CASSP Coordinator continues to be a part of the Multi-Disciplinary Investigative Team Meeting and Advisory Committee Meeting at the Children's Advocacy Center.
 - Centre County has a strong CASSP Team. The communication between providers, the community and county agencies is robust.
 - The CASSP Coordinator works closely with our Intellectual Disability and Drug and Alcohol partners for children and adolescents who also utilize mental health services.
 - CCMH's Administrative Case Managers (ACMs) are each involved in various community meetings/committees which focus on specific needs including forensic, housing, employment and community involvement. This is a great way for the ACMs to stay current, not only on the needs of children/adolescents, but the strengths, activities, community supports and training opportunities specific to this population.
- Needs:
 - Identify ways to increase the communication and working relationships with local school districts in Centre County.
 - CCMH contracted with two providers to provide Family Based Mental Health services in the county to offer choice to individuals who wish to access the service. This was accomplished following service termination with a previous provider in August of 2015. Transitions to the new providers went smoothly.

- **Individuals transitioning out of state hospitals**

Strengths:

- CCMH is fortunate to have the support of providers in making a priority of transitioning individuals utilizing state hospital services back to their home community. Primary support comes from CRR, Psychiatric Rehabilitation, Representative Payee, Targeted Case Management, outpatient, behavioral consultation, peer support, 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 a life support person. The individual CSP Plan is a document that is amended as needed throughout the hospitalization and then followed in support of a person's discharge from the state hospital. It focuses on the whole person and follows Community Support Program Principles. CCMH supports a DSH Liaison that puts forth effort to monitor state hospital admissions and discharges, provide support to individuals utilizing DSH services, diverting individuals from the state hospital and following people that have been discharged from the state hospital in the community to ensure that the needs identified within their unique CSP are being provided and supported. CCMH was fortunate to receive two CHIPPs in 2014-2015 to enhance community services and supports for individuals transitioning from the state hospital. CCMH is currently providing support to a total of seven individuals in Danville State Hospital.

Needs:

- Individuals transitioning from the state hospital identify most with the need for housing support. CCMH continues to identify ways to develop a wide array of housing options so that individuals transitioning from the state hospital can be supported with housing that meets their unique need and choosing.
- It would be highly beneficial to individuals, transitioning out of state hospitals or correctional facilities, if County Assistance Offices would create an early application process. This would allow the appropriate supports to be in place the day of discharge/release. The delay in individuals being deemed eligible for Medical Assistance benefits can be lengthy and jeopardize individual's access to medications, services and supports. CCMH does provide funding to support individuals experiencing difficulty in obtaining benefits upon their return to the community.
- The need to transition individuals from community hospitals to state hospitals in a timelier manner exists.
- CCMH carries a bed cap of seven at DSH. This low bed cap was not a concern previously though 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). Recently; however, we are receiving feedback from DSH that we are now being held to our individual caps which will be an on-going

concern for CCMH given the low bed cap and the intense needs of the individuals currently in DSH from Centre.

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

Strengths:

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

Needs:

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

- **Justice-involved individuals**

Strengths:

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

Needs:

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

(CRR) services. CCMH needs to find funding avenues to secure additional housing options for this population

- **Veterans:**

Strengths:

- CCMH is fortunate to employ a veteran as a Blended Case Manager. Veterans benefit from the BCM's knowledge of the Veterans Administration (VA) system, access, services and resources.
- CCMH participates in the Veteran's Administration (VA's) Annual Mental Health Summit. The VA is starting to offer quarterly community outreach meetings for which CCMH will participate.
- CCMH is planning to create a liaison duty through case management for Veteran's affairs and outreach.
- Veterans are able to access services with VA benefits, county funds and managed care funds if eligible.

Needs:

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

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

Strengths:

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

Needs:

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

- **Racial/Ethnic/Linguistic minorities**

Strengths:

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

Needs:

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

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

Strengths:

Needs:

c) Recovery-Oriented Systems Transformation:

Describe the recovery-oriented systems transformation efforts the county plans to initiate in the current year to address concerns and needs.

- CCMH has embedded wellness principles into the intake, Individualized Service Plans and goal plans. This approach allows CCMH to talk with individuals about their wellness and recovery paths versus focusing on treatment services. It also provides an opportunity to link individuals with wellness tools and discuss the importance of physical health in conjunction with behavioral health – a holistic approach to one’s healthcare needs. CCBH’s online wellness tools provide further self-directed support to link individuals. CCMH will continue to solicit feedback from case managers and individuals receiving services regarding wellness initiatives. No direct service funds are used or billed for this service delivery enhancement. CCMH uses staff time to train and promote wellness. CCBH provides Wellness Coaching Manuals used for training staff, office space and online supports. CCMH intends to maintain the focus on holistic wellness.
- In 2013, Mounity Nittany Health completed a Community Health Needs Assessment where people across the region provided feedback on which health issues were the most pressing in our area. Mental health was identified as one of the six priority areas. A second Community Health Needs Assessment was completed in the spring of 2016 and Mental Health remained a priority area. CCMH continues to work the community’s private and public organizations, local foundations and the local healthcare system to reduce the stigma associated with mental illness by educating the public and promoting awareness. This committee continues to make an impact within Centre County by building relationships, partnerships and sharing resources. No direct service funds are used for this committee. A goal is to keep adding community members who share the common goal of eliminating mental health stigma in Centre County. Outcomes will be reflective in an increase in the number of educational events that promote mental health awareness in Centre County, an increase in public awareness of and participation in the events, identifying new avenues to enhance anti-stigma campaigning and a boost in community-based networking, to include stakeholders. CCMH will continue to monitor these outcomes.

d) Evidence Based Practices Survey:

Evidenced Based Practice	Is the service available in the County	Number served in the County	What fidelity measure is used?	Who measures fidelity? (agency,	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an	Is staff specifically trained to implement the	Comments
Assertive Community Treatment	No							
Supportive Housing	No							
Supported Employment	Yes	1	Competitive employment	Provider agency	annually	No	Yes	Career Discovery
Integrated Treatment for Co-occurring Disorders (MH/SA)	Yes	95	Clinical supervision, Quality Compliance	Provider Agency	weekly	Yes	Yes	SAMHSA Co-Occ OP Prgm Curriculum, Relapse Prevention
Illness Management / Recovery	No							
Medication Management (MedTEAM)	Yes	1	Increased community tenure	Provider agency	Every 3 to 9 months, individualized	No	Yes	reinvestment and county funding
Therapeutic Foster Care	No							
Multisystemic Therapy	No							
Functional Family Therapy	No							
Family Psycho-Education	No							

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

e) **Recovery Oriented and Promising Practices Survey:**

Recovery Oriented and Promising Practices	Service	Number Served	Comments
Consumer Satisfaction Team	Yes	75	
Family Satisfaction Team	No		
Compeer	No		
Fairweather Lodge	Yes	4	
MA Funded Certified Peer Specialist	Yes	50	
Other Funded Certified Peer Specialist	Yes	12	
Dialectical Behavioral Therapy	No		
Mobile Services/In Home Meds	Yes	5	Reinvestment funds per CCBH
Wellness Recovery Action Plan (WRAP)	Yes	12	via Peer Support services
Shared Decision Making	No		
Psychiatric Rehabilitation Services (including	Yes	75	3 site-based sites and mobile
Self-Directed Care	Yes	150	PCORI-based in case management
Supported Education	No		
Treatment of Depression in Older Adults	Yes	20	
Consumer Operated Services	Yes	75	CST
Parent Child Interaction Therapy	Yes	7	
Sanctuary	No		
Trauma Focused Cognitive Behavioral Therapy	Yes	20	
Eye Movement Desensitization And Reprocessing	Yes	17	
Other (Specify)			

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

INTELLECTUAL DISABILITY SERVICES

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

- Unlicensed Home and Community Habilitation
- Transportation
- Prevocational Services
- Behavioral Support Services
- Employment Services
- Community Habilitation
- Residential Services (licensed)
- Licensed Day Habilitation for Older Adults
- Nursing
- Respite
- Homemaker/Chore
- Home Accessibility Adaptations

↪ Family Driven monies are used for:

- Family Aide
- Family Support Services/Individual Payment
- Recreation/Leisure
- Home Rehabilitation
- Vehicle Accessibility Adaptations

	<i>Estimated Individuals served in FY 15-16</i>	<i>Percent of total Individuals Served</i>	<i>Projected Individuals to be served in FY 16-17</i>	<i>Percent of total Individuals Served</i>
Supported Employment	17	15%	23	17%
Pre-Vocational	4	16%	4	16%
Adult Training Facility	3	21%	4	21%
Base Funded Supports Coordination	136	33%	144	35%
Residential (6400)/unlicensed	2	23%	2	23%
Life sharing (6500)/unlicensed	0	<1%	0	<1%

PDS/AWC	0	9%	0	0
PDS/VF	0	7%	0	0
Family Driven Family Support Services *	39	10%	45	10%

*includes representative payee costs

Supported Employment:

Centre County MH/ID/EI-D&A participates in the local Employment Coalition which dovetails with the local transition council. The membership consists of representatives from Administrative Entity, school districts (including the IU), Careerlink, OVR, local service providers, Supports Coordination Organization, Penn State University Project O.N.E. and family members. Each spring, the group hosts a Agency Night for individuals and families new to services and has developed transition information for dissemination. In addition to service providers, representatives from OVR, MATP, secondary education programs, Careerlink, and other community programs also participate.

There are currently 6 providers actively providing employment services in Centre County. Two providers currently maintain county contracts to provide services using base monies. In addition, both of these providers have completed training and now offer individualized employment programs based on Discovery and customized employment.

One of the contracted providers has been offering a program called Career Discovery throughout FY 2015/2016 completing 7 assessments with another six persons either beginning the process or waiting a start date. This program is based on the philosophy of Employment First, Customized Employment and trainings of Marc Gold & Associates. They have collaborated with the Pennsylvania State University and the Virginia Commonwealth University to create a program that meets the service definitions but emphasizes assessment, development of soft employment skills, and career (as opposed to job development).

The second provider completed Discovery Assessment Training in April 2016 and has recently begun offering person centered assessments. The first referral has been made and accepted.

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

Centre County continues to track expenditures related to the Employment Pilot. This funding has historically been to be used to support the individuals not in either waiver who fall within the pilot guidelines. As the new and varied opportunities are developed/ implemented in the upcoming year it is anticipated that the Employment Pilot funding can be used to support

individuals in accessing individualized employment options as well as traditional supported employment.

At the end of each quarter (January – March, April – June, July – September, and October – December) the ID Program Specialist compiles employment information from Supports Coordination staff related to individuals on their caseloads who were competitively employed, making at least the federal minimum wage, on the snapshot dates (the first of each month). This data has been collected at the end of each quarter since the start of calendar year 2011. A total of 60 months of employment data has been collected.

The ID Program Specialist has completed a comprehensive review of this employment data for the past five calendar years (2011 – 2015). The summary is currently in draft and being reviewed. The long range plan is to share this comprehensive review of employment in Centre County with providers, Supports Coordination, MH/ID Advisory Board, local transition council, regional ODP and other interested stakeholders. This information will be essential in reviewing trends and planning for employment activities in the upcoming fiscal year.

Base Funded Supports Coordination:

Centre County AE staff and SCO meet bi-weekly. 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.

Centre County AE and SCO meet bi-weekly throughout the year. The meetings are used to complete training to meet the needs of the SCO. AE and SCO staff often participate in training/webinars together and are able to discuss details pertinent to training and other ODP initiatives. During this current fiscal year the AE and SCO staff have participated in the SELN webinars and conducted discussions following the training. AE staff completed a review of the SELN toolkit with the SCO with emphasis on conversations with ISP teams regarding employment.

Centre County provider network (including SCO) has a commitment to community integration for the individuals receiving services. There are several licensed day services that include a community integration component that fosters community and civic involvement. 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.

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

Lifesharing Options:

There continues to be limited growth of Lifesharing as a residential service in Centre County. In the past, Centre County AE facilitated a Lifesharing Coalition that included the AE staff, SCO, and local providers. Quarterly meetings were held and a strategic plan was developed. Recruitment activities included newspaper articles, flyers, presentations to civic organizations, mailings to churches, participation in local fairs and events, and media campaigns.

Currently there is one Lifesharing placement in Centre County. The main barrier identified is the need to revisit the reimbursement rate for Lifesharing families. A global concern is the need for clarification from ODP regarding DOL rules and overtime. Another area in need is the lack of guidance regarding the use of substitute care.

A representative from the AE participates in Lifesharing activities at the regional and state level. In the upcoming fiscal year the Administrative Entity will reconvene the Centre County Lifesharing Coalition to begin the process of reviewing/updating the last strategic plan. Previous members will be contacted in addition recruitment of new members/providers.

Cross Systems Communications and Training:

Centre County AE and SCO regularly participate in local trainings and meetings to gain knowledge of other service systems/resources. In the past training on the ID system has been provided to other county offices and the local MCO by county ID staff. A representative from the ID unit gives an overview of Intellectual Disabilities for local law enforcement entities during training for the local Crisis Intervention Teams (CIT). AE staff work with local stakeholders including local AAA, Adult Services and local Mental Health Administration to ensure the effective implementation of Adult Protective Services (APS). The AE has collaborated several times in the past year with the local Aging Office to follow up on APS concerns. The AE and SCO work with other stakeholders (MCO, Education system, RTF staff, CYS, ODP, etc.) when transitioning young adults from facility settings to the community.

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

The AE conducts regular provider meetings. Waiver capacity, ODP initiatives, 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. The EI Coordinator and Assistant Administrator for ID Services have begun discussions regarding how to identify and transition children from EI and how to engage families who may be eligible for support. One barrier is how to document eligibility to allow for the expenditure of base/HSBG funds.

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. While Centre AE does not reserve any base/block grant dollars to meet emergency needs, utilization of FD/FSS funds, as well as other unallocated and underutilized funds are monitored monthly by AE, SCO and Fiscal personnel and could be accessed in the event of an unanticipated emergency.

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

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

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

Administrative Funding:

Centre County MH/ID/EI-D&A is in the process of updating the website. One major purpose is to update and expand information related to ID services and providers so individuals, families and other stakeholders have access to information that will assist with understanding the service system. The ODP consulting website could be a better resource, especially for individuals and families, except it was never user friendly and has not been improved since its inception. 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.

The HCQU nurse participates in the local Human Rights Committee, provider meetings, Quality Council as well as incident management reviews related to hospitalizations, emergency room visits and any other incident as warranted/requested. Both the SC and AE attend the annual HCQU meeting. The annual report generated by the HCQU is shared with all SCO and AE staff, and providers. This information is used to assist with identifying training needs for both individuals and providers. It is 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 SC staff dialogue directly with the local program when there are questions or clarification needed regarding considerations or their resolution. A representative of the IM4Q is invited to provider meetings and the MH/ID Advisory Board to present IM4Q data. The coordinator of the local IM4Q Program is a member of the Quality Council.

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 and PPC are available as resources to assist teams supporting individuals with higher levels of need. The AE has identified 2 providers who are willing to provide an enhanced level of habilitation (LPN) to support individuals living independently who need support around nutrition, understanding diagnoses and engaging in follow-up appointments. In the past year representatives of the MH/ID office and AAA met with the local hospital social workers to facilitate a better understanding of each system.

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

The county housing coordinator has attended the bi-weekly unit meeting to explain housing programs that are available in Centre County. The information related to eligibility, availability and the application process is explained in detail. The housing coordinator emails updates and information to key county staff for distribution to case management staff, including the SCO as it relates to funding and housing opportunities.

Participant Directed Services (PDS):

Centre County AE currently has 67 individuals using Participant Directed Services (29 VF and 38 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 as needed to assist the SC, individual and families in understanding the service models so that informed choices can be made. One of the barriers for base funded PDS is the cost of the administration fee.

Centre AE is comfortable regarding promoting and increasing the use of PDS services. Two steps taken by ODP that will help with the management of PDS is the introduction AWC monitoring and access to the PPL Portal. Hopefully, the results of first year of the new ACW monitoring will allow ODP and AEs to address the gaps/needs in training for the AWC and managing employers. Prior to access to the PPL portal there was a gap/lag regarding information related to overtime and utilization, which in turn made it more challenging for AE/SCO staff to address concerns in a timely manner. The PDS handbook was originally

issued in 2008. It would be of great assistance if ODP would update resources to incorporate updates and changes to information in a timely manner. Lastly, standardized training is needed for Common Law Employers prior accepting the role.

Community for All:

Centre County MH/ID/EI-D&A currently has 1 individual residing in a state center and no one residing in a state hospital. We are not currently involved in either the Benjamin or Jimmy litigation. There are currently 5 individuals residing in nursing facilities and 3 individuals residing in private ICF facilities. In the past year one person was moved from a local nursing home into a new community residential placement. Centre AE currently has 1 individual involved in the state prison system. The local team will collaborate with ODP and state prison/parole personnel in planning the transition back into the community. Local resources/agencies (housing, counseling, medical, transportation, ID services) will be accessed to assist with the transition. In the current fiscal year, Centre AE collaborated with ODP and Dauphin County AE/SCO to ensure Consolidated Waiver funding for a man (registered in Centre County) returning to the community after approximately 18 years in prison. When he chose to stay in Dauphin County, Centre AE transferred waiver capacity to Dauphin.

The AE and SCO work with other stakeholders (MCO, Education system, RTF staff, CYS, Juvenile Probation, ODP, etc.) when transitioning young adults from facility settings to the community. This includes regular participation in team meetings, community placement search/referrals, liaison to Central Region ODP, updating the ISP as needed and management of waiver capacity. Internally, the SCO and MH case management collaborate to identify primary case management responsibilities for individuals who are dually diagnosed.

In Summary:

The past 8 months has indicated that there are changes coming to the ID system. With the approved CMS amendment, the upcoming re-submission of the waiver application to CMS and Final Rule looming there will be ample opportunity for ODP, AEs and SCOs to make significant improvements to services, processes and procedures. It is greatly appreciated that input is being solicited in a variety of venues, addressing the concerns of all stakeholders. With so much change in the future it is imperative that the system lays a strong foundation of direction, resources, support and training for Regional ODP staff, Administrative Entities, Supports Coordination Organizations, providers and families.

HOMELESS ASSISTANCE SERVICES

Centre County continues to deal with affordability housing issues that affect our residents. We provide a continuum of services in the county to assist homeless and/or prevent homelessness when achievable. We continue to struggle with the loss of affordable units competing with new student housing development. As our inventory decreases, our providers work harder to establish and maintain positive working relationships with our landlords to provide affordable housing. We have a minimum of a nine month wait list for Housing Choice Voucher program so we maximize all housing program opportunities in the county, especially those related to sub-populations (mental health, children and youth involvement, etc.). As of May 2016, Centre County did not receive renewal of the Shelter Plus Care Grant through HUD. This grant provided 32 vouchers for homeless individuals and/or single parents with a significant mental illness. This loss will further extend the wait list for Housing Choice Vouchers and is a loss for our shelters to refer for this service. Centre County will look for options to reapply and/or recreate a similar program.

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

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

Bridge Housing:

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

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

Case Management:

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

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

Rental Assistance:

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

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

Emergency Shelter:

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

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

Other Housing Supports:

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

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

CHILDREN and YOUTH SERVICES

Centre County Children and Youth Services continue to look at new and different ways to fund and add services to our already successful array of in-home services. It is our experience that the utilization of these in-home services is instrumental in preventing out-of-home placements and assuring the safety of children. In order to determine what new services are necessary, we need to recognize that the two major challenges for Centre County residents continue to be the high cost of housing and the high cost of childcare. Due to the rising cost of living in Centre County, the population primarily served by the agency is often forced to reside in more rural areas with less access to community resources such as bus routes; approved subsidized daycare providers and employment opportunities. In addition to these challenges, we continue to see an increase with drug usage among our young parents. All of the HSBG funded programs assist in addressing these three core issues. When looking at the issue of affordable housing, it is critical that residents of Centre County maintain their existing housing as affordable housing located in the State College area continues to dwindle and their housing options are extremely limited. Programs like Money Management and DeClutter are often able to intervene before housing is lost by helping families keep up to date on their rent and maintain sufficient home conditions. FGDM has been instrumental in helping families with drug issues identify and plan for problems prior to the removal of a child becoming necessary. In order to continue to combat these challenges, we are looking to partially fund our Parenting Plus program through the block grant, the remainder of the program will continue to be funded through Needs Based funding. Parenting Plus has been approved as a provider of Parents as Teachers (PAT), an evidence-based parenting program that focuses on four main components: personal home visits, group connections (monthly parent group meetings), developmental screenings for young children, and connections to local resource networks. Utilizing the PAT model will help in accessing parenting abilities early on to better evaluate children's safety in the home and identify additional service needs. We are also adding Aggression Replacement Training (ART) to our service compliment for our Juvenile Probation Youth. ART is a cognitive behavioral evidence-based intervention program that helps children and adolescents improve social skill competence and moral reasoning, better manage anger, and reduce aggressive behavior. We believe that it will have a positive impact on our youth population lowering their risk to use drugs and potentially lowering the likelihood that we will continue to see an increase in drug use among our young parents. In evaluating our successes, despite the challenging economic climate, the agency has been able to consistently maintain a high level of in-home services to Centre County families. We are looking to continue to increase this success by expanding our array of in-home services as an effort to meet the growing and challenging demands of the populations we serve.

Outcomes		
Safety	1. Children are safely maintained in their own home whenever possible and appropriate.	
Permanency	1. Children have permanency and stability in their living arrangement.	
Child & Family Well-being	1. Families have enhanced capacity to provide for their children's needs.	
Outcome	Measurement and Frequency	The Specific Child Welfare Service(s) in the HSBG Contributing to Outcome
Safety	In an effort to measure the effectiveness of the program we track three outcomes: Objective #1 tracks the number of families referred to the program by CYS a second time (1 family was referred for a second time, 8%); Objective #2 tracks improvement on the North Carolina Family Assessment Scale (NCFAS), specifically in the habitability of housing domain (75% of the families showed improvement from intake to case closure); Objective #3 tracks the number of clients who lose subsidized housing due to home conditions within one year of services closing (1 family lost their housing, 14%).	DeClutter
Permanency	In an effort to measure the effectiveness of the	FGDM

	<p>program as it relates to permanency we track the following outcome; Objective #2: to achieve successful adherence to the plan developed in Family Group conferences for those referrals involving permanency decisions one year after plan development; (80% of the plans that were developed including a permanency decision adhered to that plan within one year of the original plan)</p>	
<p>Child and Family Well-being</p>	<p>In an effort to measure the effectiveness of the program as it relates to child and family well-being we track three outcomes: Objective #1: to assist families in not having their electric shut off (100%, none of the families served by this program had their electricity shut off); Objective #2: to aide families in maintaining their housing (100%, none of the families served lost their housing due to non-payment of rent); Objective #3: to assist families in meeting their basic needs (100%, none of the families involved with this program required additional financial assistance from CYS)</p>	<p>Financial Money Management</p>

Program Name:	Family Group Decision Making
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Please indicate the status of this program:

Status	Enter X			
Funded and delivered services in 2015-2016 but not renewing in 2015-2016				
Requesting funds for 2016-2017 (new, continuing or expanding from 2014-2015)	X	New	Continuing	Expanding
			X	

- Family Group Decision Making (FGDM) is a family-centered practice that utilizes family input within a structured process guided by professionals to create a plan that is unique to every family. Family is loosely defined and can include anyone the family identifies as a support to them. Currently in Centre County, we use also use FGDM as a way to develop Transition Plans for youth aging out of the CYS system. Transition Plans are required by DHS for all youth in foster care who will be leaving care 90 days prior to, or after their 18th birthday. In an effort to measure the effectiveness of the program we track three outcomes: Objective #1: to integrate FGDM into standard practice in the CYS intake process; Objective #2: to achieve successful adherence to the plan developed in Family Group conferences for those referrals involving permanency decisions; Objective #3: to increase Juvenile Probation’s usage of this program.

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	CYS clients	CYS clients
# of Referrals	47	46
# Successfully completing program	26	25
Cost per year	\$53,250	\$49,055
Per Diem Cost/Program funded amount	\$3,000/\$1,000/\$250	\$3,000/\$1,000/\$250
Name of provider	Youth Service Bureau	Youth Service Bureau

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

It is difficult to plan for exactly how many conferences will be utilized each year. We have made adjustments in previous years to compensate for the under-spending. The Agency has adopted the practice of referring the majority of all Intakes to FGDM however it is ultimately up to the family to participate, which is out of the Agency's control. Because the conferences are billed through a tiered system determined by DHS, if the family does not follow through with an actual conference, the maximum amount is not utilized. We are planning on re-allocating some of the previous years funding to fund new programs in the HSBG for 2016-2017.

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

Status	Enter X			
Funded and delivered services in 2015-2016 but not renewing in 2015-2016				
Requesting funds for 2016-2017 (new, continuing or expanding from 2014-2015)	X	New	Continuing	Expanding
			X	

- De-Clutter provides help to families with organizing/cleaning their homes. The program engages other family members to help improve the home conditions. In an effort to measure the effectiveness of the program we track three outcomes: Objective #1 tracks the number of families referred to the program a second time by CY5; Objective #2 tracks improvement on the North Carolina Family Assessment Scale (NCFAS), specifically in the habitability of housing domain; Objective #3 tracks the number of clients who lose subsidized housing due to home conditions, within one year of services closing.

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	CYS clients	CYS clients
# of Referrals	48	57
# Successfully completing program	48	57
Cost per year	\$40,805	\$56,339
Per Diem Cost/Program funded amount	\$46.03	\$46.06
Name of provider	Youth Service Bureau	Youth Service Bureau

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

This was the first year we saw an under spending situation with this program. Moving forward we plan on adjusting the funding and using some additional funds to fund other programs. It continues to be difficult with our ever changing population to gage exactly how many clients will need any particular service.

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

Status	Enter X			
Funded and delivered services in 2015-2016 but not renewing in 2016-2017				
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	X	New	Continuing	Expanding
		X		

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

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	CYS Clients	CYS Clients
# of Referrals	4	4
# Successfully completing program	4	4
Cost per year	\$3,420	\$3,420
Per Diem Cost/Program funded amount	\$38.00	\$38.00
Name of provider	Interfaith Human Services	Interfaith Human Services

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

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

Status	Enter X			
Funded and delivered services in 2015-2016 but not renewing in 2016-2017	X			
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)		New	Continuing	Expanding

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

This program is being funded entirely through the Special Grants portion of the Needs Based Budget in 2016-2017.

- www.Safecare.publichealth.gsu.edu

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population	CYS Clients	
# of Referrals	53	
# Successfully completing program	53	
Cost per year	\$95,718	
Per Diem Cost/Program funded amount	\$43.63	
Name of provider	Youth Service Bureau	

Program Name:	Parents as Teachers (PAT)
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Please indicate the status of this program:

Status	Enter X			
Funded and delivered services in 2015-2016 but not renewing in 2016-2017				
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	X	New	Continuing	Expanding
		X		

Parents as Teachers (PAT) is a parenting education model that is brought to parents in their homes by trained parent educators. The PAT model includes four main components: personal home visits, group connections (monthly parent group meetings), developmental screenings for young children, and connections to local resource networks. Parent educators are trained to address three main areas of emphasis throughout their contacts with families: (1) parent-child interactions that are warm, responsive, encouraging, and communicative; (2) development-centered parenting approaches that help parents understand the connection between their child’s development and her behavior; and (3) family well-being, which includes recognizing and building upon protective factors within families. Parent educators conduct home visits using structured visit plans and guided planning tools. At least 12 hour-long home visits are offered to families annually, with more visits offered to higher-need families. PAT is designed to serve families for at least two years between pregnancy through the identified child’s kindergarten school year.

The goals of the PAT model include providing parents of young children with child development knowledge and parenting support, providing early detection of developmental delays and health issues, preventing child abuse and neglect, and increasing children’s school readiness.

For the past 15 years, the Youth Service Bureau (YSB) has been offering PAT within their Parenting Education service. Over the years, the PAT model has changed as more research has been conducted in order to attain evidence-based status. As this occurred, all PAT providers were given the choice of following two different tracks: becoming an Approved User of the PAT curriculum (allowing providers to use all resources and materials developed by PAT), or working to become an Affiliate (requiring providers to follow the PAT home visiting model with fidelity). YSB chose the Affiliate path, as they understand the value of adding evidence-based programming into the menu of services available to families in Centre County. PAT was an obvious choice for YSB, due to the long-standing history with utilizing PAT resources and materials, and seeing first-hand the positive effects within the families that have benefitted from PAT resources over the years. As a result of changes in the Child Protective Services Law in December 2014, we saw an increased number of referrals into the Parenting Education program

during the 2015-2016 fiscal year. This confirmed our notion that an increase in evidence-based programming was warranted.

Families with children ages prenatal through the kindergarten school year are eligible to receive PAT services. PAT's core philosophy includes the fact that all young children deserve the same opportunities to succeed, regardless of any demographic, geographic, or economic considerations, as well as the fact that an understanding and appreciation of the history and traditions of diverse cultures is essential in serving families. With this in mind, PAT has included a number of resources and strategies offered throughout their curriculum and planning tools that helps to ensure that PAT is accessible to a wide variety of families.

We will be tracking the following outcomes for the PAT program:

Outcome #1: To reduce the number of indicated child abuse reports within families receiving PAT services. The goal will be that 5% or fewer of the children will have indicated child abuse reports one year later.

Outcome #2: To reduce the number of families who are accepted for services for CYS within one year of completing PAT. The goal will be that 25% or fewer families will require CYS protective or placement services one year later.

Outcome #3: To improve The Life Skills Progression (LSP) scores in the Support of Development parent scale. The goal will be that 80% or more of parents will reach the target range of the Support of Development parent scale at case closure.

PAT is listed as meeting U.S. Department of Health & Human Services (DHHS) criteria as an evidence-based program model on their website, at <http://homvee.acf.hhs.gov/Models.aspx>

Additional information can also be found at the Parents as Teachers (PAT) program website at <http://www.parentsasteachers.org/>

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population		CYS Clients
# of Referrals		40
# Successfully completing program		40
Cost per year		\$89,210
Per Diem Cost/Program funded amount		\$46.85
Name of provider		Youth Service Bureau

Program Name:	Aggression Replacement Training (ART)
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Please indicate the status of this program:

Status	Enter X			
Funded and delivered services in 2015-2016 but not renewing in 2016-2017				
Requesting funds for 2016-2017 (new, continuing or expanding from 2015-2016)	X	New	Continuing	Expanding
		X		

Aggression Replacement Training (ART) is a cognitive behavioral evidence-based intervention program that helps children and adolescents improve social skill competence and moral reasoning, better manage anger, and reduce aggressive behavior. This program was designed as an approach to working with young people who experience difficulties with interpersonal relationships and prosocial behavior. Research has shown that youth who develop skills in these areas are far less likely to engage in a wide range of aggressive and high-risk behaviors. The purpose of ART is to promote emotional competence, engage and motivate youth to reduce or eliminate negative attitudes and behaviors, and to increase their skills to resist drug use. By achieving these objectives, the program will lead to a reduction in arrests and/or recidivism and decreased antisocial behavior, which means that criminal behavior will be reduced, and community functioning and pro-social behavior will be improved.

In the spring of 2013, YSB staff conducted a youth survey to over 100 youth congregating in youth hangouts throughout Centre County and found startling statistics that indicate youth in our area are participating in many high-risk behaviors. For example, 67% of youth surveyed stated that they have used alcohol, 35% have used marijuana, and 20% have abused prescription drugs. Recently, new drugs, such as synthetic cannabinoids and heroin have become popular.

The findings listed above, as well as findings from the Pennsylvania Youth Survey 2013 (PAYS), indicate the severity of the problem for our community. PAYS named the following as priority risk factors: *Low Commitment to School, Parental Attitudes Favorable Toward Antisocial Behavior, Perceived Risk of Drug Use, Attitudes Favorable to Drug Use, and Poor Family Management.* These risk factors are concerning because kids who don't think it is risky to use drugs, and who believe attitudes and norms do not discourage drug use, are far more likely to engage in drug use, leading to other destructive behaviors. Additionally, *Parental Attitudes Favorable Toward Antisocial Behavior* increases the likelihood of child involvement in similar behaviors. Combined with the fact that the highest ranking antisocial behaviors were hitting someone with intent to harm and being drunk or high at school, we have some significant risk factors to address.

PAYS findings support the notion that drinking among adolescents is a substantial problem. Lifetime prevalence of alcohol use for Centre County 12th graders is 68%, meaning that more than half our high-schoolers have already tried alcohol at least once by the time they are in twelfth grade, which is concerning because age of first use is strongly correlated with rates of alcoholism.

Finally, Pennsylvania Liquor Law Violation Arrest Rates for ages 11-17 (2001-2006) ranks Centre County fifth (out of 67) of all counties in the Commonwealth with 11.9 arrests per thousand, far exceeding the state rate of 6.9/1000 arrests.

While the PAYS data alerts us to the risk factors, it also reports what youth identify as protective factors. Alarming, youth are reporting few community opportunities for prosocial involvement. These youth do not feel a connection to the members of their community. This lack of connection increases the opportunity for criminal activity toward others and a lack of accountability or responsibility for others.

Through this program (ART), not only will we be able to reduce the aforementioned risk factors, but we can also strengthen protective factors. Protective factors identified by PAYS (2013) as the lowest scoring factors include School and Community Rewards for Prosocial Involvement and School Opportunities for Prosocial Involvement.

Young people referred to YSB services are among children with the greatest need in Centre County, as demonstrated by any number of measures, ranging from impoverishment and parental incarceration, to school problems and poor family management, to issues resulting in involvement with the child welfare and juvenile justice systems, making them especially vulnerable to social pressures at an early age. Because of conditions in their lives and home environments, youth from these families are at considerable risk for a variety of poor outcomes, which increases the likelihood that they will engage in destructive behavior.

We will be tracking the following outcomes for the ART program:

Outcome #1: To increase the percentage of youth who avoid new delinquent charges one year after completing ART. The goal will be that 75% or more of the youth tracked will have no new charges one year after completing ART.

Outcome #2: To reduce the number of youth who experience out of home placement (exceeding 30 days) within one year of ART completion. The goal will be that no more than 20% of the youth tracked will experience out of home placement.

Outcome #3: To increase the number of youth who are able to successfully complete the ART program. The goal will be that 80% or more of youth referred to the ART program will successfully complete it.

ART is listed as an evidence-based program on the EPIS Center website, at <http://www.episcenter.psu.edu/ebp/ART>

Additional information can also be found at the program website at
<http://uscart.org/new/trainings/aggression-replacement-training/>

Complete the following chart for each applicable year.

	FY 15-16	FY 16-17
Description of Target Population		Youth involved with Juvenile Probation
# of Referrals		7
# Successfully completing program		7
Cost per year		\$7,324
Per Diem Cost/Program funded amount		\$38.57
Name of provider		Youth Service Bureau

DRUG and ALCOHOL SERVICES

Access to Services

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

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

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

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

Individuals who have Community Care Behavioral Health eligibility under Health Choices may access treatment services either by calling a participating provider directly, contacting Community Care Behavioral Health for provider contact information, or by coming through the SCA. Case management staff are available to assist CCBH-eligible clients with accessing the services they need, either through a formal level of care assessment or by providing provider contact information.

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

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

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

Waiting List Issues

Over the past year, Centre County SCA has been able to continue offering longer lengths of stay for individuals who need this level of treatment at a residential level. Staff have also continued to offer enhanced case coordination services to this population during their residential treatment stay. This provides residential staff with greater access to local resources and allows the individual to begin resolving issues in anticipation of their aftercare plan.

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

Barriers to Accessing Treatment Services

Unfortunately, the most common barrier to accessing inpatient treatment right now is the lack of available bed space for individuals who want this level of care. Staff are finding at least a 1-3 day waiting period to be admitted for non-hospital detoxification (sometimes it's 3-5 days), and then a 7-10 day waiting period for admission to non-hospital rehabilitation (with the wait occasionally stretching to 10-14 days). The window of opportunity to bring an individual in to

treatment can be very small, depending on their level of motivation to follow through. Far too often, the individual can no longer be located by the time the admission can be made.

Insurance coverage, at one time seen as the key to access, has started to be a barrier to receiving treatment services. More insurance packages are coming with very high deductible rates and/or very high daily co-payments. Facilities often expect that these costs will be paid at the time of admission and for many individuals who seek inpatient treatment, this creates an impossible barrier.

SCA staff are also reporting an increase in the number of individuals with complex needs that complicate making the arrangements to seek treatment services. Substance use may be escalating and warrant inpatient treatment, but the individual's obligations locally are given precedent. This may involve continuing to work, attending to family needs, and/or legal demands. Getting treatment to be a priority for the individual can be a great challenge.

For individuals who are interested and/or appropriate for a medication-assisted therapy, accessing services in Centre County comes with significant barriers. The majority of providers of MAT locally do so, on a private-pay basis. They may be willing to complete the paperwork that will allow an individual to use their Medicaid eligibility to pay for the medication, but office visits with the physician must be paid by the individual. It is also not clear if all practitioners utilize the best practice standards for MAT – including the requirement of counseling sessions in addition to the medication. These current practices prevent many individuals in Centre County from accessing this treatment and receiving a quality service that will assist them in their recovery.

Capacity Issues

Like many programs across the state, Centre County SCA continues to be challenged by the lack of available residential beds for individuals who need non-hospital detox and rehab services. While there are occasions when beds can be secured right away, there is often a waiting period of up to 1-3 days for a non-hospital detox bed and a 7-10 day wait for a non-hospital rehabilitation bed. Not only is this clinically unacceptable, but results in missed opportunities, as many will not wait for that treatment bed to come available.

Centre County, along with other SCA's across the state, is encouraging inpatient providers to consider expansion of services where the option exists. Doing so will create additional challenges for the system to manage, including expansion of the provider workforce, training for new staff, and assuring that high quality programming is not sacrificed in the effort to serve more individuals.

Currently, there is a lack of viable treatment options for individuals who are seeking medication-assisted therapies in conjunction with their counseling services. Most prescribers in Centre County do so, on a private pay basis. There are few programs who will see the individual and prescribe by billing private insurance or Medicaid.

County Limits on Services

Centre County SCA is prepared to continue its efforts to offer longer lengths of stay in residential treatment and ongoing case coordination support to individuals upon return to the community. Over the past several months, the SCA is seeing more individuals securing Medical Assistance eligibility, which allows to the SCA to reconsider how funding is allocated. The SCA is optimistic that resources will continue, in order to avoid restricting access to treatment for individuals with substance use disorders.

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

Impact of opioid epidemic in the county system

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

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

While the data is not yet available, 2015 stands to see similar numbers for overdose deaths.

In the course of the current fiscal year, Centre County SCA is seeing an increase in the number of individuals seeking treatment who report heroin or opiates as their drug of choice. This is particularly evident in those who are accessing residential treatment – well over 50% of these individuals are using heroin/opiates at the time of admission. Outpatient providers are seeing similar increases. Alcohol has been the long-standing drug of choice in Centre County – that is now changing with increasing use of heroin/opiates.

In the last six months, the Centre County Criminal Justice Advisory Board has formed an Overdose Subcommittee, tasked to identify strategies and programs which can address the

increasing use/abuse of prescription opioids and heroin and reduce the number of overdoses and overdose-related deaths in Centre County. Areas of work to date have included:

- Medication-assisted therapies have been an ongoing need and request from individuals who contact the SCA for information and access to services. This option has been of particular interest to individuals who have an opiate substance use disorder.
- There has also been a great deal of interest in recent legislation that makes naloxone (Narcan) available to first responders and even family members, to be available as an emergency treatment in the event of an opioid overdose. Committee members have advocated with local police departments to increase their training and availability of naloxone for officers in the field.
- The Committee is looking at offering programs and discussion forms to educate members of the community on the extent of the issues locally, and encourage their involvement in being a resource to individuals who are seeking treatment and working a program of recovery.
- The committee is looking to support members of the medical community to utilize best practice strategies around prescribing practices and use of these medications.
- The District Attorney (member of the committee) is submitting a grant application to secure additional prescription drug drop-boxes, so that members of the community can reduce the availability of commonly abused prescription drugs (and all unwanted medications) through proper disposal.

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

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

Centre County SCA continues to be a participating member of the Centre County Re-Entry Coalition. Additional point-in-time surveys show high numbers of individuals who are incarcerated, with either a mental health and/or a substance abuse disorder. Many of these individuals also have a co-occurring mental health and/or physical health issue as well.

Partnering agencies representing criminal justice and community organizations from across the county continue to participate in reentry coalition activities in an effort to improve access to treatment and resources for individuals who are returning to the community. The goal of this work is to provide individuals with the tools they need to be successful in their home communities, and subsequently reduce recidivism rates. Centre County SCA is looking to expand the availability of case management services to this population, with the intent of increasing a direct connection from services and resources provided while they are incarcerated, to services in the community.

Identified Populations

For all individuals in Centre County, outpatient and inpatient treatment services are available based on a recommendation from the SCA/provider assessment and a PCPC level of care determination. Block grant funding under this plan is used for all levels of service to local residents. Centre County Drug and Alcohol strives to identify strategies that will address the unique needs of identified populations:

- **Adults (ages 18 to 55)**

The most common demographic description of those seeking services from the Drug and Alcohol Office is “Adults ages 18 to 55.” When looking at the drug of choice for this population seeking services at an outpatient level of care, alcohol is the most frequently reported but heroin/opiates is fast approaching as the second most common. For those seeking inpatient treatment services, heroin and opiate use has surpassed alcohol as being reported. Heroin availability and episodes of overdose continue to rise throughout the county and is resulting in loss of life, increased negative consequences (DUI, theft, etc.), and impact on family members.

Centre County continues to offer enhance case management services to individuals with substance use disorders to not only encourage their participation in treatment services, but to address treatment-related issues (ex. housing, employment, family/social issues, etc.) that can interfere in an individual’s efforts to maintain their recovery. In addressing these peripheral needs, overall long-term health and wellness outcomes will improve.

- **Transition-Age Youth (ages 18 through 26)**

A significant number of individuals ages 18 through 26 in Centre County can be found in and around the Pennsylvania State University. The Drug and Alcohol Office collaborates directly and through various community partners to assure that services and resources are available to PSU students and young adults throughout the county.

Many students come through this office for services as a result of involvement in the criminal justice system. Centre County Drug and Alcohol would like to offer education and training on the collateral consequences of substance use, including the long-term ramifications of these types of legal charges on their careers and future plans. Also increased awareness of what is

socially normal within their peer group is a worthwhile goal. There is a great deal of misperception by students (and unfortunately their parents) on what are acceptable and “normal” behaviors for this age group. Until the behaviors change, negative consequences will continue to occur.

While Centre County has intensive outpatient options for adolescents (see below), there are few that are tailored to the specific needs of this transition-aged group. Many of the individuals the SCA serves are of adult age, but have a maturity level that is much lower. They struggle with peer relationships and having sufficient skills to be independent and successful on their own. This is an area for consideration in the coming year.

- **Adolescents (under 18)**

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

The level of treatment services provided to adolescents in this county is not fully known. Many within this target population have access to other resources such as private insurance and Medicaid eligibility, which allows them to access treatment services directly. Recent referrals from the Juvenile Probation system have demonstrated an increase in need for this age population. Centre County will continue collaboration with community organizations and with Community Care Behavioral Health to determine the extent of substance use disorders within this population and identify tailored strategies to address the level of need that exists.

- **Individuals with Co-occurring Psychiatric and Substance Use Disorders**

Centre County continues to work closely with Crossroads Counseling who is dually licensed to provide mental health/psychiatric and drug & alcohol treatment services. Crossroads is the only provider in Centre County to have both licenses in place. This provides a very good option for individuals who have co-occurring diagnoses. Centre County also hold contracts with other outpatient and inpatient providers with staff who are able to serve individuals with a primary substance use disorder and co-occurring mental health issues.

Over the next several years, Drug and Alcohol would like to increase the number of providers and the number of staff who are competent to serve this particular population. In addition, staff are seeing an increasing number of individuals who have experienced significant trauma, which directly relates to their substance use and/or mental health symptoms. Centre County SCA supports providers in expanding their ability to provide services that are trauma-informed, and will offer access to upcoming trainings being made available through various initiatives offered

by the Behavioral Health Alliance of Rural Pennsylvania and Community Care Behavioral Health.

- **Criminal Justice Involved Individuals**

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

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

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

- **Women with Children**

Centre County SCA receives SAPT Federal Block Grant funding through the Department of Drug and Alcohol Programs to provide a full continuum of treatment and recovery support services to pregnant women, women with children, and women attempting to regain custody of their children. During the course of the year, the SCA tracks expenditures to identify treatment costs for women who fall into this targeted category.

A significant portion of funding in this area is for case management services. A successful recovery is challenging for anyone affected by the chronic disease of addiction. That challenge

is compounded by the responsibilities of caring for children. SCA staff offer support to all individuals seeking case management services, but especially for women with children – including meeting their own medical needs and that of their children, referral to specialized services for those who have experienced abuse/neglect and trauma, and transportation.

A detailed resource list is maintained by the SCA and made available to women in this category.

Recovery-Oriented Services

Centre County currently offers recovery support services to adults with substance use disorders. These services include case coordination (provided by Centre County SCA staff) and/or a referral to meet with the certified recovery specialist (CRS) through Crossroads Counseling. Participation in treatment is not required to access these services. A portion of the SCA's block grant funding is used to fund case management services to all individuals with substance use disorders who seek services of this office.

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

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

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

Adult Services: Please provide the following:

Program Name: Service Planning Case Management

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

Service Category: Service Planning/ Case Management

Populations Served: N/A

Planned Expenditures: \$19,529

Program Name: Homemaker

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

Service Category: Homemaker

Populations Served: N/A

Planned Expenditures: \$16,000

Specialized Services: Please provide the following:

Program Name: **Basic Needs Case Management**

Description of Services: is a service provided to residents looking for assistance in maintaining their basic needs, such as a home, food, energy assistance, child care, transportation, medical needs, etc. Centre County has two providers for the program, one being at a community help center and another at a medical care center. The case worker meets with the residents and assesses their needs and works on a goal plan. These goals often have to do with maintaining a job, maintaining schooling, maintaining a home, and/or maintaining a family. Our case worker then collaborates with the client and the resources in

the community to resolve the issue. The case worker completes the intake and releases and works with county case workers, faith based organizations and human service agencies to collaborate on resolving the issues. The case worker will advocate with landlords, employers, etc. to find assistance and/or accommodations for their needs. The case worker refers the clients to mainstream resources including Medical Assistance, Social Security, and other benefits including food pantries. If financial assistance is needed, the case worker works with to advocate on their behalf to receive financial assistance and the client has to contribute towards resolving the issue as well. Community Help Centre and Centre Volunteers in Medicine are the providers for the basic needs program.

Service Category:

Populations Served: N/A

Planned Expenditures: \$35,055

Program Name: **Financial Care Money Management Program**

Description of Services: The program is an innovative service provided to residents in Centre County. Financial Care Coordinators meet with residents struggling to maintain their finances, pay their bills, and stabilize their household. Many residents have limited budgeting skills and fall on difficult times. Some clients have mental health or intellectual disabilities that limit their understanding of budgeting needs. Some clients have never had the responsibility before but due to deaths or relationship changes, are now responsible for the budget. The Financial Care Coordinators meet with the clients, review their income, bills, and living situation, and develop a plan with the client to improve their situation. Interfaith Human Services is the provider.

Service Category: N/A

Populations Served: N/A

Planned Expenditures: \$5,500

Interagency Coordination:

Interagency Coordination is conducted through the Office of Adult Services. Staff is available to handle client calls to refer them to properly needed services to match their needs. Staff is actively involved in the community and residents to assess the needs. All providers of Human Services and Supports meet monthly with Office of Adult Services and/or a provider to monitor the program; client's needs, and discuss issues within the services. Staff sits on a variety of committees including the Centre County Council of Human Services, Centre County Affordable Housing Coalition, Centre County Criminal Justice Advisory Board, Centre County Community Safety Net, and Centre County Crisis Intervention Team. These collaborations are vital for the coordination of not only state funded programs but the link to private partnerships such as faith based organizations, United Way, foundation funding, and local leaders. Training is provided through collaborations such as the Centre County Council of Human Services. Centre County Crisis Intervention Team (CIT) is law enforcement, criminal justice training curriculum to assist in handling crisis situations with reduced harm to officers, residents, and linking the person to resources in the county to address the crisis. Providers of Human Services and Supports actively participant in the CIT training and the Office of Adult Services maintains a leadership role within the Steering Committee. Our local hospital recently completed their required Community Health Needs Assessment and county staff were active in the development, data

gathering, and overall participation in this assessment. The assessment will allow the county to determine any additional areas of needs to focus on and garner support from the medical field. Funding is spent on salaries and benefits for staff within the Office of Adult Services.