

**CUMBERLAND COUNTY HUMAN SERVICES PLAN
(BLOCK GRANT)**

2021-2022

August 10, 2021

Cumberland County Commissioners:

**Gary Eichelberger, Chair
Jean Foschi, Vice-Chair
Vincent DiFilippo, Secretary**

For any questions regarding this plan, please contact:
Robin Tolan, Cumberland-Perry Senior MH Human Services Program Manager
(717) 240-6320
rtolan@ccpa.net

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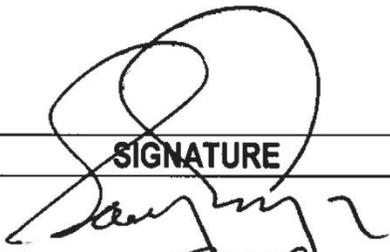
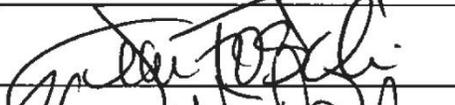
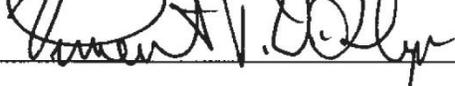
**APPENDIX A
Fiscal Year 2021-2022**

CUMBERLAND COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

- A. The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith.
- B. The County assures, in compliance with Act 80, that the County Human Services Plan submitted herewith has been developed based upon the County officials' determination of County need, formulated after an opportunity for public comment in the County.
- C. The County assures that it and its providers will maintain the eligibility records and other records necessary to support the expenditure reports submitted to the Department of Human Services.
- D. The County hereby expressly, and as a condition precedent to the receipt of state and federal funds, assures that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; and the Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (relating to contract compliance):
 - 1. The County does not and will not discriminate against any person because of race, color, religious creed, ancestry, origin, age, sex, gender identity, sexual orientation, or disability in providing services or employment, or in its relationship with other providers; or in providing access to services and employment for individuals with disabilities.
 - 2. The County will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

SIGNATURE	PRINT NAME	DATE
	Gary Eichelberger	7/26/21
	Jean Foschi	7/26/21
	Vincent DiFilippo	7/26/21

APPENDIX B

County Human Services Plan Template

INTRODUCTION

This Human Services Block Grant (HSBG) plan is submitted on behalf of the Cumberland County Board of Commissioners and represents input from the Cumberland-Perry Mental Health and Intellectual and Developmental Disabilities Program (C-P MH.IDD), Cumberland-Perry Drug and Alcohol Commission (C-P D&A), and Cumberland County Aging and Community Services Office. The plan was developed by a workgroup serving as an arm of the Cumberland County Human Services Policy Team.

Since 1967, Cumberland County has been a joinder with Perry County for the Mental Health, Intellectual and Developmental Disability Services and the Drug and Alcohol Commission. For these services, coordinated planning is ongoing between the two counties with service providers, consumers, family members, other County Human Services, and Commissioners evaluating current services, need areas, and strategies for how best to meet the needs of the residents of Cumberland and Perry Counties. We are committed to ensuring this successful joinder arrangement maintains as it has provided opportunities for residents from both counties that would not have been afforded otherwise.

PART I: COUNTY PLANNING PROCESS

Describe the county planning and leadership team and the process utilized to develop the Plan for the expenditure of human services funds by answering each question below.

The Cumberland County Human Services Policy Team (HSPT) serves as the county focal point for the Human Services Plan development in Cumberland County. Since 2002, Cumberland County has utilized this formal mechanism to share information and to encourage collaboration between and among the County Human Service agencies (such as Mental Health, Intellectual & Developmental Disabilities, Drug & Alcohol, Children & Youth, Aging and Community Services, Juvenile Probation, and Transportation), related County agencies (such as Veteran's Affairs, CASA, Claremont Nursing Home, etc.) and various stakeholder organizations.

The mission of the HSPT is to improve the health and quality of life for the residents of Cumberland County through enhancements in the delivery of Human Services. The Team:

- serves as a source of program expertise, support, and information to assist the Cumberland County Commissioners in decisions related to Human Service Programs;
- serves as a forum for collaboration among Human Service departments with a focus on planning and problem-solving related to Human Services; and
- ensures the development of appropriate policies and programs that provide a framework for delivering efficient and effective Human Services to Cumberland County residents.

The HSPT meets monthly and utilizes an array of tools and strategies to fulfill this mission such as conducting needs assessments; developing outcome measures; implementing service models; and delivering public information and outreach programs. Many members of the Human Services Policy Team also participate on the Cumberland County Criminal Justice Policy Team which engages human services and criminal justice representatives in addressing issues that affect all departments.

- 1. Please identify the critical stakeholder groups, including individuals and their families, consumer groups, providers of human services, and partners from other systems involved in the county's human services system.*

As the lead in our annual and ongoing mental health planning process, the Cumberland-Perry Community Support Program (C-P CSP) holds monthly meetings during which strong consumer and stakeholder involvement occurs. Mental Health planning is a standing agenda item which includes reviewing needs and opportunities to support individuals with mental illness, providing education, and discussing the larger mental health system as well as budgetary issues. This consumer-driven planning process includes consumers (adults, older adults, and transition age youth) with serious mental illness and/or co-occurring substance use disorders, certified peer specialists, consumer staff, family members, service provider staff, Managed Care staff, and county MH staff.

In addition, our specialized Mental Health Court team, made up of staff from various county departments including County Mental Health Administration, Probation Supervisor, Mental Health Probation Officers, Judge, Deputy Warden, Assistant Public Defender, Assistant District Attorney, and Forensic Case Management, meet weekly to discuss how to address the needs of the participants. This partnership between the mental health and criminal justice communities strives to reduce recidivism, ensure public safety, and improve the quality of life for participants.

The Cumberland-Perry Child & Adolescent Service System Program (CASSP) brings together the expertise of county human services (including mental health, intellectual & developmental disabilities, children and youth, juvenile probation, and drug & alcohol departments), families, service providers, the education system, and other involved parties to develop plans focused on resiliency and recovery for children and adolescents and their families. Those individualized plans identify both strengths and needs of each family in order to assist in meeting needs creatively, offering excellent support using community resources, treatment services and rehabilitation supports while embracing CASSP principles.

The Healthy Ship Coalition is comprised of numerous human service agencies that serve Shippensburg and focuses on addressing the gaps in services that negatively impact Shippensburg School District residents' health and overall well-being. Behavioral health, housing, and transportation are the social determinants of health that were selected to be addressed. Human service organizations, social service agencies and community members meet monthly in full Coalition and separate task group meetings.

Staff from Cumberland-Perry IDD Services attend the local school districts' Transition Coordinators' meetings held once a month at the Capital Area Intermediate Unit. In addition, Transition Coordinators in Cumberland, Dauphin and Perry counties are part of our Employment First work group that meets monthly. Our Employment First initiative focuses on educating individuals and families, the schools, and employers about the need to start the planning process early for transition from high school into adult services. Members of this initiative include: County IDD representatives, Office of Vocational Rehabilitation (OVR), supported employment providers, school districts' transition coordinators, employers, family members, and individuals w/ IDD.

Cumberland-Perry IDD Task Force meets monthly and is comprised of parents, service providers, advocates, and community service organizations. The IDD Task Force considers all services and supports that individuals with intellectual disabilities and their families need and has been instrumental in helping us identify areas of our service delivery system that need to be improved. Members have met with legislators and state officials to discuss possible solutions to issues that face the IDD service delivery system.

The Cumberland-Perry Substance Abuse Prevention Coalition (SAPC) includes a cross-section of people from human service agencies, law enforcement entities, educational settings, and the general community. Its mission is to "strengthen Cumberland and Perry Counties' capacity to prevent substance abuse through innovative prevention efforts." An emphasis

is placed on networking and collaboration in implementing evidence-based prevention strategies. SAPC meets six times per year.

The Cumberland County Community Opiate Overdose Prevention Coalition consists of government and community representatives from diverse backgrounds, including criminal justice, emergency services, public health professionals, education, and human services representatives. This group is working cooperatively towards a common cause - to use effective outreach and education to reduce opioid overdoses; raise awareness of the alarming increase in drug use and drug related deaths; prevent substance use disorders; and promote treatment.

Our Aging/IDD County Team composed of representatives from both the Cumberland County Aging and Community Services Office and the Intellectual and Developmental Disabilities Office, advocates from the ARC, a gerontology professor from Shippensburg University, and providers of service for senior citizens and individuals with intellectual disabilities have been meeting on a bi-monthly basis to discuss the emerging needs of this population.

A sub-committee from our Aging/IDD County Team, the Nursing Home Transition Workgroup, also meets bi-monthly to work on addressing the transition needs of individuals with IDD who are currently in a nursing home and want to return to the community to live.

The Homeless Assistance Program supervisor and staff have active roles within the following groups to encourage cross-system collaboration within the Cumberland County human services system: Cumberland-Perry Community Partners for Change (formerly, Local Housing Options Team); Affordable Housing Trust Fund Board; United Way Food and Shelter Committee; Cumberland County CASSP Core Team; West Shore, Carlisle and Shippensburg Emergency Needs groups; Regional Homeless Leadership Group; The Children's Roundtable; Cumberland-Perry Substance Abuse Coalition; Carlisle United Way; Employment Networking Group.

Other stakeholders are regularly involved in the overall human service planning process as a function of ongoing collaboration. Service needs and system enhancements with regard to human service planning are discussed at the following regular meetings, many of which involve consumers and various community service agencies:

- Cumberland County Community Needs meetings (Carlisle and West Shore)
- Shippensburg Human Service Council meetings
- Healthy Ship Coalition
- Communities that Care (CTC)
- Perry County Family Partnership Board meetings
- Cumberland-Perry Community Partners for Change [formerly Local Housing Options Team (LHOT)] meetings, which includes the Cumberland County Housing & Redevelopment Authority
- Cumberland & Perry Counties' CASSP Core Teams
- Cumberland-Perry Community Support Program (CSP) meetings
- NAMI Cumberland and Perry Counties, PA meetings
- Cumberland & Perry MH Provider and Base Service Unit (BSU) meetings
- Behavioral Health Managed Care committee meetings including Quality Improvement/Utilization Management (QI/UM), Clinical, Reinvestment Planning and Consumer & Family Focus Committee (CFFC) with our behavioral health partners - Capital Area Behavioral Health Collaborative (CABHC) & PerformCare
- LINK to Aging & Disability Resources Board meetings for Central Region as well as Perry County.
- Human Service Policy Team, Criminal Justice Policy Team & Mental Illness Sub-Committee
- Student Assistance Program Education Council Meetings
- Partnership for Better Health (local foundation) Health Improvement Partnership Program Meetings
- Preventing Unnecessary Loss through Suicide Education (PULSE), our local suicide prevention taskforce
- Carlisle Resilience Collaborative
- Improving Outcomes for Children Impacted by Caregiver Substance Use Disorder Advisory Board Meeting

Information for the Human Service Plan is gathered continuously throughout the year via these collaborative and joint planning processes. For the past year, most of these groups continued to meet virtually due to COVID-19 restrictions.

2. *Please describe how these stakeholders were provided with an opportunity for participation in the planning process, including information on outreach and engagement efforts.*

Information is discussed and gathered through the numerous committees and community meetings previously mentioned throughout the year. Many of these are open forums and consumer, family member, and provider involvement is strongly encouraged through notifications via newsletters, emails, listservs, and social media. Many program committees include stakeholders as well to ensure consumer voice and participation in the planning process. Since late March 2020, most of these groups continued to meet virtually due to COVID-19 restrictions. Given this change of venue, transparency in the process was critical.

Cumberland County Homeless Assistance provides information on the program and participates in county planning efforts with the stakeholder groups previously listed. Homeless Assistance has also been an instrumental leader in creating a Regional Homeless Committee. This small Committee is represented by professionals from Cumberland County Aging and Community Services – Homeless Assistance Program; Cumberland/Perry Housing and Redevelopment Authority; Wellspan and Lancaster General Health.

3. *Please list the advisory boards that participated in the planning process.*

Each of the identified human services departments (MH.IDD, D&A, and Aging and Community Services) hold regularly scheduled community advisory board committee meetings that are open to the public.

County Commissioner representatives from both counties participate on the Cumberland-Perry MH.IDD Advisory Board. This Advisory Board is comprised of individuals from the community who represent various professional disciplines including faith-based, social work, education, aging, employment, and medical field including a physician, a nurse, and a neuropsychologist. National Alliance on Mental Illness (NAMI) Cumberland-Perry, PA is also represented on this advisory board as is a family member of a consumer who receives IDD services. Representatives are identified from both counties and are appointed by the Board of Commissioners of their respective county. Various community stakeholders including consumers, family members, and providers also attend and participate in the monthly advisory committee meetings which provide consumer voice and participation in the planning process. Virtual meetings continue to be held due to the COVID 19 pandemic. We have been pleased with stakeholder participation and interest in the work of MH.IDD. Presently, the Advisory board has 14 members. One member serves as an “alternate,” technically, a non-voting member, who only votes when we lack a quorum to convene a meeting. We are grateful for the support of the OMHSAS to utilize this structure.

The Boards of County Commissioners of Cumberland and Perry Counties also select volunteers representing various community and geographic interests to serve on the Cumberland-Perry Drug and Alcohol Commission Community Advisory Board. There are eight board representatives from Cumberland County and seven representatives from Perry County. The Drug and Alcohol Commission Community Advisory Board meets monthly. All of these meetings are open to the public. The responsibility of this group of 15 appointed members is to plan and oversee the delivery of public-funded drug and alcohol services in the counties, which includes coordination and collaboration with other county-managed human services.

The Aging Advisory Board consists of at least 15 members who are residents of Cumberland County with geographic representation from different areas within the county. Members are of all ages, half of which are required to be over 60. Backgrounds of members are varied, including local university professors, senior center members, retired state and federal workers, service agency representation, Cumberland County Commissioner, and those with political backgrounds. The Aging Advisory Board reviews monthly data from the Homeless Assistance Program and provides input.

4. *Please describe how the county intends to use funds to provide services to its residents in the least restrictive setting appropriate to their needs. The response must specifically address providing services in the least restrictive setting.*

The County intends to use allocated funds to provide services to its residents in the least restrictive settings appropriate to individuals' needs. A major value that cuts across all the County-managed human service programs is an emphasis on building a broad range of community-based treatment and support services that reduce the need for and reliance upon more restrictive (and costly) residential, inpatient, and/or institutional programs.

A guiding and foundational principle in our local human service planning has been to develop networks of care that will allow County residents to access appropriate services while retaining as much self-sufficiency and community connections as possible. This approach applies to the recipients of all the human services described in this plan: consumers of mental health services, citizens with intellectual and/or developmental disabilities, persons in recovery from a substance use disorder, youth (including juvenile offenders), individuals who are homeless, older citizens, and individuals with physical disabilities. Specific examples of this programmatic philosophy can be found within each human service area in this plan. All departments have strengthened their focus regarding how trauma impacts across a lifespan as well as suicide prevention.

Each department has an array of services available to residents and various processes to determine the most appropriate level of care to meet the consumers' needs. Our priority is to continue providing community-based services that meet those needs. Each program/service develops its own budget and determines expenditures based on the allocation of funds and needs of each program and their consumers. Each department/service reviews available data to determine the budget and anticipated expenditure of the state allocated funds.

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

The Pandemic caused significant disruption to all of the services provided under this Human Services Block Grant. Our Mental Health program requested and received approval to utilize an Alternative Payment Arrangement (APA) structure in an effort to sustain the mental health provider network and workforce. Many providers worked throughout the pandemic to provide daily contact with consumers in service. Additionally, when needed face to face contact did occur donning personal protective equipment (PPE) and practicing social distancing.

In addition to plans previously developed for strategic programmatic changes, several key initiatives were successfully improved or introduced due to negative outcomes observed through the pandemic. In August of 2020, our program office working closely with the Criminal Justice Policy Team (CJPT) submitted a proposal for inclusion as an "Innovator County" under the National Stepping Up initiative. This proposal was reviewed and approved by the Council of State Governments (CSG). Cumberland County is now identified as one of the newest Innovator Counties in the initiative. With this recognition comes significant technical assistance opportunities and data tracking responsibilities.

Additionally, we hosted Crisis Intervention Team (CIT) training for Law Enforcement Officers (LEO's) in May of 2021. We plan to host our next CIT in October of 2021. We are collaborating with Franklin, Dauphin, York, and Adams Counties to host "Train the Trainer" (TTT) De-escalation Training for CIT officers. This training will enhance our ability to partner with law enforcement to continue to train those serving as first responders in our communities.

PART II: PUBLIC HEARING NOTICE

Two (2) public hearings are required for counties participating in the Human Services Block Grant.

A. Public Hearing Notices

Legal Notices were placed in several local newspapers in Cumberland and Perry Counties as well as on the Cumberland and Perry County websites to alert county residents of the Public Hearings for the Human Services Plans. As our counties are a joinder for some services, the public hearing notices were made known to residents of both counties with advertisement in the Carlisle Sentinel, Valley Times Star, News Chronicle, News Sun, Perry County Times, and Duncannon Record. The Human Service Plan was presented for public hearing and discussion at the Commissioners' Workshop Meeting in Cumberland County on July 22, 2021, at 9:00 am in person and via ZOOM. A public hearing for the Human Service Plan was also held at the Perry County Commissioners' Meeting on July 26, 2021, at 7:00 pm at the Blain Fire Company in person and via WebEx. Two additional Public Hearings for the full Human Service Plan were held on July 29, 2021, via Zoom at 12:00 noon and 6:30 pm. Those notifications and minutes are found below.

B. Proof of Publication

- 1) *Please attach a copy of the actual newspaper advertisement(s) for the public hearing(s).* See below for the public hearing notices.- not all newspapers provided an actual newspaper copy of the advertisement as printed despite our request to do so. Only an electronic copy was provided as displayed below.
- 2) *When was the ad published?* The first ads for the July 22, 2021 hearing were published on July 12, 14, &15, 2021.
- 3) *When was the second ad published?* The second ads for the July 26, 2021 hearing were published on July 14 & 15, 2021.
- 4) *When was the third ad published?* The ads for the third and fourth hearings on July 29, 2021 were published together on July 19, 21, & 22, 2021.

PROOF OF PUBLICATION

State of Pennsylvania, County of Cumberland

Kimberly Kamowski, Publisher, of The Sentinel, of the County and State aforesaid, being duly sworn, deposes and says that THE SENTINEL, a newspaper of general circulation in the Borough of Carlisle, County and State aforesaid, was established December 13th, 1881, since which date THE SENTINEL has been regularly issued in said County, and that the printed notice or publication attached hereto is exactly the same as was printed and published in the regular editions and issues of THE SENTINEL on the following day(s):

July 12, 2021

COPY OF NOTICE OF PUBLICATION

LEGAL NOTICE

The public hearing on the 2021-2022 of the Cumberland County Human Services Plan has been scheduled by the Cumberland County Council/Veteran Health/Mental Developmental District Board.

The hearing is scheduled for Thursday, July 22, 2021. Starting time is 8:00 am. The public is invited to attend and participate in the meeting via Zoom at www.zoom.us/j/95734826350. The meeting ID is 957 348 26350. The meeting link is <https://zoom.us/j/95734826350>. The hearing will be live streamed, please see the Cumberland County website (www.cocpa.net) for more information.

The Pennsylvania Mental Health and Mental Retardation Act of 1968 states that the MH/DD Board must hold a public hearing and that the time, date, and place of this hearing must be made public knowledge by informing the press, agencies, associations, institutions, and individuals which are representative of the population served by this bi-county program. This hearing will be so arranged and conducted that anyone so desiring can ask questions, make an oral statement limited to ten (10) minutes, or submit a written statement in accordance with the Plan and Budget Request. Any written testimony must be accompanied by a written statement to be included in the Plan.

Copies of the Mental Health Component of the Human Services Plan Update and Budget Request will be available at the MH/DD Program Office upon completion.

Dr. Verne Greiner, Chairperson
Cumberland County MH/DD Board

Affiant further deposes that he/she is not interested in the subject matter of the aforesaid notice or advertisement, and that all allegations in the foregoing statement as to time, place and character of publication are true.



Sworn to and subscribed before me this

16th day of July 2021

Bethany M. Holtry
Notary Public

My commission expires:

Commonwealth of Pennsylvania - Notary Seal
 Bethany M. Holtry, Notary Public
 Cumberland County
 My commission expires September 28, 2023
 Commission number 2017-118
 Member, Pennsylvania Association of Notaries

July 26, 2021 Public Hearing - Affidavit of Publication:

AFFP
Public Hearing

Affidavit of Publication

STATE OF
COMMONWEALTH OF PENNSYLVANIA }
COUNTY OF PERRY } SS

Curtis Dreibelbis, being duly sworn, says:

That he is Publisher of the The News-Sun, Duncannon Record, Perry County Times, a daily newspaper of general circulation, printed and published in New Bloomfield, Perry County, Commonwealth of Pennsylvania; that the publication, a copy of which is attached hereto, was published in the said newspaper on the following dates: July 14, 2021, July 15, 2021

That said newspaper was regularly issued and circulated on those dates.
SIGNED:

Curtis L. Dreibelbis

Publisher

Subscribed to and sworn to me this 15th day of July 2021.

Laurie S. Hower

Laurie S. Hower, Notary Public, Juniata County, Commonwealth of Pennsylvania
My commission expires: August 28, 2023

00004815 00215581

PERRY CO COMMISSIONERS
PO BOX 37
VETERANS MEMORIAL BUILDING
NEW BLOOMFIELD , PA 17068

Public Hearing

A public hearing will be held at the Blain Fire Department 4 E. Main Street, Blain PA 17006 on Monday July 26, 2021 at 7:00 p.m. for the purpose of distribution of the FY 2021-2022 Human Services Development Funds. Please contact Shannon Hines, Chief Clerk at 717-582-5110 for program eligibility or additional information.

Public Hearing
A public hearing will be held at the Blain Fire Department 4 E. Main Street, Blain PA 17006 on Monday July 26, 2021 at 7:00 p.m. for the purpose of distribution of the FY 2021-2022 Human Services Development Funds. Please contact Shannon Hines, Chief Clerk at 717-582-5110 for program eligibility or additional information.

Commonwealth of Pennsylvania - Notary Seal
Laurie S. Hower, Notary Public
Juniata County
My commission expires August 28, 2023
Commission number 1236295
Member, Pennsylvania Association of Notaries

AFFP

Legal Notice Public Hearing

RECEIVED
CUMBERLAND/PERRY
COUNTY
2021 JUL 29 P 1:56

Affidavit of Publication

STATE OF
COMMONWEALTH OF
PENNSYLVANIA }
COUNTY OF PERRY }

Legal Notice

The public hearing on the 2021-2022 of the Cumberland/Perry Counties Human Services Plan has been scheduled by the Cumberland/Perry Counties Mental Health/Intellectual Developmental Disabilities Board. There will be two hearings for July 29, 2021 as listed below:

Curtis Dreibelbis, being duly sworn, says:

The first hearing is scheduled for Thursday, July 29, 2021. Starting time is 12:00 Noon. The public is invited to attend and participate in the meeting via Zoom at <https://ccpameet.zoom.us/j/94196519324?pwd=QVpheTBKwG9PaEVlYVdUlhTK05NUT09>

That he is Publisher of the The News-Sun, Duncannon Record, Perry County Times, a daily newspaper of general circulation, printed and published in New Bloomfield, Perry County, Commonwealth of Pennsylvania; that the publication, a copy of which is attached hereto, was published in the said newspaper on the following dates:

or by calling 1.646.558.8656. The meeting ID is 941 9651 9324. The passcode is 078529. The hearing will be live streamed, please see the Cumberland County website (www.ccpa.net) for more information.

July 21, 2021, July 22, 2021

The second hearing is scheduled for Thursday, July 29, 2021. Starting time is 6:30 pm. The public is invited to attend and participate in the meeting via Zoom at <https://ccpameet.zoom.us/j/97869874576?pwd=TnlkVHRvQ2FpbjJLaE1JVVWoyUE1xdz09>

or by calling 1.646.558.8656. The meeting ID is 978 6987 4576. The passcode is 987554. The hearing will be live streamed, please see the Cumberland County website (www.ccpa.net) for more information.

That said newspaper was regularly issued and circulated on those dates.

The Pennsylvania Mental Health and Mental Retardation Act of 1966 states that the MH/IDD Board must hold a public hearing and that the date, time, and place of this hearing must be made public knowledge by informing the press, agencies, associations, institutions, and individuals whom are representative of the population served by this bi-county program. This hearing will be so arranged and conducted that anyone so desiring can ask questions, make an oral statement limited to ten (10) minutes, or submit a written statement concerning the Plan and Budget Request at mhidd@ccpa.net. Any verbal testimony must be accompanied by a written statement to be included in the Plan.

SIGNED:

Publisher

Subscribed to and sworn to me this 22nd day of July 2021.

Copies of the Mental Health Component of the Human Services Plan Update and Budget Request will be available at the MH/IDD Program Office upon completion.

Dr. Verne Greiner, Chairperson
Cumberland/Perry MH/IDD Board

Laurie S. Hower, Notary Public, Juniata County,
Commonwealth of Pennsylvania

My commission expires: August 28, 2023

Commonwealth of Pennsylvania - Notary Seal
Laurie S. Hower, Notary Public
Juniata County
My commission expires August 28, 2023
Commission number 1236295

Member, Pennsylvania Association of Notaries

00005900 00215674

CUMB/PERRY MENTAL HEALTH
1615 RITNER HIGHWAY
CARLISLE, PA 17013



MINUTES

Cumberland County Commissioners' Workshop Meeting

July 22, 2021 – 9:00 A.M.
Commissioners' Hearing Room
Courthouse, Carlisle, PA
Phone (717) 240-6150 Website: www.ccpa.net

PUBLIC HEARING

RE: 2021/2022 Cumberland County Human Services Plan

Board of Commissioners Present: Commissioners Gary Eichelberger, Jean Foschi, and Vincent DiFilippo.

Quorum: Yes.

Staff Present: Stacy M. Snyder, Chief Clerk; Tamie Hershey, Deputy Chief Clerk; Keith Brenneman, Solicitor; Angela Smyser, Administrative Specialist.

Department Staff Present: Travis Shenk, Warden; Ben Burner, Communications; John Lopp, Facilities; Ryan Ilgenfritz, Jessica Flachsmann, Mark Adams, Megan Fogelsanger, IMTO; Bob Shively, Justin Shaulis, Brianna Strauser, Public Safety; Annie Strite, Sue Carbaugh, Robin Tolan, Brian Wilson, MH/IDD; Jack Carroll, Drug and Alcohol.

Department Staff via Zoom: Claudia Garner, Michele Parsons, Public Safety; Jaime Reiber, Children and Youth; Melissa Smith, CNRC; Elizabeth Grant, Planning; Tammy Bender, Finance; Ryan Simon, Drug and Alcohol; Kim Bitner, Aging and Community Services; Samantha Krepps, Communications; Beth Chornak, ERP; Holly Sherman, Jenn Goetz, Human Resources; Jody Smith, Sheriff's Office.

Outside Agencies Present: Mary Kuna, Housing & Redevelopment Authority.

Outside Agencies via Zoom: Chris Rafferty, Housing & Redevelopment Authority; Miki Kerr, Craig Cordell, New Visions Inc., Carol Thornton, Partnership for Better Health.

Others Present via Zoom: Laura Jesic, Kristi Templin.

Media: None.

Call to Order: Commissioner Eichelberger called the Public Hearing to order.

RE: 2021/2022 Cumberland County Human Services Plan: Robin Tolan explained that the template for the Human Services Plan is provided by the State. She clarified this is a combined plan with Perry County. She highlighted the priorities for Mental Health, which are maintaining the current array of services, implementing the co-responder program, crisis intervention, the elementary student assistance program, and supporting trauma informed training for staff and community providers and agencies.

Sue Carbaugh summarized the Intellectual & Developmental Disabilities Services section and explained that Cumberland County provides 80% of these services and Perry County provides 20%. She emphasized that they want to focus more on the areas of the plan that will help achieve the goal of an everyday life for all individuals.

Jack Carroll provided an overview of the Drug and Alcohol Services section. He shared that the pandemic reversed much of the progress that had been made previously and overdoses increased by 47% in 2020. He explained they want to continue expanding access to treatment, Naloxone, and education.

Robin Tolan explained the Homeless Assistance Program that is handled by the Office of Aging and Community Services. She described the bridge housing services, case management, rental assistance, and emergency shelter aspects of the program.

Robin Tolan explained that the Human Services Development Fund (HSDF) funds are being utilized for chore services, transportation, personal care, care management, protective services, homeless assistance services, information and referral, and Cumberland Cares for Families.

Sue, Jack, and Robin all expressed how flat funding is having a major impact on their ability to provide the highest level of services to as many people as possible. Commissioner Foschi acknowledged the struggle they are facing and shared her appreciation of how hard everyone is working despite the situation.

Public Comment: Craig Cordell, Executive Director, New Visions Inc., emphasized the alignment of their goals with the goals of Cumberland County. He requested that the Board of Commissioners continue to be their voice to the State to help combat the flat funding issues.

Carol Thornton, Director of Grants and Public Policy for Partnerships for Better Health, expressed gratitude to the Board of Commissioners for lending their voices in support of providing human services for Cumberland County. She explained that they support the efforts of the human service offices.

Miki Kerr, New Visions Inc., shared that they are struggling to hire qualified staff to provide their services. She also explained that they are being affected by the flat funding issues also.

Adjourn: There being no further business to come before the Board, Commissioner Eichelberger made a motion to adjourn.

Respectfully Submitted,
Angela Smyser
Administrative Specialist

July 26, 2021 Public Hearing - Meeting Minutes:

****DRAFT****

**COMMISSIONERS GENERAL SESSION
July 26, 2021**

****DRAFT****

Present at the meeting were

Commissioners:

Brian S. Allen – Chairman
Gary R. Eby – Vice-Chairman
Brenda L. Watson – Secretary
William R. Bunt - Solicitor via telephone
Shannon Hines – Chief Clerk

Present from the Press: Jim Ryan

Present from the Public via WebEx Video/Telephone or In Person: Mary Albright, Ron Albright, Becky Book, Nathan Book, Lamont Brownawell, Mary Ann Brownawell, Michael Burns, Lou Campbell, Sue Carbaugh, Chip Dodson, Maria Dodson, Vicki Gainer, Sarah Keller, Chris McKelvey, Rich Pluta, Becca Raley, Dan Rice, Jim Riggs, Kim Rose, Sue Seager, Donna Shatto, Ryan Simon, Marty Smith, Mary Smith, Wes Smith, Bob Stevenson, Bobbie Stevenson, Annie Strite, Robin Tolan, Susan Washinger, and Jim Wilson

Commissioner Allen opened the meeting at 7:00 p.m. on July 26, 2021 with the Pledge to the Flag and a moment of silence. The meeting was conducted via WebEx telephone/video conference and in person and held at the Blain Fire Company. The meeting was recorded by the County.

A public hearing occurred in the Blain Fire Company building to discuss the 2021/2022 Perry County Human Services Block Grant Plan. Robin Tolan, Cumberland Perry Senior Human Services Program Manager presented the Perry County Human Services Plan. She spoke about mental health services and referenced the recently started to administer Long Term Structured Residence (LTSR) which has 16 beds for individuals with severe mental illness. Ms. Tolan also talked about the Elementary Student Assistance Program (ESAP) and said that the program would be expanded to add an additional school in Perry County. The draft plan consists of input from the Cumberland-Perry Mental Health and Intellectual Development Disabilities Program, Cumberland-Perry Drug and Alcohol Commission, Perry Human Services, Neighbor Helping Neighbor Food Bank, and the Disabled American Veterans Chapter #49. Ms. Tolan said one of the main priorities for the coming year was to maintain the service structure.

Sue Carbaugh, Director of Intellectual and Developmental Disabilities (IDD) and Early Intervention, spoke about the goals and services of the IDD programs. She highlighted Project Search which focuses on finding competitive employment for participants, and the Pathways Academy which is helps teach life skills through an in-home residence situation. Ms. Carbaugh stated that there is a great need for additional staffing in the human services programs.

Robin Tolan, on behalf of Jack Carroll of the Perry-Cumberland Drug and Alcohol Commission, spoke about the programs for substance abuse. She detailed the efforts being taken to address the ongoing opioid crisis and provided statistics on overdose deaths and participation in Naloxone trainings. She stated that the number of overdose deaths in 2020 had increased 29.4% as compared to 2019. Ms. Tolan also highlighted the vivitrol program at the Perry County Prison and stated that the grant for the program was extended for an additional year. Robin Tolan also provided information on the Homeless Assistance Program and the Human Services Development Fund program.

Announcements/Updates: Commissioner Allen said that the August 2nd Commissioners’ meeting would be cancelled due to the upcoming CCAP conference.

Commissioner Allen stated that the Commissioners’ meeting scheduled for August 16th will be held at the Perry County Fairgrounds at 10:00 a.m.

Commissioner Allen stated that PennDOT is looking for feedback on the following upcoming bridge replacements:

- Waggoners Gap Road (SR 74) over Baken Creek
- Hidden Valley Road (SR 3010) over Shermans Creek
- Weavers Mill Road over Shermans Creek
- Airport Road over Bixler Run

He stated that anyone that would like more information can reach out to him.

Commissioner Eby provided information on the Pandemic Livestock Indemnity Program (PLIP) which is aimed at providing assistance to livestock and poultry producers who suffered losses during the pandemic due to insufficient access to processing. He said that the application period is current through September 17, 2021 and additional information is available on the County website.

Commissioner Eby also provide information on the Pandemic Assistance for Timber Harvesters and Haulers program (PATHH) which is focused on providing assistance to timber harvesters and hauling businesses that have experienced losses due to COVID-19. He commented that the application period for the program is current through October 15, 2021. Again, Commissioner Eby stated that full details are available on the County website and interested individuals may call the Commissioners’ Office as well.

Commissioner Watson provided an update on the broadband project. She said that three proposals had been received and are being thoroughly reviewed. She commented that the focus of the project will be on underserved areas of the County. Commissioner Watson also stated that the County is working to fund the entire broadband project through grant funding.

Commissioner Eby stated that there would be townhall style meetings in the future regarding the American Rescue Plan Act (ARPA). He said these meetings would take place throughout the different municipalities in the County and that SEDA-COG would provide information on the funding. The meetings are focused on explaining what the funds can and cannot be used for.

Public Comments: Kim Rose stated that the application process to apply for the ARPA funds was very difficult and that she continues to deal with a SAM number issue. She said that she had spoken to SAM staff and was told that it takes 45 days to receive a response.

Jim Wilson asked Commissioner Watson where Mission Critical had recommended broadband towers be placed. He also questioned if the entire County will be covered in the broadband project. Mr. Wilson also asked what part of the County will receive hardwire service.

Dan Rice thanked the Commissioners for holding an evening meeting in the community.

Susan Washinger, representing the Pennsylvania Health Access Network, questioned if there were plans to hold public meetings regarding the use of ARPA funding. She said her organization is willing to help with the process.

Becca Raley, of the Partnership for Better Health, thanked the Commissioners for their active participation in funding mental health services. She said that the State legislature needs to understand that flat funding does not work and greatly affects services. Ms. Raley also provided information on the vaccination rates in the County and said that the message needs to be spread about the delta variant.

Approval of Minutes: Commissioner Watson made a motion to approve the minutes of the July 19, 2021 meeting. Commissioner Eby seconded the motion. All agreed. Motion carried.

Meeting Business: Commissioner Eby made a motion to approve the 2021-2022 Human Services Block Grant plan. Commissioner Watson seconded the motion. All agreed. Motion carried.

Commissioner Allen called out the below HSDF funding requests that will be included in the Human Services Block Grant plan that is submitted to the Commonwealth:

- Perry County Food Bank - \$8,000 (supplemental food services for seniors, children, individuals, and families within the County who are food insecure) Commissioner Watson made a motion to approve the funding request. Commissioner Eby seconded the motion. All agreed. Motion carried.
- Disabled American Veterans Chapter 49 - \$10,000 (Veteran's in Need Program and Transportation Program) Commissioner Eby made a motion to approve the funding request. Commissioner Watson seconded the motion. All agreed. Motion carried.
- Perry Human Services - \$22,500 (Adult Services Program – Representative Payee and Homeless Assistance Program) Commissioner Watson made a motion to approve the funding request. Commissioner Eby seconded the motion. All agreed. Motion carried.
- Cumberland-Perry Drug & Alcohol Commission - \$9,500 (fund drug and alcohol treatment programs in the County) Commissioner Watson made a motion to approve the funding request. Commissioner Eby seconded the motion. All agreed. Motion carried.

Commissioner Eby asked a question regarding the decrease in the Perry Human Services Vivitrol Program. Ryan Simon, of Cumberland-Perry Drug and Alcohol Commission explained that the decrease was due to the grant being extended due to the pandemic last year. Commissioner Watson made a motion to approve the Cumberland/Perry Drug & Alcohol Commission 2021/2022 contracts. Commissioner Eby seconded the motion. All agreed. Motion carried. (details attached)

Commissioner Eby made a motion to award the bid submitted by Glenn Smithgall for office space for Magisterial District Court 41-3-03 at a cost of \$3,600/month. Commissioner Watson seconded the motion. All agreed. Motion carried.

Commissioner Eby made a motion to approve the lease for the Duncannon Magisterial District Court Office with Glenn Smithgall. Commissioner Watson seconded the motion. All agreed. Motion carried.

Employee Status: Commissioner Watson made a motion to approve the transfer of Hilary Caldwell to the position of Office Manager in the Domestic Relations Department effective August 2, 2021 at an hourly rate of \$17.11. Commissioner Eby seconded the motion. All agreed. Motion carried.

Commissioner Eby, with regrets, made a motion to accept the resignation of Stephanie Bell, Part Time Clerk, in the Domestic Relations Department effective August 6, 2021. Commissioner Watson seconded the motion. All

agreed. Motion carried.

Solicitor's Report: None

Public Comments: Donna Shatto asked if anything was being done regarding senior transportation in the western part of the County.

The Commissioners thanked everyone for coming out to the first evening meeting and said the participation was much appreciated. Commissioner Allen said they had been wanting to hold public meetings out in the community and are glad that they are now able to make this goal a reality. Commissioner Watson encouraged residents to call the Commissioners' Office anytime if they have questions or concerns. Commissioner Eby recognized staff and commended them for the work they do. He said that the Commissioners are surrounded by excellence every day. Commissioner Eby also commented on the cooperation with Cumberland County and other joinder organizations.

Comments from the Press: None

Commissioner Watson made a motion to adjourn at 8:17 p.m. Commissioner Eby seconded the motion. All agreed. Motion carried.

Shannon Hines, Chief Clerk

Brenda L. Watson, Secretary

**** DRAFT ****

On agenda for approval at August 30, 2021 Commissioners' Meeting

July 29, 2021 (NOON) Public Hearing via ZOOM - Meeting Minutes:

Public Hearing

Attendance via ZOOM: Annie Strite, Robin Tolan, Mark Evans, Mary Medkeff-Rose, Cliff Deardorff, Officer from Carlisle Police Department

Annie Strite (MH.IDD Administrator) opened the public hearing on July 29, 2021 at 12:00 noon. Presenters introduced themselves.

Robin Tolan (MH Senior Human Services Program Manager) presented information on the overall structure, purpose, and requirements of the Human Services Block Grant. Robin then presented the achievements, challenges, and priorities for the mental health component of the plan. Mark Evans (IDD Senior Human Services Program Manager) presented the achievements, needs, and priorities for the Intellectual and Developmental Disability (IDD) portion of the plan.

Robin provided an overview of the substance use disorder program provided to her by Jack Carroll (Executive Director of the Cumberland-Perry Drug and Alcohol Commission). Robin then briefly reviewed the Homeless Assistance Program and Human Service Development Fund components of the plan.

Annie opened the meeting to public comment. Cliff Deardorff (consultant from Partnership for Better Health for the Perry Health Coalition) relayed that his comments were contained in information previously presented by Becca Raley at the Perry County Commissioners' Public Hearing on July 26, 2021. He had joined the meeting just to listen as he was not able to participate at the other scheduled times.

No other participant offered public testimony. Participants were reminded to submit any written testimony to the county office at mhidd@ccpa.net.

The public hearing was closed at 12:42 pm.

July 29, 2021 (6:30 PM) Public Hearing - Meeting Minutes:

Public Hearing

Attendance via ZOOM: Annie Strite, Robin Tolan, Sue Carbaugh, Mary Medkeff-Rose, Vickey Wood

Annie Strite (MH.IDD Administrator) opened the public hearing on July 29, 2021 at 6:30 pm. Presenters introduced themselves.

Robin Tolan (MH Senior Human Services Program Manager) presented information on the overall structure, purpose, and requirements of the Human Services Block Grant. Robin then presented the achievements, challenges, and priorities for the mental health component of the plan. Sue Carbaugh (IDD Program Director) presented the achievements, needs, and priorities for the Intellectual and Developmental Disability (IDD) portion of the plan.

Robin provided an overview of the substance use disorder program provided to her by Jack Carroll (Executive Director of the Cumberland-Perry Drug and Alcohol Commission). Robin then briefly reviewed the Homeless Assistance Program and Human Service Development Fund components of the plan.

Annie opened the meeting to public comment. Mary Medkeff-Rose and Vickey Wood, both from Aurora Social Rehabilitation Services, asked several questions related to concerns that social rehabilitation services would continue and emphasized the great amount of need for mental health services in our area. Vickey also asked about the CIT training and what was covered as well as how the Carlisle Borough was selected as the pilot site. Mary Medkeff-Rose stated she would submit a written statement for inclusion in the plan submission.

No additional public testimony was offered. Participants were reminded to submit any written testimony to the county office at mhidd@ccpa.net.

The public hearing was closed at 7:30 pm.

Public Testimonies offered at 7/22/2021 Public Hearing:

a) Craig Cordell, Executive Director, New Visions Incorporated

Good morning. My name is Craig Cordell and I am the executive director at New Visions Incorporated. We provide residential and support services for persons with serious mental illness in Cumberland and Perry Counties. I came here today to emphasize the first goal Robin referenced in the mental health portion of the proposed Human Services Annual Plan.

The proposed annual plan contains a graph showing that funding for mental health services in PA has been dropping or remained flat for the last 13 years. As you know, costs have not remained flat over the same period of time. Costs for health insurance, unemployment insurance, workers compensation, property insurance, utilities, gasoline, food, and virtually everything else continue to go up year after year.

As a result, my staff end up spending a lot of time figuring out how to make everything work with the money we're given. They spend time searching for food on sale or going out of the way to the bent and dent store. They spend time helping our folks find used clothing and free hygiene products. All that means less time for providing the individualized care our folks need.

As an agency, we have to delay replacing aging appliances, mattresses, furniture, agency vans, and other equipment. We delay doing capital improvements like replacing roofs, carpeting, having buildings painted inside and outside, and doing preventative maintenance on mechanical systems. Putting off those things ultimately costs more money in the long run, which has ended up coming from loans against the buildings we own. That is not sustainable.

The pay we can offer is impacted too. Our direct care workers can make more money working at Sheetz or a warehouse. But I'd argue that what they do is more important. They meet people at their most vulnerable point and help them rebuild their lives. And often, my staff saves people's lives...literally.

For a long time, we talked about "doing more with less." My fear is that as we've done more with less, the state has concluded that we don't really need more money, because we're making it work. I wanted to tell you all that we are just getting by. We've cut all the costs we can. We have slowly reduced staffing over the years so that we're working with only one person in the evening and overnight where previously we've had two people.

We are at the point that there just aren't more savings to be found and without additional funding, we will have to begin closing programs. The results of that will not be cost savings. It will result in our folks getting sicker and needing care in more expensive settings ...or in jail, honestly.

I'm here today because I want you to hear directly from us, the essential workers on the front lines, that we need you to be our voice to the state advocating for the funding we need to keep some of our most vulnerable citizens safe and healthy.

Thank you very much.

b) Carol Thornton, Director of Grants & Public Policy, Partnership for Better Health



**Cumberland County Human Services Plan (Block Grant)
Public Comments Offered by the Partnership for Better Health
July 22, 2021**

Good morning, my name is Carol Thornton and I am the Director of Grants & Public Policy at the Partnership for Better Health – a local health foundation that champions and invests in ideas, initiatives and collaborations that improve the health of the people and communities in our region, including Cumberland County. Thank you, Commissioners Eichelberger, Foschi, and DiFilippo, for this opportunity to offer comments on the draft Human Services Plan for Cumberland County. I applaud each of you for lending your voices of support and advocacy on behalf of the County for MH.IDD services.

The Partnership values the enduring efforts of the Cumberland-Perry MH.IDD office in ensuring access to services that support people of all ages with serious mental illness and intellectual and developmental disabilities. The agency’s leadership has always been open to discussing collaborative approaches to addressing community needs and has been an exceptional partner in local coalitions and partnerships, towards addressing affordable and accessible housing, health improvement and resiliency initiatives, and best practices in crisis response.

The work of MH.IDD was vital prior to the COVID-19 pandemic and it has become even more important in its aftermath. COVID-19 has had a major effect on our lives and has exacerbated the already existing issues of food access, housing stability, child care, and access to care. At the same time, the pandemic’s mitigation efforts have intensified, in many instances, the needs of those with serious mental illness and intellectual and developmental disabilities. Cumberland County saw a 32% increase in individuals requesting County funded mental health services last fiscal year. Our County has also seen a resurgence in fatal drug overdoses in 2020 – disrupting the downward trend the County achieved since 2017, as a result of collaborative efforts with the County Drug & Alcohol Commission’s leadership.

Mental wellbeing is not just an adult issue. We have not yet seen the full ramifications of virtual learning and its impact on child development. As schools reopen this fall, that true need will become apparent, and our communities will need to be responsive to provide adequate resources and interventions to address and prevent mental health issues.

With these factors in mind, it is a major concern that mental health services have received another year of flat-funding from the Commonwealth. We know that demand for services is at an all-time high, local providers continue to struggle to maintain their workforce, and operational expenses continue to rise. Flat funding poses a risk to our community that those in need of mental health services will go without the appropriate treatment. The livelihoods of our residents are at stake, mental health is just as important as physical health to ensure quality of life.

Given community needs at this time, it's risky and unacceptable that the Commonwealth has not allocated more funding to mental health services. The Partnership for Better Health supports the efforts of the MH.IDD office, as presented in the Cumberland County Human Services Plan. We urge the Commonwealth to revisit and address its current funding allocations based upon hearings like this one today and the accompanying submission of written statements. Cumberland County needs more resources to fully address the mental health needs of all residents.

Respectfully,

A handwritten signature in cursive script that reads "Carol Thornton".

Carol Thornton

Director of Grants & Public Policy

c) Miki Kerr, Residential Director, New Visions Incorporated

My name is Miki Kerr, Residential Director for New Visions Inc.

I would like to share my concerns, which lend to what my director Craig Cordell has previously stated: We are struggling with an inability to hire and retain qualified staffing at our current pay. Most full time employees are supporting a family making \$14.00 per hour. We have open shifts at all of our residential programs and struggle daily to get qualified staff into our programs as well as maintain those qualified staff when pay is lower than most convenience stores. A major struggle has been to even get individuals to apply for open shifts, but once they apply and hear what we pay, they go elsewhere and really we are saving lives, while Sheetz is offering coffee and those employees make more per hour than our staff.

We have and have always had an extensive wait list in all our programs with minimal movements due to a need for more qualified supportive programs. This wait list impacts the community MH units, the prisons, shelters, and state hospitals. We have no place to move our folks thus they stay in our programs beyond the time needed, waiting for low income or other supported programs in the community. Our need grows by the Year. The rise in adults that need MH services has risen by 32% and are only continuing to rise.

We are in need of increased programs, increased wages to support the growing mental health populations that needs our support.

Thank You.

Miki Kerr
Residential Director
New Visions Inc.

Public Testimony offered at 7/26/2021 Public Hearing:

Becca Raley – Executive Director, Partnership for Better Health



**Perry County Human Services Plan (Block Grant)
Public Comments Offered by the Partnership for Better Health
July 26, 2021**

Good evening, my name is Becca Raley and I am the Executive Director at the Partnership for Better Health – a local health foundation that champions and invests in ideas, initiatives and collaborations that improve the health of the people and communities in our region, including Perry County. Thank you, Commissioners Allen, Eby and Watson, for this opportunity to offer comments on the draft Human Services Plan for Perry County. I applaud you for lending your collective voices of support and advocacy on behalf of increased funding for County MH.IDD services.

My office values the enduring efforts of the Cumberland-Perry MH.IDD office. The agency’s leadership has always welcomed collaborative approaches to addressing community needs and has been an excellent partner in local coalitions like the Perry County Health Coalition. Through this coalition, we have worked to integrate behavioral health services and screenings into primary care offices in Perry County. We are supporting Sadler Community Health Center’s plans to open a school-based health center in West Perry School District, which will include behavioral health screenings. We have championed Hamilton Health Center’s clinic in Newport to successfully offer integrated behavioral health services. My office also enjoys strong partnerships with the Cumberland-Perry Drug & Alcohol Commission, Perry Human Services and Perry Housing Partnership. It is humbling to see how much these organizations accomplish, despite lean budgets.

The purpose of my testimony is to urge state legislators to take immediate action to increase the state’s funding allocation for the Cumberland-Perry MH.IDD agency.

When the coronavirus pandemic entered the United States in 2020, our daily lives were changed in ways that we could not have imagined. This winter, we watched as COVID-19 cases and fatalities reached unprecedented levels. The hard work and dedication of our elected officials in Washington, Harrisburg and Perry and Cumberland Counties mobilized a sweeping set of emergency relief programs to assist local businesses, schools, health systems, human service agencies and households in weathering the storm. By this spring, rapid vaccination distributions began to stem the tide of fatalities and allowed communities to resume a sense of normalcy. However, there are two concurrent crises that continue to deepen: mental health needs and substance use disorder.

The epidemics of mental illness and addiction are not silent – they are visible and quantifiable. We hear regularly from area emergency department physicians about the prevalence of drug and alcohol-related emergencies, which escalated to new heights during the pandemic (see graphic). Between 2019 and 2020, there was a 48 percent increase in unintended opioid overdose deaths in Perry and Cumberland Counties. A vast majority of these deaths are men.



Towards understanding mental health services, for over a decade it has been my observation that no other healthcare service has been in as consistently high demand and short supply. The shortage of people entering mental health professions, a lack of competitive wages for frontline mental health workers and mental health stigma exacerbate this problem.

In our rural communities, mental health service shortages are so extreme that residents frequently fail to consider and ultimately forgo timely care. According to County Health Rankings’ newest report, Perry County ranks 40th out of 67 counties in Pennsylvania for its overall health outcomes. Data show that the ratio of Perry County residents to mental health care providers is nearly 3,000 residents for every 1 mental health professional. This ratio is alarming— it is six times worse than the state average (which has a ratio of 450 residents for every 1 mental health provider).

The pandemic has made this already unacceptable situation much worse. The Cumberland-Perry MH.IDD office experienced a 32 percent increase in demand for mental health services through June 30, 2021. This extraordinary surge is directly related to the health, economic and social disruptions of COVID-19. Unlike common physical injuries, like a broken arm or a sprained ankle, recovery from a recurring or newly emergent mental illness or addiction can require years of professional care. Residents struggling with mental illness and the disease of addiction have a long road ahead.

In this context, it is alarming to see that county mental health services have received another year of flat funding from the Commonwealth. On behalf of the Partnership for Better Health, I respectfully urge state legislators to heed the call to increase the county mental health budget. In a region and state as caring as ours, with funding increases from legislators in Harrisburg, together we can prevail.

Thank you for your thoughtful consideration of this request. Amidst the most challenging times in modern history, we are grateful for your dedicated public service and leadership.

Respectfully,

Becca Raley
Executive Director
Partnership for Better Health

No Public Testimony was offered at 7/29/2021 12:00 noon Public Hearing.

Public Testimony offered at 7/29/21 6:30 pm Public Hearing:

Mary Medkeff-Rose – Aurora Social Rehabilitation Services

Aurora Social Rehabilitation Services is a community non-profit organization serving adults with mental illness and/or intellectual or developmental disabilities (Cumberland/Perry counties IDD program) in central Pennsylvania that facilitates recovery among those being served with opportunities for empowerment and self-direction through life skills training, educational programs, and social rehabilitation.

The Aurora Center at 104 E. Main Street in Mechanicsburg has been open for over 35 years. Consumers come there to:

- Visit with supportive peers
- participate in workshops that include everything from mental health and coping skills to current events
- take trips to places of local interest
- learn life skills by taking part in the running of the center including lunch preparation and running meetings
- express their creativity through arts and crafts
- play games such as pool, cards, and word games
- simply relax and listen to music or watch television

Aurora is governed by a Board of Directors. The Board consists of people with a wide variety interests and talents, including persons who are in mental health recovery. The Board of Directors oversees the financial solvency and the overall health of the program.

Aurora's staff consists of people who have a mental health diagnosis and have been consumers before they became employees, and those who do not.

Comments From some Aurora Consumers:

- I come to Aurora to see my friends.
- Aurora is a place to come and not be judged by other people. It's like a family.
- When I don't come to Aurora, I miss the arts and crafts, and lunch.
- I was very depressed when Aurora closed because of COVID. I was thankful that Mark called me but I really wanted to come here.
- I just started coming here and was surprised that people were so friendly.
- The staff at Aurora are kind and understanding. I like the workshops. I really learn a lot.
- What Aurora Rehabilitation Socialization Services means to me? It is a place to meet others and make friends who understand what it is like to have a mental illness. Friends with mental illness know the feelings of sadness, the feelings of aloneness, the struggles, and the up's and down's of everyday life. Making and keeping friends is important to everyone; but when a person has a mental illness, having friends who understand, is even more important in the Recovery process. At the Aurora program, friends share their life journeys and enjoy activities, such as games, crafts, discussions, and meals. It is important to me to have time to be social with other people. Aurora provides that opportunity!!!

As we face a future that has uncertainty the staff and board are resolved to face the uncertainty, draw from our past and look forward to many more years of service to the mental health community.

PART III: CROSS-COLLABORATION OF SERVICES

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

Employment:

Several avenues for employment opportunities have been developed within our systems. Adults with severe mental illness currently have the opportunity to participate in the evidence-based practice of Supported Employment. Funded using MH county base dollars, this service assigns an Employment Specialist to assist a consumer in obtaining and maintaining competitive employment within the community. The competitive employment rate within this program is 57.1% for FY 2020/2021. This percentage represents a slight decrease (4%) from the previous fiscal year, mostly due to fewer employment opportunities because of the COVID-19 restrictions. This employment rate remains almost twice as high as the prior national average of 33%. Increased access to this service continues to be a strong need and another Employment Specialist would be beneficial in order to improve access. Additional county base funds are not available at this time. Also, some individuals with a lived experience of mental illness are employed within the mental health system as Certified Peer Specialists, WarmLine workers, and Administrative Assistants. These positions utilize MH county base dollars or HealthChoices funds depending on the position and program within which it is provided.

The Intellectual and Developmental Disabilities (IDD) program continues to offer Project SEARCH which involves collaboration between a business partner, a job coaching agency, the local OVR, the national Project SEARCH program, and the local IDD county office. Project SEARCH is a unique business-led program that facilitates a seamless combination of classroom instruction, career exploration and job-skills training through strategically designed internships. The program involves real-life work experiences to help folks with intellectual disabilities to have a productive adult life. The goal for each intern is to obtain competitive employment in their community upon completion of the program. Also, our *Employment First* initiative focuses on educating individuals and families, the schools, and employers about the need to start the planning process early for transition from high school into adult services.

Housing:

All of the county human service programs work closely with the Cumberland County Housing and Redevelopment Authority (CCHRA) as well as the Homeless Assistance Program and the local shelters to assist consumers in locating, obtaining, and maintaining housing within the community.

Services are improved through the process of communication and collaboration with multiple agencies, both County and non-county and through interagency projects and workgroups. A portion of the coordination funds supports the salary of the Homeless Assistance Program Supervisor. The Homeless Assistance Program supervisor/staff have active roles within the following groups to encourage cross-system collaboration within the human services system: Affordable Housing Trust Fund Board (Commissioner appointed member); Gateway Health-Community Advisory Committee; United Way Food and Shelter Committee (Chairperson); West Shore, Carlisle, and Shippensburg Emergency Needs groups; Carlisle Area Network (CAN).

Other interactive agencies and programs include: The Children's Roundtable; Carlisle United Way; Employment Networking Group, and the Cumberland County CASSP Core Team. Through the Child & Adolescent Service System Program (CASSP), families participate in cross system meetings and planning discussions with our CASSP core team, made up of representatives from MH, CYS, Drug & Alcohol (D&A), JPO, Education System, IDD, and Community Services. These meetings are held twice per month in each county and more frequently if needed.

Additionally, the Rental Assistance Program Supervisor is responsible for the supervision of the Cumberland Cares for Families program, which is a free in-home visitation program (prenatal to age 5 of child). This prevention position, partially funded through Cumberland County Children and Youth, requires coordination with Children and Youth and other agencies that can provide assistance to new mothers and young children providing parenting skills, developmental assessments, discipline skills and school readiness, as well as help with Housing if needed. The staff are part of the County's Plan of

Safe Care (POSC) working in collaboration with agencies and medical facilities to assist moms who have tested positive for substance during the birth of their child.

Cumberland & Perry counties participate with the Coordinated Entry System through the CCHRA. This system endeavors to align all housing and homeless service providers and supportive services with a streamlined assessment and referrals to available services for the homeless. One master Community Queue is utilized to address homeless needs, instead of separate waiting lists. Those who are experiencing homelessness or near homelessness can call or text for information, vulnerability assessment and referral assistance through the Coordinated Entry System. In-person sites in both Perry and Cumberland counties were not accessible due to COVID-19 restrictions; however the 2-1-1 call center remained open and able to process requests. While these efforts are not funded by the Human Services Block Grant, they have significantly strengthened and improved assistance to individuals and families impacted by homelessness within our counties.

Formerly the Local Housing Options Team (LHOT), Community Partners for Change continued meeting virtually to develop implementation strategies for the goals previously developed in the Roadmap. The Community Partners for Change's mission is to end homelessness in our communities and to advocate for the availability of safe, accessible, affordable housing choices that meet the needs of all people with disabilities and is accomplished through collaboration among and between organizations including private, commercial, and public resources. Operating out of CCHRA, this professional collaboration of local key leaders and human service agencies are working to address the needs related to housing in Cumberland County, with the mission of Creating Equity in Housing. The COVID-19 pandemic has severely impacted progress for this collaborative, but Action Teams have recently been developed to address four key areas focused on Equitable Housing, Accessible Housing, Affordable Housing, and Advocacy.

The annual Housing Forum was unable to be held due to the COVID-19 pandemic; however the committee was able to present a virtual workshop with Iain DeJong (who graciously offered his participation pro bono). Having worked for non-profits, government, and private sector on homelessness issues for more than two decades, Iain reviewed sections of his book *"The Book on Ending Homelessness"*. As homelessness is one of the most complex social issues of our time, Iain believes that society needs to lean into the complexity rather than shying away from it. Iain spoke about needing to focus on pragmatic rather than theoretical ways to accomplish this and gave many examples. He encouraged remaining firmly entrenched in the day-to-day realities of responding to homelessness and trying to ensure it is rare, brief, and non-recurring. It is hopeful that the Annual Housing Forum will be able to be offered again in Sept 2021 as it offers excellent opportunities for networking and resource development.

The CCHRA offers Prepared Renters Program (PREP) for those seeking or maintaining housing. This program provides education to participants on their rights and responsibilities as a tenant. Completion of the program results in a certificate that can be helpful in obtaining housing as well as an increased understanding of landlord/tenant laws. An on-line version was also developed. Individuals do not have to be a client of CCHRA to participate so there is strong collaboration with all human service agencies since housing needs cross all areas.

In July 2018, our Forensic Housing Supports initiative was implemented through a partnership between the CCHRA, the county mental health office, and the county adult probation office. This service, funded through behavioral health managed care Reinvestment dollars, offered financial and casemanagement supports for up to 6 months for individuals having a severe mental illness and criminal justice involvement who were medical assistance eligible. Many folks were referred through their involvement in our mental health court. Completion of PREP was required for Forensic Housing Support program participants. In total, 20 referrals were received, 10 individuals obtained housing and 11 received financial assistance. The program closed in December 2020 due to not having sustainable funding after the Reinvestment funds ended. While at least have of the referrals were able to become (and maintained) successful housing, the challenges for those who were not successful included lack of income to sustain rent, not being receptive to services, non-compliance with the Forensic team, and lack of affordable housing units.

Prior to COVID-19, intake staff from Merakey Stevens Center completed intakes at the local Community CARES homeless shelter with any program participants who are interested in obtaining mental health services. A challenging population to serve, it seems that the development of rapport with the intake worker had resulted in a handful of shelter participants getting connected to requested mental health services. The intake worker position is funded by base dollars from the county mental health office. Due to restrictions from the pandemic, Merakey placed this service on hold.

PART IV: HUMAN SERVICES NARRATIVE

A. CUMBERLAND PERRY MENTAL HEALTH & INTELLECTUAL & DEVELOPMENTAL DISABILITIES PROGRAM

In December 1967, a joint Mental Health & Mental Retardation program was established with the Boards of County Commissioners of Cumberland and Perry Counties in compliance with the Mental Health & Mental Retardation Act of 1966. The agency now known as Cumberland-Perry Mental Health and Intellectual and Developmental Disabilities Program (C-P MH.IDD) operates as a department of Cumberland County government and serves residents of Cumberland and Perry Counties in need of those treatment services and rehabilitative supports. The county joinder agreement has been beneficial and remains in effect today.

1. MENTAL HEALTH SERVICES

Our mission statement of “*Supporting all people with mental illness to live and participate fully as valued, integrated members of our communities with the choices, responsibilities, dignity, respect, and opportunities afforded all citizens*” drives our planning process and provision of community-based mental health services within Cumberland and Perry Counties.

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

a) Program Highlights:

Please highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY 20-21.

- **Strength and Perseverance of our service providers** has been exceptional during this COVID 19 pandemic. Our residential providers and crisis intervention specialists especially are to be commended for continuing to provide direct, front-line services to consumers in need, during an extremely challenging time.
- **Implementation of the Long-Term Structured Residence (LTSR)** is a significant achievement for this fiscal year. While the process of developing, building, and initiating this 16-bed program became daunting, the program achieved licensure and opened on October 1, 2020. The LTSR is a 24/7 supervised, locked environment for adults with serious and persistent mental illness who require intensive treatment due to complicating conditions, co-existing substance use disorders, physical health needs, and/or criminal justice involvement. The program provides individualized support and rehabilitation in single room occupancy, shared living space facility. Currently 12 individuals with serious mental illness (SMI) are receiving services in this setting, approximately 50% of which also have forensic involvement have been admitted to the program. Staffing has been a serious issue with the program achieving full capacity as few candidates have been interested in the available positions. This will be discussed later as a significant need in all areas of mental health service provision. This project was funded via several funding mechanisms including ACLU settlement funds, CHIPP, and HealthChoices Housing Reinvestment dollars.
- **Crisis Intervention Team (CIT)** training was held with 17 local law enforcement officers. This training is a community initiative designed to improve the outcomes of police interactions with people living with mental illness. CIT programs are local partnerships between law enforcement, mental health providers, local NAMI chapters and other human service agencies and community stakeholders. The CIT program provided 40 hours of training for law enforcement on how to better respond to people experiencing a mental health crisis. CIT is not just a training. Effective CIT programs are based on strong relationships between law enforcement, 911 Dispatch, mental health care providers, families and people living with mental illness. CIT is a long-lasting, evolving partnership based on mutual goals. CIT was funded via county base dollars.

- Elementary Student Assistance Program (ESAP)** was implemented in both counties this year - SAP is a state mandated in-school program for public education students K-12. It focuses on safe and drug-free environment and mental health wellness in schools and communities. The goal is to break down barriers to learning and attain academic achievement that will be enhanced through collaborative prevention, intervention, and post-vention services through drug and alcohol and mental health. While TeenLine has provided SAP in the middle and high schools in Cumberland and Perry Counties for three decades with county base dollars, Cumberland/Perry MH office began the implementation of providing MH Liaison services through the elementary schools in the fall school year 2020-2021. ESAP is now operational in 7 of the 9 Cumberland County school districts and 1 of the 4 Perry County school districts. This program is identified to provide early intervention services for elementary age students that are exhibiting challenges at school. The focus of our program is to provide preventive services to these students and needed supports to the whole family system. The ESAP liaison collaborates with the school team to ensure all supports are afforded to the identified student needs by accessing the whole family system. The traditional model of the student assistance approach focuses on conducting a screening/assessment on the school-aged student. Our county's ESAP approach follows the traditional state model and also supports the whole family. Upon the parental/guardian assessment, the ESAP liaison screens every referral by assessing all social determinant of health needs - access to stable housing, access to medical/health needs/services, employment/ job training, educational needs, access to public safety/transportation, access to food, social support, language/literacy, and connection to community resources and support. ESAP was funded using no additional funds. Staff have been cross trained in Student Assistance and have continued to maintain their CASSP roles. This has created additional workload and supervision oversight. This group of staff models strong mission focus to supporting children and adolescents using natural supports. Their work through the pandemic has been commendable.
- Cross Systems Team of 3 implementation** - Cumberland/Perry MH office employs a Cross Systems Coordinator position that is a shared-budget position through CYS, JPO and MH and works out of the MH office. This position was created 11 years ago to strengthen the partnership between CYS, JPO and MH cases. The Cross Systems Coordinator supports staff from CYS and JPO to assess MH needs and access MH services for cases they serve on. The Cross Systems Coordinator additionally created a partnership meeting called "Team of 3" which consists of representation from CYS, MH, and IDD. This meeting is held on a bi-monthly basis with the focus of discussing complex cases. The needs of the children we are serving have significantly increased in recent years so it is necessary to take a more in depth look at complex and cross systems cases to see if there are additional ways that departments can collaborate and support one another in identifying resources for these children/adolescents. The Cross Systems Coordinator additionally meets with administrators of CYS, MH, and IDD quarterly to discuss and address challenges, concerns, trends, and barriers. These meetings also serve as an opportunity to identify system wide barriers and areas of need as well as to brainstorm ideas for how to resolve these barriers.
- Transition to Intensive Behavioral Health Services (IBHS)** – our CASSP Coordinator was heavily involved in the transition from the previous Behavioral Health Rehabilitation Services (BHRS). She reviewed and gave feedback to PerformCare on numerous provider service descriptions for the new types of services. She also worked with our managed care oversight to hold several meetings with school professionals and two medical providers to provide training around the implications for the new services as well as the change to language, terminology, and expectations of the new services. A school-provider fair is planned for the fall to improve communication and coordination between the local school districts in our counties and the IBHS providers in order to stream-line and strengthen services for children.

b) Strengths and Needs by Populations:

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.

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

- **Strengths:** We continue to *collaborate with Office of Aging and Community Services* in both Cumberland and Perry counties to address the needs of this population. MH staff participate in both the Regional (Cumberland) **LINK meetings** as well as the Perry County LINK meetings and offer community resources as needed to support older adults to maintain independent living as long as possible.

A **Certified Peer Specialist** continues to be funded by the Cumberland County Office of Aging to provide peer support services through Merakey-The Stevens Center to older adults who do not qualify under HealthChoices funding. Also, a **Senior Care Manager** works with a Psychiatrist who is a **Geriatric Specialist** to address older adult needs through Penn State Health Holy Spirit Behavioral Health Center, a local mental health provider agency that serves both counties. **Mobile Crisis** also plays a key role in supporting nursing homes, personal care homes and families around assessment and referral in order to meet the needs of the older adult. Penn State Health Holy Spirit's Crisis Intervention program provides this service which is funded by PerformCare and county-base funds.

Specialized Community Residences (SCR) have continued to provide exceptional support to individuals with severe mental illness when they develop significant physical health needs, often with age, in order to support them in the community. Licensed as personal care homes and enhanced with a nurse and specially MH trained staff, these three SCR's are full to capacity. Keystone Human Services and New Visions provide this service. The need for this type of living environment is significant especially as the population continues to age and develop additional medical needs. This service is paid for by county-base funds.

Community Health Workers for all age populations were implemented in Perry County via funding from the United Way of Capital Region and their Contact to Care initiative. Located at the Newport satellite of Hamilton Health Center, these workers help to improve access to health care for un- and under-insured individuals in the Capital Region.

- **Needs:** Older Adults have access to all services that adults have in our community service array. When **Medicare** is the insurer however, access to those services is extremely difficult. There are significantly fewer outpatient community providers accepting Medicare. While this is less of an issue for those who are dual eligible [Medicare and Medical Assistance (MA)], those having Medicare without MA have significant difficulty in accessing services. Since Medicare is the primary funder of treatment for many older adults in our counties, this significantly impacts **service options as well as access to care**. Individuals with Medicare are finding lengthy wait times of 3 – 6 or even longer for service. **Telehealth** has created its own challenges especially for this population who may not be digitally literate.

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

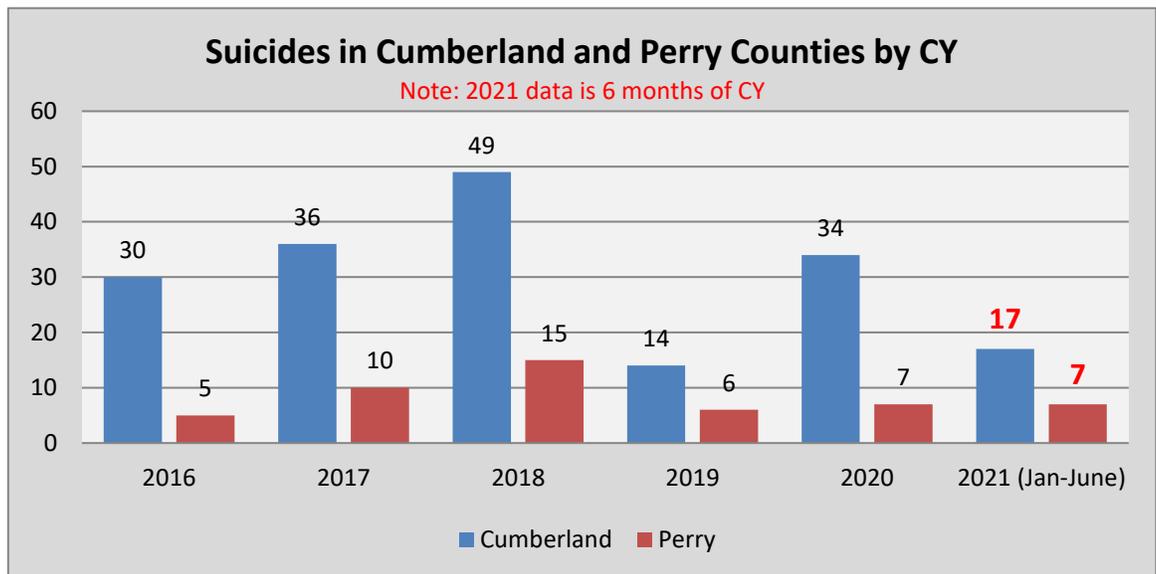
- **Strengths:** The list of **Existing County MH Services Chart** (page 45) outlines specific services currently provided within our counties for all adults with severe mental illness as we consider our service array to be a significant strength despite past years of budget decrease.

The **Forensic MH Team** made up of two Forensic case managers (employed by Penn State Health-Holy Spirit) works closely with County MH staff, Prison staff, Probation offices, and the Judicial systems in both Cumberland and Perry counties to help support those individuals with mental illness who have been incarcerated locally. These services are paid for by county-base funds and PerformCare if the individual receiving services is Medical Assistance eligible.

The addition of the **TOMS (Together Optimizing Mental Health Solutions) Court** team in 2017 has also been very beneficial in addressing the mental health needs of those who have forensic involvement. The Cumberland County TOMS Court is a pretrial diversionary program for participants diagnosed with a serious and persistent mental illness. Participants are referred to the program by Police Officers, Magisterial District Judges, Jail Treatment Staff, Attorneys, Probation Officers, Case Workers, and Judges. TOMS Court is comprised of the forensic mental health case managers, judge, assistant district attorney and public defender, deputy sheriff, probation/parole officer, prison treatment staff, county mental health staff, and treatment court coordinator. This partnership strives to address the specialized needs of participants with serious mental illness, thereby reducing recidivism rates, ensuring public safety, and improving the quality of life for participants by establishing mandatory, comprehensive, community-based treatment and services within the guidelines of the Cumberland County TOMS Court.

Our **local Suicide Prevention Initiatives** are a strength within our communities:

- **Preventing Unnecessary Loss through Suicide Education (PULSE)** task force continues to meet monthly with the primary purpose to increase awareness and education about suicide. Initiatives are based on the task force priorities of “Providing Support, Education and Outreach”. Several task force members have represented PULSE at local community and wellness fairs, Capitol Advocacy days, the Out of the Darkness Suicide Prevention walk and the Overnight Walk for the American Foundation for Suicide Prevention (AFSP). While the COVID-19 pandemic prevented PULSE from hosting additional in-person events, the task force focused on supporting those in need virtually. The Survivors of Suicide (SOS) support group met virtually as well as the PULSE Task Force. We have been pleased with the continued growth of the taskforce. The taskforce now includes representatives from Crisis Intervention, Student Assistance, and a representative from the Veterans Community to assist with offering suicide prevention strategies to veterans. The annual “We Care” event will change this year to a more personal message, “I Care.” Our PULSE taskforce and MH office is concerned with rising suicide rates in both Cumberland and Perry Counties. Given lingering concerns with COVID-19, planning efforts include hosting a smaller event, strategically linked to share the message of Care and Hope.



- **Question, Persuade, Refer (QPR)** training: During the last fiscal year, members of our community have received QPR training including Cumberland County staff, NAMI Board representatives, Cumberland County Prison Staff, emergency management staff, nursing home staff and local police officers. Cumberland County’s Human Resources Department is working in strong collaboration with the MH office to ensure

county personnel have access to QPR training. Additionally, a trainer with the Cumberland County Prison (CCP) provides QPR to all corrections officers. The MH office has worked in collaboration with the Cumberland County CISM team to provide QPR to various disciplines in the first responder community. We've assisted with training police, firefighters, and EMTs in the last year. It is noteworthy that given the need to host virtual trainings, we cut the class size to 10 maximum participants to ensure the ability to maximally support individuals receiving the training. While QPR is not intended to be a form of counseling or treatment, it is intended to offer hope through positive action. QPR is also intended to help recognize the warning signs, clues, and suicidal communications of people in trouble and to act vigorously to prevent a possible tragedy. Several staff have reported being grateful for receiving the training as they have put the principles to use in either the workplace or their personal lives within a week of participating in the training. Quarterly QPR trainings were held virtually due to COVID-19. The willingness of our **CRR providers** to accept challenging referrals of consumers with criminal charges and/or histories is also a significant strength within our system. CRR services are provided by Merakey-Stevens Center and New Visions. Our CRR providers continue to work tirelessly during the COVID-19 Pandemic to ensure safety of the program participants as well as the staff. This service is paid for by county-base funds.

The consumer-run **WarmLine** (provided by Merakey-Stevens Center) offers telephonic peer support 7 days per week. This county-funded service is available to C-P residents evenings and weekends. The WarmLine notes a 50% increase in call volume with 1,493 calls received during FY 2020/2021 with an average of 8 calls per evening. This significant increase in call volume could likely be attributed to the lengthy period of social isolation that many consumers experienced during the COVID-19 Pandemic "Stay-at-Home" restrictions. 7 WarmLine employees provide the service including a certified peer specialist. This service is paid for by county-base funds. Unfortunately, given the flat funded MH state budget for FY21-22, this service may need to be evaluated for potential cuts.

Psychiatric Rehabilitation is provided by Merakey-Stevens Center who employs four Certified Psychiatric Rehabilitation Practitioners (CPRP). Psych Rehab is focused on skill building in the four domains of living, learning, working, and socializing. This program is based in Carlisle and operates as a satellite at the three additional Social Rehabilitation programs throughout Cumberland and Perry Counties. This licensed program is funded by county-base and PerformCare.

In addition, three **Social Rehabilitation** providers (Merakey-Stevens Center, Aurora Social Rehabilitation Services, and New Visions) operate programs at four sites throughout Cumberland and Perry counties. Social Rehab is focused on recovery and community connectedness. This service is paid for by county-base funds.

Three **Fairweather Lodges** operated by New Visions are located in Newport, Shippensburg, and Carlisle with members running a transportation business and limited janitorial business within the two counties. The two Coordinators are paid for by county-base funds. Unfortunately, the Lodge Coordinator roles also may need to be considered for potential cuts due to the flat funded MH state budget for FY21-22. While we acknowledge these services are viewed as strengths in our community MH system, there is unfortunately not enough fiscal resources to balance the budget. Difficult funding decisions will need to be made.

As previously mentioned, three **Specialized Community Residences (SCR)** provide services to individuals who require personal care for physical health supports with a specialized mental health focus. These residences are licensed personal care homes that are enhanced to meet the needs of individuals with mental illness. This service is paid for by county-base funds. The existence of the SCR has enabled several residents to transition from higher levels of care (State Hospital or LTSR) to this more community-based setting and/or avoid being placed in a higher level of care.

Supportive Living services are provided to over 100 individuals by New Visions and Merakey-Stevens Center to aid in maintaining their housing in the community, in keeping with the Evidence Based Practice (EBP) of Supported Housing and our local and state Housing Plans. This service is paid for by county-base funds. This service may also need to be evaluated for potential cuts due to unavailable funds to fully sustain as in prior years.

Supported Apartments offer individuals with high needs the opportunity to reside in the community and receive the extensive supports that are needed, including 24-hour on-site supervision. Funded by county-base funds and provided by New Visions, this service has supported many consumers to leave higher, more intensive, and restrictive levels of service, such as the State Hospital, EAC, or LTSR, and maintain within this community setting.

Assertive Community Treatment (ACT) is available for C-P residents with HealthChoices/MA funds or county-base eligibility and is provided by Merakey-Stevens Center. This service continues to be successful in assisting individuals to remain in the community setting, thereby diverting from more intensive, restrictive, and costly services.

Supported Employment (SE) services are available through Merakey-Stevens Center and have demonstrated outcomes that exceed national standards with 57.1% of individuals with mental illness receiving this service becoming competitively employed. This service is paid for by county-base funds.

Mobile Psychiatric Nursing is a valuable service for individuals in Cumberland and Perry counties which is paid for by HealthChoices Behavioral Health Managed Care. Merakey-Capital has implemented this service to address these needs in our communities.

Certified Peer Specialist (CPS) services embedded in several community programs (Social Rehabilitation, Supported Apartments, and WarmLine) as well as a stand-alone CPS unit (provided by Merakey-Stevens Center) are available in our counties. These services are paid for by HealthChoices as well as county-base funds, depending on the site or service.

Also, the **Outpatient trauma-focused services** and training around DBT and CBT are significant strengths in our service array. Eye Movement Desensitization and Reprocessing (EMDR) is also provided within our counties and found to be beneficial in addressing trauma-related needs. Of course, traditional Outpatient and Inpatient services (provided by numerous agencies) as well as Administrative Base Service Unit (BSU) and Targeted Case Management (both provided by Merakey-Stevens Center and Penn State Health-Holy Spirit) supports continue to be provided. These services continue to be funded based on consumer eligibility by HealthChoices/MA and county-base funds.

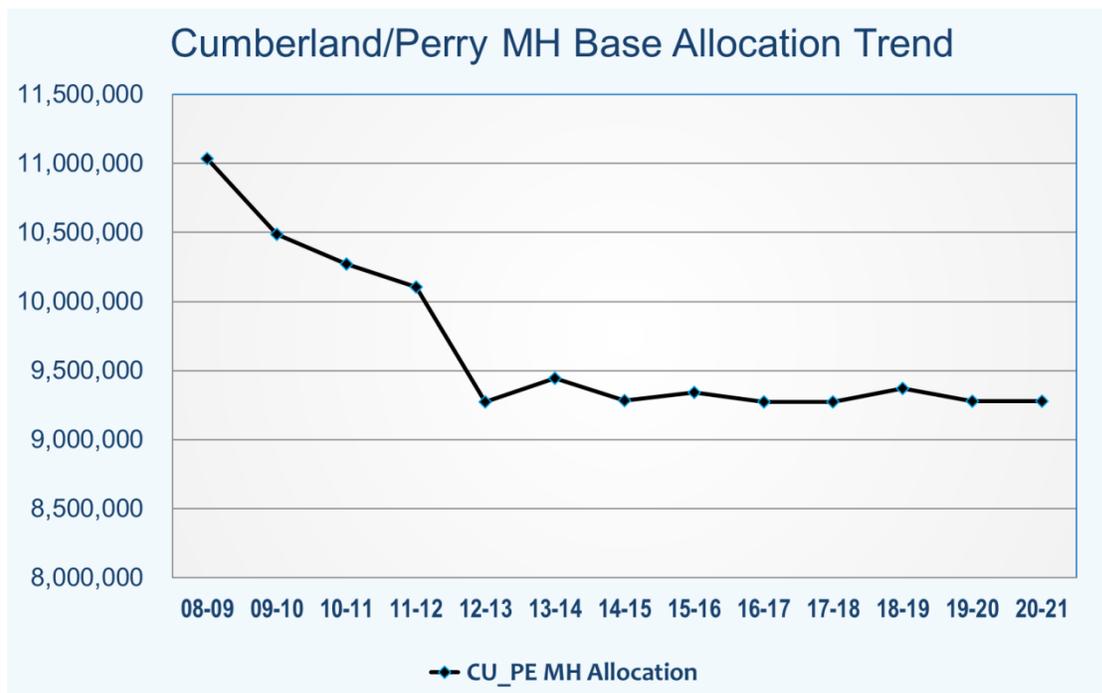
Community Health Workers for all age populations were implemented in Perry County via funding from the United Way of Capital Region and their Contact to Care initiative. Located at the Newport satellite of Hamilton Health Center, these workers help to improve access to health care for un- and under-insured individuals in the Capital Region.

All of these traditional and non-traditional services have made the difference for a substantial number of individuals in their recovery within our communities and counties.

- **Needs:** While we offer an array of services and supports, traditional outpatient psychiatry and therapy seem to be the services that are the most **difficult to locate and successfully connect folks**. We have experienced a dwindling number of providers willing to serve those with severe and persistent mental illness and those remaining practices have minimal availability, long wait periods or are not accepting any new referrals. Lack of psychiatry and medication management has been the cause of recidivism and frequent crisis intervention contacts.

Flexibility within our mental health system has significantly diminished over the last 12 years with **decreases in funding**, especially the ability to quickly accommodate presenting needs. Transitions from higher level intensive services are problematic when the needed community services do not exist or are full. People waiting for **12 – 20 weeks for a psychiatric evaluation** are ending up at Crisis Intervention and some are hospitalized psychiatrically. Had services been available, this higher level of care may not have been necessary. Individuals in higher levels of care have at times had lengthy delays to transition to community supports since aftercare services are not readily available.

For many years, the County MH system has been transparent regarding necessary **funds to best recruit and retain a qualified workforce**. As we emerge from the last 15 months of the pandemic, it is apparent that these needs are now dire. All providers are experiencing great difficulty retaining qualified staff. Local businesses frequently offer better wages, flexible hours, and better benefits, which create additional challenges with maintaining a skilled workforce. Provider staff are leaving to take positions that are less stressful, perceived less dangerous, with better pay outside of the mental health field. Staffing and compensation within our mental health programs have reached critical need this past year. As the chart below demonstrates, funding allocations do not effectively support the financial resources required to maintain comprehensive service delivery.



****Note:** LTSR allocation was removed from the above graph as funds were specific to that project.

Access to affordable housing continues to limit transition from community residential supports which continue to be full since those individuals have been unable to access independent housing. While housing vouchers are slowly becoming more available, the lack of affordable housing stock impedes the ability of individuals to locate and maintain independent housing in the community. This is a focused goal area of the Community Partners for Change, formerly the LHOT.

- **Transition-age Youth (ages 18-26)** - Counties are encouraged to include services and supports assisting this population with independent living/housing, employment, and post-secondary education/training.
 - **Strengths:** A **Transition Age Youth Coordinator** (provided by Merakey-Stevens Center) continues to assist in addressing the needs of youth ages 16–23 as they transition from the child to the adult mental health systems of

care. This position is available through Managed Care Reinvestment funds to support youth in planning for employment, housing, education, and other life activities that support them in functioning safely within the community. The biggest issues these individuals face are a lack of housing supports (vouchers, especially) and employment opportunities. Graduates of the program have been utilized as peer mentors and volunteers which has been beneficial.

Involvement in the **First Episode Psychosis Program: CAPSTONE** via the SAMHSA grant with Dauphin County is a benefit to the Transition age population in our counties. CAPSTONE which stands for Clinical Assessment Peer Support Treatment Ongoing Education/Employment utilizes the NAVIGATE model of Coordinated Specialty Care which conveys the mission of helping individuals with a first episode of psychosis and their families to successfully find their way to psychological and functional well-being, and to access the services needed in the mental health system. Operating in Dauphin County since April 2017 through a SAMHSA grant, Cumberland-Perry MH joined in Dec 2019. This collaborative approach with Pennsylvania Psychiatric Institute (PPI) providing mental health treatment services, Merakey Stevens Center providing Certified Peer Specialist, Penn State Health Holy Spirit providing Intensive Case Management (ICM), and Dauphin YWCA providing Supported Employment services supports young adults aged 16 – 30. The COVID-19 pandemic has significantly impacted provision of and participation with this program. Currently two C/P residents are actively participating in this program.

Connections with natural and community supports are vital in providing the positive support that is needed for transitional age population. **Community Employment Supports** such as ResCare and CareerLink are utilized to support youth to find jobs and become productive citizens, which is paramount as opposed to allowing young adults to become entrenched in the public welfare system with SSI and publicly funded services.

Community Health Workers for all age populations were implemented in Perry County via funding from the United Way of Capital Region and their Contact to Care initiative. Located at the Newport satellite of Hamilton Health Center, these workers help to improve access to health care for un- and under-insured individuals in the Capital Region.

- **Needs:** Transition age youth (TAY) aging out of Behavioral Health Rehabilitative Services (BHRS) or Residential Treatment Facilities (RTF) often **do not meet the diagnostic criteria of serious and persistent mental illness (SMI)**, which the state has established as eligibility criteria for county base-funded adult services. Some of these young adults have historically been successful in transitioning away from mental health services. A smaller subset of those young adults who have spent their youth in institutional environments and have not had more normalizing experiences also present with significantly challenging circumstances, such as serious self-harm behaviors. These transition age youth present the biggest challenge as to **keeping them safe and supporting them in their recovery and independence** in a community setting, especially in a time that financial resources to provide for supports within the community mental health system are dwindling.

Planning to meet the needs of these youth is difficult, often due to loss of connections and normalizing experiences that children would typically attain within the family setting. Expansion of transition age programs to consider and/or include **short-term residential options** is needed to improve resiliency and support recovery in these young adults. Programs are also needed that provide **Supported Education** as well as **teaching fundamental skill sets about living independently** in the community, including such basics as interacting with others and boundaries due to the lack of parental-like supports in their lives.

As previously stated, CABHC and the five counties worked to develop a service description for a **Community Based Residential Treatment Facility Program (RTF)** to address some of these needs. Community Services Group was selected from the request for proposals and work is continuing to implement this program. The goal was to have a more community-based RTF that is local to our 5 Capital Area counties which would allow for more

opportunity for family engagement and more effective family reintegration. This provider has identified a location, presently is facing delays due to the lingering impact of the COVID-19 Pandemic.

Expanding the **marketing for the CAPSTONE** program will be beneficial in accessing those transition age youth with a first episode of psychosis and their families. The COVID-19 Pandemic has limited the ability to meet with and promote this program effectively to other service providers in our counties. Brochures were developed with Cumberland-Perry information and providers for this purpose.

Additionally, some young adults are not interested in continuing mental health services but **lack the skills** to live independently in a successful manner. Another challenge in providing support to this population is in **building values** at a younger age to be productive, contributing citizens within the community. Connecting with **natural community supports** and having typical expectations (such as work and school) are imperative to improving outcomes with this population.

In addition, supporting those individuals with an **autism spectrum diagnosis** within the mental health system is problematic. The ACAP waiver does not start until age 21 which provides a huge gap especially when schools graduate students based off of their IEP goals and not at a specific age. In addition, mental health services may not be a good match for someone who has a primary diagnosis on the spectrum. Mixing a young adult with autism in a program with individuals much older who are experiencing severe mental illness can be problematic and inappropriate.

Similar concerns exist for individuals who are **dually diagnosed with MH and ID disabilities** as they transition out of children's services, both under the age of 22 and over. The lack of resources within the IDD system and also the complexity of need is challenging.

Staff from our County MH CASSP, IDD and Children and Youth Services (CYS) programs have **regular cross-system meetings** to identify program consumers who will require specialized services as adults in order to begin planning and earlier intervention with the focus on a more successful transition. In most instances, specialized programs need to be developed to meet these complex needs, but without appropriate funding, this need will not be met.

- **Children (under age 18)** - *Counties are encouraged to include services like Student Assistance Program (SAP), respite services, and Child and Adolescent Service System Program (CASSP) coordinator services and supports, as well as the development of community alternatives and diversion efforts to residential treatment facility placements.*
 - **Strengths:** The majority of children's services are not funded by county base dollars but rather by medical assistance and managed care as well as parents' private insurance. County base-funded Outpatient, Family-Based and Case Management services are also available for children if they are not covered by insurance.

Our **CASSP elementary school based workers** are present in each public elementary school within the two counties to support school staff and families with connections to local resources and community services as needed. It is a short term service that is aimed at early intervention in order to promote resiliency and build natural supports. This service provided support to 1215 students and their families during 2020-2021. This represents a slight decrease from the previous year (1320), most likely due to school closures, remote learning, and hybrid models due to the pandemic.

In addition, during previous school years, our office identified a need for **Elementary Student Assistance Program (ESAP)** to help bolster preventative and supportive services in the Elementary School Buildings in our counties. It should be noted that this program is an educational unfunded mandate that highly suggests that

ESAP teams should be operating in all public school buildings K-12. Historically, Cumberland and Perry Counties schools have active Student Assistance Program (SAP) teams in the secondary buildings (middle and high school) funded by the county MH base funds. Within the past several years, a handful of Cumberland County schools began to independently contract with an agency to implement ESAP. However, during this past school year, our office received several requests from schools to help implement and start new ESAP teams independently without contracting with an outside provider. Given the familiarity the schools have with our CASSP Programs, the CASSP team received the required ESAP training and initiated ESAP services this school year in 7 of 9 Cumberland County School Districts and 1 of 4 Perry County School Districts. This new additional role includes: conducting assessments on K-5 students, providing technical assistance to educational staff in the means of training and resource building, and providing connective community based and Mental Health resource support for caregivers.

The **Student Assistance Program (SAP)** is provided through Teenline at Penn State Health-Holy Spirit at the middle and high school level throughout both counties for the mental health component. 473 MH referrals were completed for the 2020-2021 school year which was only a slight decrease from the previous year due to the COVID-19 pandemic and the closure of schools. This service is fully paid for by county base-funds. The CASSP coordinator reviews and approves the quarterly reports/data for this program and is SAP trained. C-P D&A provides this service in the schools for substance abuse referrals.

In addition to her other duties, our **CASSP coordinator** is highly involved with our school districts throughout Cumberland and Perry Counties. She was instrumental in meeting with several schools and medical providers to provide education regarding the transition to IBHS.

Supporting Positive Environments for Children (SPEC) continues to be implemented with 3 stakeholders - 1 Cumberland County School District, 1 Perry County School District, and Bethel Daycare. This program is funded via HealthChoices Reinvestment. SPEC continues to build Evidence Based Practices (EBP's) in the daycare/elementary schools to support **Positive Behavioral Interventions and Supports (PBIS)**.

Children's Evidence Based Practices (EBP) are implemented through several modalities within our counties. When CBT, DBT or EMDR are provided through an Outpatient (OP) modality, funding through HealthChoices, private insurance or County base-funds can be utilized based on eligibility. Other service modalities are funded through HealthChoices. For some services, referrals are generated through the Children and Youth Services (CYS) or Juvenile Probation Office (JPO) systems. Multiple agencies within the two counties provide these services. In addition, a local provider obtained a grant to provide additional training on various EBP's to local providers which will enable additional access to these needed services.

Community Residential Rehabilitation–Intensive Treatment Program (CRR-ITP), Multi Systemic Therapy (MST), and Functional Family Therapy (FFT) are available in our counties. In 2020, our managed care collaborative expanded the CRR-ITP with an additional provider Community Services Group (CSG). This service is also provided by Merakey-Capital. CRR-ITP is similar to CRR Host Home (being provided in a home-like environment) with some programmatic changes - shorter length of stay, EBP therapies such as Trauma Focused Cognitive Behavioral Therapy (TF-CBT), frequent intensive family therapy sessions and Therapeutic Leaves (TL's) with family reunification as the goal. This expansion of CRR-ITP is funded through HealthChoices funding. MST was created for children and adolescents struggling with chronic, delinquent behavior as well as youth with severe emotional issues. It provides high-intensity family-based counseling for adolescents with court involvement or at risk for out-of-home placement due to delinquent behaviors. Services include in-home counseling, case management and crisis support and are provided by Adelphoi and Hempfield Counseling. FFT is a service that focuses on children and teens who are at risk or already involved with juvenile justice. Designed for youth ages 10–18 whose problems range from acting out to conduct disorder to alcohol and other substance

use, and for their families, FFT can be provided in a variety of contexts, including schools, child welfare, probation, parole, and mental health, and as an alternative to incarceration or out-of-home placement. FFT is a short-term intervention provided by TrueNorth. These services are funded through HealthChoices.

Another service implemented in our counties through our Managed Care Reinvestment Plan is **Parent-Child Interactional Therapy (PCIT)**. This program serves children 2-7 years old and their families. Merakey-Stevens Center, Franklin Family Services and Newport Counseling provide this service within our counties. **Cumberland Cares for Children & Families** and **Nurse-Family Partnership** are two additional services available in our communities that are aimed at early intervention and parenting, but are not funded within the mental health system or by medical assistance.

With our managed care partners (CABHC & PerformCare), the **Child & Adolescent Needs & Strengths (CANS) Evaluation Initiative** was implemented in a statewide collaborative outcomes project. PerformCare has participated in the development of a CANS specifically designed for Pennsylvania's child-serving Medicaid system. The CANS is required for all evaluations for BHRS & Family Based Services. The CANS is a multi-purpose tool developed for children and adolescent services to support treatment planning, compliant treatment integration, treatment team collaboration, clinical supervision, quality improvement initiatives, decision making, and monitoring of service outcomes. Review of outcomes through the use of CANS continues to occur to identify trends.

VISTA Early Intensive Behavioral Intervention (EIBI) was implemented with PerformCare. This is an intensive, center-based Applied Behavior Analysis (ABA) program targeting children with autism between the ages of 12 months and seven (7) years of age. The specific purpose of EIBI is to remediate the core deficits of autism, to produce socially significant improvements in behavior, restore functional abilities, prevent the loss of attained skills and functions, and accelerate the development of critical behavioral outcomes for enrolled children in order for them to transition to and benefit from less structured and intensive settings (e.g., preschool, daycare, kindergarten). Children attend a minimum 20 hours of treatment per week (unless the child is engaged in a transition plan and is expected to exit the program, further titration of hours will be allowed). Family engagement includes home-to-therapy session communication, which is key when treatment is intensive.

Through our **Child & Adolescent Service System Program (CASSP)**, families participate in cross system meetings and planning discussions with our CASSP core team, made up of representatives from MH, CYS, Drug & Alcohol (D&A), JPO, Education System, IDD, and Community Services. These meetings are held twice per month in each county and more frequently if needed. Family Group Decision Making (FGDM) is also utilized to support youth and their families in developing plans that best support their needs. In addition, the CASSP Coordinator and/or the Cross-System Coordinator provide training for staff in various mental health and community programs with regard to children's mental health.

The **Cross-System coordinator** works with CYS and JPO in both counties to improve education and awareness about appropriate access to needed mental health services for youth in their service systems. This position attends CYS-staff meetings, provides consultation, and attends JPO court hearings as appropriate to provide the perspective and resource from the children's MH system. The cross-system coordinator completed a cross systems training for new county human service employees working with children (MH, IDD, D&A, Early Intervention, CASA, JPO) through collaboration with those departments. This position also takes the lead with complex case reviews with CYS and IDD in discussions to strengthen the supports available to address these needs.

In addition, the Cumberland County Juvenile Probation office has implemented a **trauma pilot project** to improve outcomes for youth involved in their services. As previously mentioned, the project endeavors to identify trauma

earlier in the process within the probation services to improve access to services and supports that will support their needs.

Respite is provided through Youth Advocate Program brokerage through Reinvestment funds from our Managed Care partners. The Respite workgroup currently meets on a bimonthly basis to review county specific outputs such as units delivered for In and Out of Home Respite. This committee continues to suggest and solicit new providers to provide both in home and out of home services to address the continued need for this service.

- **Needs:** More **Evidence Based Programs** are needed to address behavioral concerns as prevention on the front side. At times, the system puts the focus on the child as the problem, rather than trying to address family system issues. Also given the vast amount of trauma that many children have experienced, more training is needed for staff to develop the expertise to better address these needs. As previously stated, various initiatives focused on earlier identification of and connections to services related to trauma are being implemented.

Work continues toward bringing in a new service called **Intensive Attachment Based Family Therapy (I-ABFT)** to our counties via our Managed Care Collaborative. I-ABFT is a 32-week treatment for adolescents ages 13-20 (ages 18-20 must still be in school). The model is based on an interpersonal theory of depression, which proposes that the quality of family relationships may precipitate, exacerbate, or prevent depression and suicidal ideation. In this model, ruptures in family relationships, such as those due to abandonment, neglect, abuse, or a harsh and negative parenting environment, influence the development of adolescent depression. Families with these attachment ruptures lack the normative secure base and safe haven context needed for an adolescent's healthy development, including the development of emotion regulation and problem-solving skills. These adolescents may experience depression resulting from the attachment ruptures themselves or from their inability to turn to the family for support in the face of trauma outside the home. ABFT aims to strengthen or repair parent-adolescent attachment bonds and improve family communication. As the normative secure base is restored, parents become a resource to help the adolescent cope with stress, experience competency, and explore autonomy. This project was put on hold due to COVID-19.

In addition, our Managed Care Collaborative and county partners have been working to implement **Intensive Aggression Replacement Training and Therapy (I-ARTT)**. This service is for youth ages 12-17 and is delivered in a clinical team format by a master's level mental health professional and a bachelor's level mental health worker. Treatment is brief and time limited (16 weeks), but with well-defined treatment goals that are regularly evaluated during monthly treatment planning meetings. The I-ARTT treatment will involve the application of the Aggression Replacement Training (ART) model in conjunction with the evidence-based therapeutic model of cognitive behavior therapy. The program incorporates three specific components: Skill-streaming, Anger-Control Training, and Moral Reasoning Training. The program consists of a 10-week, 30 hour intervention administered to groups of 8 – 12 participants; in respect to I-ARTT, the adolescent in addition to the family (including siblings) will be involved in the treatment. The RFP for this service has also been delayed due to COVID-19.

Identification of parenting resources are needed that help to address some children's behaviors as not all behaviors are a function of mental illness. The propensity to label and diagnose all behaviors as some type of mental illness is problematic and unfortunate as alternate strategies that may be more appropriate are often missed in this pursuit. While PCIT, Cumberland Cares, and Nurse-Family Partnership are great resources and early intervention, these are only available to pre-school and elementary age children and families. Unfortunately, since parenting classes are considered preventative strategies and not treatment or medical assistance reimbursable, county MH base dollars are not able to fund these valuable tools.

Due to the trend of children in day cares being expelled, a **Rapid Response team** was developed and implemented via the CAIU. In order to address the need for earlier intervention and provide training and supports

for staff to improve understanding of needs and behavioral management, this team is able to work with day care providers in these areas.

In addition, there seems to be an **increasing volume of complex cases** that cross a multitude of systems – MH, IDD, and CYS with limited discharge options. The complex trauma that many of these children have endured makes it extremely challenging to access services that meet their needs (either difficulty in locating CRR & RTF's that will accept them and/or families that are willing to re-integrate them back into their home). An internal county workgroup is focused on identifying strategies to support these needs.

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

- **Individuals transitioning from state hospitals**

- **Strengths:** Cumberland-Perry County Mental Health continues to have a **strong commitment to community integration**, as evidenced by the many supports available and diversions from state hospital via community services. A well-documented community integration philosophy is a main tenant of our Mission and purpose.

Funded through county base dollars, a **Base Service Unit (BSU) liaison case manager** routinely participates in State Hospital and Extended Acute Unit (EAU) team meetings and assists in the coordination of discharge planning. This position is instrumental in providing support to individuals during their hospitalization and assisting them during their transition to the community.

Individuals approaching discharge from the state hospital have a **Community Support Plan (CSP)** in place. Individuals being discharged from the state hospital are connected with the supports and treatment services recommended in the CSP prior to their discharge. Upon discharge from the state hospital, as well as from Wellspan-Philhaven's EAU, follow-up CSP meetings are held within the community as needed to address concerns and review or update the CSP.

- **Needs:** There are currently 18 individuals from Cumberland and Perry Counties receiving inpatient treatment at Danville State Hospital. We have experienced an **increase in Danville State Hospital admissions** for FY 20-21 with eight admissions up from six in FY 19-20. With Cumberland-Perry County having increased its EAU beds from four to 10, 20 individuals were able to be diverted from the state hospital in FY 20-21, up from 12 diverted in FY 19-20. However, we continually operate above our bed cap of fifteen, averaging a bed utilization of 18 for the year, due to a lack of community options for those with more intensive needs (SCR and LTSR) and limited financial resources.

DIVERSIONS						
	FY 15-16	FY 16-17	FY 17-18	FY 18-19	FY 19-20	FY 20-21
# of diversions	38	28	16	6	12	20

This combination of **need for higher levels of care and limited financial resources** has created a lack of flexibility within the county mental health system. Discharge plans from the state hospital often indicate significant personal care needs thus necessitating a specialized community residence (SCR) type setting. Our **SCR's are at capacity** with no ability to expand. In order to meet the individual's needs, discharge planning within the community remains difficult without additional funding. Additional needs are structured programs that provide

intensive treatment, structure, and supervision. These delays in accessing community residential programs may result in extended hospital stays. The October 2020 completion of the **Long-Term Structured Residence (LTSR)** for our counties addressed some of these concerns and needs, however the need is such that we have a **waiting list** now for the LTSR. In the event an individual is able to live in his/her own apartment, with or without added supports, the availability of **safe and affordable housing options** within the counties is limited, thus presenting another barrier for pending discharges.

Insurance, particularly **Medicare**, also creates a barrier during discharge planning. There has been a noted increase of Medicare recipients who do not qualify for Medicaid, due to family income, with a small number of providers in Medicare's network. Furthermore, as **providers limit participation in Medicare**, recipients have to travel further to receive the needed services. Regardless of funding source, the wait time for a psychiatric appointment is typically between **12-20 weeks**. These lengthy delays with accessing community services significantly impede discharge planning. An individual's stability may be placed at risk due to limited or lack of access to recommended follow-up and support, thus delaying discharge when deemed presently appropriate.

Certain prescribed medications may also impact an individual's discharge process. With the state's efforts to combat the opioid epidemic and the implementation of the prescription drug monitoring program, it continues to be difficult to find physicians willing to prescribe controlled substances. State hospital physicians tend to utilize benzodiazepines in their medication regimen, therefore making it difficult to find a physician within the community willing to continue prescribing this drug routine. Injection medications, although preferred, present another issue with limited providers able to administer the injections. The issue with injections and insurance tends to be concurrent in that a provider may be able to administer the injection, but not in network with the Insurance provider and vice versa. This becomes an even greater barrier for an individual receiving Medicare.

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

- **Strengths:** Individuals with co-occurring disorders have been identified as an underserved population through managed care data. Two of the county-contracted outpatient providers – Merakey-Stevens Center and Diakon Family Life Services – are **dually licensed to provide mental health and substance use disorder outpatient treatment**. Through PerformCare's Enhanced Care Management program, county MH representatives meet monthly with PerformCare care managers to review and discuss needs of those individuals with frequent intensive treatment needs that often include substance use in addition to mental health.

All of our mental health programs have frequent **contact with substance use disorder providers** and/or the County Drug and Alcohol Office when the need is identified. Specifically mental health residential providers will work with consumers to accept referrals for substance use evaluations, and treatment if recommended, sometimes as a condition of continued residential involvement as substance use substantially impacts treatment for mental illness.

An Evidence Based Practice implemented previously via Hempfield Counseling with funding via the Partnership for Better Health, **Family Check-Up** is a strengths-based intervention that reduces children's problem behaviors by improving parenting and family management practices. This program is offered to any family (biological, foster, or kinship) raising a child/children that have been impacted from caregiver drug use. The Family Check-Up provides parents with the tools that they need to manage their children's behaviors effectively and to build a strong and positive relationship with their children. Historically, this program has shown positive outcomes in children with fewer emotional and behavioral problems; in adolescents with less drug use, antisocial behavior,

and depression; and in early adulthood showing long-lasting effects that include reductions in problem behavior and substance use and dependence.

- **Needs:** Efforts to have trained **co-occurring capable and competent providers** continue but are difficult without combined regulations from the state. In addition, several years ago OMHSAS was supportive of this initiative; however co-occurring capable and co-occurring competent trainings have not been made readily available making it an unrealistic expectation even with dual licensing of programs.

The **legalization of medical marijuana** has made it confusing and problematic for many consumers and providers since the efficacy of psychiatric medications can be negatively impacted by its use. Some psychiatry providers have refused to treat individuals who utilize medical marijuana.

- **Criminal justice-involved individuals** - *Counties are encouraged to collaboratively work within the structure of County Criminal Justice Advisory Boards to implement enhanced services for individuals involved with the criminal justice system including diversionary services that prevent further involvement with the criminal justice system as well as reentry services to support successful community reintegration.*
 - **Strengths: TOMS Court** has been a strength within Cumberland County. Since inception in 2017, 55 participants have entered the program with 16 individuals successfully graduating from the program. It is estimated that 4,273 prison bed days have not been utilized for a potential cost savings of \$277,745. Current recidivism rate for TOMS Court graduates is at 12.5% for all types of crime. Currently there are 20 active participants.

Crisis Intervention Training (CIT) – In addition to hosting CIT during May of 2021, Cumberland, Perry, Dauphin, York, Adams, and Franklin Counties brought CIT International staff consultants here to Cumberland County on July 14th and 15th, to convene “train the trainer” de-escalation skills. The expectation is that this aspect of CIT is co-facilitated by both MH and law enforcement. Each county provided payment for their respective personnel to be trained. We are excited to provide this training to both our MH crisis team and law enforcement officers.

A Proposal to strengthen mobile crisis was submitted to the Partnership for Better Health, our local foundation, to develop a pilot **Co-Responder Program** in Cumberland County. Co-responder programs pair mental health professionals with law enforcement officers in responding to calls that involve people who are having either a mental health crisis, are intoxicated, are experiencing homelessness, or have other health or social service needs. The common feature of this model is the pairing of specially trained law enforcement officers with a mental health crisis worker when responding to calls that involve a person with a mental or physical handicap that requires community services rather than criminal justice processing. Co-responders are trained to provide on-scene crisis de-escalation, screening and assessments, and referrals to ongoing treatment by a mental health professional. Effects of co-responder programs have reduced the use of force by police, decreased arrests and incarcerations, decreased hospitalizations, and reduced the amount of time officers spend on the call scene. Local research identified that the majority of 911 calls in Cumberland County for behavioral health needs were from Carlisle Borough residents, so this pilot project will be initiated in partnership with the Carlisle Borough Police Department and Penn State Health Holy Spirit Crisis Intervention.

C-P Mental Health Office representatives participate in **Criminal Justice Advisory Board (CJAB) meetings**. The Mental Illness Sub-committee is an offshoot of the CJAB and meets quarterly specific to mental health concerns. This sub-committee had identified housing options for the forensic population as a priority need area, however criminal history and credit history/income have presented challenges in working with landlords, as does the current lack of housing vouchers and those requirements.

The **Forensic Housing Supportive Services** program was implemented from May 2018 – December 2020 through Reinvestment Funds through CABHC. This service provided financial resource and support networks for 6 months to address these needs. Of 20 referrals received since implementation, 11 received financial assistance and 10 were able to secure stable housing. 8 remained in the same housing unit after program completion and 2 transitioned to Housing Choice Voucher. The program ended earlier this year as there was not funding to sustain it. Barriers to its success included lack of affordable housing and lack of income to sustain ongoing rent.

For persons with a mental illness being diverted or released from jail, **Forensic Case Management (FCM)** services are available to assist with linkage to needed services and community supports. Our FCM program assists with diversionary efforts as well as ongoing collaboration with county prison mental health liaison to address reintegration needs after incarceration. The Sequential Intercept for Developing Criminal Justice/Mental Health Partnerships model is minimally in place in Cumberland and Perry Counties to support justice involved individuals. There has been an emphasis placed on a “re-entry taskforce.” The taskforce is currently in the “kick-off” phase and is undergoing a strategic planning process utilizing a consultant that has successfully worked with other counties in developing appropriate strategies to fully implement necessary supports for individuals returning to the community.

Although we have been involved in all intercept points within the system, forensic mental health services have focused on the last 2 intercept points (**re-entry to jails and community corrections & supports**). Statistics continue to show that forensic mental health services have not only been more involved, but more effective at the 2 earlier intercept points (post arrest and post initial hearing). Through education and relationship building with public defenders and district attorneys, both departments have accessed forensic mental health services earlier in the process, which has significantly reduced the number of jail days for those individuals involved. A concerted effort has been put in place to increase familiarity with all of the district justices, public defenders, and district attorneys to increase earlier forensic mental health involvement when appropriate.

Half of the mental health liaison position at each prison is funded through county base dollars to aid in connecting individuals with serious mental illness to the mental health services that are needed. The C-P MH Program provides contracted funding for the services of the sex offender therapist provided at both prisons as well.

The Mental Health Administrator and Deputy Warden for Cumberland County Prison attended the **Stepping Up Initiative** technical assistance meeting in June 2019 with plans to become more involved in the collection of data and moving toward the distinction of an Innovator County. In August of 2020, our program office working closely with the Criminal Justice Policy Team (CJPT) submitted a proposal for inclusion as an “Innovator County” under the National Stepping Up initiative. This proposal was reviewed and approved by the Council of State Governments (CSG). Cumberland County is now identified as one of the newest Innovator Counties in the

initiative. With this recognition come significant technical assistance opportunities and data tracking responsibilities. There are continued efforts to “Step, Measure, and Achieve” to successfully reduce the number of individuals with SMI who are incarcerated.

- **Needs:** To best support the “Stepping Up Initiative,” **hiring a specific coordinator is necessary**. We are learning that fully implementing the initiative is taking significant time, effort, and focus to provide education to all stakeholders, and to strengthen partnerships, and communication. Stepping Up would also benefit from **software** that would assist in tracking outcomes. We have learned that many counties are experiencing this same challenge. Most track information “by hand.” We **need a database** that would support the initiative with the ability to run needed reports to measure success. Work continues with the State Correctional Institutions (SCI) to **improve the coordination of services** for individuals being released. Since the Department of Corrections expanded their classifications of behavioral health disorders to include non-Serious Mental Illness (SMI) diagnoses, the lists have become much longer while the funds to community mental health continue to decrease. In addition, individuals continue to be released without needed aftercare services established or connections made.

Despite our best intentions and collaborations, **housing and employment** remain significant needs for this population. Community landlords and employers conduct criminal background checks which often disqualifies those with whom we work. In collaboration with CCHRA, some advancement has been made in having appeal hearings for those applying for housing vouchers, however the **lack of affordable housing** in our communities continues to negatively impact success in this area. Additionally, efforts are underway to see if/how the American Rescue Plan (ARP) funds might be utilized to push this initiative more quickly. Employment remains a larger concern as income is necessary to maintain housing and other daily needs. With many employment searches occurring online, it does not offer the opportunity to explain any past criminal justice involvement. Our MH **Employment Specialists** support those with mental illness in addressing this area in pursuit of employment.

- **Veterans**

- **Strengths:** We connect and work closely with our **local Veterans Affairs offices** in both Cumberland and Perry Counties to address needs as they arise and to ensure they are aware of all available services and supports in the community that may meet their consumers’ needs. Veterans have access to any and all services and supports that anyone else with a severe mental illness has in our communities. A **Veterans Home** is available in Cumberland County for veterans with mental illness. Perry Housing Partnership also provides a **Veterans Housing program** in Perry County for those veterans who are homeless, but is not specific to those with mental illness. Several of our residential programs provide transportation for veterans to the Veterans services at Camp Hill VA, Lebanon VAMC, and Martinsburg WV VAMC. Support Groups are also available through the Carlisle Army War College and the VA Clinics. In addition, during Mental Illness Awareness Week, our counties have supported presentations by veterans regarding the impact of mental illness. Providers are made aware of additional training opportunities as they arise.

Angel McLaughlin CSC-AD, Clinical Coordinator, YWCA of Greater Harrisburg presented on **Veteran Opioid Support Services**. This program offers comprehensive case management for Veterans impacted by opioids or stimulants and can assist with linkages to services and care coordination while supporting the veteran in creating or maintaining a foundation of support and stability in their lives.

- **Needs:** For individuals in the service, they have had very different life experiences, especially for those who have suffered **trauma** related to their military experience. Community mental health staff have not typically been well equipped to address such needs. Funding for **training specific to military culture** is needed. Waiting lists exist for all services in our communities regardless of payer source. Additionally, we have recently learned that the Veteran's Administration no longer provides long term psychiatric treatment to 100% service-connected veterans. This system deficiency has the propensity to increase wait times for individuals needing these services.
- **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI)**
 - **Strengths:** Individuals in this population have access to any and all services and supports that anyone else with a severe mental illness has in our communities. We do encourage and expect providers to obtain training in **cultural competence** to improve the provision of services to consumers who identify as LGBTQI. Cultural Competency training has been provided through our managed care entity. Information regarding available training opportunities is shared with all providers. Community support groups, including one for teens, are also available within our county.

Our CASSP Coordinator continues to **share resources** with various system stakeholders (include CYS, JPO, Education, IBHS, FBMH, D&A, Crisis, SAP, TCM, MCO) :

- Recorded trainings pertaining to this topic:
 - o Learning About Sexual Orientation, Gender Identity, and Expression
 - o Webinar for Foster Parents: Caring for LGBTQ+ Youth
 - o Implementing LGBTQ+ Strategies in Historically Resistant Organizations
 - o Providing Trauma-Informed Care for LGBTQ+ Children & Youth: Integrating FAP and TF-CBT
 - o Building Awareness: Bullying & Our LGBTQ+ Students featuring Dre Ceja from the LGBT Center of Central PA (ACT 48 credits)
- Shared a virtual support group through North Central NAMI
- Resource guide - Common LGBTQ+ Online Resources/Websites
- **Needs:** Ongoing funding for **training specific to cultural competence** is needed. Waiting lists for all services exist in our communities regardless of payer source. We are not aware of any specific services currently provided to this population other than various community support groups.

Diakon Family Life Services had applied for a grant through Department of Health to serve LGBTQI through Multi Systemic Treatment (MST) in July 2020. Unfortunately, this proposal request was denied for funding.

- **Racial/Ethnic/Linguistic Minorities (RELM) including individuals with Limited English Proficiency (LEP)**
 - **Strengths:** While we are not aware of any special or specific services for this population being provided within Cumberland or Perry Counties, we do require providers to have training and provide services that are culturally competent. Providers are expected to obtain **interpreter services as needed** to communicate with all consumers in an efficient and effective manner. Additionally, the county has a contract to provide interpreter services when needed.
 - **Needs:** Ongoing funding for training specific to cultural competence is needed. Waiting lists for all services exist in our communities.

- **Other (specify), if any** (including tribal groups, people living with HIV/AIDS or other chronic diseases or impairments, acquired brain injury, fetal alcohol spectrum disorders)

Children that have IDD/Autism, especially those aging out of RTF – little to no resources

The system has *significant expectations for Mental Health* to address the needs of this entire population despite other specific agencies and other human service systems not planning or providing services or supports for this population. The expectation seems to be for the mental health system to pick up everything. While MH is able to provide treatment services, other supports are required to better collaborate and support youth to transition into adulthood. A braided system of funding and supports is necessary to provide the necessary skills-training and prevention strategies for youth, young adults and families. This needs to include instruction with regard to activities of daily living, employment, education, interpersonal skills. While these would be all things that the psych rehab programs would focus on, the vast majority of these individuals do not meet SMI (serious mental illness) criteria but have limitations related to IDD, autism, and lack of family support.

c) Strengths and Needs by Service Type:

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

Yes No

If yes, please describe the CLC training being used, including training content/topics covered, frequency with which training is offered, and vendor utilized (if applicable). If no, counties may include descriptions of plans to implement CLC trainings in FY 21-22.

During the CIT training, Drexel University presented “Cultural Empathy – a principled pathway to equity and inclusion”. This presentation focused on defining cultural empathy within the context and role of CIT; describing why it might matter; identifying inherent skills to explore, understand, and connect with others; and demonstrating ways that cultural empathy can help transform stressful situations into community-building opportunities. CIT training is planned to occur twice per year and will include this presentation each time.

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

Yes No

If yes, please describe the DEI efforts undertaken. If no, indicate any plans to implement DEI efforts in FY 21-22.

Several efforts are currently underway to address needs in these areas.

- **Perry County Health Coalition** focuses on health equity for its residents due to those underserved by the healthcare systems available to the rural county residents. With the goal to “improve access to and availability of health care for all Perry County residents”, the focus has been to create or expand capabilities to provide improved health and wellness services within the county. The coalition came together in 2015 via the private foundation Partnership for Better Health providing a consultant after several community needs assessments identified physical and behavioral healthcare as significant needs in Perry County. Membership in the coalition includes representatives from local medical practices, behavioral health providers, school superintendents, community services, local emergency management, physical and behavioral health managed care, and the Pennsylvania Health Access Network (PHAN). Efforts thus far have resulted in the opening of 2 additional medical facilities in Perry County, implementation of the Community Health Worker program, increased awareness of available community mental health services, and increased dental service availability in the

schools. Obviously the COVID-19 pandemic impacted several initiatives, but the coalition continued to meet virtually and focused on how to support folks through the pandemic. In 2021, the strategic plan was updated with focus on the following goals:

- Strengthen the Coalition;
- Expand & Strengthen Existing Primary Care Services;
- Expand Access to Dental Services;
- Expand & Strengthen Existing Behavioral Health Services; and
- Improve Health Literacy.

– **Community Partners for Change** focuses “Creating Equity in Housing”. Previously known as the Local Housing Options Team (LHOT), this group of collaborative community partners are in the process of implementing four different action teams: Equitable Housing; Accessible Housing; Affordable Housing; and Advocacy with the common goal to change the housing system to provide equitable, accessible, and affordable housing solutions and to advocate housing opportunities for all people of Cumberland County. Purposes of each Action Team are as follows:

- Equitable – guarantee equal access for ALL residents; create a new narrative for housing; remove racial and cultural barriers to housing; ensure equitable consideration throughout the housing system;
- Accessible – removal of physical barriers to housing; explore trauma informed design; ADA compliancy; support access to shelter and temporary housing.
- Affordable – evaluate current imbalance in income and housing ratio; examine various types of housing, i.e. shared housing; workforce development as it relates to housing affordability.
- Advocacy – landlord engagement; compile demographic data and county growth statistics; work with county planning officials; contribute to community development and planning activities.

There will be some areas of interest in which various teams may become involved throughout the process, such as: fair housing laws and enforcement; municipal zoning; NIMBYism (not in my backyard).

– **Regional Accountable Health Coalition (RAHC)** is an initiative that started this year under the Wolf Administration with a vast group of stakeholders working in collaboration to identify counties and areas of the Commonwealth that are significantly impacted by health disparities. The purpose of the RAHC is to successfully work to address social determinants of health, reduce health disparities, and to promote equity and value in health care. Specific and targeted initiatives will occur to best support individuals who are impacted. The MH.IDD Administrator serves on the RAHC.

– **PerformCare** recently announced that they are convening a standing committee to address Health Disparities and Inequities in mental health and drug/alcohol services. They are actively recruiting people to participate on the committee. Rural health representation is vital, as is representation of all aspects of diversity including our LGBT communities and racial/ethnic diversity.

Does the county currently have any suicide prevention initiatives?

Yes No

If yes, please describe the initiatives. If no, counties may describe plans to implement future initiatives in the coming fiscal year.

Our local Suicide Prevention Initiatives are a strength within our communities:

- **Preventing Unnecessary Loss through Suicide Education (PULSE) task force** continues to meet monthly with the primary purpose to increase awareness and education about suicide. Initiatives are based on the task force priorities of “Providing Support, Education and Outreach”. Several task force members have represented PULSE at local community and wellness fairs, Capitol Advocacy days, the Out of the Darkness Suicide Prevention walk and the Overnight Walk for the American Foundation for Suicide Prevention (AFSP). We have been pleased with the continued growth of the taskforce. The

taskforce now includes representatives from Crisis Intervention, Student Assistance, and a representative from the Veterans Community to assist with offering suicide prevention strategies to veterans. The annual “We Care” event will change this year to a more personal message, “I Care.” Our PULSE taskforce and MH office is concerned with rising suicide rates in both Cumberland and Perry Counties. Given lingering concerns with COVID-19, planning efforts include hosting a smaller event, strategically linked with the Penn State Holy Spirit Crisis Intervention’s affiliation with the National Suicide Prevention Lifeline in preparation for the 988 rollout in July of 2022.

- **Question, Persuade, Refer (QPR) training:** Since the April 2019 QPR facilitator training, 355 members of our community have received QPR training including 105 Cumberland County staff. While QPR is not intended to be a form of counseling or treatment, it is intended to offer hope through positive action. QPR is also intended to help recognize the warning signs, clues, and suicidal communications of people in trouble and to act vigorously to prevent a possible tragedy. Several staff have reported being grateful for receiving the training as they have put the principles to use in either the workplace or their personal lives within a week of participating in the training. QPR trainings continued to be held via ZOOM during the COVID-19 pandemic with a reduced class size. There were QPR trainings held in all months for FY 20-21 except for January and March. There was a total of 224 individuals trained in QPR for FY 20-21.

Our philosophical values revolve around putting supports in place early to prevent increased need for more intensive (and costly) services later. Prevention and earlier intervention are keys to promoting recovery. Staff members continue to encourage and support use of Wellness Recovery Action Plans (WRAP) and involvement with peer supports. Earlier involvement in services and getting needed community supports in place sooner decreases and can at times prevent longer term inpatient stays. It is more recovery oriented and more cost effective to support folks within the community.

Employment First

The PA Act 36 of 2018 The Employment First Act requires county agencies provide services and supports to individuals with a disability to support competitive integrated employment for individuals with a disability who are eligible to work under Federal or State law.

1. Please provide the name and contact information for your county employment point of contact.

Name: Robin Tolan Email address: rtolan@ccpa.net

2. Please indicate if your county follows the [SAMHSA Supported Employment Evidence Based Practice \(EBP\) Toolkit](#):

Yes No

3. Please complete the following table for all county mental health office-funded, community-based supported-employment services.

County MH Office Supported Employment Data		
<i>Please complete all columns below with data from FY 19-20. If data is not available for a category, please list as N/A. If data is available, but no individuals were served in a category, please list as zero. Data likely available from Supported Employment vendors/providers. Additional information that the county/vendor has on the population served can be included in the notes section (for example 50% of the Asian population served speaks English as a Second Language or number served for ages 14-21 includes juvenile justice population).</i>		
Data Requested	County Response	Notes
Total Number Served	74	
# served ages 14 up to 21	3	# reflects 18 and older only
# served ages 21 up to 65	71	
# of male individuals served	35	
# of females individuals served	38	
# of non-binary individuals served	1	
Non-Hispanic White	61	
Hispanic and Latino (of any race)	3	
Black or African American	5	
Asian	1	
Native Americans and Alaska Natives	2	
Native Hawaiians and Pacific Islanders	0	
Two or more races	2	
# of individuals served who have more than one disability	13	
# working part-time (30 hrs. or less per wk.)	45	
# working full-time (over 30 hrs. per wk.)	12	
Lowest earned wage	\$7.25/hour	
Highest earned wage	\$20/hour	
# receiving employer offered benefits; (i.e. insurance, retirement, paid leave)	15	# reflects receiving at least 1 type of employer offered benefit

Supportive Housing:

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

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

SUPPORTIVE HOUSING ACTIVITY includes Community Hospital Integration Projects Program (CHIPP), Reinvestment, County base-funded projects and others that were planned, whether funded or not. **Identify program activities approved in FY 20-21 that are in the implementation process. Please use one row for each funding source and add rows as necessary. (However, do not report collected data (columns 3, 4 & 5) for the current year, FY 20-21, until the submission of next year's planning documents.)**

1. Capital Projects for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.				
<p><i>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). Some of the following programs available in our communities are also available to others who are low-income and meet eligibility criteria, but may not have behavioral health needs.</i></p>								
Project Name	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20 (only County MH/ID dedicated funds)	Projected \$ Amount for FY21-22 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22	Number of Targeted BH Units	Term of Targeted BH Units (e.g., 30 years)	Year Project first started
Enola Chapel	LIHTC, HOME	0	0	6	6	6	30 years	2008
	FHB	0	0					
	HealthChoices Reinvestment (HC-R)	0	0					
Townhomes at Factory Square	LIHTC	0	0	8 – PBV	3 – 811 units; 8 – PBV	0	30 years	2018
	PBV	0	0					
Flats at Factory Square	LIHTC	0	0	0	3 – 811 units; 8 – PBV	0	30 years	2019; Occupancy Sept 2020
	PBV	0	0					
Permanent Supportive Housing	SHP, Continuum of Care (CoC)	0	0	84	28	28	Annual Award	2008
Shelter Plus Care	CoC	0	0	36	26	26	Annual Award	2011
Brethren House	HC-R	0	0	5	5	5	30 years	2009
Shepherd's Crossing	HC-R	0	0	4	4	4	30 years	2015

Perry County Veterans	SHP, HOME	0	0	5	5	5	30 years		2010
Warren House	PBV	0	0	5 – PBV	5 – PBV	0	30 years		2007
Totals		0	0	153	101	74			
Notes:	*Shelter Plus Care – decrease in estimated number served due to losing a program FY18-19 (Non-Chronic)								

2. Bridge Rental Subsidy Program for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
<i>Short-term tenant-based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.</i>									
	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22	Number of Bridge Subsidies in FY	Average Monthly Subsidy Amount in FY19-20	Number of Individuals Transitioned to another Subsidy in FY19-20	Year Project first started
Cumb. Co. Rapid Rehousing Program*	Federal	\$280,250	\$145,924	74	13	29	\$864	3	2005
Perry Co. Rapid Rehousing Program	Federal	\$183,089	\$176,753	49	18	24	\$747	3	2013
Forensic Housing Supportive Services Program**	HealthChoices Reinvestment	\$17,104	\$0	8	0	8	\$388	2	2018
Emergency Solutions Grant (ESG) Rapid Rehousing Program***	State	\$0	\$10,000	0	10	0	0	0	2020
PHFA, PHARE RTT, Rapid Rehousing Program	State	\$0	\$100,00	0	10	0	0	0	2020

Totals		\$480,443	\$1432,677	131	51	61	Total of \$1,999; AVG of \$666	8	
Notes:	*Decrease in Cumberland County RRH (Federal) FY20 due to loss of program in FY19 **Forensic Housing program expired 12/31/2020 ***ESG RRH – not awarded in FY19 – began again in FY20								

3. Master Leasing (ML) Program for Behavioral Health	<input type="checkbox"/> Check if available in the county and complete the section. N/A
<i>Leasing units from private owners and then subleasing and subsidizing these units to consumers.</i>	
Notes:	N/A – service not provided in Cumberland or Perry County

4. Housing Clearinghouse for Behavioral Health	<input checked="" type="checkbox"/> Check if available in the county and complete the section.								
<i>An agency that coordinates and manages permanent supportive housing opportunities.</i>									
	Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22			Number of Staff FTEs in FY19-20	Year Project first started
Community Partners for Change (previously LHOT) Manager	CDBG	\$27,000	\$35,000	Unknown/not tracked	Unknown/not tracked			1.0 FTE	2008
	Partnership for Better Health	\$45,000	\$26,000						
Totals		\$72,000	\$61,000						
Notes:									

5. Housing Support Services (HSS) for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
<i>HSS are used to assist consumers in transitions to supportive housing or services needed to assist individuals in sustaining their housing after move-in.</i>									
	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22			Number of Staff FTEs in FY19-20	Year Project first started
Supportive Living – 2 providers	County Base Funding	\$417,020	\$667,958	128	145			6.25 FTE	2000
CCHRA Case Management Staff*	County Base Funding	\$114,601	\$110,717	100	100			3.0 FTE	2001
Forensic Housing Specialist**	HealthChoices Reinvestment	\$13,246	\$0	8	0			0.5 FTE	2018
Totals		\$544,867	\$778,675	236	245			9.75 FTE	
Notes:	*CCHRA's Case Management staff (3.0 FTEs) average 10 hours/week with housing support services for behavioral health clients **Forensic program funding expired 12/31/2020								

6. Housing Contingency Funds for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section. N/A					
<i>Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings, and other allowable costs.</i>									
	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22			Average Contingency Amount per person	Year Project first started
Notes:	N/A – service not provided in Cumberland or Perry County								

7. Other: Identify the Program for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.			
<p>Project Based Operating Assistance (PBOA) is a partnership program with the Pennsylvania Housing Finance Agency in which the county provides operating or rental assistance to specific units then leased to eligible persons; Fairweather Lodge (FWL) is an Evidenced-Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness; CRR Conversion (as described in the CRR Conversion Protocol), other.</p>							
Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22		Year Project first started
Fairweather Lodges – 3 sites 2 Lodge Coordinators	Housing Choice Vouchers	Information not available	Information not available	13	14 slots available**		2007
	County Base Funds*	\$108,509	\$99,564				
Long Term Structured Residence (LTSR)	CHIPP, Olmstead, Reinvestment, County Base Funds***	\$2,475,276	\$1,639,910	0	16		Implemented Oct 2020
Totals				13	30		
Notes:	<p>* County Base Funds pay for the 2 Lodge Coordinators' salaries ** While there are 14 slots available within the 3 FWL sites, the County MH Program does not track utilization since we do not fund the program, only the Lodge Coordinator positions are funded. ***CHIPP/LTSR – funding approved in 2018/19 FY, but project not started until 2020. Program opened for admissions 10/2020.</p>						

d) Recovery-Oriented Systems Transformation:

The MH Plan discussions within the CSP committee meetings as well as many other stakeholder meetings focused on sustaining and maintaining the provision of current services, increasing access to needed services and increasing awareness of available supports and services as well as addressing stigma and the impact of the COVID-19 pandemic. We continue to focus on how to best support individuals in their recovery in the least restrictive community setting with dwindling financial resources. Flat funding is essentially a decrease in funding to programs as costs of living (including healthcare and other benefits) continue to rise, which impacts how far those allocated funds can reach.

We will continue to embrace and support the philosophy of recovery and resiliency as well as monitor the impact of the current service delivery system. We constantly evaluate and make changes as appropriate within the current budget constraints to ensure quality service provision.

1. *Provide a brief summary of the progress made on the priorities listed in the FY 20-21 plan.*
 - a. **Priority 1 - Maintain current services and supports** - The C-P Mental Health program continues to work to maintain the current array of services and supports listed on the attached Existing County MH Services Chart as these services have been invaluable to consumers within the community and support the philosophy and the mission of the C-P MH Program. This year even though many services were provided virtually, we worked hard to continue paying programs to maintain staff in order to best support consumers in the community. Only minimal staff reduction occurred in some areas. During this fiscal year, we have maintained all services previously contracted and provided. Fiscal Year 21-22, we are evaluating the potential need for program cuts to programs due to flat funding and rising costs and increased demand for services. It is noteworthy that provider's proposed budget requests are not able to be granted. **Provider budget requests exceed the anticipated MH allocation by over \$1 million dollars.** Efforts are underway to see if the American Rescue Plan can be used as a short-term fix to strengthen retaining the MH workforce. It is noteworthy that *all* services are having difficulty retaining qualified staff. This priority will remain until adequate funding is fully addressed.
 - b. **Priority 2 - Implement a Long-Term Structured Residence (LTSR) serving Cumberland and Perry Counties** – this program was licensed and successfully opened in October 2020. Currently 12 individuals are receiving treatment in the program. 4 more are slated to be admitted within the next several months. Staffing has remained a barrier as previously stated. Many local warehouses and stores pay \$18+/hr. so the wages in residential programs are not competitive. A waiting list of referrals has already developed with additional consumers identified that require this intensive level of service.
 - c. **Priority 3 - increased awareness of available mental health services and supports in Perry County** – County MH staff continue to participate on all relevant Perry County committees and Task Forces including the Perry Housing Task Force, Perry Family Partnership Board, Perry Health Coalition and Perry Behavioral Health Work Group to offer information and suggestions regarding accessing mental health services and supports for county residents. As a function of this strong collaboration, we now have community health workers via the Federally Qualified Health Center (FQHC), Hamilton Health Center in Newport, to support and address social determinants of health needs. In addition, CASSP workers are present in all of the elementary school and have implemented ESAP within one School District here. Teenline provides SAP in the secondary schools throughout the county. Also, the county MH office and Merakey Stevens Center are in the process of relocating the Perry County Social Rehabilitation program with a plan to also incorporate Psychiatric Rehabilitation, Supported Employment and Outpatient treatment services in addition to a Perry County site for Early Intervention staff. The identified building is in need of substantial renovation so additional funding was needed. This building renovation project is slated to be started by the fall with a plan to be open by December 1, 2021. We have been active participants with the Coalition and will remain engaged in all of these initiatives.
 - d. **Priority 4 – Participation in and Monitoring of the PULSE Suicide Prevention Initiative** in Cumberland and Perry Counties – the county MH Office has continued to provide leadership in this initiative in order to mentor community members to become leaders. We are grateful for the partnership with the Cumberland County's Human Resource (HR) department as well as the Prison staff trainer who the MH office funded to

become certified QPR facilitators. Members of the task force also focused on providing QPR to the first responder community. Using a member of the Critical Incident Stress Management (CISM) team (a first responder) to co-facilitate the training with county MH staff, many EMT's police and fire response personnel have been trained. It is noteworthy that due to the pandemic, these classes were conducted virtually with a significant reduction in class size (max 10) to ensure supportive training. This demonstrates a high degree of success and intentional work to address suicide in our communities. As a function of these partnerships, 224 individuals were trained in QPR this fiscal year. A total of 398 folks have become QPR trained since 2019.

- e. **Priority 5 - Development and Implementation of Elementary Student Assistance Program (ESAP)**
All CASSP elementary staff received mandatory training in August 2020. All have been ESAP MH Liaison trained and implemented ESAP in many of their elementary schools. 6 of the 9 Cumberland County and 1 of the 4 Perry County school districts are operating functional ESAP teams at this time. Additional elementary schools are interested in implementing ESAP which will be a priority for the next school year.
- f. **Priority 6 - Support county human service agencies to become Trauma Informed throughout the counties** – one of our EI supervisors has assumed a leadership role throughout the counties in successfully being trained as a Trauma Informed trainer with Lakeside Global. She has successfully provided trainings to 334 people throughout the organizational structure of the county as well as many non-profits within our Cumberland and Perry County communities, including advocacy organizations, school staff, PA LINK members, EI providers, MH.IDD staff, Library staff, and members of the Shippensburg Community Resource Coalition. As several of the planned initiatives were derailed by the pandemic, we will strive to achieve those this year.
- g. **Priority 7 - Updating ALL Continuity of Operations (COOP) Plans** – we were unable to address this priority due to the extensive mental health needs that arose during this pandemic. Our focus was specific to navigating the pandemic and supporting the various entities that required mental health supports.

2. *Based on the strengths and needs reported in section (b), please identify the top three to five priorities for recovery-oriented system transformation efforts the county plans to address in FY21-22 at current funding levels. For **each** transformation priority, please provide:*

- *A brief narrative description of the priority including action steps for the current fiscal year.*
- *A timeline to accomplish the transformation priority including approximate dates for progress steps and priority completion in the upcoming fiscal year. Timelines which list only a fiscal or calendar year for completion are not acceptable and will be returned for revision.*
- *Information on the fiscal and other resources needed to implement the priority. How much the county plans to utilize from state allocations, county funds, grants, HealthChoices, reinvestment funds, other funding and any non-financial resources.*
- *A plan mechanism for tracking implementation of the priorities.*

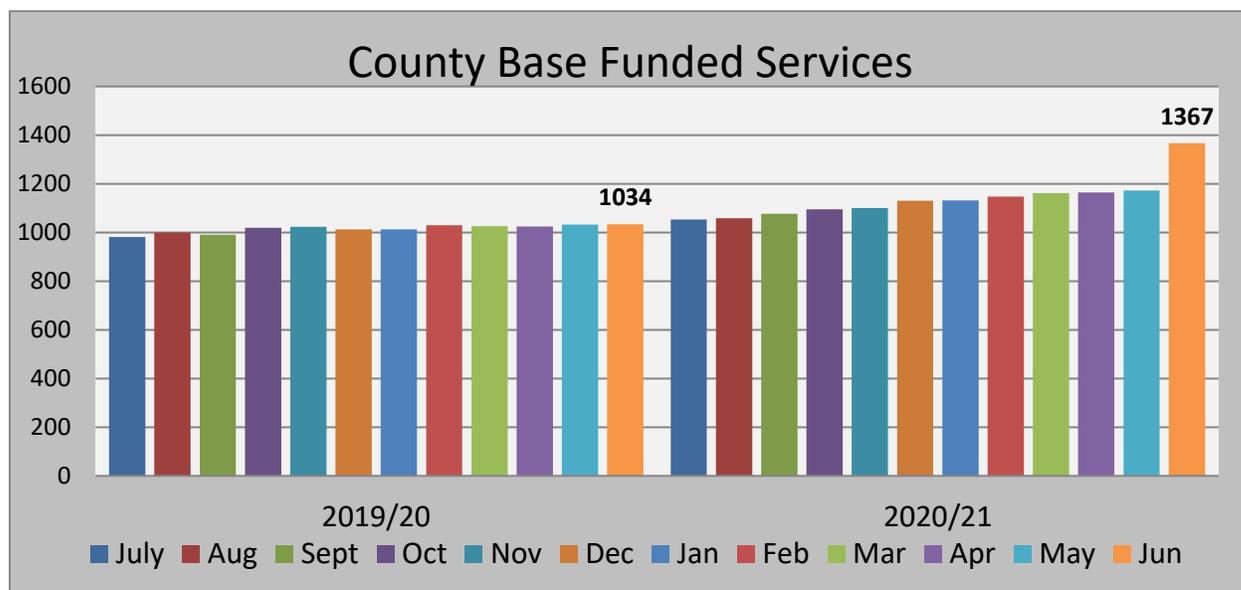
a. Priority 1 – Maintain and monitor current services and supports due to potential budget deficits

Continuing from prior year New Priority

Narrative including action steps: As the recent release of the Governor's budget indicates, the Mental Health Program will be flat-funded. Program costs continue to rise largely to recruit and retain a qualified workforce, needs and service utilization have risen significantly in the last fiscal year. Our county MH office will continue to analyze costs and service utilization and will re-direct resources as needed.

As Cumberland County continues to be one of the fastest growing counties in the state (for information please see: https://pasdc.hbg.psu.edu/sdc/pasdc_files/researchbriefs/May_2021.pdf;

<https://pasdc.hbg.psu.edu/Data/Visualizations>), coupled with the impact of needed mental health services due to the pandemic, we have found it challenging over the last several years to address the increased needs from the increase in population with continued flat funding for services. The number of folks being served by the Base Service Unit has increased by 32% during this past fiscal year alone.



We continue to embrace and support the philosophy of recovery and resiliency and must do so in the most effective and cost-efficient manner possible. Available funding must be addressed in order to make this mission a reality. In the short term, multiple conversations are occurring to consider if American Rescue Plan (ARP) funds can be utilized to assist in meeting this significant growth need. No decisions have been made to date, however, there is acknowledgement and awareness of the erosion of human capital infrastructure.

We will continue to regularly discuss all facets of available services and supports (both system and community) at the monthly Community Support Program meetings, in various other community stakeholder meetings, and during internal department meetings. County MH staff routinely review program costs to monitor service areas should potential cuts become necessary.

If program cuts become necessary, case management staff will be made aware of these program cuts and those identified consumers who may be impacted in order to outreach to and monitor them closely for any increase in concerns or needs.

Timeline: Analysis of fiscal resource and program utilization will occur monthly. The ability to monitor data has continued to improve with the implementation of CPR-Web and other data tracking tools. MH staff will review monthly claims submissions to determine utilization and any re-allocation necessary during the year. Residential and Crisis Intervention staff meetings occur monthly. As they are the highest budget items, this information is considered in review of allocation needs. Annual budget for subsequent years will consider this information as well.

Fiscal and Other Resources: Current county base funding of positions, services, and supports are utilized. As we have not yet received our current allocation, we are unable to be more specific.

Tracking Mechanism: MH staff will monitor fiscal impact via review of monthly claims submissions, and program utilization. Additionally, this information is shared at the MH.IDD Advisory Board meetings as well as each Counties' Commissioners' meetings.

b. Priority 2 - Co-Responder Program Implementation

Continuing from prior year New Priority

Narrative including action steps: As previously discussed, our local law enforcement agencies continue to see an increase in calls from those with behavioral health needs. The Co-responder programs pair mental health professionals with law enforcement officers in responding to calls that involve people who are having either a mental health crisis, are intoxicated, are experiencing homelessness, or have other health or social service needs. The common feature of this model is the pairing of specially trained law enforcement officers with a mental health crisis worker when responding to calls that involve a person with a mental or physical handicap that requires community services rather than criminal justice processing. Co-responders are trained to provide on-scene crisis de-escalation, screening and assessments, and referrals to ongoing treatment by a mental health professional. The goal of co-responders is to connect people with behavioral problems related to mental illness to ongoing treatment by a mental health professional. Effects of co-responder program have reduced the use of force by police, decreased arrests, and hospitalizations, and reduced the amount of time officers spend on the call scene. While Mobile Crisis is currently utilized when available to accompany police, having dedicated staff to provide this role will improve response time and outcomes. These mobile crisis staff will have additional training to work with the law enforcement community. Eventually all crisis staff will have this additional training heavily dependent on financial resources.

Call data from Cumberland County's 911 Communications Center has been analyzed to determine that the majority of behavioral health related calls are regarding residents within the Carlisle Borough. This pilot project will initially focus on partnering with Carlisle Borough Police to improve support to this population. A grant proposal for funding has been submitted and approved via the Partnership for Better Health (a local endowment foundation).

Timeline: A Co-Responder position has been posted via the Crisis Program through Penn State Health-Holy Spirit. Hiring and training was projected to occur during August, with program implementation targeted for September 2021. Policies, procedures, and data management will be developed during the initial phase through the first several months of implementation. Retaining qualified staff has proven to challenge the timeline of this implementation of co-responders. Crisis has had difficulty retaining a qualified workforce. At the time of the writing of this plan, Crisis is currently down 8 Full Time Equivalents (FTEs). Crisis leadership has struggled with retaining the workforce for several years; however, the pandemic has exacerbated this problem. It is challenging to hire a more specialized position when more "traditional" operational needs are not functioning optimally.

Fiscal and Other Resources: Partnership for Better Health Board approved \$75,000 for one-year for co-responder. A second year request can be made next spring for continued program provision. No block grant funds are anticipated to be used for this pilot project initially.

Tracking Mechanism: This area will be developed during the implementation phase of this project to include various demographic and utilization data.

c. Priority 3 – PULSE Suicide Prevention Initiative in Cumberland and Perry Counties

Continuing from prior year New Priority

Narrative including action steps: Cumberland Perry Mental Health continues to be engaged with P.U.L.S.E. whose mission statement is preventing unnecessary loss through suicide education. Suicide statistics have shown an increase, especially since the COVID-19 pandemic. The task force continues to meet monthly, virtually when necessary. County MH staff continue to provide support to encourage leadership within the volunteer group of community members. QPR trainings are offered quarterly to support increased understanding and education with regard to suicide prevention. These trainings expanded to include correction officers and first responders this year in addition to county employees. Our Crisis Intervention program has continued the process of becoming part of the National Suicide Prevention Lifeline. The task force's strategic plan focuses on raising community awareness providing support to families directly impacted by suicide, and strengthening partnership with the first responder community, including the local coroner's offices.

Timeline: The PULSE task force meets monthly in person and/or virtually. PULSE members participate in various community and wellness fairs throughout the year to spread awareness and decrease stigma related to suicide. This priority will continue for this HSBG planning cycle. 200 people are expected to be trained within the next year via continued QPR trainings offered within the counties.

Fiscal and Other Resources: \$5,000 is allocated to PULSE from county base funds. These funds are used for a variety of things including to host events, purchase handouts, purchase literature, and educational materials for the QPR trainings. Taskforce members have also held several fundraisers through their events to support growth and maintain energy within the group. The monies raised during P.U.L.S.E.'s events are also reinvested towards its mission. \$75 monthly stipend is offered to a member volunteer for managing administrative functions for the task force.

Tracking Mechanism: County Mental Health staff track QPR trainings as they are held. PULSE Task Force members record meeting minutes that help to identify next steps in their strategic plan and they track implementation.

d. Priority 4 – Implementing Elementary Student Assistance (ESAP) in one additional elementary school in each county

Continuing from prior year New Priority

Narrative including action steps: As previously noted, ESAP was successfully implemented in several school districts this past fiscal year. ESAP is an educational unfunded mandate that CASSP elementary school-based workers became trained in and successfully implemented last year. Additional schools have expressed interest so the workers in those districts will work with the school staff to become ESAP trained as there is a specific model and fidelity that must be followed. Procedures and processes specific to that school will also need to be developed prior to the ESAP process being implemented. In addition, the county MH Office has applied for a Community Mental Health Services Block Grant (CMHSBG) to purchase new technology to address better data collection and analysis. This would impact all SAP providers both ESAP and secondary SAP. Additionally, it will be expected that all providers use the Behavioral Health Works assessment tool through Drexel University. Behavior Health Works software will be made available for our use as part of the Garret Lee Smith (GLS) grant. This program provides an assessment tool that will enhance identifying comprehensive needs as well as strengthen data tracking and outcome reporting. 50% of PA counties currently

are using this tool within the SAP/ESAP services. Data is then uploaded from the Behavioral Health Works system to the JQRS state system for submission. Additional data entry would no longer be needed.

Timeline: Identified elementary school staff will receive required ESAP training by October 2021 with team implementation of ESAP in those schools by December 2021. Assigned CASSP staff will support this implementation by attending necessary meetings.

Fiscal and Other Resources: As the school does not receive any funding for this initiative, CASSP staff salaries are paid via existing county base dollars. The CMHSBG, if approved, will provide the funding for the Behavioral Health Works assessment tool.

Tracking Mechanism: All ESAP providers input data into the JQRS state system for tracking purposes. The CASSP Coordinator has also received the ESAP training and monitors compliance, fidelity, and statistics from the program for quality assurance.

e. Priority 5 – Support county human service agencies to become Trauma Informed throughout the counties.

Continuing from prior year New Priority

Narrative including action steps: Supporting individuals with trauma experiences has never been more important than now after surviving the trauma of the COVID-19 pandemic. It is imperative that all human service providers acknowledge the impact of trauma on everyone and be better prepared to address those needs. Several of the initiatives planned for last year were unable to be accomplished due to the pandemic. Trainings are imperative and have already begun. Becoming trauma-informed is a multi-pronged approach:

- The Carlisle Resilience Collaborative is a multidisciplinary group of organizations and individuals committed to understanding the effects of early childhood trauma, creating a safe and supportive environment for community dialogue, and discovering solutions that inform and inspire a trauma informed community. This group was unfortunately put on hold due to the pandemic. County MH staff will participate in this collaboration when it re-starts.
- The planned presentation of the movie Resilience: The Biology of Stress & the Science of Hope are being re-scheduled due to the COVID-19 Pandemic. This movie demonstrates how adverse childhood experiences impact our physical health and wellbeing and greatly increases awareness regarding the impact of trauma and developing earlier interventions in all of our systems.
- 500 copies of The Deepest Well: Healing the Long-Term Effects of Childhood Adversity, written by pediatrician Nadine Burke Harris, M.D. were purchased to give to participants at the event. We are working to determine alternative ways to distribute the books and have deeper conversation regarding the impact of trauma and building resiliency.
- Becoming Trauma Informed trainings will continue to be provided to human service agencies in our counties as well as other community agencies by our Early Intervention (EI) program staff. Funded by The Foundation for Enhancing Communities (TFEC), this facilitator training focuses on the Adverse Childhood Experiences study (ACEs) and the impact of trauma on everyone as well as the community. The trainings have been well-received.
- And the Cumberland County Juvenile Probation Department is one of 10 departments in the state of Pennsylvania selected to participate in a Trauma Pilot Program which introduced the Child Trauma Screen (CTS) tool for youth referred to the Juvenile Probation Department at the intake level. This screening directs the need for further trauma assessment and recommendations for intensive trauma-based therapy. Phase 2 of this project will involve implementation of the Trauma Informed Decision Protocol (T.I.D.P.) for

utilization by case management. This project continues to involve a collaborative effort with the Juvenile Probation Department, Children & Youth Services, County Mental Health Office, and community providers.

Timeline: Several of these initiatives are being planned at this time and there are not yet specific dates for implementation. The JPO staff have been successful in implementing the assessment process (CTS tool) and begun using the TIDP.

Fiscal and Other Resources: Current funding of positions, services and supports are utilized. Utilizing existing county staff and free available trainings allows costs to be minimal at this time.

Tracking Mechanism: Data is kept with regard to trainings attended and/or provided, number of participants, events that are held and/or attended. JPO staff track outcomes through their process.

CUMBERLAND – PERRY EXISTING MENTAL HEALTH SERVICES

SERVICE CATEGORY	CATEGORY DESCRIPTION	CONSUMER OUTCOME	MH SERVICES AVAILABLE IN C-P COUNTIES	FUNDING SOURCE County, HealthChoices, or Reinvestment			PRIORITY POPULATION: Adult, Older Adult, Transition Age Youth, Child			
				C	HC	R	A	OA	TAY	CH
Treatment	Alleviating symptoms and distress	Symptom Relief	Outpatient							
			Psychotropic Medications							
			Inpatient Psychiatric Hospitalization Acute & Extended							
			Partial Hospitalization							
			Family Based Services							
			Assertive Community Treatment (ACT)							
			RTF – Accredited and Non-Accredited							
			Mobile Psychiatric Nursing Support Services							
Crisis Intervention	Controlling and resolving critical or dangerous problems	Personal Safety Assured	MH Crisis Intervention (Mobile, Walk-in, Phone)							
			Emergency Services							
Case Management	Obtaining the services consumer needs and wants	Services Accessed	Intensive Case Management							
			Resource Coordination							
			Administrative Case Management							
			Forensic Case Management							
			State Hospital Liaison							
			Transition Coordinator (youth ages 16-24)							
			Assertive Community Treatment							

SERVICE CATEGORY	CATEGORY DESCRIPTION	CONSUMER OUTCOME	MH SERVICES AVAILABLE IN C-P COUNTIES	FUNDING SOURCE County, HealthChoices, or Reinvestment			PRIORITY POPULATION: Adult, Older Adult, Transition Age Youth, Child			
				C	HC	R	A	OA	TAY	CH
Rehabilitation	Developing skills and supports related to consumer's goals	Role Functioning	Psychiatric Rehabilitation – site-based	Green	Blue		Light Blue	Orange	Purple	
			Supported Employment	Green			Light Blue		Purple	
			Community Residential (CRR) Services- Adult	Green			Light Blue	Orange	Purple	
			BHRS for children & adolescents		Blue				Purple	Pink
Enrichment	Engaging consumers in fulfilling and satisfying activities	Self-Development	Social Rehabilitation	Green			Light Blue	Orange	Purple	
			Stigma Busting Activities held during Mental Health Awareness Month & Mental Illness Awareness Week	Green			Light Blue	Orange	Purple	Pink
Rights Protection	Advocating to uphold one's rights	Equal Opportunity	Community Support Program (CSP)	Green			Light Blue	Orange	Purple	
			NAMI C-P, PA	Green			Light Blue	Orange	Purple	Pink
			CFST – CSS		Blue		Light Blue	Orange	Purple	Pink
			Administrator's Office: Legal Rights – Civil Commitment Process	Green			Light Blue	Orange	Purple	Pink
			County Participation in Grievance & Appeals Processes	Green			Light Blue	Orange	Purple	Pink
Basic Support	Providing the people, places, and things consumers need to survive (e.g., shelter, meals, healthcare)	Personal Survival Assured	Respite Services	Green		Brown	Light Blue	Orange	Purple	Pink
			Supportive Living	Green			Light Blue	Orange	Purple	
			Housing Support Services: MH Housing Specialist & Shelter Plus Coordinator positions	Green			Light Blue	Orange	Purple	
			Fairweather Lodge Coordinators	Green			Light Blue		Purple	
			Specialized Community Residences (SCR) staff	Green			Light Blue	Orange		
			County Transportation	Green	Blue		Light Blue	Orange	Purple	Pink

SERVICE CATEGORY	CATEGORY DESCRIPTION	CONSUMER OUTCOME	MH SERVICES AVAILABLE IN C-P COUNTIES	FUNDING SOURCE County, HealthChoices, or Reinvestment			PRIORITY POPULATION: Adult, Older Adult, Transition Age Youth, Child			
				C	HC	R	A	OA	TAY	CH
Self Help	Exercising a voice and a choice in one's life	Empowerment	Certified Peer Specialists	Green	Blue		Light Blue	Orange	Purple	
			Warm Line	Green			Light Blue	Orange	Purple	
			CSP	Green			Light Blue	Orange	Purple	
			NAMI C-P, PA	Green			Light Blue	Orange	Purple	Pink
			CFST – CSS		Blue		Light Blue	Orange	Purple	Pink

Wellness/ Prevention	Promoting healthy life styles	Health Status Improved	WRAP training	Green			Light Blue	Orange	Purple	
			Family to Family (NAMI C-P, PA)	Green			Light Blue	Orange	Purple	
			Peer to Peer (NAMI C-P, PA)	Green			Light Blue	Orange	Purple	
			CSP	Green			Light Blue	Orange	Purple	
			NAMI C-P, PA	Green			Light Blue	Orange	Purple	Pink
			Candlelight Vigil, MH Awareness Walk, and other educational activities (stigma busting) in the community	Green			Light Blue	Orange	Purple	Pink

e) Existing County Mental Health Services (Please indicate all currently available services and the funding source(s) utilized)

Services By Category	Currently Offered	Funding Source (Check all that apply) HC=HealthChoices
Outpatient Mental Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Inpatient Hospitalization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Partial Hospitalization - Adult	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Partial Hospitalization - Child/Youth (in adjacent county)	<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
Assertive Community Treatment (ACT) or Community Treatment Team (CTT)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children's Evidence-Based Practices (Outpatient)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Telephone Crisis Services		
Walk-in Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Residential Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis In-Home Support Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Emergency Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Targeted Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrative Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Transitional and Community Integration Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Employment/Employment-Related Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Residential Rehabilitation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children's Psychosocial Rehabilitation	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Adult Developmental Training (IDD service, not MH)	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Facility-Based Vocational Rehabilitation (IDD, not MH)	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Social Rehabilitation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrator's Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Housing Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Peer Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Consumer-Driven Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Mental Health Treatment	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Behavioral Health Rehabilitation Services for Children and Adolescents	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
**Inpatient Drug & Alcohol (Detoxification and Rehabilitation)	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
**Outpatient Drug & Alcohol Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
**Methadone Maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Clozapine Support Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Additional Services (Specify – add rows as needed)		
Long Term Structured Residence (LTSR)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment

**These services are provided by the Single County Authority (SCA) Drug & Alcohol Department, not MH.

f) Evidence-Based Practices (EBP) Survey*:

Evidenced-Based Practice	Is the service available in the County/ Joinder? (Y/N)	Current number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured ?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Additional Information and Comments
Assertive Community Treatment	Y	34	TMACT	Deloitte, CABHC	Quarterly	Y	Y	*Modified ACT program, follows CTT guidelines
Supportive Housing	Y	102	None Available	N/A	N/A	N/A	N/A	Vague Guidelines, but no toolkit available
Supported Employment	Y	70	SAMHSA	Agency	Bi-Annually	Y	Y	# Employed = 40
Integrated Treatment for Co-occurring Disorders (Mental Health/SUD)	Y	Not Tracked	None Available	N/A	N/A	N/A	N/A	2 OP providers are dually licensed (MH & D&A)
Illness Management/ Recovery	N	N/A	N/A	N/A	N/A	N/A	N/A	Psych Rehab offers the Wellness Self-Management Toolkit
Medication Management (MedTEAM)	N	N/A	N/A	N/A	N/A	N/A	N/A	Medication Clinics are offered to support medication packing and monitoring
Therapeutic Foster Care	Y	1	Approved Service Description	PerformCare monitors model via QA activities	Every 3 years	N	Y	CRR HH-ITP
Multisystemic Therapy	Y	25	MST Services, Inc	MST Services, Inc	Quarterly	Unknown	Y	Also provided through CYS / JPO Needs Based funding
Functional Family Therapy	Y	21	FFT Guidelines; Annual Managed Care Contract	Provider & FFT Consultant	Annually	Y	Y	Implemented Jan 2018
Family Psycho-Education	Y		None	N/A	N/A	N	N/A	NAMI C-P, PA – Family to Family; Peer to Peer: Support Group

*Please include both county and HealthChoices funded services.

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

Recovery-Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer/Family Satisfaction Team	Y	965	HealthChoices Managed Care Contract Year changed so this number includes July 2019 – December 2020 due to the extended contract year
Compeer	N	N/A	N/A
Fairweather Lodge	Y	14 slots	3 Lodges
MA Funded Certified Peer Specialist (CPS)- Total**	Y	40	
CPS Services for Transition Age Youth (TAY)	Y	1	
CPS Services for Older Adults (OAs)	Y	1	
Other Funded CPS- Total**	Y	15	County funded + numerous in embedded soc rehab and supported apartment programs
CPS Services for TAY	Y	3	
CPS Services for OAs	Y	1	
Dialectical Behavioral Therapy	Y	37	In addition, many therapists provide this therapy as an OP service, but the specific modality is not tracked
Mobile Medication	Y	36	Mobile Psychiatric Nursing
Wellness Recovery Action Plan (WRAP)	Y	Unknown; Not Tracked	WRAP development is offered in all levels of service, but completion of a WRAP is not tracked.
High Fidelity Wrap Around	N	N/A	CASSP offers a joint planning team – meetings re: individuals occur approx. 3 times per month across the joinder
Shared Decision Making	Y	41	Implemented Common Ground Approach in Dec 2017
Psychiatric Rehabilitation Services (including clubhouse)	Y	89	1 Psych Rehab agency provides service in 4 locations across the joinder that are HealthChoices and County Base funded.
Self-Directed Care	Y	41	Same as Common Ground – shared decision-making
Supported Education	N	2	Offered via CAPSTONE program only – see below
Treatment of Depression in OAs	Y	375	Geriatric Psychiatrists & Social Worker
Consumer-Operated Services	Y	N/A	Community Support Program (CSP)
Parent Child Interaction Therapy	Y	4	
Sanctuary	N	Unknown	C-P residents have access to residential providers outside the county that are sanctuary certified.
Trauma-Focused Cognitive Behavioral Therapy	Y	Unknown; Not Tracked	Provided as OP Therapy
Eye Movement Desensitization and Reprocessing (EMDR)	Y	Unknown; Not Tracked	
First Episode Psychosis Coordinated Specialty Care	Y	4	Via CAPSTONE with Dauphin County's SAMHSA grant for FEP

*Please include both county and HealthChoices funded services.

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

h) Certified Peer Specialist Employment Survey:

“Certified Peer Specialist” (CPS) is defined as: An individual with lived mental health recovery experience who has been trained by a Pennsylvania Certification Board (PCB) approved training entity and is certified by the PCB.

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

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

Total Number of CPSs Employed	8
Number Full Time (30 hours or more)	2
Number Part Time (Under 30 hours)	6

i) Involuntary Mental Health Treatment

1. During CY2020, did the County/Joinder offer Assisted Outpatient Treatment (AOT) Services under PA Act 106 of 2018?
 No, chose to opt-out for all of CY 2020
 Yes, AOT services were provided from _____ to _____ after a request was made to rescind the opt-out statement
 Yes, AOT services were available for all of CY 2020

2. If the County/Joinder chose to provide AOT, list all outpatient services that were provided in the County/Joinder for all or a portion of CY 2020 (check all that apply): **N/A**
 Community psychiatric supportive treatment
 ACT
 Medications
 Individual or group therapy
 Peer support services
 Financial services
 Housing or supervised living arrangements
 Alcohol or substance abuse treatment when the treatment is for a co-occurring condition for a person with a primary diagnosis of mental illness
 Other, please specify: _____

3. If the County/Joinder chose to opt-out of providing AOT services for all or a portion of CY 2020:
 - How many written petitions for AOT services were received during the opt-out period?
_____ **0** _____

- How many individuals did the county identify who would have met the criteria for AOT under Section 301(c) of the Mental Health Procedures Act (MHPA) (50 P.S. § 7301(c))?

0

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

	AOT	IOT
Number of individuals subject to involuntary treatment in CY 2020	N/A	35
Inpatient hospitalizations following an involuntary outpatient treatment for CY 2020		15
Number of AOT modification hearings in CY 2020	N/A	
Number of 180-day extended orders in CY 2020	N/A	26
Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY 2020	N/A	\$240,000

j) CCRI Data reporting

The Department requires the County/Joinder to submit a separate record, or "pseudo claim," each time a Member has an encounter with a Provider. An encounter is a service provided to a Member. This would include, but not be limited to, a professional contact between a Member and a Provider and will result in more than one encounter if more than one service is rendered. For services provided by County/Joinder contractors and Subcontractors, it is the responsibility of the County/Joinder to take appropriate action to provide the Department with accurate and complete encounter data. The Department's point of contact for encounter data will be the County/Joinder and not other Subcontractors or Providers. It is the responsibility of the County/Joinder to take appropriate action to provide the Department with accurate and complete data for payments made by County/Joinder to its contractors and Providers. The Department will validate the accuracy of data on the encounter.

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

Have all available claims paid by the county/joinder during CY 2020 been reported to the state as a pseudo claim?

Yes No While the majority of pseudo-claims have been submitted successfully, we continue to struggle with base funded providers not being validated or enrolled for specific services. We continue to work with the providers, OMHSAS and OMAP to address these issues.

2. INTELLECTUAL DISABILITY SERVICES

DESCRIPTION OF CURRENT INTELLECTUAL AND DEVELOPMENTAL DISABILITIES SERVICES IN CUMBERLAND AND PERRY COUNTIES

Cumberland-Perry Mental Health/Intellectual and Developmental Disabilities Services (MH/IDD) believes that individuals with disabilities should be able to receive the services and supports they need in their home communities. Cumberland- Perry MH/IDD is fortunate to be able to offer individuals with disabilities and their families who live within the two-county joinder an extensive selection of quality services and supports. These services/supports include supports coordination services, community residential services, supported employment/job training services, adult developmental services, family support services, transportation services and recreation/socialization services.

The services and supports provided by the Cumberland-Perry IDD Program are guided by the principles of Self- Determination and Everyday Lives. Individuals with developmental disabilities need to have choice and control in all aspects of their lives. They need to be afforded the opportunity to make decisions about the supports and services they receive. Services and supports need to be provided in a way that enhances client choice, growth, and development, and as much independence as possible. Services and supports need to be provided in a way that enhances a person's dignity and self- worth. Hence an individual's services are designed for a continuum of growth and development.

The Cumberland-Perry MH.IDD program houses both the Administrative Entity (AE) for IDD services and the Supports Coordination Organization (SCO) for IDD services in Cumberland and Perry counties. The AE is comprised of the IDD director and four program specialists. Two of the program specialists serve as quality managers and oversee the Qualification and Monitoring of Providers, the AE Oversight Monitoring Process, ISP Approval and Authorization Process, the Independent Monitoring for Quality process, and the Incident Management process. The other two program specialists serve as the Intake Specialists, the Waiver Capacity Managers, and the Public Relations Specialists. The AE contracts with the Advocacy Alliance to complete Certified Investigations as part of our Incident Management process. The Cumberland- Perry SCO is comprised of the SCO director, three supports coordination supervisors and fifteen (15) supports coordinators.

The 2020 Quality Management Plan for Cumberland and Perry Counties supports the principles of Self Determination and Everyday Lives. Our Quality Management Team includes individuals with IDD, family members, providers, community advocates, and County staff. These team members worked together to develop our quality management goals for 2020. Cumberland-Perry's 2020 quality management goals are as follows:

1. Increase the number of individuals who are actively pursuing a communication assessment/speech therapy to a total number of 75 individuals.
2. Decrease the number of PUNS that are not reviewed and updated at the required frequency to a monthly average of less than 5.
3. Increase Lifesharing opportunities for individuals by 10%.
4. Increase number of individuals who are competitively employed by 5%.
5. Decrease the number of restraints of individuals by 20%.
6. Decrease the number of individual to individual abuse incidents by 20%.

CUMBERLAND & PERRY COUNTIES BASE FUNDED SERVICES – INDIVIDUALS SERVED

	<i>Actual Individuals served in FY 20-21</i>	<i>Percent of total Individuals Served</i>	<i>Estimated Individuals to be served in FY 21-22</i>	<i>Percent of total Individuals Served</i>
Supported Employment	14	10%	25	17%
Pre-Vocational	0	-	0	-
Community Participation	7	5%	20	14%
Base Funded Supports Coordination	139	100%	144	100%
Residential (6400)/unlicensed	3	2%	3	2%
Life sharing (6500)/unlicensed	0	-	0	-
PDS/AWC	2	1%	2	1%
PDS/VF	0	-	0	-
Family Driven Family Support Services	30	22%	33	23%

SUPPORTED EMPLOYMENT

Real jobs should be the first priority and preferred outcome for individuals with disabilities. Many people with intellectual disabilities and/or autism are successfully working in a variety of real jobs, plus receiving the support they need to be successful at work. Cumberland-Perry IDD Services is working collaboratively with Dauphin County ID Services to support individuals with IDD in all three counties in their search for competitive employment through the *Employment First* initiative. The *Employment First* initiative is focusing on educating individuals and families, the schools, and employers about the need to start the planning process early because the most appropriate outcome for individuals with intellectual disabilities/Autism after graduation from high school is competitive employment or post-secondary education.

As part of our efforts to promote competitive employment as the most appropriate outcome for individuals with intellectual and developmental disabilities/Autism, Cumberland-Perry IDD started an adult Project SEARCH program in December 2017. Project SEARCH is collaboration between a business partner, a job coaching agency, the Office of Vocational Rehabilitation, and the national Project Search program. Project SEARCH is a unique business led program that facilitates a combination of classroom instruction, career exploration and job skills training through strategically designed internships. The program provides real-life work experiences to help young folks with intellectual disabilities make successful transitions to a productive adult life. The goal for each intern is to obtain employment in their community upon completion of the program. We are aware *that individuals who participate in Project Search programs are very likely to become competitively employed at the end of their program.* The Cumberland-Perry Project SEARCH Program is for students graduating from high school through adulthood. Cumberland County is the business partner and is providing the internships in various County departments such as the nursing home, buildings, and grounds, MH.IDD office, the mailroom, Children and Youth office and the library. Goodwill Keystone Area provides the classroom instruction and the job coaching. Individuals for the program are chosen to participate in the program following a face-to-face interview and a skills test. During the first two years of the program, we had nine individuals participate in the Project Search program and, upon graduation, eight of them had a competitive job. Nine

individuals were selected to participate in our third class and were expected to graduate in June 2020. This timeline was disrupted by the COVID 19 pandemic. However, several of the participants were able to secure competitive employment and the remainder of the class chose to receive supported employment services with OVR. In 2021, four individuals graduated from Project Search with three individuals having a competitive job upon graduation. Currently, we are preparing for our fifth class to begin in September 2021.

As of June 2021, 167 or 22% of the working age individuals registered with us are working competitively with 78 of these individuals receiving some type of employment support services such as career assessment services (discovery services, job carving, customized employment, self-employment) or job finding services. Cumberland-Perry IDD Services also participates in the Employment Pilot.

Cumberland-Perry historically has approximately twenty (20) individuals graduating from high school each year. In keeping with our *Employment First focus*, the supports coordinators encourage the high school graduates to seek competitive employment or pursue a post-secondary education opportunity upon graduation. Cumberland-Perry strongly believes that *students introduced to career exploration earlier in school are more likely to choose work upon graduation. In 2021, we continue to see a significant increase in the number of students graduating from high school who choose competitive employment instead of a day program. Seventy-five percent (75%) of our graduates are looking at an employment outcome. Six years ago, only twenty-five percent (25%) of our graduates would have been looking at an employment outcome.* Supports coordinators continue to discuss competitive employment with individuals and families as being the first option for all individuals with intellectual disabilities/Autism. Job coaching/job finding supports will be provided for those individuals who choose to pursue competitive employment. Supports coordinators also discuss discovery and customized employment options with individuals and families when discussing competitive employment. The SCO currently has “Employment” success stories, issues, and conversation starters as a standing agenda item for every staff meeting.

In October 2019, as part of Disability Employment Awareness Month, we recognized six (6) local employers in Cumberland County who embrace employing individuals with intellectual disabilities/Autism. Those employers were Syncreon, Carlisle Family YMCA, Mechanicsburg Area School District Food Service, Anile’s Ristorante & Pizzeria, Target, and Mount Asbury Retreat Center. During the luncheon, these employers were each presented with a Certificate of Special Recognition for earning the Business Champion Award for their commitment to hiring individuals with intellectual disabilities/Autism in Cumberland County. Cumberland-Perry IDD views employment as a priority for individuals with intellectual disabilities/Autism and works with area businesses to assist those with special needs in finding employment. Due to the pandemic, Cumberland/Perry was not able to have the Business Champions recognition event in October 2020. We look forward to hosting the Business Champions recognition event again in October 2021.

Cumberland/Perry has also been involved in the development of the “Talent Academy” at Syncreon, which is in a business partnership with OVR, a Community Based Employment Provider and the local MH/IDD programs. The program consists of a five-week training program for individuals to receive assistance with job skills development with employment at Syncreon being the goal at the conclusion of the five-week program. There have been multiple individuals registered with IDD who have received employment offers through this partnership.

Several years ago, Cumberland-Perry IDD Services joined into a partnership with parents and other professionals in Central Pennsylvania to support The DREAM Partnership. The DREAM Partnership has worked to establish a network of colleges across Pennsylvania that will provide educational opportunities for individuals with intellectual and developmental disabilities through a certificate program that *will ultimately lead to competitive employment* and independent living. Going to college is and always has been connected to greater rates of employment and higher wages. When students with intellectual disabilities go to college, positive impacts emerge for everyone involved. Arcadia College in Southeastern PA was the first college to join The DREAM Partnership in PA. In September 2015, Millersville University opened an inclusive post-secondary education program with residential options for nine (9) individuals with intellectual and developmental disabilities. Two (2) individuals from Cumberland County participated in the Millersville University program in 2015. Currently, several individuals with intellectual and developmental disabilities from Cumberland County are taking classes at Penn State-Harrisburg. Other colleges/universities that are offering post-secondary education opportunities for individuals with intellectual disabilities/Autism include Mercyhurst College, East Stroudsburg University, Slippery Rock University, Temple University, West Chester, Duquesne, Drexel University and Penn State-Lehigh Valley.

Supports coordinators continue to participate in trainings to increase their knowledge of the employment process as well as

the resources that are available to assist individuals and families considering competitive employment opportunities. Providers continue to seek accreditation in order to be able to offer employment services to individuals with disabilities as per the new service definitions of the Consolidated, Community Living, and Person/Family Directed Support waivers.

A large Transition Fair held at Harrisburg Area Community College was also made available to students with disabilities attending high school in Cumberland, Dauphin, and Perry counties and their families that featured workshops on competitive employment, post-secondary education, and independent living. A large vendor area was also available to those who attended the Transition Fair. Due to the COVID 19 pandemic, our 2020 Transition Fair had to be cancelled but will resume when we are able to host a large event safely in the future.

The main barrier to the achievement of a competitive job continues to be lack of transportation options to meet the needs of individuals seeking competitive employment. Transportation costs have also become a barrier which at times are over \$60 per day to get an individual to and from employment. More individuals are looking into Transportation – Mileage reimbursement to help alleviate some of these issues, but this is not an option for everyone. We urge our Supported Employment providers to consider location of employment and an individual's ability to be able to safely get to their employment as one of the first considerations when they begin a job search. In addition, at times there can be a breakdown with the ODP to OVR referral process which is adding significant wait time before individuals can be engaged in supported employment services. This stunts the momentum we have gained in making competitive employment a priority for some individuals.

SUPPORTS COORDINATION

Cumberland-Perry has 139 individuals who do not qualify for medical assistance funding and can only be served utilizing the Base funding that we receive. Base funded supports coordination is provided to individuals registered with us who reside in their own home or in their family's home, the state centers, or in the nursing homes.

Supports Coordinator Supervisors conduct initial meetings with families. This is a new process and was implemented by the SCO in order to alleviate the burden and stress of excessive amounts of information being introduced to the individual and their family during numerous meetings with the AE and SCO during the intake process. The supervisors are able to begin the ISP during this time and complete it in HCSIS before handing the case off to the SC. This allows the SC to have more time to get to know the family and their needs during their initial meeting.

Supports Coordinator Supervisors introduce the Lifecourse framework to families during the intake process and provide them with additional information as requested. All SCO supervisory staff have taken the Person-Centered Planning training and are implementing this practice with their staff. The supports coordinators engage the individual and their family in conversations to explore natural supports that are available to anyone in the community. In addition, the Cumberland-Perry IDD Program recognizes that client advocacy is a major part of the supports coordinator's role within the service system. The supports coordination staff is available to discuss problem areas and assist in facilitating a resolution to the individual/family's concerns.

More specifically, when discussing planning for the future with individuals and families, supports coordinators are encouraged to have real discussions with individuals and families at an early age so the individual and the family have time to really think about how they envision life for themselves in the future. Then a discussion takes place regarding the supports and services that the individual may need to have the kind of life that they would like to have. Supports coordinators are encouraged to use conversation starters as well as employment/independent living success stories when talking with individuals and families about futures planning. The supports coordinators and supervisors have participated in Social Capital trainings to assist them in becoming more skilled at having these kinds of conversations with individuals and families.

The SCO had their Quality Assessment and Improvement Oversight conducted by ODP in November of 2020. This consisted of an on-site visit and thorough review of SCO activities. The SCO achieved a score of 98.64% which is considered to be a commendable score. On-site visits are conducted every 3 years while a self-assessment is also conducted by the SCO on an annual basis.

LIFESHARING AND SUPPORTED LIVING

Our Lifesharing programs have had their "ups and downs." We currently have seven (7) individuals living in a Lifesharing home. Our PUNS numbers indicate that we have 17 individuals on the Waiting List who would like to live in a Lifesharing setting. However, recruitment of Lifesharing families (the families who want to take individuals into their homes and care for

them as a member of their family) has been very difficult for us. Lack of knowledge regarding Lifesharing is another barrier.

Our Lifesharing point person continues to attend the statewide Lifesharing subcommittee meetings and trainings. Supports coordinators continue to discuss Lifesharing as a residential option with individuals, families, and teams at ISP meetings. A Lifesharing brochure was created and is distributed to interested individuals and families by the supports coordinators. We anticipate that the use of the Lifesharing video at team meetings will help increase the knowledge of Lifesharing as well.

It is our expectation that providers utilize many different methods to recruit potential Lifesharing families (word of mouth, current staff, advertising, church flyers, community newsletters, etc.). We also plan to do more education, i.e. attending community events and having a Lifesharing booth at these events to help educate the general public about Lifesharing. The statewide Lifesharing subcommittee has a video that can be shared with families interested in becoming Lifesharing providers. We qualified a new provider last year who has listed Lifesharing as one of the services that they will be providing in Cumberland and Perry counties. In addition, we anticipate that the expanded service definitions related to who can provide Lifesharing services will assist us in being able to provide additional Lifesharing opportunities.

With respect to supported living or independent living, our consumer/family advisory group is advocating strongly for the provision of more independent living/apartment-type living opportunities as a more cost-effective residential option. Consumers and their families, as well as the supports coordination unit, have also indicated that there is significant interest in this type of living arrangement, however, families have real concerns about their son/daughter having the necessary skills to live independently in the community.

In response to this concern, we opened a program, *The Pathways Academy: Transition to Independent Living Program*, in March 2014 in Cumberland County. *The Pathways Academy* assists those individuals with the ability to achieve a greater level of independence to live in their own apartment in their chosen community. The Pathways Academy program is an intensive, curriculum-based, 12-18 month residential program that teaches an individual the skills needed to live with minimal support in the community. When an individual has mastered targeted living skills and is ready to live independently, he/she will “graduate” from The Pathways Academy and move into a supported living opportunity in the community. During the summer of 2015, the first Pathways Academy class “graduated” from the program and moved into apartments in their home communities. Each of these individuals receives individualized community habilitation supports. Individuals graduating from the Pathways Academy are using Section 8 housing vouchers to supplement their rent. When the Section 8 vouchers are not available to the individual, Cumberland-Perry IDD Services has created a special funding stream with the assistance of the Cumberland County Housing Authority to supplement an individual’s rent until the Section 8 vouchers become available. Fourteen (14) individuals have graduated from the Pathways Academy to date and have been successfully living in their own apartments with supports in the community. A new Pathways class will begin in September 2021.

In addition, we have contracted with another provider who is going to be providing the Pathways Apartment Program in the individual’s own apartment. We “tweaked” the original Pathways Program just a little bit for this program so that the Pathways program will be provided to an individual already living in their own apartment. Unlike the Pathways Academy where the individuals participating in the program need to find an apartment upon completion of the program, the Pathways Apartment Academy starts with the individual already living in their apartment, and upon completion of the program, the staff move out and the individual remains in their apartment.

To assist with ensuring the safety of individuals with intellectual disabilities who want to live independently in the community, we are also offering an array of *independent living technologies* to individuals with intellectual disabilities/Autism and their families in Cumberland and Perry counties. These independent living technologies include devices that will proactively notify caregivers and loved ones of changes in an individual’s lifestyle patterns. These innovative technologies include an array of sensors, environmental controls, and medication dispensers all monitored via a secure website. Through the use of these independent living devices, a new model for monitoring individuals to provide the maximum level of independence in a cost effective and efficient manner has been created. Cumberland-Perry IDD Services supports pairing technology with direct care to maximize each person’s independence resulting in an enhanced quality of life for individuals with intellectual disabilities/Autism. Cumberland-Perry IDD Services plans to continue to expand the use of independent living technology with more providers who support individuals with intellectual and developmental disabilities living in their own apartments/homes during the 2021-2022 fiscal year.

CROSS SYSTEMS COMMUNICATIONS AND TRAINING

Cumberland-Perry IDD Services collaborates with other human service agencies in Cumberland and Perry counties via participation on the Cumberland County CASSP Team, the Perry County CASSP Team, and the Human Services Policy Team. In addition, a cross systems team that includes Children and Youth, Mental Health, and Intellectual and Developmental Disabilities meets to ensure that the needs of children and youth who are open in multiple county systems are being adequately addressed. The goal is to have a strength-based, family-focused system in which families have prompt access to a continuum of services that support stability, safety and wellness within the family and the community.

Mental Health and Intellectual Disabilities/Autism

In 2016, a community needs assessment was completed for individuals with intellectual disabilities who also have mental health needs and are living at home with their family or in a community home with a provider. This assessment found that families and providers recognize that there is need for enhanced supports/services for individuals who are dually diagnosed. Enhanced supports/services identified in the needs assessment included a local MH/IDD treatment team, a specialized day program, and training and education for both IDD and MH staff on dual diagnosis topics.

In response to the needs that were identified in the community needs assessment that was discussed above, Cumberland-Perry MH services and IDD services are working together to offer a series of trainings for providers, families, MH staff, and IDD staff on dual diagnosis and trauma-informed care topics. In addition, the Capital Area Behavioral Health Collaborative (CABHC) and Cumberland-Perry MH/IDD mobilized an MH/IDD Behavioral Support Program in Cumberland and Perry counties. The Community Services Group (CSG) is the provider. Using a multidimensional holistic approach, CSG's mobile MH/ID behavioral interventions are specifically designed to deliver direct behavioral assessment and treatment-oriented intervention services in collaboration with other mental health and intellectual disability services. To date, Cumberland-Perry IDD services has referred approximately seventeen (17) individuals to the Mobile Behavioral Support Program. The individuals who are being referred live with their families as well as in community homes supported by our providers.

Children and Youth and Intellectual Disabilities/Autism

For the past several years, we have seen an increasing number of children/adolescents with intellectual disabilities and autism being abandoned by their families. More specifically, these children/adolescents are displaying significant behavioral challenges in the home environment and their families are seeking placement for them through the mental health system, i.e. RTF placements. Then, when the child/adolescent is recommended for discharge from an RTF, the family is refusing to take them home. Children and Youth then becomes involved because the child/adolescent is being abandoned. However, the Children and Youth system is not equipped with the resources to provide care for these children/adolescents with significant disabilities. At the current time, Children & Youth, MH and IDD are working together to provide the best plan of care possible for each of these children/adolescents such as identifying providers who can provide care, identifying funding for such cases, providing training on disabilities for providers, etc.

Aging Issues and Individuals with Intellectual and Developmental Disabilities

Individuals with developmental disabilities are healthier and are living longer than they have in the past due to medical technology and advances in the health field. Currently, 10% of our IDD population, or between 90 to 100 individuals, are 60 – 85+ years old or older. Residential providers and day program providers as well as family caregivers encounter numerous issues on a daily basis related to supporting aging individuals with intellectual disabilities/Autism. There is a growing population of older individuals in our system requiring services for the transition from vocational to non-vocational settings, i.e. adult day services. A significant number of these people will need specialized programming offering structured activities and supervision during the day. In addition, group homes that were once accessible for these individuals are no longer accessible. Increasing medical needs make it difficult for residential providers to provide appropriate care. Providers projected crisis level proportions for the elderly IDD population in both residential and day programs a few years ago and we are now experiencing some of those issues, i.e. individuals wanting to be supported at home during the day instead of going out to day program; issues with mobility; declining health issues; etc.

For the past eleven years, our Aging/IDD County Team composed of representatives from both the Cumberland County Aging and Community Services Office and the Intellectual and Developmental Disabilities Office, advocates from the ARC, and providers of service for senior citizens and individuals with intellectual disabilities/Autism has been meeting on a bi-monthly basis in order to discuss the emerging needs of this population. Prior to the pandemic, emphasis was placed on cross systems training via a series of Lunch and Learns for the staff working in Aging and Community Services and Intellectual and

Developmental Disabilities as well as service provider staff that support individuals with intellectual disabilities/Autism who are aging. In addition, our work group developed a Later Life Planning training course for individuals with IDD. This training has been presented to approximately 75 individuals with IDD, 50 years old and older, since its inception in 2012. We hope to be able to offer the Later Life Planning training course to additional individuals with IDD during 2021-2022. The work group also developed and piloted a senior center mentoring program for individuals with IDD in order to assist them in successfully assimilating into community based senior center programs. Our Aging/IDD County Team hopes to be able to resume meeting again in 2021-2022. Our Aging and IDD departments will continue to fund the trainings and other activities of this workgroup.

Collaboration with Local School Districts

Transition Coordinators from our local school districts in Cumberland, Dauphin and Perry counties are part of our *Employment First* work group that meets once a month throughout the year. Our *Employment First* initiative focuses on educating individuals and families, the schools, and employers about the need to start the planning process for transition from high school into adult services early on during the transition process and not wait until the senior year. Transition Coordinators from our local school districts are also included on the planning teams for the educational workshops that we have for students and their families to come and learn about transition from high school into adult services, competitive employment, independent living, and post-secondary education. In addition, transition coordinators are included on the planning team for the annual Transition Fair that is held for students who are graduating and their families.

In keeping with our *Employment First* focus, the supports coordination unit works with our individuals' IEP teams to encourage our transition age students to seek competitive employment or pursue a post-secondary education opportunity upon graduation.

Staff from Cumberland-Perry IDD Services attend the local school districts' Transition Coordinators' meetings held once a month at the Capital Area Intermediate Unit. Our staff also assist with the planning of an awards luncheon for students with disabilities graduating from high school who have excelled in areas related to employment, post-secondary education, and independent living during their school years.

EMERGENCY SUPPORTS

On-call Procedures/24-Hour Emergency Response Plan

Cumberland-Perry MH/IDD contracts with an answering service that responds to calls that are made to the office before or after normal working hours. The answering service will field the call and then transfer the call to the on-call MH Delegate. If the call is related to an individual with IDD, open in services, the on-call MH Delegate will either manage the call or refer the call to the IDD Director or the SCO Director so that appropriate action can be taken. The IDD Director or the SCO Director will ask for assistance from the Incident Manager or our IDD providers in order to ensure the health and safety of the individual.

Mobile Crisis

Cumberland-Perry County does have a Mobile Crisis unit that works out of Penn State Health/Holy Spirit Hospital. Crisis workers staff the unit, and some crisis workers have training in IDD and Autism while other crisis workers do not. Currently, there are no specific trainings related to IDD and Autism that are part of the crisis worker training curriculum; however we continue to discuss how we could include specific trainings related to IDD and Autism into this specific training curriculum. Since Cumberland County is the fastest growing county in Pennsylvania, the number of consumers who need mental health services, including those individuals with an IDD or Autism diagnosis, has grown exponentially.

Funding for Emergency Needs

At the beginning of the fiscal year, Cumberland-Perry IDD Services reserves \$125,000 out of its Base funding for emergencies that may arise over the course of the fiscal year. Each quarter thereafter (October, January, April), these encumbered funds are reviewed for usage and, if funds have not been used, a decision is made on how much of these funds can be released for use by other consumers.

Meeting Unanticipated Emergency Need

Throughout the course of a year, IDD typically receives four to five calls requesting emergency services for individuals whom are registered with us as well as for those individuals whom are not registered with us. An Unanticipated Emergency must meet the following criteria:

1. An individual is at immediate risk to his/her health and welfare due to illness or death of a caretaker;
2. An individual living independently experiences a sudden loss of his/her home (for example, due to fire or natural disaster); or
3. An individual loses the care of a relative or caregiver without advance warning or planning.

The AE will immediately review available service resources within both Cumberland and Perry counties as well as the individual's waiver enrollment status before taking action. The AE will also determine if there are any family members to whom we can reach out for assistance. If waiver capacity exists and the individual meets the criteria for entry into the waiver, waiver capacity will be used to meet the needs of the individual. If waiver capacity does not exist at the time of the emergency, the AE will then evaluate the status of our Base funding to see if it can be utilized to meet the emergency needs of the individual.

If we determine that there are no natural or local resources (i.e. Waiver Capacity or Base funding) available to address the emergency, we will contact the Waiver Capacity Manager at the Office of Developmental Programs (ODP) to review the situation and request assistance from ODP via the Unanticipated Emergency process.

During the past year, Cumberland-Perry IDD Services had four (4) emergency situations. In most of these cases, the caregiver was either not able to care for the individual or not willing to care for the individual any longer and an APS report had been filed. Base funding, if needed, was used to support these emergency situations at the onset until waiver capacity became available.

Please note that every effort is made to meet the individual's emergency needs within the individual's home county. However, if capacity does not exist within Cumberland and Perry counties, potential services in another geographical area may be warranted.

ADMINISTRATIVE FUNDING

Working with Individuals and Families

Cumberland-Perry IDD Services believes that keeping individuals and families informed about what's happening in the IDD system, both statewide and locally, and including them in the planning process is vital to providing quality supports and services to them.

Supporting Families Initiative – Cumberland-Perry, Dauphin, Lebanon, and Lancaster County IDD programs are working together as one of the Regional Collaboratives and were awarded one of the regional grants from the Department of Human Services when it launched its Supporting Families Initiative in January 2017. In October 2017, Cumberland-Perry and Dauphin convened an event that brought together key family leaders from Cumberland, Dauphin and Perry counties to help us identify the community and system resources that families in this area of Central PA feel they need in order to support their family member throughout the lifespan. Family members served as the conveners and note takers for this event. An independent consultant served as the facilitator. The PA Family Network provided information to individuals and families on Supporting Families throughout the Lifespan during a morning session. Cumberland-Perry and Dauphin then offered informational/discussion sessions for individuals with disabilities and their families on the topics that were generated at this event. Lebanon and Lancaster County IDD programs held a similar event for the families in their geographical area. Cumberland-Perry IDD Services also plans to ask the PA Family Network to share the Supporting Families throughout the Lifespan information to our MH/IDD Advisory Board, an Early Intervention family group, and an IDD family group. The LifeCourse information and tools are distributed to families by the Intake Specialist, the supports coordination unit, and at special events, i.e. our annual Transition Fair.

IDD Task Force - Sixteen (16) years ago, Cumberland-Perry Intellectual and Developmental Disabilities Services convened an IDD Task Force to study the increasing lack of available living arrangements for adults with intellectual disabilities in Cumberland-Perry Counties. The IDD Task Force is comprised of parents, service providers, advocates, and community

service organizations. The initial purpose of the Task Force was to identify strengths and weaknesses of IDD residential services in Cumberland and Perry Counties and to create a Strategic Plan, entitled the *Networked Neighborhood* strategy, that addresses the planning, construction, and continued support of living arrangements for adults with intellectual disabilities.

Over the past fourteen (14) years, the purpose of the IDD Task Force has evolved from focusing on just residential services to focusing on all services and supports that individuals with intellectual disabilities/Autism and their families need.

The *Networked Neighborhood* strategy was born from the concerns and recommendations of individuals and families. It is based on a current analysis of information regarding individuals and system resources plus projections of future needs. The Networked Neighborhood strategy is an overall strategy for the development of local services and supports. It includes a spectrum of natural and community resources, plus IDD-funded services and supports, involving both expansion of capacity and rebalancing of existing resources. The projected outcomes for the Networked Neighborhood Strategy include:

- MH/IDD will apply the *Networked Neighborhood* strategy to all system expansion and improvement efforts.
- Consumers will have the options and opportunities to live in less restrictive, yet appropriate, living arrangements.
- Consumers will have opportunities to experience services and supports of greater variety that are in their *neighborhood* and closer to home.

IDD Task Force members meet with state legislators from Cumberland and Perry counties on at least an annual basis to discuss service and support options that are more cost effective so that additional individuals who are currently on the Waiting List can be served.

Our consumer/family/provider advisory group (IDD Task Force) has been instrumental in helping us identify areas of our service delivery system that need to be improved; they are great teachers. This advisory group meets the first Wednesday evening of each month. During the pandemic, this group met virtually several times.

Independent Living Specialist - The Independent Living Specialist is a family support service option available to all individuals and families registered with Cumberland-Perry IDD Services who wish to explore independent living as an opportunity for their son/daughter/family member. Cumberland-Perry IDD Services places an increased emphasis on family engagement and the development of a “strengths-based” approach to service delivery by contracting with a social worker to work with individuals and families around issues pertaining to the transition to adult services which includes independent living. Historically, both schools and social service agencies have focused on the needs of the student/consumer with special needs. While there is no question that the needs of the individual are paramount, it also is important to address the needs of the families who care for individuals with special needs. Thus, by supporting the family as well as the individual during the transition process, such as transitioning from high school into the world of adult services or transitioning from living at home to living in an apartment, positive outcomes can be achieved. The Independent Living Specialist will provide a variety of independent living services geared toward promoting self-help, equal access, peer role modeling, and personal growth and empowerment, all of which will lead to opportunities for successful independence in the community.

The County sees great value in this approach as a means of enhancing communication and helping individuals and families identify, express, and process the myriad of feelings that are common to the transition experience.

Additional Supports for Individuals and Families - Individuals and families are encouraged to participate in webinars and other online trainings that focus on competitive employment, supported living, and community participation topics. Two years ago, Cumberland-Perry and Dauphin County IDD Services expanded the Early Intervention “Community Links” website, www.community-links.net, which is an informational/community participation-type website, to include a school-age portal and an adult portal. The Community Links website contains many, many resources for families who are looking for community supports, formal government supports, and education about a myriad of topics.

As we talk with consumers and families about the supports that they need, it has become clear to us that most families want to keep their sons or daughters or loved ones with them in their home as long as possible. But, in order to do this, families need assistance. Respite care was discussed numerous times in our conversations with consumers and families. Structured or planned respite needs to be added to the ISP of an individual living at home when it is requested by the family.

Several years ago, a respite focus group formed as a sub-group of the IDD Task Force and assessed the respite needs of consumers and families in Cumberland and Perry counties via a “Survey of Respite Needs.” The respite focus group developed an array of respite options to attempt to meet the respite needs identified by the families such as a 4-hour evening respite option in two different communities in Cumberland and Perry counties, one to two times a month. Families are encouraged to utilize this service as often as they can.

In addition, the IDD Task Force and the County felt that it was important that planned overnight respite capacity be added as a service/support for families to utilize. Cumberland/Perry contracts with a provider who operates two respite homes in the Mechanicsburg area in order to increase overnight respite capacity for families.

IM4Q Program

The Cumberland-Perry AE is responsible for overseeing the Independent Monitoring for Quality (IM4Q) program. IM4Q is ODP’s independent, statewide system to monitor the satisfaction and outcomes of individuals with IDD and their families. Local IM4Q surveys offer the supports coordination organization an independent view of an individual’s quality of life. Our local IM4Q team completes interviews with individuals who were randomly selected in the different samples. The interview team, made up of two independent IM4Q interviewers, develops “considerations”. Local IM4Q program “considerations” are to be viewed as a helpful perspective to what everyone wants – an Everyday Life for the people we support. In fiscal year 2019-2020, there were 37 independent surveys completed by Vision for Equality, our IM4Q provider, for Cumberland-Perry IDD Services. We originally planned to complete 77 independent surveys, but the COVID-19 pandemic impacted the completion of all surveys for the 2019-2020 fiscal year.

When developing our Quality Management Plan, the County reviews the most recent IM4Q Cumberland-Perry AE Report which provides a review and analysis of data gathered during the IM4Q process for each year. From the report which contains the data, a goal is identified for use in our Quality Management Plan. Currently, our Quality Management Plan goal objective is to “Increase the number of individuals who are actively pursuing a communication assessment/speech therapy so that individuals have the opportunity to communicate more effectively with others.”

Engagement with the HCQU

The Cumberland-Perry AE serves as the lead county for the Southcentral Pennsylvania Health Care Quality Unit. The counties comprising the Southcentral Pennsylvania Health Care Quality Unit are Cumberland-Perry, Dauphin, Lebanon, Lancaster, Franklin/Fulton, and York/Adams. Health Care Quality Units (HCQUs) were developed as part of the strategy to address both health and safety needs and the need to build community capacity and competency around health issues for people with intellectual disabilities/Autism. HCQUs are units comprised of nurses, clinicians, and others with expertise in the area of intellectual disabilities/Autism and health care. They provide training and technical assistance to stakeholders in the field including supports coordinators, provider staff, and families in order to help improve the understanding of the health issues and needs of individuals with intellectual disabilities/Autism. The ultimate goal of the HCQUs is to assure that the individuals served by each county IDD program are as healthy as they can be so that each individual can fully participate in community life. The HCQU has done individual chart reviews for providers in order to advise them about providing on-going care for individuals. The HCQU has also attended individuals’ hospital discharge planning meetings and provided training to the SCO and provider staff on a variety of topics relevant to individuals with intellectual disabilities/Autism throughout the year. A HCQU representative serves on our Aging/IDD County Team, our Quality Management team, and our Human Rights Committee.

The HCQU has also spent a considerable amount of time providing trainings to providers, individuals, families, AE, and SCO staff on the Fatal 4 (aspiration, constipation, dehydration, and seizures). These conditions present a high risk to individuals with intellectual disabilities/Autism. The trainings assist in gaining an understanding of the conditions, the risk factors associated with the conditions, and strategies for preventing or minimizing these health concerns.

The HCQU serves as the regional lead for implementation of the Health Risk Screening Tool (HRST). The HRST implementation will initially screen all individuals with intellectual disabilities/Autism who are residing in a residential placement. The HRST is a web-based screening instrument designed to detect health destabilization EARLY and PREVENT preventable illness, health related events and even death. It is a reliable, field-tested screening tool that consists of 22 rating items, divided into five health categories. Each of the 22 items consists of questions answered by the Rater. When fully answered the HRST assigns a numeric degree of health risk to the person called a Health Care Level (HCL). The scale ranges from 1 (low risk) to 6 (high risk). There are also designated areas within the online program for diagnosis and medication entry.

In 2019, we engaged our HCQU to develop a web based, interactive training platform in order to increase their ability to offer trainings to more individuals and families. This training platform was especially helpful during the COVID-19 pandemic when the ability to participate in face-to-face trainings was restricted.

Supporting Local Providers to Increase their Competency and Capacity to Support Individuals with Higher Level Needs

As was discussed earlier, the Capital Area Behavioral Health Collaborative (CABHC) and Cumberland-Perry MH/IDD mobilized an MH/IDD Behavioral Support Program in Cumberland and Perry counties to assist providers and families in supporting individuals who have significant mental health and behavior challenges. In addition, the HCQU provides training and technical assistance to providers in order to help improve the understanding of the health issues and needs of individuals with intellectual disabilities/Autism. The HCQU has done individual chart reviews for providers in order to advise them about providing on-going care for individuals. They have also attended individuals' hospital discharge planning meetings and provided training to the SCO and provider staff on a variety of topics relevant to individuals with intellectual disabilities/Autism throughout the year.

Over the past several years, an emphasis has been placed on assisting providers become more knowledgeable about the Fatal Four health risks - aspiration, constipation, dehydration, and seizures - that many individuals with ID/Autism experience during their life. If these four health risks are not identified and cared for in the proper manner, individuals could die. Cumberland/Perry had all residential providers complete a survey where the providers were to identify all the individuals that they support who had any of the Fatal Four health risks and then evaluate how well they (the provider) was doing in supporting these individuals. Staff training was found to be a big need and the HCQU developed specific trainings for each of these four health risks that could be presented to the staff. Completing the survey also helped to raise providers' awareness as to how many individuals they support actually have a Fatal Four health risk.

Providers need to be able to have consistent, well-trained staff to support individuals who present with higher levels of need related to physical health, behavioral health, aging issues, and communication needs. One of the most challenging issues that our providers face right now is staff retention. Staff turnover rates are high due to low pay and few or no benefits being offered to the staff. Staff turnover impacts the quality of a program and raises families' concerns for their sons and daughters' well-being. Wages at distribution centers and even Sheetz are higher than some providers are able to pay. With the high level of responsibility staff are expected to assume in supporting individuals with disabilities, whether the person's need is high or not, low hourly wages and no benefits make it very difficult for providers to retain staff. The County continues to educate our legislators about the direct care staff crisis which includes advocating for increased funding for direct care staff wages.

In July of 2021, Cumberland/Perry MH/IDD is implementing a new Quality Management goal that will focus on developing a complex care curriculum for residential providers. This curriculum will allow residential providers to receive training in Dual Diagnosis, Trauma Informed Care and Autism. These intensive trainings will allow our residential providers to become more confident and capable of providing care to individuals with complex needs. These types of services are definitely needed in our counties as providers who are qualified and willing to serve complex individuals are very difficult to find.

In addition, Cumberland/Perry MH/IDD and Dauphin County ID/A facilitate a provider forum on a bi-monthly basis for all IDD/Autism providers who provide services to individuals with intellectual disabilities and Autism in Cumberland, Dauphin and Perry counties.

Risk Management and Incident Management

Cumberland-Perry IDD Services facilitates a Human Rights Committee/Risk Management team meeting every three months. The Human Rights Committee/Risk Management Team convenes to review incident patterns, trends, analyses, emergent issues, impact of improvement activities and recommendations based on recent findings for individuals who are registered with Cumberland-Perry IDD Services. The Human Rights Committee/Risk Management Team reviews the following agenda items as they relate to the Risk Management process: 1. Quarterly data for related incidents of Restraints, Rights Violations, etc.; 2. Review of spreadsheet (data collection of Restrictive Plans); 3. ISP Behavior Support Plan information; 4. Review of Restrictive Plans; and 5. Specific issues/concerns of individuals and/or providers as the issues relate to the Risk Management process.

Incident management reviews are completed by the Incident Manager. The Incident Manager evaluates the data, trends, and best practices to provide quality assurance and identify quality improvement needs. The Incident Manager is available

to discuss information regarding overall incident management data summaries and trends with any ID/Autism provider who requests this information. Providers are also required to implement their own Quality Improvement and Risk Management committees. In addition, the AE will assist in facilitating communications between providers and other agencies to discuss “best practice” programs and techniques as interest and needs arise.

All newly hired supports coordination staff receive initial training in incident management policies via the ODP required Supports Coordinator Organization training. The County AE Incident Manager supplements this training and is available for technical assistance during initial and ongoing training needs for the Supports Coordination Organization.

The Cumberland-Perry AE and our providers recognize that in order to move the ID/Autism system of care toward improved services and outcomes for those we support, the analysis of accurate and meaningful data is necessary and collaboration amongst all entities caring for an individual must occur.

IDD and the County Housing Office

Cumberland-Perry IDD Services has an agreement with our local housing office that individuals with intellectual disabilities and autism seeking a Section 8 housing voucher will receive priority placement on the Section 8 housing voucher waiting list along with individuals who are homeless and individuals experiencing domestic violence. This arrangement has assisted individuals with IDD to receive a Section 8 housing voucher in a more timely manner.

Cumberland-Perry IDD Services has a contract with our local housing office to provide rental assistance that matches the Section 8 housing voucher assistance in order to assist the individuals transitioning from the Pathways Academy program into independent living at the end of the program. This special funding program is available to individuals from the Pathways Academy program when the Section 8 vouchers are “frozen” and not being distributed to counties. Rental assistance funding has been used to promote independent living and prevent individuals with ID/Autism from experiencing homelessness when Section 8 vouchers are not immediately available. ID/Autism staff work collaboratively with the Housing Authority Special Needs Case Manager to identify and facilitate housing options for those individuals.

ID/Autism staff participate on the Community Partnership for Change (formerly the Local Housing Options Team) to work with human service providers to address issues related to housing and homelessness.

ID/Autism staff also participate in the local 811 Project Rental Assistance Pilot. The 811 Project Rental Assistance is a pilot program funded by the U.S. HUD Bureau to provide extremely low-income people with disabilities/Autism access to affordable, integrated, and accessible housing. The program prioritizes individuals who are currently institutionalized, at-risk of institutionalization, or living in congregate care settings.

Emergency Preparedness Plan

All ID/Autism residential and day program providers are asked to update their disaster preparedness plans on an annual basis by the Cumberland County Emergency Management Program. ID/Autism providers are then instructed to forward the updated disaster preparedness plan to the Cumberland County Emergency Management Office where it is kept on file. Providers are instructed to train their staff on the plan.

Several years ago, each ID/Autism residential and day program provider received a Disaster Planning Handbook to assist them in writing their disaster preparedness plans. In addition, weather radios were provided to all residential and day program providers who needed one.

In the fall of 2017, the Cumberland County Emergency Management team offered a day-long refresher training on disaster preparedness for all MH/IDD residential and day program providers.

During the COVID-19 pandemic, all of our providers implemented their Emergency Plans immediately. Our providers were amazing during this pandemic. Both management staff and DSP staff “rose to the occasion” offering care that complied with both the CDC and the Pennsylvania Department of Health’s guidelines. This high level of care kept our individuals safe from contracting the coronavirus while managing the individuals’ other support needs at the same time. All of our providers, management staff and DSP staff, are to be commended for a job well done!

PARTICIPANT DIRECTED SERVICES (PDS)

The Cumberland-Perry Supports Coordination Organization (SCO) promotes PDS services to individuals and families when they meet with individuals and families to do the ISP. The SCO also suggests PDS services to individuals and families who need to “stretch” their budgets as the Person/Family Directed Support Waiver has a cap.

PDS services are effective when working with individuals and families who already have reliable staff that they can count on to provide the services. However, individuals utilizing both the Agency with Choice and/or the Vendor/Fiscal model of PDS have difficulties finding and retaining direct care staff. More and more families are becoming discouraged with using PDS services because they cannot find qualified direct support staff to provide the services that they need. Other families feel overwhelmed with all the employment paperwork that they must complete and keep track of for their direct care staff. Families now have access to multiple Supports Brokers in Cumberland/Perry counties to assist with employment functions related to PDS. Supports Brokers can assist families to alleviate some of this burden.

COMMUNITY FOR ALL

For individuals residing in a nursing home who wish to return to the community to live, we utilize our Nursing Home Transitions Team (a sub-committee of our Aging/IDD County Team) to assist the individuals with this transition process. Our Nursing Home Transitions Team includes representatives from the Cumberland-Perry IDD office, the Cumberland-Perry SCO organization, the Cumberland County Office of Aging, and an advocacy organization. Our Nursing Home Transition Team also works diligently to put supports in place so that aging individuals with ID/Autism who are living independently in the community can continue to do so.

Cumberland-Perry has approximately 26 individuals who are living at state centers or other ICF/MRs. Whenever we learn that a Cumberland/Perry individual living at a state center or other ICF/MR wants to return to the community to live, we work with the individual, his/her team at the state center, his/her supports coordinator, and providers across the state to develop a plan that will allow this individual the opportunity to move back to the community to live.

B. HOMELESS ASSISTANCE PROGRAM SERVICES

Please describe the continuum of services to individuals and families within the county who are experiencing homelessness or facing eviction. An individual or family is facing eviction if they have received either written or verbal notification from the landlord that they will lose their housing unless some type of payment is received.

Bridge Housing Services:

- *Please describe the bridge housing services offered. Include achievements and improvements in services to families at risk or experiencing homelessness, as well as unmet needs and gaps.*

James Wilson Safe Harbour is the site of the Bridge Housing Program in Carlisle. Coordinating services between the Homeless Assistance Program (HAP) and Safe Harbour continues to be routine in nature as a valuable referral resource to many of our clients achieving independent and self-sufficient living. The program provides three levels of housing services: (1) Bridge Housing; (2) Single Room Occupancy (SRO); and (3) Decentralized Housing (Scattered Site Initiative). Eligible clients must meet low-income criteria and have a history of residence in Cumberland County.

The Bridge Housing portion is a transitional service that allows individuals and families temporary housing within a supportive living environment while they prepare to live independently. Residents are eligible for participation in this service for up to eighteen months. Any additional time must be approved by the County HAP Coordinator via a waiver request and approval from the PA Department of Human Services.

The Single Room Occupancy (SRO) service provides supportive long-term affordable housing for the "chronic low income" single adult for whom there is no affordable rental unit on the open market. The service is available to an individual with the ability to pay a "program fee" but with minimal or no rehabilitative potential for independent living. These residents need extensive "intervention" to direct and focus their lives. Residents participate in this service approximately three to four years before more permanent and stable housing is obtained. In some circumstances, the SRO service is utilized to provide housing for individuals beyond the one-year allowed through Bridge Housing. Clients interested in entering the program are referred by social service, health, or community organizations as well as walk-ins. After completing an application for admission and meeting eligibility criteria, clients enter the program and participate in a number of activities offered to disrupt the cycle of homelessness. The focus is centered on directing the resident's life, so they do not continue to live from "crisis to crisis".

- *How does the county evaluate the efficacy of bridge housing services? Please provide a brief summary of bridge housing services results.*

Each program is required to fulfill contractual requirements and is monitored annually. The fiscal officer maintains accurate administrative records which are reported to PA Dept. of Human Services, Office of Social Programs on a yearly basis. Aging and Community Services receives copies of their audited financial statements for review. Most recent reviews yielded no findings with financial or contractual requirements

- *Please describe any proposed changes to bridge housing services for FY 21-22.*

Aging and Community Services has no substantial change to services planned at this time. However, if there are decreases in our allocations, we would determine where budgetary cuts would be necessary.

- *If bridge housing services are not offered, please provide an explanation of why services are not offered.*

N/A

Case Management:

- *Please describe the case management services offered. Include achievements and improvements in services to families at risk or experiencing homelessness, as well as unmet needs and gaps.*

Case management services are offered through our Homeless Assistance Program (HAP) through Maranatha and our Rental Assistance Program. Case management services may include self-sufficiency goal planning for housing as well as related services. Life skills, budgeting skills, parenting skills, job preparation, employment training, and researching for additional referrals that can provide a source of support for the client are all very important parts of this component. Once the intake and eligibility for a program has been completed, the case manager seeks to establish a rapport with the client which will keep an open line of communication between both parties. The case manager does this in order to assist the client in learning to become independent and also to see that the client has a say in how they want to better their current situation. The case manager establishes linkages with other agencies known to serve families and individuals and becomes aware, as confidentiality allows, of service plans within other agencies, so as not to establish goals that could cause a conflict in assisting the client.

- *How does the county evaluate the efficacy of case management services? Please provide a brief summary of case management services results.*

Director of Cumberland County Aging and Community Services is responsible for dispensing all Homeless Assistance Program (HAP) monies. Billing reimbursement requests for these programs are given to the fiscal officer to review, who in turn sends to the County Controller's office for payment. The fiscal officer maintains accurate administrative records which are reported to PA Dept. of Human Services on a yearly basis. Monitoring of these Homeless Assistance Programs is completed by the planner and fiscal officer yearly. Client satisfaction surveys are completed. Most recent reviews yielded no findings with financial or contractual requirements.

- *Please describe any proposed changes to case management services for FY 21-22.*

Aging and Community Services has no substantial change to services planned at this time. However, if there are decreases in our allocations, we would determine where budgetary cuts would be necessary.

- *If case management services are not offered, please provide an explanation of why services are not offered.*

N/A

Rental Assistance:

- *Please describe the rental assistance services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.*

Rental Assistance Program activities include but are not limited to:

- Intake and assessment
- Goal setting
- Development of a realistic service plan which will be signed by the clients
- Follow up to track client's progress in completing objectives
- Coordination with the referring agency in sharing information and results
- Referral to other agencies as needed
- Negotiation with creditors to establish realistic payment plans based on the client's financial situation.
- Working with landlords and tenants to foster trusting relationships.

Disbursements of Rental Assistance funds are based on certain eligibility requirements. Unmet needs and gaps include lack of affordable housing, transportation issues, high childcare costs, and increases in fiscal insecurity and debt.

- *How does the county evaluate the efficacy of rental assistance services? Please provide a brief summary of rental assistance services results.*

Through monitoring, staff performance reviews and client satisfaction surveys. Director of Cumberland County Aging and Community Services is responsible for dispensing all Homeless Assistance Program (HAP) monies. Billing reimbursement requests for these programs are given to the fiscal officer for review, who in turn sends to the County Controller's office for payment. Bi-weekly checks are dispersed directly to the landlords of Rental Assistance Program applicants who are eligible to receive payments. The fiscal officer maintains accurate administrative records which are reported to PA Dept. of Human Services on a yearly basis. Monitoring of these Homeless Assistance Programs is completed by the planner and fiscal officer yearly. Most recent reviews yielded no findings with financial or contractual requirements.

- *Please describe any proposed changes to rental assistance services for FY 21-22.*

Aging and Community Services has no substantial change to services planned at this time. However, if there are decreases in our allocations, we would determine where budgetary cuts would be necessary. Utilization of the RAP program will likely increase when the eviction moratorium expires.

- *If rental assistance services are not offered, please provide an explanation of why services are not offered.*

N/A

Emergency Shelter:

- *Please describe the emergency shelter services offered. Include achievements and improvements in services to families at risk or experiencing homelessness, as well as unmet needs and gaps.*

Domestic Violence Services If the emergency shelter client is found to be in a domestic violence situation, they are then referred for shelter through the Domestic Violence Services portion of the Emergency Shelter program. These referrals may come from an individual call, Crisis Intervention, or state/local police departments. Additionally, they may be given additional shelter services in an appropriate Domestic Violence Shelter for up to a total of 30 days. If the shelter is full or a male is a DVS victim, HAP allocated hotel/motel funds are utilized.

Community C.A.R.E.S. (previously Carlisle CARES) provides temporary over-night shelter at local legion on a rotating basis throughout the year. Homeless get a cot and are housed from 9PM to 6AM. No case management services are given to shelter only status. If a client wants case management services, they must register through the CARES Resource Center and get on a waiting list. This is also the walk-in location for the new Coordinated Entry service to streamline homeless support services. Residents can also call 211. The process begins with an assessment. If the person meets the requirements for the process, they will be placed on a waiting list based upon their assessment scores and need in relation to others who have taken it, rather than the previous first come, first serve process. Those who do not meet the requirements are given appropriate referrals.

Individuals who are 60 years of age or older and at imminent risk if they return to their residence can receive emergency, short-term placement in a motel/hotel utilizing HAP funds, or in other short-term placements such as Nursing Facilities, Personal Care Homes, or Domiciliary Care Homes which will be billed to the older adult. This emergency shelter placement would continue until the risk is eliminated or until appropriate long-term arrangements are finalized in conjunction with the

Cumberland County Office of Aging and Community Services. The assessment and care plan process will include arranging for any necessary in-home services when it is safe for the consumer to return to their residence. If this is not a viable solution, then additional consultations and referrals may be necessary to assist the consumer with relocation to another safe living arrangement.

Unmet needs and gaps include lack of transitional shelters for women and children, no transitional housing or programs for individuals leaving correctional facilities.

- *How does the county evaluate the efficacy of emergency shelter services? Please provide a brief summary of emergency shelter services results.*

Each program is required to fulfill contractual requirements and is monitored annually. Aging and Community Services receives copies of their audited financial statements for review. Most recent reviews yielded no findings with financial or contractual requirements.

- *Please describe any proposed changes to emergency shelter services for FY 21-22.*

A new emergency family shelter, Community CARES Family Shelter will be opening in the Shippensburg area of the county, meeting a need for a shelter in that area of the county. The shelter allows for individual family rooms of up to seven families or up to 40 people per night, more than half children, and provides basic needs. They will be provided with weekly case management to develop a next step family plan and are collaborating with local organizations to provide more intensive services (such as the Employment resources) as well as workshops and classes to secure things like permanent housing and job placement.

- *If emergency shelter services are not offered, please provide an explanation of why services are not offered.*

N/A

Innovative Supportive Housing Services:

- *Please describe the other housing supports services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.*

Cumberland County Homeless Assistance Programs consist of Emergency Shelter, Rental Assistance, Bridge Housing and Case Management Services. Each component of this program is an important part of our clearinghouse process. From the moment a homeless or near homeless household is identified for one of the components, the clearinghouse process begins. Additionally, the coordinated entry process was implemented in Cumberland County, which provides assessments in person or through 211 to get those that qualify on the list for needed housing services and makes appropriate referrals.

- *How does the county evaluate the efficacy of other housing supports services? Please provide a brief summary of other housing supports services results.*

N/A

- *Please describe any proposed changes to other housing supports services for FY 21-22.*

None planned at this time.

- *If other housing supports services are not offered, please provide an explanation of why*

services are not offered.

N/A

Homeless Management Information Systems:

- *Please describe the current status of the county's implementation of the Homeless Management Information System (HMIS). Does every Homeless Assistance provider enter data into HMIS?*

All county shelters, excluding the Domestic Violence Shelter for Cumberland and Perry County, are using the HMIS system as well as the County office of Housing and Redevelopment. Cumberland County Office of Aging and Community Services Homeless Assistance Program does not use HMIS.

C. SUBSTANCE USE DISORDER SERVICES

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

The Cumberland-Perry Drug and Alcohol Commission (the Commission) has lead responsibility for planning and administering a continuum of substance abuse prevention, intervention, and treatment services for Cumberland and Perry County residents. As a result of a longstanding joinder agreement between the Boards of County Commissioners in Cumberland County and Perry County, the Commission operates as a department of Cumberland County government and as one part of a broad system of county human services. The Commission serves as the Single County Authority (SCA) for Cumberland and Perry Counties in fulfillment of state contracts and regulations.

1. Waiting List Information:

Waiting lists to access substance use disorder (SUD) treatment are a product of two factors: limited, capped funding to pay for treatment; and limited capacity of treatment providers.

During the current and the previous five fiscal years the Commission has been fortunate to not experience system-wide waiting lists for any level of care due to limited SCA treatment funding. This is due in large part to the positive impact of Medical Assistance (MA) Expansion. As a result of Pennsylvania's decision to opt into MA Expansion more than 15,000 additional residents of Cumberland and Perry Counties have gained access to Medical Assistance. This represents 6% of the adult population of our two-county area. These individuals, who fall between 100% and 138% of the federal poverty level, were previously uninsured or under-insured i.e., had insurance that did not include a behavioral health benefit. Many of them relied upon the capped funding managed by the Commission to access substance abuse treatment.

Prior to MA Expansion Commission funds earmarked for substance abuse rehabilitation and halfway house services were usually exhausted partway through the fiscal year (around January or February) forcing us to stop making placements to these important levels of care. Since MA Expansion has been implemented Commission funding has been available for all levels of substance abuse care throughout the full fiscal year. MA Expansion has been a godsend to many individuals and families who are struggling to overcome a substance use disorder. For this reason, various proposals at the federal level to terminate the Affordability Care Act and MA Expansion continue to be a major concern. Termination of MA Expansion would greatly reduce access to substance abuse treatment services for Cumberland and Perry County residents.

Since the fall of 2017 the Commission has also received some additional federal funding – State Targeted Response (STR) and State Opioid Response (SOR) – designed to combat the nationwide opioid epidemic. This additional funding has helped us to address the increased demand for substance use disorder case management, treatment, and recovery support services.

Although limited Commission funding has not been an obstacle to accessing substance abuse treatment in recent years, the limited capacity of treatment providers has been an issue. We do not have actual waiting lists for clients at any level of care, but at any given time there may be a wait time for a treatment slot to become available. This is particularly true with inpatient services – detox, rehab, and halfway house beds. Due to high demand caused by the opioid health crisis, these resources are sometimes not available when needed.

The wait times listed in the chart below are just general estimations based on our Case Management Unit's experience in calling various facilities with referrals. However, we must take into account that the reason for a wait time is not always due to bed availability within our provider network. Because we have clients involved in special criminal justice programs, we may be in a position to arrange a bed date far in advance, so that an admission date matches up with a court sentencing date or a prison release date. That practice makes it difficult to answer these questions accurately about wait times.

Services	# of Individuals*	Wait Time (days)**
Withdrawal Management	0	0-3
Medically-Managed Intensive Inpatient Services	0	1-14
Opioid Treatment Services (OTS)	0	0-3
Clinically-Managed, High-Intensity Residential Services	0	1-7
Partial Hospitalization Program (PHP) Services	0	1-5
Outpatient Services	0	1-10
Other (specify)	0	N/A

*Average weekly number of individuals

**Average weekly wait time

The availability of detox beds is often sporadic, and a 0 to 3-day estimation can really be misleading. Sometimes we find that we can get a person into detox immediately (same day), and then other times, any given facility may tell us that they can't even predict when the next bed would become available. In those circumstances, our case manager is directed to call the facility every morning to see if anything has changed with bed availability. Typically, our case managers will continue a bed search with every facility on our contract list to find the earliest opening for a client. Over the past year access to detox services has been further complicated by the fact that some of our contracted detox providers have had to temporarily cease admissions to resolve a COVID-19 outbreak. Our goal, of course, is to get the client into a safe and therapeutic environment as soon as we can realistically do so. The fact that any case manager would have to press on and call practically every single detox facility on our list until an open bed could be found is not something that is captured on the wait time chart.

Within the past four years it does seem that access to detox has improved. This is probably due to two factors. First, there has been an increase in the number of non-hospital detox beds throughout the state and within south-central Pennsylvania. Second, an increase in access to methadone and Suboxone services has eliminated the need for some individuals with opioid use disorders to begin their substance abuse treatment with a detoxification program.

Access to hospital-based services (medically-managed intensive inpatient) is our most significant capacity issue. There are a very limited number of licensed hospital-based detox and rehab programs in Pennsylvania. Our SCA does maintain detox and rehab contracts with Eagleville Hospital and Valley Forge Medical Center. However, at any given time it can be difficult to find an open bed at either of these facilities. Fortunately, it is a small percentage of our SCA-funded clients who require hospital-based care, but when the need arises such care is critical. In these cases, there are usually co-occurring physical health issues which require ongoing medical attention. If we are unable to facilitate an immediate referral to hospital-based substance use disorder treatment, we will refer the individual to a local hospital to address acute medical needs.

Capacity issues at the outpatient level are caused by a significant problem with staff vacancies. Recruitment and retention of qualified professionals for treatment positions is an ongoing challenge for the drug and alcohol field. During the 2019-2020 fiscal year, five of the Commission's eight outpatient providers reported to the SCA (per contract requirements) capacity limitations due to staff turnover. Two of the providers reached the point where they were temporarily unable to accept new admissions. The outpatient staffing situation has improved slightly within the past six months, but it is still difficult to recruit and retain qualified therapists.

There is a particular need for master's level outpatient therapists who meet the criteria for reimbursement as behavioral health providers for commercial insurance companies. There is also a need for substance abuse therapists who can work with adolescents and their parents, and capable of working with adults and adolescents with co-occurring mental health issues. The PA Department of Drug and Alcohol Program (DDAP) has issued new ASAM Alignment requirements which specify that SUD counselors must become certified. This presents an additional staffing challenge and cost for SUD treatment providers.

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

As one of our local responses to the opioid health crisis the Commission has developed a warm handoff program to provide outreach services with overdose survivors who receive medical care in the emergency departments of the three hospitals located in our two-county service area. A full description of this program and the data that has been gathered is presented below in the subsection entitled "County Warm Handoff Process."

In addition to our SCA's warm handoff program the Commission's Case Management Unit has identified overdose survivors are a priority population for admission to SCA-funded substance abuse treatment. We define an "overdose" as a situation in which an individual is in a state requiring emergency medical intervention as a result of the use of drugs or alcohol.

Clients may be identified as members of this priority group in at least two ways:

- 1) The client is referred by medical personnel or local emergency room staff immediately following an overdose in which the individual was revived through medical intervention; or
- 2) The client self-reports the experience of ingesting an amount of any substance to the degree that some level of intervention had to be provided by another person to prevent unconsciousness, regardless of who provided it, how it was provided, or when it was provided.

It is the philosophy of the Commission's Case Management Unit that the client's own perception and self-report that he or she has experienced an overdose is what is most important. The degree to which the overdose was formally documented as life-threatening, or the extent to which emergency first responders at the scene were involved in keeping the client conscious are irrelevant. Any experience defined by the client as an overdose can be traumatic for the client, and this experience can be used therapeutically as motivation to embrace treatment and recovery goals.

Presented below is data gathered by our Case Management Unit through its clinical assessment and treatment referral services provided during the 2019-2020 fiscal year:

# of Overdose Survivors	# Referred to Treatment	Referral method(s)	# Refused Treatment
25	25	Case Management to Treatment Provider	0

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

As required by the DDAP Case Management and Clinical Services Manual, the Commission's network of providers covers the full continuum of licensed substance abuse treatment. The levels of care from least intensive to most intensive are as follows: Outpatient, Intensive Outpatient, Partial Hospitalization, Halfway House, Medically Monitored (Non-Hospital) Detoxification, Medically Monitored Inpatient Residential, Medically Managed (Hospital-Based) Detoxification, and Medically Managed Inpatient Residential. In addition, the Commission maintains contracts with two local methadone maintenance outpatient treatment providers. All of the Commission's contracted providers are also approved Medical Assistance providers in the network of PerformCare, our regional HealthChoices behavioral health managed care organization.

LOC American Society of Addiction Medicine (ASAM) Criteria	# of Providers	# of Providers Located In-County	# of Co-Occurring/Enhanced Programs
4 WM	2	0	1
4	2	0	1
3.7 WM	19	0	13
3.7	The distinction between short-term and long-term rehab has been eliminated. DDAP is in the process of clarifying the criteria for a treatment program to be designated as an ASAM 3.7 medically monitored level of care.		
3.5	29	0	13
3.1	11	0	0
2.5	2	0	0
2.1	4	4	2
1	9	8	3

There are no licensed inpatient substance abuse treatment providers located within Cumberland or Perry Counties. As a result, the Commission has never focused its inpatient non-hospital placements on one or two providers. Instead, our strategy has been to contract with a wide range of agencies. This gives us a couple advantages. First, when there is a shortage of beds available, with a wider network of providers we have a much greater chance of finding an open slot. Second, with our broader network of providers we are better able to match the unique clinical needs of any given client with a provider that can offer that can offer a specialized treatment regimen.

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

With the ongoing opioid health crisis, a top local priority continues to be expanded access to different forms of medication-assisted treatment for opioid use disorders. During the 2018-2019 fiscal year, with increased federal funding, the Commission increased the amount of funding earmarked for methadone services. With continued federal opioid funding we were able to sustain this increase for the 2019-2020 fiscal year and for the current 2020-2021 fiscal year. Our plan is to continue this increased allocation of funding for methadone services for 2021-2022, but our ability to do so is contingent upon available state and federal funding.

In addition, the Commission has contracted with The RASE Project to expand its Medication Assisted Recovery Services (Suboxone and Vivitrol Coordination) provided in our two-county area to include non-MA eligible clients. These RASE services, which were originally initiated with reinvestment funding, are already well established for MA recipients as a supplemental service in our HealthChoices behavioral health program. RASE educates clients about Suboxone or Vivitrol to help them determine whether or not they want to pursue either form of medication-assisted treatment. It then links clients up with medical providers who can provide the medication. RASE also ensures the clients receiving Suboxone or Vivitrol are also engaged in concomitant substance use disorder therapy and recovery support activities as per best practice guidelines. These expanded MAT services will also be sustained during the 2021-2022 fiscal year, contingent upon continued state and federal funding.

In 2019 the Commission teamed up with its criminal justice partners in both Cumberland County and Perry County and was successful in securing two separate grants from the PA Commission on Crime and Delinquency (PCCD) to provide Vivitrol-related services for county inmates. In Cumberland County a Vivitrol program had been initiated in the prison in May 2017, and it had demonstrated positive outcomes. The new round of PCCD funding which began July 1, 2019 enabled an expansion of this program. Partners include Cumberland County Prison CCP Treatment Staff, The RASE

Project Recovery Support Staff, Roxbury Drug and Alcohol Treatment Staff, Prime Care Medical Services, Cumberland County Adult Probation and Positive Recovery Solutions (a mobile Vivitrol provider).

In Perry County a PCCD grant also began July 1, 2019. It is covering the costs of starting a new Vivitrol program. Partners include Perry County Prison Treatment Staff, Perry Human Services Treatment and Recovery Support Staff, Prime Care Medical Services, Perry County Probation and Hamilton Health Center’s Newport Clinic (an Opioid Center of Excellence and Vivitrol provider).

These PCCD County Jail Vivitrol Grants were for a two-year time frame ending June 30, 2021. However, midway through for the grant period it was apparent that a significant balance of unused grant funds would be remaining for both Counties. Two factors have led to an underutilization of the awarded funds: 1) most of the program participants thus far have been eligible for Medical Assistance upon discharge from jail, reducing the need to use budgeted grant funds once they return to the community to cover Vivitrol costs; and 2) the COVID-19 pandemic led to a significant reduction in the county jail populations.

Cumberland County and Perry County both requested a no-cost extension from PCCD to continue the County Jail Vivitrol Program for another year (until June 30, 2022) without the allocation of any additional funds. Although formal notification has not yet been received, the indication from PCCD is that these project modification requests will be approved.

As mentioned earlier in this plan, the opiate epidemic has created a demand for treatment services that at times exceeds the capacity of our network of non-hospital detox, rehab, and halfway house providers. In addition to expanding our network of SCA-contracted providers, in recent years the Commission has also been involved with decisions to allocate Capital Area Behavioral HealthChoices reinvestment funding to help expand local capacity. A few years ago, Gaudenzia Common Ground in Harrisburg received reinvestment funds to increase its capacity by an additional 14 beds. Seven of these beds are for detox; the other seven are considered “flex” beds i.e. they can be used for either detox or rehab depending upon the need at any given time. Halfway Environment for Alcoholic Recovering, Inc. (the parent company for the Gate House facilities) also received reinvestment funding and will be opening a new 24-bed halfway house for men within Lancaster County.

There are also two drug and alcohol related reinvestment projects for our Capital Area Behavioral HealthChoices program involving outpatient services in our two-county area. The first project made available start-up funding for Diakon Family Life Services to secure physician services for the purpose of more effectively integrating medication-assisted treatment (Suboxone and/or Vivitrol) for individuals with opioid use disorders with their outpatient therapy. The second project provided seed money for Perry Human Services to embed a Certified Recovery Specialist Program as a complement to its outpatient substance abuse treatment services.

Finally, in recent years the Commission has taken steps to help address the outpatient treatment capacity issue noted above. During 2018-2019 we added one additional provider – Mazzitti & Sullivan – to our SCA-funded outpatient provider network. During 2019-2020 we also added the Carlisle site of PA Counseling Services, Inc. as an additional drug and alcohol outpatient provider in our SCA-funded network. Although we are interested in potentially adding other services and providers to our network, any future expansion would be contingent upon our ability to access additional funding.

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

Listed in the table below is overdose fatality data from the Cumberland and Perry County Coroners from 2014 through May 6th of 2020. In Cumberland County we saw a significant decrease (46.5 percent) in overdose deaths from 2017 to 2019. However, data from 2020 and year-to-date data for 2021 reveals that much of the progress made in reducing overdose fatalities has been lost. The Coroner reports that the vast majority of these deaths are linked to fentanyl. There is much concern that the social isolation associated with COVID-19 restrictions, along with the reduction of in-person treatment and recovery support services, contributed to an increase in relapses and overdoses.

In Perry County there was a 33.3 percent increase in overdose deaths between 2017 and 2018, and then a 37.5 percent reduction in 2019. But like Cumberland County, the Perry County fatality data from 2020 and year-to-date or 2021 indicates that the progress made in reducing overdose deaths was lost with the onset of the COVID-19 pandemic.

Drug Overdose Fatalities								
	2014	2015	2016	2017	2018	2019	2020	2021 (thru 5/6/21)
Cumberland County	35	41	66	86	52	46	68	21
Perry County	6	3	10	12	16	10	15	3 (+ 4 pending)

Our local opioid overdose response effort is multifaceted. One particularly strong component that is having a positive impact is the collective efforts of Emergency Medical Services (EMS), local and state police, and concerned family members to administer naloxone to those who overdose on opiates.

All 16 municipal police departments in Cumberland County have been trained and equipped to administer naloxone to community members who experience an opiate overdose. In many cases the police arrive on the scene of an overdose before EMS, and in this type of situation minutes can be the difference between life and death.

As a result of PA Act 139 of 2014, starting in late 2015, a total of 211 naloxone kits were distributed to municipal law enforcement officers in Cumberland County, and those officers were trained to respond to an opioid overdose. As of March 7, 2020, naloxone had been administered by local police officers 369 times resulting in a reversal of symptoms (a life saved) for 314 individuals, amounting to an 85.1% overdose reversal rate.

There is only one local police department in Perry County, in Marysville. This department is reportedly carrying naloxone, but we do not have information about deployment. For most of Perry County, police coverage is provided by the Newport Barracks of the PA State Police. The State Police are also equipped with naloxone, but again we have not received any data about naloxone usage. In addition, staff from the Perry County Sheriff’s Office and Perry County Probation have also been trained and supplied with naloxone.

Of course, EMS providers have been successfully administering naloxone to overdose victims in our two-county area for more than three decades. The demand for their overdose response services has dramatically increased during the current opiate epidemic.

In October 2017 the Commission worked with both sets of County Commissioners to access funding from the PA Commission on Crime and Delinquency (PCCD) to provide naloxone supplies to first responders in Cumberland and Perry Counties. Holy Spirit Geisinger EMS was designated as the Central Coordinating Entity for the distribution of naloxone supplies in both counties. Through this PCCD grant program intranasal naloxone kits have been made available to EMS providers, police, and other first responders. Holy Spirit Geisinger EMS successfully applied to PCCD for another round of funding to continue as the Central Coordinating Entity for distribution of naloxone to local first responders until June 30, 2022. Holy Spirit Geisinger EMS has since been acquired by Penn State Health Life Lion, LLC.

On August 18, 2020, Pennsylvania’s Physician General issued an updated Standing Order for Naloxone. One significant change was an expansion of the definition of a first responder to include community-based organizations that work with individuals at risk of an opioid-related overdose. As a result, Holy Spirit/Penn State Health Life Lion has been able to provide naloxone supplies to local SUD treatment and recovery support providers for distributions to clients and their families.

The Commission has also widely publicized the option for any individual to obtain naloxone using the PA Physician General's standing order. This is recommended for families with: 1) a member struggling with an opioid use disorder; or 2) a family member receiving prescription opioid medication on an ongoing basis due to a chronic pain issue. Hard copies of the standing order are made available through resource tables at community presentations and health fairs. Families are also directed to the DDAP website to download an electronic copy of the standing order. The Commission has also provided technical assistance to local school districts looking to implement naloxone policies and access naloxone supplies.

During the 2018-2019 fiscal year our SCA teamed up with the Partnership for Better Health to purchase Community Naloxone Training from The RASE Project. The U.S. Surgeon General recommends that if someone is close to a person with an opioid use disorder, or a person who takes opioid painkillers on a long-term basis due to chronic pain, they should maintain a couple doses of naloxone in their home to be able to respond to an accidental overdose. With this in mind, the target group for these Community Naloxone Training events is family members and friends.

In these workshops participants learn how to recognize the signs of an opioid overdose, and how to administer naloxone. At the completion of the training each participant receives two doses of spray naloxone at no cost. Since October 2018 RASE has provided 20 of these workshops at various locations throughout Cumberland and Perry Counties. There has been a total of 336 participants. The cost for providing these workshops and the naloxone has been covered by the Partnership for Better Health, Cumberland and Perry Counties' PCCD naloxone grant funding and our SCA.

With the statewide COVID-19 emergency declaration and stay-at-home order there was a lull in offering these workshops. In response, RASE adjusted their training design and began offering virtual Community Naloxone Training. Naloxone was delivered to those who successfully completed the training. This alternate method of providing the training was moderately successful, but RASE is prepared to resume offering in-person naloxone workshops, with a session scheduled for July 2021.

Finally, the Pennsylvania Harm Reduction Coalition (PHRC) received approval to provide naloxone to county jails and to assist them in developing their own distribution programs for offenders. We know that a high-risk time for relapse and overdose is when someone with an opioid use disorder returns home after spending some time in prison. We are pleased that both the Cumberland County Prison and the Perry County Prison were recipients of a supply of naloxone from PHRC and have developed protocol for distributing this medication to at-risk offenders upon discharge.

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

The Commission contracts with Just For Today (JFT) Recovery and Veterans Services to serve as the provider agency for Cumberland-Perry warm handoff outreach services on a 24/7 basis to the three hospital emergency departments located within our two-county service area. JFT utilizes Certified Recovery Specialists to provide the outreach services to individuals and family members. The service was initially designed as an intervention for overdose survivors. However, at the request of the hospitals the program has been expanded to include anyone who presents at the emergency room with any type of substance use disorder issue.

Once a patient with a drug or alcohol related issue is medically stabilized, emergency room personnel encourage him or her to speak with a recovery specialist from JFT in order to access substance abuse treatment. If the patient agrees, the emergency department personnel calls JFT's on-call system and an outreach worker is dispatched.

The JFT outreach worker meets with the patient in the emergency room and uses motivational interviewing techniques to encourage him or her to pursue substance abuse treatment. The outreach worker explains the range of substance use disorder treatment options that are available, and facilitates a referral based on the patient's choice. If there are problems accessing treatment JFT collaborates with the Commission's Case Management Unit.

If the overdose survivor refuses to speak with a JFT outreach worker, the emergency department personnel provides the patient and his/her family with written information about how to access local detox or medication-assisted treatment services. JFT and the Commission's Case Management Unit are identified as key local resources for accessing treatment.

JFT began providing warm handoff services in mid-December 2018 at UPMC Pinnacle Carlisle Hospital and UPMC Pinnacle West Shore Hospital. On June 1, 2019, Geisinger Holy Spirit Hospital, now Penn State Health-Holy Spirit, joined the program. Thus far this initiative has been going very well. JFT has built positive working relationships with the emergency department personnel. Even during the current COVID-19 pandemic all three hospitals have continued to utilize the service and welcome JFT workers into their emergency rooms.

Warm handoff activity is reported monthly to DDAP. However, the data set does not include tracking participants through the completion of treatment. Here is the data that has been gathered for the 30-month period from December 2018 through the end of May 2021.

Warm Handoff Data:

# of Individuals Contacted	576
# of Individuals who Entered Treatment	309
# of individuals who have Completed Treatment	Unknown

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

Please use the fields and dropdowns to describe how the county intends to utilize HSDF funds on allowable expenditures for the following categories.

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

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

Adult Services: *Please provide the following:*

Program Name: Chore Services (\$2,000 budgeted for 21/22)

Description of Services: Provides for unskilled/semi-skilled home maintenance tasks to enable a person to remain in their home. This includes modifications such as grab bars, hand rails, minor plumbing etc. to homes in order to improve overall safety conditions, to make it easier and safer for adults to manage activities of daily living.

Service Category: Chore - Provides for the performance of unskilled or semi-skilled home maintenance tasks, normally done by family members, and needed to enable a person to remain in his own home, if the person or family member is unable to perform the tasks.

Aging Services: *Please provide the following:*

Program Name: Transportation (\$8,141 budgeted for 21/22)

Description of Services: Activities which enable individuals to travel to and from community facilities to receive social and medical service. The service is provided only if there is no other appropriate person or resource available to transport the individual.

Service Category: Transportation (Passenger) - Activities which enable individuals to travel to and from community facilities to receive social and medical service, or otherwise promote independent living.

Aging Services: *Please provide the following:*

Program Name: Personal Care (\$8,140 budgeted for 21/22)

Description of Services: Non-medical care that is provided in the home to eligible clients in order to keep the client in their home. Services include bathing, dressing, grooming, feeding, personal laundry, etc.

Service Category: Personal Care - Includes assistance with ADL's and IADL's, such as feeding, ambulation, bathing, shaving, dressing, transfer activities, meal preparation, and assistance with self-administration of medications by an agency provider.

Aging Services: *Please provide the following:*

Program Name: Care Management (\$8,140 for 21/22)

Description of Services: Care Management for individuals 60 and over. These programs provide basic non-medical support in the home to allow the individual to continue to live in the community.

Service Category: Care Management - Care Management activities through the Area Agencies on Aging serve as a coordinative link between the identification of consumer needs and the timely provision of services to meet those needs by utilizing all available resources.

Aging Services: *Please provide the following:*

Program Name: Protective Services (\$8,141 for 21/22)

Description of Services: Protective Services for individuals 60 or older who are in need of intervention due to abuse, neglect, exploitation or abandonment.

Service Category: Protective Services - Older Adult Protective Services provides for the investigation and intervention for older persons who are at risk of being abused, neglected, exploited or abandoned.

Generic Services: *Please provide the following:*

Program Name: Homeless Assistance Services – Case Management (\$5,000 budgeted for 21/22)

Description of Services: Case management services are offered through our Homeless Assistance Program (HAP). Case management services may include self-sufficiency goal planning for housing as well as related services. Life skills,

budgeting skills, parenting skills, job preparation, employment training, and researching for additional referrals that can provide a source of support for the client are all very important parts of this component.

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.

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

Adult Aging CYS SUD MH ID HAP

Generic Services: *Please provide the following:*

Program Name: Information and Referral (\$2,000 budgeted for 21/22)

Description of Services: Contact Helpline is a 24-hour, 7 day-a-week, listening, health and human service information and referral service. They maintain a database of referral agencies, organizations, and programs serving Pennsylvania residents of Cumberland and surrounding Counties.

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

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

Adult Aging CYS SUD MH ID HAP

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

Program Name: Cumberland Cares for Families (\$53,794 budgeted for 21/22)

Description of Services: Cumberland Cares for Families is family focused providing in-home education and support for children 0-5 years old and their families. Emphasis is on safety and healthy development of the child while supporting the family through needs assessments, parenting skills building, behavioral techniques modeling, community information and referrals. The immediate unique needs of the family are addressed while assuring a safe and secure home environment. Topics discussed with families include, post-partum depression, parenting education, child development, sibling rivalry, healthy baby medical care and immunizations, care of a sick child, nutrition, children's health insurance, toy safety, family planning, budgeting, drug and alcohol use, transportation, and domestic violence, abuse, and neglect.

Interagency Coordination: (Limit of 1 page)

If the county utilizes funds for Interagency Coordination, please describe how the funding will be utilized by the county for planning and management activities designed to improve the effectiveness of categorical county human services. The narrative should explain both:

- *how the funds will be spent (e.g., salaries, paying for needs assessments, and other allowable costs).*
- *how the activities will impact and improve the human services delivery system.*

Services are improved through the process of communication and collaboration with multiple agencies, both County and non-county and through interagency projects and workgroups. A portion of the coordination funds supports the salary of the Homeless Assistance Program Supervisor. The Homeless Assistance Program supervisor/staff have active roles within the following groups to encourage cross-system collaboration within the human services system: Affordable Housing Trust Fund Board (Commissioner appointed member); Gateway Health- Community Advisory Committee; United Way Food and Shelter Committee (Chairperson); West Shore, Carlisle and Shippensburg Emergency Needs groups; Regional Homeless Leadership Group; The Children's Roundtable; Cumberland/Perry Substance Abuse Coalition; Carlisle United Way; Employment Networking Group, the Cumberland County CASSP Core Team; and Local Housing Options Team (LHOT, now Community Partners for Change) (President). Through the Child & Adolescent Service System Program (CASSP), families participate in cross system meetings and planning discussions with our CASSP core team, made up of representatives from MH, CYS, Drug & Alcohol (D&A), JPO, Education System, IDD, and Community Services. These meetings are held twice per month in each county and more frequently if needed. The mission of Partners for Change is to end homelessness in our communities and to advocate for the availability of safe, accessible, affordable housing choices that meet the needs of all people with disabilities and is accomplished through collaboration among and between organizations including private, commercial, and public resources. Additionally, the Rental Assistance Program Supervisor is responsible for the supervision of the Cumberland

CARES program, which is a position partially funded through Cumberland County Children and Youth and requires coordination with Children and Youth and other agencies that can provide assistance to new mothers and young children.

A portion of the Cumberland County Aging and Community Services Director's salary is also paid through these funds to support her involvement in multiple groups that involve county and non-county agencies. These groups include Pennsylvania Association of County Human Services Administrators (PACHSA), Human Services Policy Team, and Pennsylvania Association of Area Agencies on Aging.

Additionally, as noted previously within the plan, our Aging/IDD County Team encourages interagency collaboration. The team is composed of representatives from both the Cumberland County Aging and Community Services Office and the Intellectual and Developmental Disabilities Office, advocates from the ARC, a gerontology professor from Shippensburg University, and providers of service for senior citizens and individuals with intellectual disabilities have been meeting on a bi-monthly basis in order to discuss the emerging needs of this population.

**APPENDIX C-1: BLOCK GRANT COUNTIES -
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED**

Directions:	Using this format, please provide the county plan for allocated human services expenditures and proposed numbers of individuals to be served in each of the eligible categories.
1. ESTIMATED INDIVIDUALS SERVED	Please provide an estimate in each cost center of the number of individuals to be served. An estimate must be entered for each cost center with associated expenditures.
2. HSBG ALLOCATION (STATE & FEDERAL)	Please enter the county's total state and federal DHS allocation for each program area (MH, ID, HAP, SUD, and HSDF).
3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	Please enter the county's planned expenditures for HSBG funds in the applicable cost centers. The Grand Totals for HSBG Planned Expenditures and HSBG Allocation must equal.
4. NON-BLOCK GRANT EXPENDITURES	Please enter the county's planned expenditures (MH, ID, and SUD only) that are not associated with HSBG funds in the applicable cost centers. <i>This does not include Act 152 funding or SUD funding received from the Department of Drug and Alcohol.</i>
5. COUNTY MATCH	Please enter the county's planned match amount in the applicable cost centers.
6. OTHER PLANNED EXPENDITURES	Please enter in the applicable cost centers, the county's planned expenditures not included in the DHS allocation (such as grants, reinvestment, and other non-DHS funding). Completion of this column is optional.
<p>■ Please use FY 20-21 primary allocation, less any one-time funding and less the MA-ID federal allocation (due to the implementation of the statewide RMTS) . If the county received a supplemental CHIPP/forensic allocation during FY 20-21, include the annualized amount in the FY 21-22 budget.</p> <p>■ DHS will request your county to submit a revised budget if, based on the budget enacted by the General Assembly, the allocations for FY 21-22 are significantly different than FY 20-21. In addition, the county should notify the department and submit a rebudget form via email when funds of 10% or more are moved between program categoricals, (i.e., moving funds from MH Inpatient into ID Community Services).</p>	

APPENDIX C - BUDGET						
County: Cumberland	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON- BLOCK GRANT EXPENDIT- URES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDIT- URES
MENTAL HEALTH SERVICES - # Served = Cumberland/Perry Counties' JOINDER TOTALS						
ACT and CTT	12		\$49,513			
Administrative Management	1,408		\$709,937		\$61,947	
Administrator's Office			\$294,188		\$71,915	\$227,847
Adult Developmental Training						
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment	71		\$158,404		\$17,600	
Community Residential Services	113		\$4,731,063		\$20,350	
Community Services	260		\$909,380		\$90,153	\$51,333
Consumer-Driven Services	92		\$99,564			
Emergency Services	952		\$59,850		\$6,650	
Facility Based Vocational Rehabilitation						
Family Based Mental Health Services						
Family Support Services	88		\$71,260		\$7,918	
Housing Support Services	105		\$673,804		\$33,753	
Mental Health Crisis Intervention	3,114		\$1,463,489			
Other						
Outpatient	24		\$223,685		\$76	
Partial Hospitalization						
Peer Support Services	17		\$7,325			
Psychiatric Inpatient Hospitalization						
Psychiatric Rehabilitation	29		\$65,124			
Social Rehabilitation Services	230		\$541,120		\$48,009	
Targeted Case Management	97		\$178,711			
Transitional and Community Integration	130		\$166,220			
TOTAL MENTAL HEALTH SERVICES	6,742	\$10,402,637	\$10,402,637	-	\$358,371	\$279,180

County: Cumberland	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENSITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
INTELLECTUAL DISABILITIES SERVICES - # Served = Cumberland/Perry Counties' JOINDER TOTALS						
Administrator's Office			\$809,327		\$89,925	\$642,523
Case Management	999		\$229,500		\$25,500	
Community-Based Services	152		\$1,063,788		\$48,068	
Community Residential Services	6		\$781,895		\$1,640	
Other						
TOTAL INTELLECTUAL DISABILITIES SERVICES	1,157	\$2,884,510	\$2,884, 510		\$165,133	\$642,523

HOMELESS ASSISTANCE SERVICES						
Bridge Housing	12		\$40,000			
Case Management	395		\$226,157			
Rental Assistance	18		\$23,901			
Emergency Shelter	49		\$11,000			
Innovative Supportive Housing Services						
Administration						
TOTAL HOMELESS ASSISTANCE SERVICES	474	\$301,058	\$301,058			

SUBSTANCE USE DISORDER SERVICES - # Served = Cumberland/Perry Counties' JOINDER TOTALS						
Case/Care Management	10		\$29,426			
Inpatient Hospital						
Inpatient Non-Hospital	71		\$296,061			
Medication Assisted Therapy	14		\$91,000			
Other Intervention						
Outpatient/Intensive Outpatient						
Partial Hospitalization						
Prevention						
Recovery Support Services	20		\$57,148			
Administration			\$24,000			
TOTAL SUBSTANCE USE DISORDER SERVICES	115	\$497,635	\$497,635			

County: Cumberland	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENSITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
HUMAN SERVICES DEVELOPMENT FUND						
Adult Services	7		\$2,000			
Aging Services	675		\$32,562			
Children and Youth Services						
Generic Services	2,087		\$7,000			
Specialized Services	88		\$53,794			
Interagency Coordination			\$21,753			
Administration			\$12,078			
TOTAL HUMAN SERVICES DEVELOPMENT FUND	2,857	\$129,187	\$129,187			
GRAND TOTAL	11,345	\$14,215,027	\$14,215,027		\$523,504	\$921,703