

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 (Limit of 2 pages)

1. Centre County Planning Team includes the following departments: Mental Health/Intellectual Disabilities/Early Intervention - Drug & Alcohol, Office of Adult Services, Commissioners Office, Controllers Office and the residents of Centre County. 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.
2. Each department received input from their respective providers of Block Grant services in regards to service needs, programming, measures to be monitored, and funding. Centre County Planning Team meets monthly to discuss service gaps, needs, and funding levels. The county departments and providers of Block Grant services have a variety of program evaluations, surveys, and opportunities to discuss services throughout the fiscal year. Individual departments work directly with the providers on feedback, services, needs and funding throughout the year to scope the development of the Block Grant. Individuals who receive services were provided the opportunity to give feedback on the services through the public hearing process. Advisory Board and Board of Commissioners meetings held throughout the year that are open to the public provide the opportunity for input from the community. Community Support Program and Consumer/Family Satisfaction Teams provide consumers and family members the opportunity to provide feedback on services. Recovery-Oriented Systems Indicators (ROSI) meetings provide opportunities to provide feedback on visions and mission statements from programs and services within Centre County. Community providers have internal evaluation reports, surveys, and offer consumer feedback opportunities during and after services are completed. Departments conduct provider review meetings for services and on-site provider reviews are conducted annually. For the Intellectual Disabilities Program, satisfaction 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.
3. Centre County MH/ID EI Advisory Board and the Centre County Drug & Alcohol Planning Council have active opportunities to participate in the development of the HSBG plan.
4. 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. Homemaker services is an example of least restrictive setting services. By providing in home care for disable and low income individuals, it allows them to remain in their home as

opposed to being moved to personal care homes and/or nursing homes. The Enhanced Personal Care Home model is another example of least restrictive setting programs. It was developed within mental health and provides individuals with the opportunity to reside in their community with supports as an diversion from a state hospital and community based hospitals.

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

Through the efforts of the MH/ID EI and D&A office, a focus for FY 17-18 will be to sustain the Medication Assisted Therapy programs that were achieved using Retained Earnings. We will work towards expanding the services in the community and for the Reentry population through a partnership with our local correctional facility. In addition, the CHIP and Retained Earnings from previous years has proven to be a benefit for the Enhanced Personal Care Home program. Our intent is to maintain the service and look for the opportunity to grow the program over the next few years.

For fiscal year 2017-2018, The County will remain focus on developing housing services and continue with the Housing Program Specialist that is funded using Retained Earnings and Homeless Assistance Program funds.

PART II: PUBLIC HEARING NOTICE

- **Will complete section upon completion of Public Hearings.**

Two (2) public hearings are required for counties participating in the Human Services Block Grant. One (1) public hearing is required for counties not participating in the Human Services Block Grant.

1. Proof of publication;
 - a.

Please attach proof of publication(s) for each public hearing.

2. Please submit a summary and/or sign-in sheet of each public hearing. (This is required whether or not there is public attendance at the hearing.)

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

For each of the following, please provide a description of how the county administers services collaboratively across categoricals and client populations. In addition, please explain how the county intends to leverage funds to link residents to existing opportunities and/or to generate new opportunities.

Employment:

Centre County Mental Health (CCMH) provides funding for vocational training, supported employment, Transitional Employment Placements and competitive employment through job coaching, psychiatric rehabilitation, case management and CRR services. CCMH and Intellectual Disabilities Employment Committees continue to join efforts to promote employment opportunities and outcomes for youth, transition-age, adult and older adult individuals.

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.

Centre County MH/ID/EI-D&A continues to participate in the local Employment Coalition which dovetails with the local transition council. The membership consists of representatives from Administrative Entity, school districts (including the IU), Careerlink, OVR, local service providers, Supports Coordination Organization, Penn State University Project O.N.E. and family members. In previous years, the group hosted an Agency Night for individuals and families new to services and has developed transition information for dissemination. In this current year, each school district has opted to host a transition/agency night, focusing their students. In addition to service providers and AE/SCO staff, representatives from OVR, MATP, secondary education programs, Careerlink, and other community programs also participate.

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

One of the contracted providers began offering a program called Career Discovery in FY 2015/2016 completing 7 assessments with another six persons either beginning the process or waiting a start date. To date in FY 2016/2017 eleven (11) assessments have been completed. 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 completed 5 person centered assessments to date this fiscal year.

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

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

The ID Program Specialist completed a comprehensive review of this employment data for the past five calendar years (2011 – 2015). The summary has been given to ODP Central Region and has been shared with the ODP Director of Employment. 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, other interested stakeholders. This information will be essential in reviewing trends and planning for employment activities in the upcoming fiscal year and longer term.

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

Housing:

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

Recently, the HPS took on the role of the Lead Agency for the Section 811 program in Centre County. This additional leadership role will allow increased coordination of available 811 units with our county categorical programs to assist in locating affordable and accessible housing. Centre County uses funding through retained earnings to provide Housing Contingency Program. The program will also provide financial assistance to clients to include rental assistance, security deposits, utility assistance, moving costs, and other necessary costs. It assists individuals and families that are near homeless, at risk of losing their home, obtaining new affordable housing, and securing utility assistance to remain in the home. Referrals primarily come through the county human service departments and additional community human service agencies. The Housing Program Specialist screens all applications and assures eligibility based on income, other resources, and budgeting to assure short term assistance is necessary. A provider pays the bills directly to the landlord, utility company, etc. and is reimbursed through the funding. Assistance is not provided to those already receiving federal housing assistance except for security deposit prior to move in. With the ongoing need for affordable housing in our community, maintaining and obtaining new affordable housing can be a barrier for our clients. While working collaboratively, we

can assist those families in need and provide the outcome of long term, independent, and affordable housing.

The county was recently awarded a Rapid Re Housing grant through Housing and Urban Development (HUD) funding. Centre County Government is the recipient and we will work with a local provider to secure housing for our homeless population. The program is available for chronic homeless, homeless veterans and disabled homeless individuals, thus working with a number of county programs. Centre County actively pursues additional housing resources due to the ongoing need for affordable housing in our community.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

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

a) Program Highlights:

Highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY 16-17.

- Centre County's Crisis Intervention Team (CIT) remains strong. To date, 265 First Responders have been trained and the next bi-annual training week is scheduled for June 19-23, 2017. The curriculum continues to expand to include more behavioral health, co-occurring, youth, peer, veteran and autism training. The grant that had been supporting CIT efforts ended in October of 2016. County/block grant funds now support this effort.
- Centre County Community Support Program remains active within the local community and regionally.
- Centre County's 11th Annual Out of the Darkness walk was held on April 30, 2017. It was another successful event that generated additional funding for the local and national chapters.
- The 12th Annual Candlelight Vigil was held on May 3, 2017. This event was again successful and well-attended.
- Mobile Medication Management service implementation went well. Reinvestment funds supported program implementation. Health Choices and County/block grant funds support sustainment of this service in Centre County. This service has supported approximately 50 individuals to date.
- In 2016, Centre County formed a Suicide Prevention Task Force. This coalition's membership is strong and active and holds a presence within the community. This group raises MH Awareness, collects data and impacts the stigma associated with mental health through its events and campaigning.
- Centre County Mental Health (CCMH) expanded its Targeted Case Management unit by adding a ninth Blended Case Manager this past year.
- The Mental Health Community Committee (MHCC) partnered with Penn State's Students Consulting for Non-Profit Organizations (SCNO) to create a mental health website and calendar for all community agencies, organizations and foundations to use. The mental health community will be able to share events, disseminate educational information and work more collaboratively with this centralized site. The site will be maintained by the Opportunity Centre Clubhouse. It will enhance the skills of members within the clubhouse by being incorporated into the work-ordered day while benefitting the entire mental health community. The creation of this site and calendar has been a goal of the mental health community for several years. The highlight in this is the partnerships that occurred to bring this dream to fruition.
- The second FY 14-15 CHIPP individual was discharged from Danville State Hospital (DSH) in January 2017 to Eagle View Enhanced Personal Care Home (EPCH). Her transition went smoothly and she is enjoying being back in the community and in her new home.

- The first FY 14-15 CHIPP individual that was discharged from DSH to Eagle View EPCH in December of 2015, passed away in April of 2017. She passed from on-going physical health complications. Centre County is in the process of identifying a CHIPP Replacement currently. The family of the original CHIPP individual is very grateful for the time she had in the community and the home. She loved residing there, was well supported and thrived in the environment.
- Wellness Initiatives remain the focus for CCMH's case management units. The units continue to incorporate wellness principles into all aspects of service delivery including day-to-day goal planning, the intake and Individualized Service Plans (ISPs). CCMH is also surveying case management staff bi-annually to assess the knowledge and confidence of staff delivering wellness initiatives as a result of participation in the Patient Centered Outcomes Research Institute (PCORI). CCMH will continue to educate staff, old and new, on wellness principles and participate in on-going wellness initiatives that are offered to the county.
- Centre County is in the process of updating the Mental Health Resource Book for the community. This will be our sixth edition. The Resource Book is valued within the community and readily used to provide education on the services and supports that are available in the Centre County. The book is highly sought out and used within the county by: CIT, local school districts, community agencies, etc.
- CCMH continues to partner with the local crisis provider, Can Help, to educate the community about crisis intervention and delegate services. Time is devoted to educating the community about the Mental Health Procedures Act (MHPA) and Centre County's interpretation of the Act.
- CCMH collaborates steadily with Mount Nittany Medical Center's Emergency Department and Behavioral Health Unit, Meadows Psychiatric Center and Can Help to ensure that crisis intervention and delegate services are being delivered according to the MHPA and the County MH Administrator.
- CCMH identified an existing Outpatient MH Provider to participate in the Behavioral Health Alliance of Rural Pennsylvania's (BHARP) Trauma Institute Learning Collaborative. This provider was selected to receive clinical trainings on evidence-based trauma treatment as the beginning process in becoming a designated trauma center. This training is being provided through the System of Care's SAMHSA Grant.
- With the support and initial effort of the Behavioral Health Administrative Unit (BHAU), Centre County formed a Zero Suicide Steering Committee in 2016. It is another good example of the partnerships that are being formed in the county, to include physical health care partnerships. The committee is developing an individual and organizational self-study to disseminate within the community to solicit feedback and further obtain data needed to support this on-going initiative. This committee obtains data related to suicide from CIT, Can Help, community providers, PSU, the Coroner's Office and other stakeholders as needed to develop a baseline and impact of this evidence-based model. This committee partners with the Suicide Prevention Task Force and the American Foundation for Suicide Prevention.
- CCMH created a Mental Health Forensic Program Specialist position in 2016. This specialist provides support to individuals that are involved with the justice system, in any capacity and of any age. The Forensic Specialist spends half of every work day on site at the Centre County Correctional Facility (CCCF) to bolster the mental health support needs of individuals that are incarcerated and in partnership with jail staff. The Forensic Specialist activates outpatient services provided within the jail for people that are incarcerated and

want to engage in services and for people transitioning out of the jail. This specialist also provides oversight to the CIT Program and CIT Coordinator.

b) Strengths and Needs:

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

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

Strengths:

- CCMH and the Centre County Office of Aging (OOA) align crisis and protective services when older adults are suspected to be in need of services and supports.
- CCMH maintains a liaison specific to OOA.
- The CCMH Liaison and OOA Protective Services staff provides outreach collaboratively to individuals in the community as needed when prompted by either agency or through CIT encounters when the individual requests or agrees to additional support efforts. This partnership remains strong and effective in engaging individuals in services and providing additional supports.
- The CCMH Liaison and MH Assistant Administrator are members of the Older Adult Task Force that was established in 2016.
- CCMH and OOA meet routinely to discuss services, provide updates, further establish working relationships and identify service and support needs that are shared.
- CCMH and OOA have re-establish Project SHARE (Senior Centers and Mental Health: Activities, Resources and Education) to further support the mental health needs of the older adult population by providing education and resources to each of the local senior centers.
- Meet with each of the six senior centers to maintain Project SHARE by providing a CCMH Liaison to Senior Center staff and members.
- Continue liaison participation 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.
- There is one older adult incarcerated in the Centre County Correctional Facility at this time.

• **Adults (ages 18 and above)**

Strengths:

- CCMH has two county/block grant-funded Representative Payee options to offer individuals. A third Representative Payee option is also available in the county for individuals to access independently. This agency additionally offers Money Management services. This service also supports individuals who are involved with our Intellectual Disabilities, Drug and Alcohol, Children and Youth, Aging, Adult Services and Housing partners.
- Mobile and Site-Based Psychiatric Rehabilitation services continue to be utilized on an increased basis within the county. These services are supported with Supplemental Service funding made available through CCBH and county/block grant funds. These services are widely used by individuals involved with all of our county block grant partners.

- Due to the main campus of The Pennsylvania State University (PSU) being located in Centre County, CCMH interacts with the student population routinely, with all services. Whenever possible, students' insurances are utilized and/or they are referred for Medical Assistance benefits to support their services. County/block grant funds are used to further support this population, especially with crisis intervention and delegate services. These services are used on an increased basis by students, their families and PSU staff.
- PSU maintains an independent contract with county crisis service provider, Can Help/Universal Community Behavioral Health (UCBH). In FY 15-16, PSU's contract expired in October 2015, just a few months into the school year. In FY 16-17, PSU's contract with Can Help expired in February of 2017. When this independent contract expires, Centre County regains the full crisis provision costs within the county.
- Due to PSU's contract with Can Help and the county's previous reporting of overall crisis intervention numbers regardless of payer, Centre County's crisis services client counts for block grant expenditure reporting fluctuates from year to year. Centre County is now reporting only county/block grant-funded crisis services expenditures. The PSU contract capitation variable impacts these counts significantly each year. PSU markets Can Help services for their students and families, especially evenings and weekends.
- Located in Centre County are two State Correctional Institutions (SCIs). CCMH works in conjunction with both SCIs to support the mental health service needs of incarcerated individuals and individuals transitioning from these facilities back to their home counties. CCMH expends base funds to provide Involuntary Inpatient and Outpatient Commitment support to both SCIs.
- Centre County continues to provide housing support for individuals with mental illness with Housing Contingency funding provided through county/block grant funds.
- DeClutter services are utilized by individuals and families that need the direct housing support. They can be very useful in helping people to maintain their independent housing and housing vouchers.
- Centre County Block Grant and Housing Authority funds have sustained the housing support needs of all individuals impacted through the loss of the Shelter Plus Care in May of 2016. Most of the individuals impacted have been converted to a Section 8 Voucher provided through the Housing Authority.
- CCMH provides funding for vocational training, supported employment, Transitional Employment Placements and competitive employment through job coaching, psychiatric rehabilitation, case management and CRR services. CCMH and Intellectual Disabilities Employment Committees continue to join efforts to promote employment opportunities and outcomes for youth, transition-age, adult and older adult individuals.
- CCMH has expanded its employment services by adding an additional provider that utilizes the evidence-based Career Discovery Model to provide the service. This now gives individuals employment service options within Centre County.

- CCMH supports three Community Residential Rehabilitation (CRR) sites operated by two distinct providers. All sites provide rehabilitative skill-building services. CRR sites are utilized by the community for individuals being discharged or diverted from the state hospital and correctional facilities. Referrals from these sources are consistently the priority. Centre County Housing Authority continues to support the application of housing vouchers to the CRR programs which support individual transitions to independent living.
- CCMH has secured two independent crisis transport providers due to the increasing denials from ambulance to provide emergency crisis transports. These independent providers are supported with county/block grant funds.

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/block grant-funded, CCBH-eligible and third party insured individuals.
 - CCMH continues to seek transportation linkage options for individuals that do not have access to public transportation.
 - Expand community mobility options in the rural community.
 - Centre County will continue to develop an array of residential service options for individual choice and unique level of care needs.
 - Block grant partners are furthering housing support opportunities in support of all ages of individuals who use county services.
 - CCMH will help to further develop an advisory board for the Seven Mountains Mental Health Association, serving Huntingdon, Mifflin, Juniata and Centre Counties.
 - Centre County will continue to collaborate with the Department of Corrections to ensure continuity of services with their home counties for individuals being released from Centre County's local SCIs.
 - CCMH currently has twenty-two adult individuals incarcerated in the Centre County Correctional Facility.
 - CCMH will continue to address emergency crisis transport service needs within the community. CCMH will continue to have discussions with the local ambulance services to encourage transports that can be billed through individual's insurances.
 - CCMH plans to create a Crisis Residential Service option within the community. There has been a need for this service to reduce hospitalizations and provide a diversion option for the crisis intervention provider and the local emergency department.
- **Transition-age Youth (ages 18-26)- Counties are encouraged to include services and supports assisting this population with independent living/housing, employment, and post-secondary education/training.**

Strengths:

- CCMH participates in annual Transition events for students that are graduating from local high schools and their parents. These events had been held at/by

the Central Intermediate Unit for all local high schools collectively, but are moving towards being done independently by each high school in the future.

- Centre County offers a Transitional Living Program and an Independent Living Program. There is also a homeless shelter available to adolescents.
- Local service providers, community partners, and other county agencies have developed a great working relationship that aides in assisting this diverse population in a collaborative manner.
- The CASSP Coordinator is a member of the Suicide Prevention Task Force and local CSP.
- Opportunity Centre Clubhouse holds evening hours devoted to transition-age youth activities.
- Opportunity Centre Clubhouse is building activities around the needs specific to individuals diagnosed with Autism Spectrum Disorders.
- The MH Forensic Program Specialist participates in transition-age youth meetings with the county forensic, court, legal, behavioral health and children and youth partners.
- Certified Peer Specialist providers are expressing interest in providing peer services to transition-age individuals.

Needs:

- One struggle CCMH faces is the need for more affordable housing for the transition-age population who want to be independent and work on their own recovery and resiliency in a supportive and positive manner.
- An on-going need, which is frequently voiced by individuals in Centre County, is the lack of access to public transportation. Individuals can utilize county transportation for their medical appointments if they have Medical Assistance or pay out of pocket, which is commonly cost-prohibitive. There is a Centre Area Transportation Authority bus system; however, it is not available in the rural areas of this community.
- There are currently six transition-age individuals incarcerated in the Centre County Correctional Facility.

- **Children (under 18)- Counties are encouraged to include services like Student Assistance Program (SAP), Respite, and CASSP Coordinator Services and Supports, as well as the development of community alternatives and diversion efforts to residential treatment facility placements.**

Strengths:

- For school year 2015-2016 there were a total of 87 Student Assessment Program (SAP) screenings completed. In the current school year there have been 42 screenings completed thus far.
- There are monthly District Council meetings that the CASSP Coordinator attends in partnership with the Single County Authority (SCA), the Central Intermediate Unit #10 Representative, a State SAP Representative, school personnel and others who provide consultation and programs in the schools.
- A new SAP team was created for the Centre Learning Charter School during the 2016-2017 school year.

- CCMH has provided respite services to seven adolescents so far this fiscal year. Respite has helped to keep children in their homes and out of an inpatient setting; as it provides support to the individual and their family. There are three referrals currently in place for individuals who are new to respite services this fiscal year.
- Partial Hospitalization is provided solely for grades K-5. Partial hospitalization is offered in conjunction with a school district with education base funding, through private insurance or through Community Care Behavioral Health. 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 ten individuals in RTF placement since July 2016. There have been no 30-day or 180-day re-admissions during this fiscal year. There are currently four individuals utilizing RTF services.
- The CASSP Coordinator is involved with bi-weekly CASSP Meetings, bi-monthly CASSP Advisory Board Meetings and monthly Local Interagency Coordinating Council (LICC) meetings that bridge Early Intervention and children's mental health services. The Centre County CASSP Coordinator also attends 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 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.

- CCMH recently participated in a Request for Qualifications (RFQ) process in partnership with CCBH and Clearfield/Jefferson joiner to identify a provider for the Philipsburg-Osceola (P-O) School District. Specifically, the P-O School District is seeking a Community School-Based Behavioral Health provider for their elementary school for the start of the 2017-2018 school year. Through this process, the evaluation team consisting of school and county staff and a parent in partnership with CCBH was able to secure a provider for this service request.

Needs:

- Identify ways to increase the communication and working relationships with local school districts in Centre County.

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

- **Individuals transitioning 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 as a natural support. The individual CSP Plan is a document that is amended as needed throughout the hospitalization and then followed in support of a person's discharge from the state hospital. It focuses on the whole person and follows Community Support Program Principles. CCMH supports a DSH Liaison that puts forth effort to monitor state hospital admissions and discharges, provide support to individuals utilizing DSH services and divert individuals from the state hospital. The liaison monitors people that have been discharged from the state hospital to the community to ensure that the needs identified within their unique CSP are being provided and supported. CCMH is currently providing support to a total of ten individuals in Danville State Hospital.
- CCMH maintains consistent communication with all of the partners associated with state hospital activities to provide better coordination of care for the individuals that we support collaboratively.

- CCMH's Program Specialist provides liaison activities to DSH. The liaison maintains a minimum of monthly on-site visitation and support. The liaison brings community partners to DSH to facilitate communication, discharge planning and CSP process support.

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.
- 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). Due to this low bed cap and the risk of it being reduced further, CCMH will not be in a position to apply for additional CHIPP funding if/when made available to DSH in the future.

- **Co-occurring Mental Health/Substance Use Disorder**

Strengths:

- CCMH contracts with a local provider that provides outpatient psychiatric and therapy services to individuals that are diagnosed with a co-occurring disorder. This provider carries a mental health and drug and alcohol license.
- There is a strong mental health and drug and alcohol partnership in Centre County. Both maintain a strong presence in Student Assistance Program (SAP), CASSP Advisory Board, County Jail Re-Entry meetings, Criminal Justice Advisory Board and Behavioral Health Alliance of Rural Pennsylvania workgroup meetings, just to name a few.
- CCMH and Drug and Alcohol share office space which enhances collaboration and access to services to the individuals we serve.
- CCMH provides Administrative Case Management (ACM) services to individuals that are receiving co-occurring services to ensure continuity of mental health and drug and alcohol services.
- Co-occurring services are delivered to individuals that are incarcerated in the county jail via individual and group treatment options.
- The MH/ID Administrator participates on the local HOPE (Heroin, Opiate Prevention & Education) Coalition, as well as participating in local stakeholder meetings for the development of a Drug Court.

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**

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

Strengths:

- CCMH provides continuity and collaboration with the forensic population by supplying a Mental Health Program Specialist that functions as an ACM on-site at the Centre County Correctional Facility (CCCF) a half of a work day five days per week.
- CCMH contracts with a local provider to provide mental health treatment and education groups in the CCCF with block grant funds.
- CCMH contracts with a provider who renders individual outpatient and consultation services to individuals who are incarcerated and staff at the CCCF. This service is provided solely with county/block grant funds.
- Currently, there are twenty-two individuals who are active with CCMH and are incarcerated.
- The MH Program Specialist participates in Re-Entry Coalition, BARJ (Balance and Restorative Justice), Children's Roundtable, Transition-Age Youth, CIT Steering Committee Meeting and Project Point of Light Team meetings.
- The MH/ID Administrator actively participates on the County Criminal Justice Advisory Board.

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 continues to build partnerships to enhance support of veterans residing in Centre County.
- CCMH offers their full service array to the veteran population.
- CCMH participates in the Veteran's Administration (VA's) annual and quarterly Mental Health Summits.

- The local VA Medical Center employs community liaisons which have enhanced collaboration with CCMH.
- CCMH partners with the County Director of Veterans' Affairs as needed in order to support veterans that want to access VA and MH benefits and services.
- CCMH and the County VA educate one another on resources and service eligibility.

Needs:

- CCMH benefits from receiving up-to-date information and education on the resources and services that the Veteran's Administration (VA) has to offer. The VA has been implementing additional services that CCMH can offer as resources to local veterans. CCMH will continue to partner with VA staff to secure this information and build the partnership that exists.
- CCMH continues to dialogue about VA Liaison duties. The Blended Case Manager that was a Veteran retired in 2016 which changed the planning that had been occurring.

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

Strengths:

- A local provider secured a therapist that specializes in delivering outpatient services to the LGBTQI population of all ages. This therapist is able to supply this specialty to local school districts as well, starting with the Bellefonte Area School District for which this provider already has a relationship.
- CCMH participated in a recent LGBTQI Training sponsored by BHARP and CCBH to enhance awareness of the issues faced by this population.

Needs:

- CCMH will continue to seek resources to offer individuals in this population further supports and services.
- Develop avenues to engage individuals with the LGBTQI community that exists at Penn State University.
- Continue to promote the dignity and worth of all persons within the service delivery system.
- Utilize the awareness that the LGBTQI training brought to CCMH by examining the language that we use and supplying more knowledge to staff.

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

Strengths:

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

Needs:

- CCMH will continue to seek resources to offer individuals further supports and services unique to their race, ethnicity or language.
 - CCMH will seek trainings to enhance awareness of the needs of minority groups and adjust the service-delivery system as needed to support the unique needs of all individuals requesting services.
 - Develop linkage options with Penn State University for individuals who need interpreter services.
 - Develop health education materials that are language-appropriate.
 - Continue to promote the dignity and worth of all persons within the service delivery system.
- **Other (specify), if any (including Tribal groups, people living with HIV/AIDs or other chronic diseases/impairments, Traumatic Brain Injury)**

Strengths:

- CCMH was educated on Traumatic Brain Injury through training provided by the regional Brain Injury Association and through individual support planning this past year. CCMH helped to facilitate assignment of a TBI Long-Term Care Waiver for an individual that presented with TBI and MH diagnoses.

Needs:

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

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

Yes No

If yes, please describe the CLC training being used. Plans to implement CLC training may also be included in the discussion. (Limit of 1 page)

c) Supportive Housing:

The DHS' five- year housing strategy, [Supporting Pennsylvanians through Housing](#), is a comprehensive plan to connect Pennsylvanians to affordable, integrated and supportive housing. This comprehensive strategy aligns well with OMHSAS planning efforts, and OMHSAS is an integral partner in its implementation. Supportive housing is a successful, cost-effective combination of affordable housing with services that helps people live more stable, productive lives. Supportive housing works well for people who face the most complex challenges—individuals and families who have very low incomes and serious, persistent issues that may include substance use, mental illness, and HIV/AIDS; and may also be homeless, or at risk of homelessness.

SUPPORTIVE HOUSING ACTIVITY *Includes Community Hospital Integration Projects Program (CHIPPP), Reinvestment, County base funded or other projects that were planned, whether funded or not. **Include any program activity approved in FY 16-17 that is in the implementation process. Please use one row for each funding source and add rows as necessary.***

1. Capital Projects for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15-30 year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e. an apartment building or apartment complex).									
Project Name	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17 (only County MH/ID dedicated funds)	Projected \$ Amount for FY 17-18 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18	Number of Targeted BH Units	Term of Targeted BH Units (ex: 30 years)		Year Project first started

2. Bridge Rental Subsidy Program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Short term tenant based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18	Number of Bridge Subsidies in FY 16-17	Average Monthly Subsidy Amount in FY 16-17	Number of Individuals Transitioned to another Subsidy in FY 16-17	Year Project first started

3. Master Leasing (ML) Program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Leasing units from private owners and then subleasing and subsidizing these units to consumers.									
	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17 – 18	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY 16-17	Average subsidy amount in FY 16-17	Year Project first started

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

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

6. Housing Contingency Funds for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings etc.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18			Average Contingency Amount per person	Year Project first started
BHARP/BHAU	reinvestment	\$3,574.19	\$7,500	6	15			\$596.00	2011
Centre County	retained revenue	\$5,000	\$10,000	5	10			\$1,000	2015

7. Other: Identify the program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Project Based Operating Assistance (PBOA is a partnership program with Pennsylvania Housing Finance Agency in which the County provides operating or rental assistance to specific units then leased to eligible persons); Fairweather Lodge (FWL is an Evidenced Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness); CRR Conversion (as described in the CRR Conversion Protocol), other.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18	# of Projects Projected in FY 17-18 (i.e. if PBOA; FWLs, CRR Conversions planned)	# of Projects projected in FY 17-18 (if other than PBOA, FWL, CRR Conversion)		Year Project first started

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

Based on the strengths and needs reported above in section (b), identify the top three to five priorities for recovery-oriented system transformation efforts the county plans to address in FY 17-18 at current funding levels. For **each** transformation priority, provide:

- A brief narrative description of the priority including action steps for the current fiscal year.
- A timeline to accomplish the transformation priorities including approximate dates for progress steps and priority completion.
- Information on the fiscal and other resources needed to implement the priorities (how much the county plans to utilize from state allocations, county funds, grants, HealthChoices, reinvestment funds, etc., and any non-financial resources).
- A plan/mechanism for tracking implementation of priorities.

1. Zero Suicide

Narrative including action steps:

A Zero Suicide Steering Committee was formed in 2016 and continues to progress. The committee consists of behavioral health and physical health care providers. The focus has been on data collection to develop a baseline and be able to exhibit outcomes once the model is implemented. The committee has also been focused on revising the Individual and Organizational Self-Studies that the model utilizes in order to make it pertinent to Centre County's community. Thus far, two behavioral health and one behavioral/physical health care provider(s) plan to implement this model within their organization. Model implementation is the initial goal.

Timeline:

The Self-Studies will be disseminated and requested to be returned by the end of June 2017. It is anticipated that model implementation by the three providers will occur at the start of 2018.

Fiscal and Other Resources:

No funds are being utilized for this initiative at this time. Providers do not anticipate any additional costs to implement this model within their existing services. Staff and provider training is able to be offered free of charge at this time as well.

Tracking Mechanism:

- baseline data collection to track the impact of this model once implemented (Coroner data, CIT data, crisis service data, provider data)
- reduction in the number of deaths by suicide per annual Coroner data and CIT reports

2. Crisis Residential/Respite Services

Narrative including action steps:

Centre County plans to implement crisis residential/respite services to expand crisis intervention services options for individuals experiencing a crisis and provide the crisis

intervention provider and local emergency department diversion options. CCMH has identified this as a service gap within the existing system. CCMH will tour several existing crisis residential and crisis respite services within the Commonwealth during the summer and fall of 2017 to research options that would be a good fit for the Centre County community.

Timeline: Tentative implementation in FY 2018-2019.

Fiscal and Other Resources: County funding, retained revenue

Tracking Mechanism:

Research crisis residential and respite services with existing providers. Issue a Request for Proposal (RFP) to identify a provider for this service in Centre County if needed beyond researching. Implementation is anticipated during FY 2018-2019.

3. Suicide Prevention

Narrative including action steps:

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

Timeline: The request for a Suicide Prevention Coordinator position will be made annually, starting in 2017.

Fiscal and Other Resources: retained revenue, as available

Tracking Mechanism:

- With available retained revenue funds in conjunction will all block grant partners and all county partners.
- Suicide Prevention Coordinator's involvement in Zero Suicide, American Foundation for Suicide Prevention, Suicide Prevention Task Force, MHCC and overall coordination efforts.

4. Increase Collaboration with local school districts

Narrative including action steps:

Due to the efforts of CASSP, local foundations, peer agencies and mental health training facilitators, interactions with school districts has shown improvement this past year. School districts are acknowledging the behavioral health needs of their students and the familial needs that impact their students' lives. School districts want to obtain education, awareness and practical knowledge on how to support a student when they are experiencing or being impacted by mental health needs. The Mental Health Community is open to providing as much education and support as possible to the education community.

Timeline: on-going

Fiscal and Other Resources:

Training fees supported by members of the MHCC. No additional costs are anticipated at this time.

Tracking Mechanism:

Increased communication and collaboration with school districts as evidenced by meeting attendance, increased participation with child and family meetings, increased trainings provided to local school districts and improved behavioral health participation in distinct school district's Transition events.

5. Wellness

Narrative including action steps:

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. CCBH provides Wellness Coaching Manuals used for training staff, office space and online supports. CCMH intends to maintain the focus on holistic wellness.

Timeline: on-going

Fiscal and Other Resources:

No direct service funds are used or billed for this service delivery enhancement. CCMH uses staff time to train and promote wellness.

Tracking Mechanism:

CCMH is surveying staff to assess the knowledge and confidence in delivering wellness initiatives. This is completed on a bi-annual basis. CCMH trains staff, new and retained, on wellness principles that have already been promoted and new initiatives for which we can continue to obtain skill and tools. CCMH's goal is for staff to have the confidence and ability to

deliver services that build and maintain individual’s independence. Monitoring outcomes of specific individuals who utilize services and annual Consumer Satisfaction Team surveys will help CCMH determine the effectiveness of these interventions.

e) Existing County Mental Health Services:

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

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

*HC= HealthChoices

f) Evidence Based Practices Survey:

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Current Number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Additional Information and Comments
Assertive Community Treatment	No							
Supportive Housing	No							
Supported Employment	Yes	3	Competitive Employment	Provider Agency	annually	No	Yes	Career Discovery Include # Employed: 7
Integrated Treatment for Co-occurring Disorders (MH/SA)	Yes	100	Clinical Supervision and Quality Compliance	Provider Agency	weekly	Yes	Yes	SAMHSA Co-Occurring Program curriculum, Relapse Prevention Model, EMDR, Internal Family Systems
Illness Management/ Recovery	No							
Medication Management (MedTEAM)	Yes	11	Increased Community Tenure	Provider Agency	Every 3 to 9 months, individualized	No	Yes	HC and County/block grant-funded
Therapeutic Foster Care	No							
Multisystemic Therapy	No							
Functional Family Therapy	No							
Family Psycho-Education	No							

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

To access SAMHSA's EBP toolkits:

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

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

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer Satisfaction Team	Yes	100	
Family Satisfaction Team	No		
Compeer	No		
Fairweather Lodge	Yes	4	
MA Funded Certified Peer Specialist	Yes	30	
Other Funded Certified Peer Specialist	Yes	10	
Dialectical Behavioral Therapy	No		
Mobile Meds	Yes	25	County/block grant and HC funded
Wellness Recovery Action Plan (WRAP)	Yes	12	via Peer Support Services
High Fidelity Wrap Around	No		
Shared Decision Making	No		
Psychiatric Rehabilitation Services (including clubhouse)	Yes	175	
Self-Directed Care	No		
Supported Education	No		
Treatment of Depression in Older Adults	Yes	20	
Competitive/Integrated Employment Services**	Yes	10	Include # employed
Consumer Operated Services	Yes	100	CST
Parent Child Interaction Therapy	No		

Sanctuary	No		
Trauma Focused Cognitive Behavioral Therapy	Yes	25	
Eye Movement Desensitization And Reprocessing (EMDR)	Yes	20	
First Episode Psychosis Coordinated Specialty Care	No		
Other (Specify)			

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

**Do not include numbers served counted in Supported Employment on Evidenced Based Practices Survey above [table (f)]

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

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

h) Certified Peer Specialist Employment Survey:

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

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

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

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

Total Number of CPSs Employed	14
Number Full Time (30 hours or more)	
Number Part Time (Under 30 hours)	14

INTELLECTUAL DISABILITY SERVICES

The Office of Developmental Programs (ODP), in partnership with the county programs, is committed to ensuring that individuals with an intellectual disability live rich and fulfilling lives in their community. It is important to also ensure that the families and other stakeholders have access to the information and support needed to help be positive members of the individuals' teams.

This year, we are asking you to focus more in depth on the areas of the county plan that will help us achieve the goal of an Everyday Life for all individuals.

With that in mind, describe the continuum of services to enrolled individuals with an intellectual disability within the county. In a narrative format, please include the strategies that will be utilized for all individuals registered with the county, regardless of the funding stream. In completing the chart below, regarding estimated numbers of individuals, please include only those individuals for whom base or block grant funds have or will be expended. Appendix C should reflect only base or block grant funds except for the Administration category. Administrative expenditures should be included for both base/block grant and waiver administrative funds.

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

Individuals Served

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

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

↳ Family Driven monies are used for:

- Family Aide

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

	Estimated /Actual FY16-17	Percent of total Individuals Served	Projected in FY 17-18	Percent of total individuals served
Supported Employment	13	20%	20	31%
Prevocational Services	4	6%	8	13%
Adult Training Facility	4	4%	8	8%
Base Funded Supports Coordination	64	15%	75	18%
Residential (6400)/unlicensed	3	3%	2	2%
Lifesharing (6500)/unlicensed	0	0%	0	0%
Home & Community Habilitation (unlicensed)	9	6%	15	10%
PDS/AWC	0	0%	0	0%
PDS/VF	0	0%	0	0%
Family Driven/FSS/Base NOS*	26	6%	30	7%
Transportation	6	9%	10	14%

*includes representative payee costs and ASL interpreter services

Supported Employment:

Centre County MH/ID/EI-D&A continues to participate in the local Employment Coalition which dovetails with the local transition council. The membership consists of representatives from Administrative Entity, school districts (including the IU), Careerlink, OVR, local service providers, Supports Coordination Organization, Penn State University Project O.N.E. and family members. In previous years, the group hosted an Agency Night for individuals and families new to services and has developed transition information for dissemination. In this current year, each school district has opted to host a transition/agency night, focusing their students. In addition to service providers and AE/SCO staff, representatives from OVR, MATP, secondary education programs, Careerlink, and other community programs also participate.

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

One of the contracted providers began offering a program called Career Discovery in FY 2015/2016 completing 7 assessments with another six persons either beginning the process or waiting a start date. To date in FY 2016/2017 eleven (11) assessments have been completed. 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 completed 5 person centered assessments to date this fiscal year.

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

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

The ID Program Specialist completed a comprehensive review of this employment data for the past five calendar years (2011 – 2015). The summary has been given to ODP Central Region and has been shared with the ODP Director of Employment. 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, other interested stakeholders. This information will be essential in reviewing trends and planning for employment activities in the upcoming fiscal year and longer term.

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

Base Funded Supports Coordination:

During FY 2016/2017 Centre County MH/ID/EI-D&A moved forward with restructuring the Supports Coordination Organization and Administrative Entity. The position of Assistant Administrator of Service and Supports Coordination was created to oversee case management for the Intellectual Disabilities and Early Intervention units. The Assistant Administrator of Intellectual Disabilities and Early Intervention Services, ID Program Specialist and EI Coordinator continue to perform administrative duties related ODP and the Office of Child Development and Early Learning (OCDEL) requirements.

Both Assistant Administrators participate in weekly administrative meetings with the agency Administrator and administrative counterparts for Mental Health and Drug & Alcohol units.

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

These meetings are also used to complete training to meet the needs of the SCO. AE and SCO staff have participated in training/webinars together and are able to discuss details pertinent to training and other ODP initiatives. During this current fiscal year the AE has completed training with SCO staff as part of correction action plan (CAP) validation activities as a result of SCO monitoring and the AEOMP review. In addition to annual Incident Management Training, the AE, SCO and local provider staff participated in EIM training entitled "Hospitalization and Death Closures in EIM" offered by ODP Central Region staff. SCO Supervisors and Administrative Entity staff facilitated ISP training with providers in the fall of 2016.

Centre County provider network (including SCO) has a commitment to community integration for the individuals receiving services. The local providers of licensed day services (both Community Habilitation and Pre-Vocational) have been working with the SCO and AE to prepare for new Community Participation Services in FY 2017/2018. The AE has met with the providers to discuss upcoming changes to services both individually and during ID provider meetings in addition to participating in meeting and training opportunities provided by ODP.

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

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

Lifesharing Options:

There continues to be limited growth of Lifesharing as a residential service in Centre County. Currently there is one Lifesharing placement in Centre County and 2 local providers qualified to provide the service. It is hoped that the changes to the Lifesharing service definition in the proposed Consolidated Waiver, specifically the option for family members to be paid as lifesharing providers, will have a positive impact on the development and growth of this service. PUNS data and information from the SCO will be used to identify individuals and families in need of this service.

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

Cross Systems Communications and Training:

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

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

AE staff work with local stakeholders including local AAA, Adult Services and local Mental Health Administration to ensure the effective implementation of Adult Protective Services (APS). The AE has collaborated several times in the past year with the local Aging Office to follow up on APS concerns. The AE and SCO work with other stakeholders (MCO, Education system, RTF staff, Probation, CYS, ODP, etc.) when transitioning young adults from facility settings to the community.

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

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

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

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

Early Intervention Services (Infant/Toddler, birth through 3 years old) service coordination is part of the county offices. The EI Coordinator and Assistant Administrator for ID Services have begun discussions regarding how to identify and transition children from EI and how to engage families who may be eligible for support. It is the hope that further guidance regarding the expansion of services

for children transitioning from Infant/Toddler Early Intervention will be provided by ODP in the near future, including eligibility determination.

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.

Centre County MH/ID/EI-D&A maintains a contract with a local MH provider for mobile crisis, walk-in crisis, and telephone crisis services. In addition, the same entity provides delegate services and works closely with the local Crisis Intervention Team (CIT) and hospital emergency department. This entity both provides training related to their services and participates in available training to improve service delivery. It is the hope that further guidance regarding the inclusion of ASD in service delivery, especially as it relates to supports/services, provider training and eligibility will be provided by ODP in the near future. Centre County AE and SCO staff has participated in the general training made available to date. It is the intent to include local providers in training opportunities as made available by ODP.

Administrative Funding:

Centre County MH/ID/EI-D&A is part of a local Communities of Practice/Supporting Families Through the LifeCourse collaborative along with Northumberland and Lycoming/Clinton counties. The vision of the collaborative is based on creating a Parent Mentor/Support pathway for connecting and networking opportunities for families. In addition, the collaborative proposes a meaningful Self Advocacy pathway for individuals with a disability to achieve self-determination, interdependence, integration and inclusion in all facets of community life. The group has meet several times since its formation (with ODP representatives) and participated in the statewide meeting in April 2017. The collaborative is in the early stages of identifying local stakeholders (including persons receiving services/families) and will be organizing trainings on a local level in the upcoming fiscal year.

Centre County MH/ID/EI-D&A is planning to launch a new website in the upcoming fiscal year. 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 new website will be more fluid, allowing for information related to providers, services/supports to be updated in timely manner. Also, there will be a mechanism for relevant tips, resources and other helpful information to be posted by AE/SCO staff, provider staff, other stakeholders, and families.

With all the proposed changes as a result of the waiver renewals and the Chapter 6100 regulations, ongoing training and resources need to be made available to AEs, SCOs and providers in a timely manner. Eligibility training is needed to assist with intakes for young children and individuals with ASD for both AEs and SCOs. OCDEL has done a nice job with providing local EI programs with standardized information regarding the EI system that is given at each intake. This type of standardized/branded information provides guidance for service coordination staff and facilitates discussions with families related to the program and services available. This type of information would be invaluable given all the proposed changes and the importance of AE and SCO providing clear, consistent information to all stakeholders, but most importantly individuals and their families/surrogates.

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

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

All local providers are invited to attend the provider meeting to network and discuss service needs and gaps. AE staff will attend team meetings to provide support and assist with the identification of resources for individuals with complex needs. All providers are forwarded information on training that is available and pertinent. Local resources such as HCQU, DDTT, CASSP, CSRU and PPC are available as resources to assist teams supporting individuals with higher levels of need. Administrative staff from the DDTT and CSRU has done presentations at SCO unit meetings and provider meetings in the past fiscal year. 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 a local provider met with the Director of Case Management from the local hospital to better facilitate care for individuals with IDD when they are medically admitted.

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

The county housing coordinator has attended the bi-weekly unit meeting and the larger agency meeting to explain housing programs that are available in Centre County. The information related to eligibility, availability and the application process is explained in detail. The housing coordinator emails updates and information to key county staff for distribution to case management staff, including the SCO as it relates to funding and housing opportunities. The AE has begun internal discussions on possibly utilizing local housing programs to provide the new Housing Transition and Tenancy Sustaining service proposed in the waiver renewals.

Participant Directed Services (PDS):

Centre County AE currently has 61 individuals using Participant Directed Services (26 VF and 35 AWC) – all waiver funded. This service model is very popular. The AE provides training to the SCO at least annually on the service models. A representative from the AE attends team meetings 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 has helped with the management of PDS are the introduction AWC monitoring and access to the PPL Portal. The results AWC monitoring allows both ODP and AEs to address the gaps/needs in training for the AWC and managing employers. Prior to access to the PPL portal the

gap/lag regarding information related to overtime and utilization made it challenging for AE/SCO staff to address concerns in a timely manner. The PDS handbook was originally issued in 2008. It would be of great assistance if ODP would update resources to incorporate updates and changes to information in a timely manner. Lastly, standardized training is needed for Common Law Employers prior 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. Two local providers did attend an event at Hamburg State Center, but to date have chosen not to pursue this any further. There are currently 6 individuals residing in nursing facilities and 3 individuals residing in private ICF facilities. Centre AE currently has 1 individual involved in the state prison system. The local team is currently preparing for his return to the community. The local team will work with 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

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

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

In Summary:

The past 6 months has been a whirlwind of communications, meetings and webinars as the system gears up for the renewal of the waivers and the implementation of the Chapter 6100 regulations. The various venues to give feedback have been greatly appreciated. There is serious concern at the AE and SCO level that the magnitude of system changes will not be able to be effectively and efficiently implemented within the given timeline given the number of processes and procedures that are not finalized, in addition to the ongoing concerns with the projected state revenue deficit.

HOMELESS ASSISTANCE SERVICES

The intensity of need for affordable housing in Centre County continues to affect our most vulnerable residents. While employment and fixed income wages are stagnant, the median rent in Centre County has increased 20% in the last 6 years. Since 2012, approximately 300 families have been displaced from affordable housing following the closures of two major mobile home parks and units destroyed by fire. In addition, a 92-unit property in State College is in the final phase of transitioning to student housing; meaning that the families who could once afford to live there have been priced out. Although Centre County is fortunate to have new tax-credit construction, there are only 120 new units to offset the substantial loss in housing inventory over the past 5 years. All of that to say, the monthly rate for new tax-credit units is considerably higher than that of the units lost; thus, individuals and families in need have an even greater obstacle to securing housing that is affordable to them. While the Housing Choice Voucher could help to subsidize these costs, there is currently a 2-3 year wait list for that service.

In order to address these complex issues, we continue to offer a continuum of services to individuals and families who are experiencing homelessness or facing eviction. If an individual or family is homeless, our case management services will work to offer direction and resources to help locate affordable housing. Assuming housing has been secured, our Rental & Mortgage Assistance Program (RAP) may be utilized for a security deposit and/or first month's rent. Should the individual or family be facing an eviction, RAP may also be accessed to pay rent arrearages and prevent homelessness. Case management may also be able to assist in identifying a more affordable housing option should the household's rent payment be unmanageable and unsustainable. Bridge housing could also be an option for individuals and families who are working closely with either of our two providers.

In addition to the programs we fund via Homeless Assistance Services, Centre County has been awarded grant dollars from the Pennsylvania Housing Affordability and Rehabilitation Enhancement (PHARE) Fund/ Act 13 of 2012 Impact Fee Act to provide rental assistance to individuals and families living in the impacted municipalities and who have a total household income between 176-200% Federal Poverty Level (FPL). This allows for those who are not income eligible based on our Rental & Mortgage Assistance Program (RAP) guidelines to access the assistance needed to prevent homelessness. In addition, effective May 1st, 2017, Centre County's Office of Adult Services has become a Local Lead Agency for the Section 811 Housing project; facilitated by the Department of Human Services and the Pennsylvania Housing Finance Agency. Lastly, Centre County has also been awarded HUD grant funding to support permanent supportive housing and rapid re-housing for our chronically homeless population. These new programs are expected to begin October 2017.

We also continue to call upon our Displaced Residents Team (comprised of Human Service Block Grant providers in HAS and HSS/HSDf) to assist individuals and families during housing crises. This year, the team responded to the Bald Eagle Valley flooding that occurred in October 2016. Over 400 households were impacted across the county. While most displaced individuals and families were able to seek temporary shelter with friends and family, the Displaced Residents Team was able to offer emergency relief and is currently available to address the long-term impacts that these households may be experiencing as a result of the flood.

Bridge Housing:

Bridge Housing allows homeless individuals and families the opportunity to reside in an apartment over a 12-18 month period while working on goals towards interdependence. The monthly rental payment for these individuals and families is often subsidized by the Bridge Housing program so that their chances for success are much greater.

Centre County currently operates five Bridge Housing units amongst two providers: Housing Transitions, Inc. and Centre County Women's Resource Center. Providers secure and maintain leases on four of the five units. The tenant-based rental unit has proved successful for clients who are in a position to establish credit and landlord references. The four units that are provider-based offer a palatable option for individuals and families who require more supports and resources as they transition from homelessness to sustaining permanent housing.

Centre County's Office of Adult Services meets with Bridge Housing service providers on a monthly basis to discuss clients, vacancies, applications, and overall needs identified by the program. The office also conducts an annual on-site monitoring to include chart reviews, fiscal reviews, and staff interviews.

Case Management:

In Centre County, the Housing Case Management program offers support, resources, budgeting and advocacy services to both residents of the provider's homeless shelter, Centre House and to community members who are seeking affordable housing options. This service is provided by Housing Transitions, Inc. Most who are seeking and/or are referred to the Housing Case Management program are in desperate situations. Thus, continuous partnership with the Centre County Housing Authority, human service agencies, developers, landlords, county agencies, and faith-based organizations are crucial.

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

As discussed above, Centre County continues to struggle with the availability of affordable housing. The services that this program can offer are instrumental in helping residents find and secure safe, accessible, and affordable housing. In addition, Centre County's Office of Adult Services works diligently to partner with this program when grants are available. This year, Housing Transitions, Inc (in partnership with Centre County's Office of Adult Services and the Centre County Women's Resource Center) was awarded a local grant to assist qualified households with application fee assistance. Apartment searching and the cost of applications can be a financial burden to an already income deficient household. In Centre County, applications can cost anywhere from \$25-\$50 each.

Centre County's Office of Adult Services meets with the Housing Case Management provider on a monthly basis to discuss clients, 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:

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

Effective March 6th, 2017, RAP was no longer contracted to a partner agency. It is now administered by the Centre County Office of Adult Services. Since the Centre County Office of Adult Services administers other rental and utility assistance funds, this has allowed for more effective streamlining of services and improved client satisfaction. Prior to March 6th, the previous provider met with the County on a monthly basis and underwent an annual on-site monitoring that included chart reviews, fiscal reviews, and staff interviews. Moving forward, this monitoring has been and will continue to be conducted internally.

Emergency Shelter:

No funding from the Human Services Block Grant is provided for emergency shelter as providers alternatively receive different sources of local, state, and federal program revenue. Centre County has three permanent homeless shelters and one weather-related shelter:

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

Other Housing Supports:

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

Homeless Management Information Systems:

Centre County provides the required data entry into the HMIS for programs receiving funding through Housing and Urban Development (HUD) with coordination of the PA Department of Community and Economic Development (DCED). Providers of these specific programs participate in the HMIS.

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

1. Waiting list information:

- **Detoxification services** – Waiting lists and access to treatment for detoxification services is constantly changing. There have been cases where an individual must wait 2-3 days, and on occasion up to seven days, for an admission and then other cases where the individual can be admitted the same day as their request. The larger facilities tend to be able to accommodate rapid admissions for treatment. Smaller and specialized programs are often not able to accommodate requests without a delay in the admission.
 - **Non-hospital rehabilitation services** - Waiting lists and access to treatment for non-hospital rehabilitation is showing even greater delays. Rarely is a same-day admission for this level of care available. Average wait time for a rehabilitation admission is 2-4 weeks – either for those being admitted from the community or those coming from the correctional facility.
 - **Medication Assisted Treatment (MAT)** – There is currently no waiting list for methadone maintenance services in Centre County. Waiting lists for Suboxone and Vivitrol are difficult to assess. The service is available, however most practitioners offering this service do so via private payment. Only one provider known to the Single County Authority (SCA) accepts Medical Assistance as payment for services. Crossroads Counseling, through support of the SCA and their award as a Center of Excellence, has opened their program to admissions for these two forms of MAT as of May, 2017. While there is not currently a waiting list for this provider, physician availability will keep admissions at a gradual pace.
 - **Halfway House Services** – Most referrals to this level of care come from non-hospital rehabilitation programs. Providers report that they are referring individuals to waiting lists for multiple halfway house programs soon after admission. Halfway house programs closest to this SCA are reporting a 97% occupancy rate for their facilities.
 - **Partial Hospitalization** – Centre County does not currently have a drug and alcohol partial program within its county borders. Individuals who live on the northeastern part of the county may access services through the partial program offered by Crossroads Counseling in Lock Haven. Centre County does have contracts with White Deer Run/Cove Forge for their partial programs (which happen to have a residential option connected to their programs). This service is most often used to provide additional structured programming to individuals stepping down from non-hospital rehabilitation. In some cases, individuals will access partial as an interim step while waiting for an opening in a halfway house program.
 - **Outpatient** – Centre County providers report no capacity issues for individuals seeking an outpatient level of care. The SCA continues to monitor needs to assure that individuals are seen in a timely manner.
- 2. Barriers to accessing any level of care** – The capacity of the drug and alcohol provider system to meet the increasing demand for inpatient treatment continues to be an ongoing challenge. The SCA, either through its existing funding or through Medicaid eligibility, is currently in a position where an individual can be referred and receive the level of treatment needed, for the length of time needed – assuming that the bed availability is there. Some facilities maintain a waiting list of

individuals who are appropriate for their programs. Others do not and staff must call every day to see if there is bed availability. This is difficult for staff to maintain, while also keeping the individual engaged during the waiting time to admission.

Staff report that individuals who have private insurance do not usually have to wait near as long for an inpatient bed than those who have MA or SCA funding. However, while the Department of Drug and Alcohol Programs acknowledges through the Pennsylvania Client Placement Criteria that an individual's need for treatment does not change during their period of incarceration, private insurance is likely to deny admission to a rehab facility if the individual has been incarcerated for a period of time. This often results in a referral to a lower level of care – not at all what the individual clinically needs.

Additional barriers identified by SCA staff include:

- Transportation in the rural communities – for engaging the individual to initiate and remain in treatment.
- For those who work, accessing higher levels of ambulatory care (i.e. intensive outpatient, partial hospitalization) is also difficult, depending on the time of day these services are offered.
- Few residential facilities are able to meet the needs of individuals who have ambulation challenges. Many programs are on large campuses or require individuals to be able to navigate stairs to access all areas of the program. Wheelchair accessible facilities are also limited and often have long waiting lists for admission.
- Meeting the needs of individuals with chronic pain management issues is very difficult to achieve with the resources currently available, at either an inpatient or outpatient level of care. Any substantial physical health issue could result in a denied admission and referral to lower levels of treatment.

- 3. Narcan resources available in the county** – Centre County receives service/support from six different local police departments and the Pennsylvania State Police. Narcan is currently carried by five of six police departments. Local collaboratives are working with the remaining department to identify barriers to their use of Narcan and how they might be addressed.

Various EMT departments within the county have access to Narcan but some have opted to support the individual with rescue breathing and other treatments in lieu of Narcan administration. With these departments as well, local initiatives are working to identify the barriers that exist and assist with addressing them.

- 4. Resources developed to address the opioid epidemic** - Centre County is working collaboratively with staff at Mount Nittany Medical Center's Emergency Department to implement protocols that facilitate warm-handoff admissions from the ED to treatment for individuals who have experienced an overdose. Mount Nittany has employed case management staff stationed in the ED who work specifically with individuals who have mental health and/or substance use disorder diagnoses, connecting them with treatment and community resources to address those needs.

Through their strategic planning process, the Centre County Criminal Justice Advisory Board identified addressing overdose and overdose deaths as a primary area to be addressed and formed a subcommittee to begin development of an initiative to focus on these issues. From this subcommittee, the Heroin and Opiate Prevention and Education (HOPE) Initiative was created – a

collaborative of county offices, community organizations and concerned citizens working together to raise community awareness, provide education and resources, and impact the lives of individuals who are affected by addiction to heroin and other opiates. To date, HOPE has facilitated four town hall meetings and a resource fair, resulting in over 500 people attending and engaging on these very important issues. HOPE will be moving forward with additional community education sessions in locations throughout the county.

The HOPE Initiative has also partnered with the Centre County District Attorney and the District Attorney's Association to establish drug collection boxes throughout the county. Law enforcement now oversees seven collection sites, which have collected hundreds of pounds of unwanted/unneeded medications and disposed of them properly.

- 5. Treatment Services Expansion** – Centre County continues to support inpatient treatment providers in their efforts to expand bed capacity at the non-hospital detoxification and rehabilitation levels of care. In addition, the SCA is working with Crossroads Counseling to start a drug and alcohol partial hospitalization program in State College. The start of this program will coincide with the development and start of the Centre County Drug Court, which will serve individuals who are facing probation or parole revocation of their sentence due to ongoing substance use. Partial services and the Drug Court program are tentatively scheduled to start in October, 2017.

Centre County has also seen significant expansion in services through the Center of Excellence award to Crossroads Counseling. Implementation has resulted in more people receiving coordinated care to address their opiate use disorder as well as collateral needs that have historically been a barrier to long-term recovery. The COE has also supported the SCA in its efforts to expand the availability of medication assisted therapies to individuals who clinically appropriate for this type of service.

- 6. Emerging substance use trends** – As has been seen in communities across the state, Centre County continues to see increasing use of heroin and opiates, with more individuals seeking inpatient treatment reporting opiates as their drug of choice. Centre County is also receiving reports that in cases where individuals have died of an overdose, a form of synthetic Fentanyl was also present. Methamphetamines and other similar chemical compounds have started to surface, with individuals seeking and receiving various substances via the internet and creating their own substance for use/abuse.

SCA staff are also receiving reports of individuals who are using opioids, only to discover later (usually on a urine screen) that other substances have been mixed in with what they were taking. This creates a very dangerous situation for individuals – both with the potential for overdose and a facility's ability to provide them with safe and effective treatment, not knowing what may be in their system. Police departments often give these substances dramatic names (ex. "Gray Death"), but little is often known about what the chemical composition is. Unfortunately, this does not serve as a deterrent to those with significant addiction issues.

The SCA continues to monitor local discussions, both through prevention and community education efforts, on the pending introduction of medical marijuana. Results from the Pennsylvania Youth Survey (2015) show an uptick in use of marijuana by 10th and 12th grade students. Conversations, particularly with adolescents and young adults, continue to question why marijuana is not legalized and clearly demonstrate a perception that use of this substance

does not put them at great risk. The likelihood of diversion or “interpretations” of the law are predicted to be considerable as this initiative moves forward.

While alcohol abuse is not an emerging trend, it continues to play a significant role in the Centre County community. Having the main campus of Penn State University located in the county is certainly a contributing factor. Penn State’s response to these conditions and overall use of alcohol in this county will be an ongoing issue for the SCA.

Target 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.” At the outpatient level of care, alcohol is the most common drug of choice for this population, with heroin/opiates 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.

Special needs for this population that have started to surface include:

- Literacy issues – referrals for individuals who are unable to read or understand the information presented to them. In some cases these individuals are considered low functioning or have an intellectual disability.
- Language barriers – Centre County is a diverse community, with individuals from a variety of countries. Securing interpreter services that are effective is an ongoing challenge.
- Elderly populations – more referrals are coming through for older adults with a recently exacerbated substance use disorder.

- **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. The outcomes for this program are very good.

The extent of treatment services provided to adolescents in this county remains unknown. 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. In the last year, Centre County has seen a dramatic increase in referrals from the Juvenile Probation system. In several cases, several adolescents with a history of abusing substances together need to go to treatment at the same time. The limited number of options for adolescent facilities prevents staff from finding separate programs for these groups of adolescents. 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. Centre County will also explore options for additional residential programs throughout the state.

- **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.

This office continues to encourage providers and their staff to expand their competencies in serving this particular population. Staff continue to see many individuals who have experienced significant trauma, directly relating to their substance use and/or mental health symptoms. Providers continue to participate in initiatives offered by the Behavioral Health Alliance of Rural Pennsylvania and Community Care Behavioral Health. Trainings offered have included Seeking Safety and Trauma-Focused Cognitive Behavioral Therapy.

Recent challenges in this target population include meeting the needs of individuals who have eating disorders. Very few drug and alcohol facilities are able to meet the unique needs and, in some cases, the issues are not identified until after their admission. This particular compulsive behavior may be directly related to the substances used/abused by the individual, or may increase as other addictions are reduced.

- **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 any woman who may need them.

- **Overdose survivors**

Centre County continues to prioritize access to screening/assessment, case management and treatment services for those individuals who experience an overdose. The SCA is working collaboratively with Mount Nittany Medical Center to properly identify those individuals who meet this definition and to reduce barriers that may keep the individual from being directly referred from the Emergency Department to a treatment facility. Case management staff are available during the regular business day to come to the hospital to conduct assessments on medical floors or the behavioral health unit, so that direct admissions can occur. For those who are seen in the ED after hours and on weekends, the SCA authorizes Centre County Can Help to facilitate admissions to detox for those who need it.

Centre County also tracks the number of individuals who report having previously had an overdose experience. It is the opinion of the SCA that those individuals with a past history of overdose are more likely to have a similar experience again if their substance use patterns continue.

Due to significant demand for treatment services, inpatient providers are not in a position to hold beds to provide immediate access for those individuals who experience an overdose. The SCA and case management staff work to build strong relationships with treatment providers, calling several times per day when necessary, to see if perhaps an admission has come available.

- **County's identified priority populations**

- **Veterans** – Centre County continues to work collaboratively with the local veteran's administration offices to connect individuals with treatment services in a timely fashion. Unfortunately, inpatient treatment access continues to be delayed through the VA system. The SCA is committed to assuring that individuals who need access to emergent care services (i.e. detoxification) have access to these resources as timely as possible.
- **Criminal Justice Populations** – During Calendar Year 2016, a total of 317 individuals (237 males and 80 females) received drug and alcohol assessments through Centre County Drug and Alcohol. While the majority of these referrals came from Centre County Probation and Parole, the SCA also received referrals from the Centre County Correctional Facility, Centre County Office of the Public Defender, and private attorneys. Nearly one third (32%) of these 2016 assessments were completed on individuals incarcerated in the Centre County Correctional Facility, and 61% of these incarcerated individuals met criteria for either short or long term residential treatment.

Centre County Drug and Alcohol provides ongoing screening/assessment and case management support for the Centre County DUI Court Program. In calendar year 2016, a total of 6 DUI offenders were sentenced and placed in the DUI Court Program. In October 2017, Centre County will initiate a drug court program. This effort will serve individuals who are facing probation or parole revocation for continued substance use while on court supervision.

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. CRS services are also available through the Center of Excellence program.

Centre County SCA continues 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 identify additional 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. Response to this effort has been very positive, particularly in those cases where the individual is considering leaving against facility advice. A call to the case manager has on occasion turned a potential AFA into a longer stay in treatment.

In the last year, Centre County partnered with Juniata Valley Tri-County Drug and Alcohol and Clear Concepts Counseling to develop a recovery house program in the Lewistown area. This program is going well and has maintained a nearly full complement of individuals in need of a positive recovery environment to restart in the community. During the coming six months, Crossroads Counseling will begin a similar effort for one (possibly two) recovery houses in the Centre County area. Policies updates are in process and the search for a house is underway. This initiative is being supported by reinvestment funding through Community Care Behavioral Health.

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

Adult Services:

Program Name: Homemaker Services Case Management

Description of Services: The Homemaker Services Case Management program connects with prospective homemaker services clients who are low-income disabled persons, ages 18-59. Referrals to this program are often made from county departments or via community-based human service agencies. Once a needs assessment has been completed and program eligibility confirmed, clients receiving homemaker services can also be provided long-term case management and service coordination to ensure that their basic needs are met and their living conditions are safe and appropriate.

Service Category: Service Planning/Case Management - a series of coordinative staff activities to determine with the client what services are needed and to coordinate their timely provision by the provider and other resources in the community.

Program Name: Homemaker Services Program

Description of Services: Homemaker Services provides non-medical personal care and chore assistance needs to residents ages 18-59, and are referred by Homemaker Services Case Management. Eligible individuals either have a chronic physical disability or a temporary health condition/limitation that impacts their ability to maintain their home and/or own basic self care. The number of hours and length of time that clients are eligible for this program are based on their health condition and need. This program is intended to offer relief to those who have little or no support from family or friends to help meet their needs. Centre County currently has four homemaker service providers contracted to offer this specific service throughout the county. This allows clients to have a choice in their provider, and maintain a long-term relationship with their agency of choice should they be approved for the Attendant Care Waiver or find themselves in a different financial situation where they can pay out-of-pocket. Centre County Office of Adult Services was also awarded grant dollars from the Pennsylvania Housing Affordability and Rehabilitation Enhancement (PHARE) Fund/Realty Transfer Tax (RTT) to expand upon this existing program; allowing flexibility to accept more eligible clients and modify service hours/length of service on a case-by-case basis.

Service Category: Homemaker - Activities provided in the person's own home by a trained, supervised homemaker if there is no family member or other responsible person available and willing to provide the services, or relief for the regular caretaker.

Specialized Services:

Program Name: Basic Needs Case Management

Description of Services: Basic Needs Case Management is provided to residents looking for assistance with basic needs such as: housing, food, utilities, child care, transportation, and medical care. Centre County has two providers for this program: Centre Helps (formerly Community Help Centre) and Centre Volunteers in Medicine. In order to appropriately meet client needs, the Basic Needs Case Management program conducts a series of needs assessments and works to establish reasonable short-term and long-term goals. These agreed upon goals often include: obtaining and maintaining sufficient employment, securing affordable housing, and/or consistently and appropriately prioritizing spending. Once a formal intake is completed and a release of information is signed, case managers can help identify and access community resources to resolve the clients' immediate needs. If financial assistance is essential to resolving the need, case managers can advocate on a client's

behalf for public and private funding. It is expected that the client also contributes to this resolution in some capacity. Case managers are also charged with maintaining strong relationships with community-based human services agencies, faith-based organizations, landlords, employers, and public assistance offices.

Program Name: Financial Care

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

Interagency Coordination:

Interagency Coordination is conducted through the Centre County Office of Adult Services. Staff members are able to field calls and offer referrals to community and human service agencies. Staff is also very active in the community, which enables the department to better understand current needs, identify service gaps, and find solutions. The listing below highlights the county and community-facilitated groups that staff are currently involved with:

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

These collaborations are an effective way to share information about programs, services, and upcoming events. It is also vital in connecting public services with private non-profits and community organizations.

Through interagency coordination, the Centre County Office of Adult Services has been able to address a number of community needs related to re-entry citizens, transitional youth, and oral health. As part of the Centre County Re-entry Coalition, staff has assisted Centre County Correctional Facility staff in effectively bridging supportive communication, programs, and services from the prison setting to the Centre County community; with the expectation that these efforts will yield a lower recidivism rate and an overall healthier and productive lifestyle for that population. Staff has also started working with child welfare-based organizations to address the needs of youth transitioning into adulthood and to offer assistance and support when navigating social service programs offered to residents ages 18+. Staff are also very involved in supporting outreach and education initiatives via the Dental Taskforce of Centre County by applying for grants and offering leadership. These efforts help highlight the needs of and solutions for maintaining good oral health, as well as limitations and access to care issues, amongst our children and other vulnerable residents.

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

