

CUMBERLAND COUNTY HUMAN SERVICES BLOCK GRANT PLAN

2022-2023

September 1, 2022

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

ratolan@cumberlandcountypa.gov (after 9/7/22)

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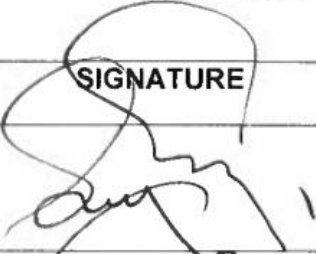
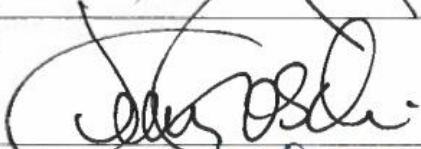
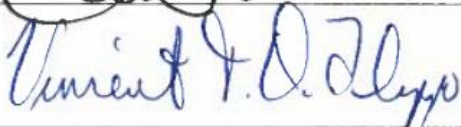
**APPENDIX A
Fiscal Year 2022-2023**

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 153 of 2016, 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 - Chair	8-22-2022
	Jean Foschi - Vice Chair	8-22-2022
	Vincent DiFilippo - Secretary	8/22/2022

Appendix B

Cumberland County Human Services Block Grant Plan

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. As per the plan directive, narratives and information related to those joinder services are found in the Cumberland County (CC) Human Services Block Grant Plan, and have also been approved by the Perry County Commissioners.

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:

- 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.*

Community 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-Perry Community Support Program (CSP)
- Cumberland-Perry Child & Adolescent Service System Program (CASSP) Core Teams
- Cumberland County Specialized Mental Health Court Team
- Cumberland-Perry IDD Task Force
- Cumberland-Perry Substance Abuse Prevention Coalition (SAPC)
- Cumberland County Community Opiate Overdose Prevention Coalition
- Cumberland County Community Needs meetings (Carlisle and West Shore)
- Shippensburg Human Service Council meetings
- Healthy Ship Coalition
- Shippensburg Community Resource Coalition (SCRC)
- Perry County Family Partnership Board meetings
- Perry Housing Task Force
- Perry County Health Coalition
- Cumberland-Perry Community Partners for Change [formerly Local Housing Options Team (LHOT)] meetings, which includes the Cumberland County Housing & Redevelopment Authority
- 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.
- Cumberland 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
- Behavioral Health Sub-Committee of the South-Central Taskforce (SCTF) (Regional partnership working on Emergency Behavioral Health Support, including EMS partners)
- Cumberland County Re-entry Taskforce
- Sadler Federally Qualified Health Center (FQHC)
- United Way of the Capital Region, Inc.
- UPMC – HUG Meetings

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 meetings 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. Some in-person meetings have begun to slowly resume with virtual options also remaining available, including live-stream, ZOOM, and Microsoft Teams.

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. Since the COVID pandemic, many continue to be held virtually.

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 in an effort to promote transparency and invite greater awareness and participation from the community. Although convened virtually, meetings have been streamed live on Facebook and are available 24-7 for viewing at the convenience of interested parties.

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 every other month. 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 has up to 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 of 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.

Though it is likely not a substantial change in funding, Aging has added to HSDF to assist with providing meals for eligible seniors.

The pandemic continues to complicate and disrupt services under the Human Services Block Grant. Providers have struggled to retain a qualified workforce. This is particularly noted in positions that are especially challenging such as crisis intervention and residential services. Additionally, Cumberland County is the fastest growing County in the Commonwealth, and individuals receiving County funded MH services has grown by **14% since FY19-20** (Pandemic started March of 2020). Also noteworthy, the MH program ended FY21-22 with a deficit of over \$500,000. Given the surge of need and the current funding, there is the recognition that if funding remains flat, it is likely that program cuts will be necessary to balance the budget. This raises the immediate concern of how this decision will impact the people in our community in need of services. Thus far, both boards of Commissioners have been very supportive. The priority for funding is to sustain the current infrastructure of community-based services as much as possible. However, if our financial allocations cannot meet the needs of the community, we would determine where budgetary and programmatic cuts would be necessary.

PART II: PUBLIC HEARING NOTICE

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

1. *Proof of publication* – 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 Community Support Program (CSP) Public Hearing on August 8, 2022 at 10:00 AM via ZOOM; during the Perry County Commissioners’ Meeting on August 15, 2022, at 7:00 pm at the Commissioner’s Hearing Room in New Bloomfield, in person and via Web-Ex; and during the Commissioners’ Workshop Meeting in Cumberland County on August 18, 2022 at 9:00 AM, in person and via ZOOM. Notification of the public hearings was also distributed via email, listservs, and county websites.
 - a. *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 electronic copies were provided as displayed below.
 - b. *When was the ad published?* For the August 8, 2022 hearing, the ads were published on August 3 & 4, 2022.
 - c. *When was the second ad published?* For the August 15, 2022 hearing, the ads were published on August 3 & 4, 2022.
 - d. *When was the third ad published?* For the August 18, 2022 hearing, the ads were published on August 10 & 11, 2022.

AFFP
Legal Notice

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:

August 03, 2022, August 04, 2022

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

SIGNED:

Publisher

Subscribed to and sworn to me this 4th day of August 2022.

Laurie S. Hower, Notary Public, ~~Juniata~~ ^{Perry} County, Commonwealth of Pennsylvania

My commission expires: August 28, 2023

00005900 00220359

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

Legal Notice

The public hearing on the 2022-2023 of the Cumberland/Perry Counties Human Services Plan has been scheduled by the Cumberland/Perry Counties Mental Health/Intellectual Developmental Disabilities Board.

The hearing is scheduled for Monday, August 8, 2022. Starting time is 10:00 am. The public is invited to attend and participate in the meeting via Zoom at www.zoom.us or by calling 301.715.8592. The meeting ID is 972 4622 9104. The meeting link is <https://ccpameet.zoom.us/j/97246229104?pwd=ZnZrejJTbkhwT0M4ekQzYjFXWkhRZz09>.

The hearing will be live streamed, please see the Cumberland County website (www.ccpa.net) for more information.

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. Any verbal 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/IDD Program Office upon completion.

Dr. Christopher Royer
Chairperson
Cumberland/Perry MH/IDD Board

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

PROOF OF PUBLICATION

State of Pennsylvania, County of Cumberland

2022 AUG 12 A 900

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):

August 3, 2022

COPY OF NOTICE OF PUBLICATION

LEGAL NOTICE

The public hearing on the 2022-2023 of the Cumberland/Perry Counties Human Services Plan has been scheduled by the Cumberland/Perry Counties Mental Health/Intellectual Developmental Disabilities Board.

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Dr. Christopher Royer, Chairperson
Cumberland/Perry MH/IDD 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.

[Handwritten Signature]

Sworn to and subscribed before me this

9th of August 2022

[Handwritten Signature: Pamela Hedrick]

Notary Public

My commission expires:

Commonwealth Of Pennsylvania - Notary Seal
Pamela Hedrick, Notary Public
 Cumberland County
 My Commission Expires July 9, 2025
 Commission Number 1395083

AFFP
PUBLIC HEARING

Affidavit of Publication

STATE OF
COMMONWEALTH OF PENNSYLVANIA }
COUNTY OF PERRY } SS

PUBLIC HEARING

A public hearing will be held at the Veterans Memorial Building 25 W. Main Street New Bloomfield PA 17068 on Monday, August 15, 2022 at 7:00 p.m. for the purpose of distribution of the FY 2022-2023 Human Services Development Funds. Please contact Shannon Hines, Chief Clerk at 717-582-5110 for program eligibility or additional information.

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:
August 03, 2022, August 04, 2022

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

SIGNED:

Publisher

Subscribed to and sworn to me this 4th day of August 2022.

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

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

AFFP
Legal Notice

Affidavit of Publication

STATE OF _____ SS
COMMONWEALTH OF _____
PENNSYLVANIA }
COUNTY OF PERRY }

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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:

August 10, 2022, August 11, 2022

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

SIGNED:



Publisher

Subscribed to and sworn to me this 11th day of August 2022.



Laurie S. Hower, Notary Public, ~~Juniata~~ ^{Tumata} County,
Commonwealth of Pennsylvania

My commission expires: August 28, 2023

00005900 00220358

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

2022 AUG 22 P 2:40

Legal Notice

The public hearing on the 2022-2023 of the Cumberland/Perry Counties Human Services Plan has been scheduled by the Cumberland/Perry Counties Mental Health/Intellectual Developmental Disabilities Board.

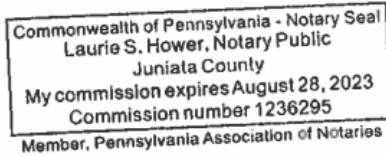
The hearing is scheduled for Thursday, August 18, 2022. Starting time is 9:00 am. The public is invited to attend and participate in the meeting via Zoom at www.zoom.us or by calling 312.626.6799. The meeting ID is 957 8433 6350. The meeting link is <https://ccpameet.zoom.us/j/95784336350>.

The hearing will be live streamed, please see the Cumberland County website (www.ccpa.net) for more information.

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. Any verbal 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/IDD Program Office upon completion.

Dr. Christopher Royer
Chairperson
Cumberland/Perry MH/IDD Board



2. Please submit a summary and/or sign-in sheet of each public hearing.

**HUMAN SERVICES BLOCK GRANT PUBLIC HEARING
MINUTES
August 8, 2022**

Attendance:

Chelsea Gerstein	Tracye Johnson	Mary Medkeff-Rose	Robin Tolan
Rebekah Lamb	Carol Thornton	Serina Asekomhe	Latisha B.
Theresa Hornbach	Sheila Derr	Sheila Derr	Jeremy S.
Karen Nerat	Theresa Myers	Grace Egun	Sarah S.
Linda Shumaker	Jenn – NAMI	Olivia Coons	Stanley S.
Annie Strite	Jack Carroll	Nikki Condon	Steven T.
Trudy Kessler	Rebecca Parthemore	Pam Auer	

A public hearing on the Mental Health and Substance Abuse Use Disorder Services components of the 2022-2023 Human Services Plan was held on Monday, August 8, 20022 via Zoom. Mrs. Robin Tolan, Senior Human Services Manager, called the meeting to order at 10:00 a.m. to review the draft plan document. A copy of the notice of the public hearing and the newspapers in which the hearing was advertised is included in this plan. The notes from this hearing will be maintained and will be a part of the plan that is submitted to the State.

This plan document is submitted on behalf of the Commissioners of Cumberland and Perry Counties and represents input from Cumberland/Perry MH/IDD Program, the Cumberland-Perry Drug and Alcohol Commission and the Cumberland County Aging & Community Services Office.

The document is comprised of five different parts - Mental Health, Intellectual and Developmental Disabilities, Drug and Alcohol, Homeless Assistance Program and Human Services and Supports/Human Services Development Fund. Mrs. Tolan reviewed the MH component of this draft plan. It was noted that this document includes input from the CSP group, consumers, stakeholder groups, providers of human services, Cumberland/Perry Drug and Alcohol Commission, Intellectual & Developmental Disabilities Services, and the Cumberland County Aging and Community Services. Also, there are ongoing meetings held throughout the year which provide input into this document.

Mrs. Tolan reviewed the various sections of the document which includes: the planning process, current services, and current initiatives. Mrs. Tolan provided a brief review of the goals which include the following:

1. Maintain and monitor current services and supports due to potential budget deficits
2. Progression toward alignment with SAMHSA best practice guidelines for Crisis Intervention for Mobile Crisis
3. PULSE Suicide Prevention Initiative in Cumberland and Perry Counties
4. Implementing Elementary Student Assistance (ESAP) in one additional elementary school in each county
5. Support county human service agencies to become Trauma Informed throughout the counties.

Mr. Jack Carroll reviewed and provided information regarding Cumberland Perry Drug and Alcohol Commission. The Drug & Alcohol Commission has the lead responsibility for planning and administering a continuum of substance abuse prevention, intervention, treatment, case management, and recovery support services for Cumberland and Perry County residents.

A written testimony from Theresa Myers and Linda Shumaker was presented during the meeting. Mrs. Tolan confirmed that individuals are able to submit written testimony, questions and/or concerns after the close of this public hearing.

The public hearing was adjourned at 10:45 a.m.

tak

COMMISSIONERS GENERAL SESSION
August 15, 2022

**Present at the meeting were
Commissioners:**

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

Present from the Press: None

Present from the Public In Person: Natalie Barkley, Paul Britcher, Noah Cline, Erin Comp, Jason Finnerty, Rich Fultz, Pat Gutheil, Dave Hammar, Brian Keller, Sarah Keller, Cory Matter, Krista Pontius, Jim Scott, Kristie Smith, Marty Smith, Wes Smith, Jason Snyder, Sally Tengeres, Greg Wirth

Commissioner Allen opened the meeting at 10:00 a.m. on August 15, 2022 with the Pledge to the Flag and a moment of silence. The meeting was conducted in person at the Perry County Fairgrounds. The meeting was recorded by the County.

Announcements/Updates: None

Public Comments: Sarah Keller commented that she was excited for the upcoming Perry County Fair.

Krista Pontius, Agricultural Educator at Greenwood, provided an update on agricultural education in the County. She stated that over 500 students countywide were scheduled to take ag classes in the coming school year. She said last year was a successful year, and out of the 22 State Proficiency Awards, 6 went to Perry County students. Ms. Pontius also mentioned that West Perry was awarded a 3 Star Chapter Designation and Greenwood received a 2 Star Chapter Designation. She stated that students would be headed to the National FFA Convention and said Greenwood's Parliamentary Procedure Team would compete there and Newport's Parliamentary Procedure Team would compete at the Big E in Massachusetts. Ms. Pontius said the annual Farm to Fork Dinner was scheduled for October 15th at the Perry County Fairgrounds and to contact her for tickets. She also said Greenwood is adding another ag educator, Nate Moyer, to their team.

Becky Kaucher, Penn State Extension 4-H Educator, commented that there would be 87 animal exhibitors at the fair and said 82 were youth exhibitors. She stated that the 4-H community clubs would also be participating in the fair. Ms. Kaucher announced that 2022 marks the 100th Birthday of Perry County 4-H. She said the club has had numerous events to celebrate the milestone and a special ice cream, Forever Clover Crunch, was created to commemorate the event. Additionally, Ms. Kaucher stated that there are currently 162 4-H members, 36 leaders, and 15 teen leaders involved with the program. She said face to face resident camp and three fun days happened during the year. She said many events would be occurring on Friday at the fair, to include the Clover Award and Diamond Clover Award winner recognitions and a traditional 4-H candle lighting ceremony and friendship circle to celebrate the 100 years of Perry County 4-H.

Kristie Smith, from the Perry County Conservation District, said a press release regarding recycling would be published in the local newspaper and would focus on the changing climate of recycling. She commented that she has teamed with Perry County Maintenance to collect cardboard and recycle it during the fair. Ms. Smith also stated that aluminum was also being recycled and the proceeds would go back to the fair. She commented on the following upcoming events:

- Shermans Creek Trash Cleanup – September 1, 2022

- Tire War at the Oliver Township Building, Newport – September 17, 2022
- Household Hazardous Waste Collection – November 19, 2022

Ms. Smith said the Conservation District display was focused on 10,000 acres of preserved farmland.

Sally Tengeres, Conservation District Director, commented that two of the District’s no-till drills would be on display during fair week. She said the District’s no-till drill program averages about 2,000 acres per year. Ms. Tengeres stated that the newest drill was purchased with County Action Plan funds.

Jason Snyder, Fair Board President, provided an updated on the ongoing water project at the fair.

Jason Finnerty stated that 222 projects are currently being included in the County comprehensive plan and revisions to the plan continue. He commented that 9 municipalities are looking to adopt the comprehensive plan as their own.

Pat Gutheil commented that Jason Finnerty has been to her township meetings and said since the Commissioners have become involved with the comprehensive plan, there has been an uptick in acceptance by the municipalities. She also said that she was happy to hear about the household hazardous waste collection event.

Kristie Smith said that Perry County residents are still able to take electronics to the Dauphin County Recycling Center located at 1625 S. Cameron Street, Harrisburg. She said it is free to take electronics to the location.

Approval of Minutes: Commissioner Watson made a motion to approve the minutes from the August 1, 2022 Commissioners’ Meeting. Commissioner Eby seconded the motion. All agreed. Motion carried.

Approval of the Warrant List(s): Commissioner Eby made a motion to approve the warrant lists in the total amount of \$326,979.37, excluding a warranty payment to CILS. Commissioner Watson seconded the motion. All agreed. Motion carried.

Meeting Business: Commissioner Eby made a motion to approve the Cumberland-Perry Drug & Alcohol Commission contracts (attached). Commissioner Watson seconded the motion. All agreed. Motion carried.

Commissioner Watson made a motion to approve the estimate from M3T Corporation for installation of an ADA door system at a cost of \$4,040.80 for the new voter registration building. Commissioner Eby seconded the motion. All agreed. Motion carried.

Commissioner Watson made a motion to approve the proposal from JW Fuller Construction for the Annex roof replacement project at a cost of \$9,500. Commissioner Eby seconded the motion after review of other quotes. All agreed. Motion carried.

Commissioner Watson made a motion to approve the 2022/2023 Purchase of Service Agreement and In-Home Contract for Children & Youth Services. Commissioner Eby seconded the motion. All agreed. Motion carried.

- Valley Youth House (Purchase of Service) – Levels from \$75.18 - \$487.49/day – New contract
- Brittany Mae Shetter (In-Home Contract) – Guardian Ad Litem - \$75.00/hr. – New contract

Employee Status: Commissioner Eby made a motion to approve the appointment of Shelby Anderson to the position of Probation Officer in the Probation Department effective August 22, 2022 at an hourly rate of \$22.48. Commissioner Watson seconded the motion. All agreed. Motion carried.

Commissioner Watson made a motion to accept the resignation of Lori Glatz, Clerk in the Magisterial District Court, effective August 12, 2022. Commissioner Eby seconded the motion. All agreed. Motion carried.

Commissioner Eby made a motion to approve the appointment of Quinn Howell to the position of Case Aide at the Area Agency on Aging effective August 16, 2022 at an hourly rate of \$17.11. Commissioner Watson seconded the motion. All agreed. Motion carried.

Commissioner Watson made a motion to accept the resignation of Hilary Caldwell, Office Manager in the Probation Office, effective August 26, 2022. Commissioner Eby seconded the motion. All agreed. Motion carried.

Commissioner Eby made a motion to accept the resignation of Jared Charles, Deputy Sheriff in the Sheriff's Office, effective August 11, 2022. Commissioner Watson seconded the motion. All agreed. Motion carried.

Solicitor's Report: Solicitor Bunt said he received confirmation that the County would be receiving \$152,167.44 from the State to assist with election expenses.

Public Comments: Jason Finnerty stated that the County was notified that they needed to reapply for Hazard Mitigation Plan funding and the Commissioners would need to sign off on the application this week.

Comments from the Press: None

Commissioner Eby commented on the 100th Celebration of Perry County 4-H and shared his previous 4-H experience. He also recognized the Perry County Fair Board for their hard work with the fairground water project. He said that the board should reach out to the Commissioners regarding assistance with grants. Commissioner Eby said five Perry County applications had been submitted for RTP grant funding and he was hoping to have an update in 60 days. Additionally, he said that the Reconnecting Communities grant period continues.

Commissioner Eby encouraged attendees to attend the Human Service Block Grant public hearing at 7:00 p.m. in the Commissioners' Conference Room. He said mental health professionals will be onsite to answer questions at the meeting. He commented that Perry County has their own special needs for these services and he encouraged attendance at the meeting.

Recess: Commissioner Watson made a motion to recess the meeting at 10:40 a.m. and reconvene at 7:00 p.m. for the Human Services Block Grant public hearing. Commissioner Eby seconded the motion. All agreed. Motion carried.

Reconvene: Commissioner Allen reconvened the meeting at 7:00 p.m. on August 15, 2022. The meeting was conducted in person and virtually in the Commissioners' Conference Room. The meeting was recorded by the County and Paul Wyatt (Press).

Present from the Public via WebEx Video/Telephone or In Person: Louis Bianco, Sue Carbaugh, Jack Carroll, Christie Caswell, Cynthia Howard, Daniesa Lyles, Bill McHenry, Jeannette Nace, Cathy Rudy, Annie Strite, Robin Tolan, Susan Washinger, and Paul Wyatt

Public Hearing: Robin Tolan, from the Cumberland Perry Mental Health Office, presented information on the mental health portion of the Human Services Block Grant plan. She stated that the bulk of the block grant funding is allocated for mental health and intellectual/developmental disabilities services. She said the mental health priorities included in the plan were a continuation of past priorities and explained the following priorities: maintenance/monitoring of current services, crisis intervention, suicide prevention initiative, implementation of elementary student assistance, and a trauma informed initiative. Ms. Tolan spoke about the flat funding that mental health services have received over the past 11 years and how the increased need and lack of increased funding is negatively affecting services. She also discussed the staffing shortages being seen in the mental health field. She said maintaining services will be extremely difficult and some services will need to be decreased or eliminated due to lack of funding and the staffing shortage.

Sue Carbaugh, Director of Intellectual and Developmental Disabilities (IDD) and Early Intervention, discussed the goal of helping individuals achieve an everyday life and the services that are currently available. She highlighted the competitive employment program and spoke about the success of independent living services. Ms. Carbaugh said that an independent living specialist to help support individuals and their families had recently been added to the services provided by IDD. She provided information on the Healthcare Quality Unit. She also talked about the staffing shortages she is seeing in her field and talked about the low wages paid to individuals working in the IDD field. Ms. Carbaugh said that most of the day programs have reopened, but development of new programs has been very slow due to lack of funding and staffing.

Cathy Rudy spoke about her autistic grandson and provided testimony on the lack of services in Perry County. She commented that she just recently was able to get her grandson signed up for OVR and a mental health professional had been to the home to assess her grandson, but no communication since the visit had been received. She expressed her frustration with the process and lack of services available to Perry County residents.

Jack Carroll, Executive Director of Cumberland-Perry Drug & Alcohol Commission, said drug and alcohol services had been flat funded in the State budget, but mentioned that federal funding to help combat the opioid crisis has helped with service access. He said that the priority included in the plan was continuing efforts to address the opioid problem. Mr. Carroll provided statistics on the number of overdoses in Perry County. He said the strategy to address the crisis include: reducing the oversupply of prescription opioids, increase access to Naloxone, and increase access to substance use disorder treatment, to include medication assisted treatment. He also said strong community education and primary prevention efforts in schools is also important to address the problem. Mr. Carroll said the vivitrol program continues in the Perry County Prison and the grant has been extended for another year. He stated that the RASE Project continues to educate individuals on opioid use and provide participants with Naloxone.

Louis Bianco provided testimony regarding the importance of mental health services. He provided information on his personal experiences with a mental illness and said the focus should be on healing the sick and maintaining the healthy. Mr. Bianco expressed frustration with the increased demand in services and the lack of funding to offer the vital services.

Becca Raley, from the Partnership for Better Health, commended the MH/IDD team for their dedication and hard work. She expressed her frustration with the lack of funding for these services and said you cannot do more with less. Ms. Raley said that she was concerned by youth data. She said the Perry County statistics showed that 40% of students felt depressed and 12% of students (grades 10 – 12) reported following through with attempts of suicide. She said mental health services are needed and the Commonwealth needs to revisit funding for these vital services.

Commissioner Eby commented on the disconnect between youth leaving the school system and entering life after school. He said these youth fall through the cracks and there is no plan for them when they leave school. He provided examples of Perry County residents that are not receiving the needed mental health and IDD services. Commissioner Eby stated that Perry County needs the services and funding that should have come from former institutions closing have not been received by the mental health system. He said he had requested statistics regarding mental health services and commented on being partnered with a 3rd class county. Commissioner Eby said he will continue to advocate for these services.

Commissioner Eby made a motion to approve the 2022-2023 Human Services Block Grant plan. Commissioner Watson seconded the motion. All agreed. Motion carried.

Commissioner Allen called out the below HSDF funding allocation that will be included in the Human Services Block Grant plan that will be submitted to the Commonwealth. Commissioner Watson made a motion to allocate the funding as described by Commissioner Allen. Commissioner Eby seconded the motion but commented that he is continually disappointed by the small amount of funding made available. All agreed. Motion carried.

- Neighbor Helping Neighbor Food Bank - \$10,000 (supplemental food services for seniors, children, individuals, and families within the County who are food insecure)
- Disabled American Veterans Chapter 49 - \$10,000 (Veteran's in Need Program and Transportation Program)
- Perry Human Services - \$20,500 (Adult Services Program – Representative Payee and Homeless Assistance Program)
- Cumberland-Perry Drug & Alcohol Commission - \$9,500 (fund drug and alcohol treatment programs in the County)

Commissioner Eby made a motion to adjourn at 8:16 p.m. Commissioner Watson seconded the motion. All agreed. Motion carried.

Shannon Hines, Chief Clerk

Brenda L. Watson, Secretary



MINUTES

Cumberland County Commissioners Workshop Meeting

August 18, 2022 at 9:00 A.M.
Commissioners' Hearing Room
Courthouse, Carlisle, PA

Phone (717) 240-6150 Website: www.ccpa.net

Public Hearing

RE: The Human Services Block Grant (HSBG) Plan

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

Staff Present: Stacy Snyder, Chief Clerk; Brighid O'Neill, Executive Assistant.

Department Staff Present: Megan Fogelsanger, IMTO; Tammy Bender, Finance; Jack Carroll, Drug and Alcohol; Robin Tolan, Sue Carbaugh, Brian Wilson, MH/IDD; Andrew Benner, Juvenile Probation.

Department Staff Present via Zoom: Tabitha Koons, Human Resources; Bob Shively, Claudia Gardner, Public Safety; Jaime Reiber, Children & Youth; Stephanie Williams, Planning; Ron Snow, Finance; Brent Durham, Facilities; Ryan Simon, Drug and Alcohol; Annie Huff, Aging and Community Services; Justin Miller, Recycling and Waste Management.

Outside Agencies Present: Brian Curtis, Mechanicsburg Police Officer; Louis Bianco, MH/IDD Advisory Board; Daniesa Lyles, PA Counseling Services; Angela Pieruccini, New Visions; Laura Jesic, Holly Karoley, Merakey; Jenifer Wilt, NAMI.

Call to Order: Commissioner Eichelberger called the meeting to order.

Re: The Human Services Block Grant (HSBG) Plan: Robin Tolan shared that the Mental Health part of the plan is set up by the state. She mentioned that thirty five percent of the people in Cumberland and Perry counties are not Medicaid eligible and are unable to get assistance. Robin indicated that the funding they get in mental health is flat funded and throughout the mental health field there is a staffing shortage.

Sue Carbaugh summarized the intellectual & Development Disabilities Service section and explained the focus is to help individuals lead a normal life within Cumberland County. Sue mentioned that the biggest program is Project Search which has a seventy five percent success rate. Sue explained that the Dream and Vista program provides housing opportunities and helps people with autism integrate with the community. The Housing Authority is helping people with dementia so that they do not end up in a nursing home.

Jack Carrol provided an overview of the Drug and Alcohol section of the plan. He shared that the top priority is to help save lives during the opioid crisis. Jack reported that there has been a fifteen percent increase in deaths this year but advised that Naloxone is available.

Annie Huff discussed the homelessness assistance section of the plan. She mentioned that they provide food in emergency situations and that the Cares program is rapidly growing. She explained that ECHO is a new program which allows cots to be built for temporary housing.

Public Comment: Angela Pieruccini, Lewis Bianco, Laura Jesic, Jenifer Wilt, Brian Curtis gave testimonies about suffering from and living with mental health. These individuals are living proof that assistance is key to a successful recovery, and they stressed the county's need for more funding.

There being no further comment, Commissioners Eichelberger closed the hearing.

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

Respectfully Submitted,

Brigid O'Neill,
Executive Assistant

PUBLIC TESTIMONY PRESENTED AT PUBLIC HEARINGS:

Public Hearing held via Zoom at Cumberland and Perry Counties Community Support Program (CSP) meeting August 8, 2022

Good morning, My name is Theresa Myers and I live in Cumberland County. I wanted to share my thoughts on the 2022- 23 Human Service Plan specifically the portion related to mental health. It stood out to me while reading the Plan that in spite of the obstacles of insufficient funding causing long waits and the chronic provider staffing shortages much good is happening in Cumberland County and people are being helped along their recovery journey to a state of better wellbeing.

There were so many successes. Supported Employment has a 71% competitive employment rate which is double the national average for this evidence-based program. Our local suicide prevention task force established in 2016 has continued to broaden its impact year after year and linking itself with more sectors of the community to partner with as in the partnerships established with law enforcement and EMS to offer the QPR Gatekeeper Suicide Prevention Training. Additionally, these two groups plus others are being offered the Crisis Intervention Team (CIT) trainings. For more information visit [https://www.nami.org/Advocacy/Crisis-Intervention/Crisis-Intervention-Team-\(CIT\)-Programs](https://www.nami.org/Advocacy/Crisis-Intervention/Crisis-Intervention-Team-(CIT)-Programs)

The emphasis on collaboration with working with other agencies is noteworthy. The alliances that were formed - to address the issues with youth who may be struggling/dealing with truancy or other problems at school or experiencing significant emotional and behavioral challenges and collectively working on how to best help these youth and their families return to a healthier place - delighted me.

In spite of the many accomplishments, there still remain so many needs and people have long wait times to get into some services. Here are some of the areas that need to be addressed - the lack of psychiatrists especially for individuals whose insurance is only Medicare; the inadequate supply of affordable housing; and continued long waits for mental health specialty personal care home spaces (residential places for those with physical as well as mental health needs) to list a few. I ask myself what is to be prioritized.

First, more funding is needed to shore up what already exists. These various programs and services cover the areas of treatment, housing, and prevention. The anticipated flat funding from the state is a travesty and unacceptable. With the to-be-expected increase in costs of operations added to the current runaway inflation means cuts in programs will be necessary unless other funding sources can be found.

Second, once the core services that are in place now are properly funded and operating, I would like new money to be spent on prevention programs directed toward the youth, young adults, and families. We need to stop focusing on the broken leg and start focusing on how to prevent the leg from becoming broken in the first place.

Across the country, there are many innovative mental-health-promoting initiatives occurring but due to “no funding” even the thought of implementing some of these practices in our two counties is a dim distant dream.

I am hoping for money from the American Rescue Plan to be utilized to help our mental health programs. In spite of all these difficulties, I would like to praise the leadership of the County Mental Health Program and the

Cumberland County Commissioners for recognizing the importance and necessity of mental health and fighting for proper/adequate funding.

Kind regards,

Theresa Myers

A person living in recovery with a serious mental illness who is actively a mental health service user

August 8, 2022 Testimony for Cumberland Perry MH Hearing

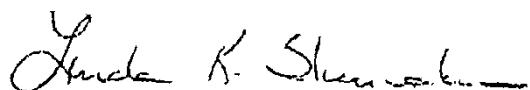
My name is Linda Shumaker, and I am a geriatric psychiatric nurse who does clinical work and consulting. I have worked in the mental health system in PA for over 30 years both in an academic setting and in community systems. I have also run a statewide nonprofit for older adults with behavioral health issues.

As our state and counties are reviewing the funding for the mental health system it is important to note that although psychiatric problems are medical problems the solutions are not. There are “environmental and social interventions” we need to be investing in – Dr. Thomas Insel, former director the NIMH describes the current mental health system in the United States as a system in a “crisis of care”. Insel explains in a recent article how on October 31, 1963, prior to his assassination, President Kennedy signed the Community Mental Health Act. That provided funds to create the county mental health system in PA and across the country. Those county systems did not just provide “medical care” but offered a “catchment area” where individuals with mental illness would receive not only therapy and social support, but supports to work with families and assist individuals where they were living to “recover”. The Community Mental Health Act starting in 1963 and continuing through the Johnson administration made life better for individuals with mental illness. They had a “safety net,” they had housing, they had (to quote Insel) “an opportunity to get the kind of care that helped people recover”. This care was more comprehensive and continuous not only for those with serious mental illness, but for those with intellectual disabilities and children as well. Case managers, therapists, the mental health “team” were accountable and the system linear with clear guidelines, emphasis on collaboration and accountability. The system was not fragmented and rigid, as it is currently. The programs that made up the safety net in the 1960’s and 70’s, that made for a continuous system, the “housing and institutional supports”, the supportive structure, are now gone. As I have seen the mental health system lose the funding for community supports it has left individuals with mental illness to be placed in prison, (even an 80-year-old woman with cognitive issues who slapped her husband was incarcerated – where I was told “she at least would be able to get a psychiatric evaluation”). She was then discharged without community supports to the Molly Pitcher Hotel. She had no mental health history nor criminal background. Individuals with substance use issues are left on the street without treatment as 75% do not get served in any system. Finally older adults with neuropsychiatric issues of dementia get caught in the emergency rooms for days when their agitated behaviors lead them to be discharged from facilities and families are unable to care for them at home. The funding from the Federal government has made in the past a limited

commitment to mental health; dollars from the state has been stagnant for several years and at times has been cut.

The problems of Pennsylvania’s mental health systems are complex and effects all aspects of our population – children, teenagers, adults, LGBTQI, women, older adults, individuals with serious mental illness and substance use issues as well as the many individuals who have suffered from the social isolation from the pandemic. We are now at a time that funding for mental health infrastructure needs a large influx to move toward “evidenced-based” community care, whether it be schools, housing, community supports, and care for older individuals struggling to live not only in the community but also in institutions. It is the time that we be thoughtful, and begin a long, difficult conversation with our politicians, our providers and our communities about “leaning in” and moving forward.

August 8, 2022

A handwritten signature in black ink, appearing to read "Linda K. Shuman". The signature is written in a cursive style with a horizontal line extending to the right.



**Cumberland County Human Services Plan (Block Grant)
Public Comments Offered by the Partnership for Better Health
August 15, 2022**

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 Cumberland County. Thank you, Commissioners Allen, Eby, and Watson, for this opportunity to offer comments on the draft Human Services Plan for Perry County. Our organization appreciates each of you for advocating on behalf of the County for MH.IDD services, today and throughout the year.

The Partnership values the persistent 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 collaboration in addressing community needs and has been an exceptional partner in local coalitions and partnerships, such as housing, health improvement, resiliency initiatives, and crisis response.

We know that suicide is the second leading cause of death in Pennsylvania for people ages 10 to 34 years old. Suicide deaths have almost tripled in Perry County from 2019 to 2021 (growing from 6 to 15).

The populations of Cumberland and Perry Counties have grown by more than 10 percent since 2010. However, the Cumberland-Perry Mental Health Office has not had a budget increase by the state in over 10 years. Amidst the rise in annual insurance, salary, and related operating expenses, the agency has successfully contained administrative costs to less than 6 percent of its budget. But the demand for services continues to increase, despite fewer financial and staffing resources to meet demand. Between 2019 and 2021, the number of individuals in Cumberland and Perry Counties receiving county mental health services increased by 15 percent.

Counties provide essential community-based mental health services, such as community residential programs, family-based support, outpatient care, and crisis intervention, which are critical to the well-being of our communities, especially for those without adequate insurance coverage. The

Commonwealth needs to strategically invest funding into county mental health services to support the existing safety net and increase the availability of services, including this block grant and other funding streams such as County Base Services.

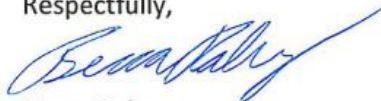
The Partnership also commends MH.IDD for its ongoing efforts to address youth mental health. The 2021 PA Youth Survey was recently released, and the findings are sobering. In Perry County, 40.2 % of surveyed high school students in grades 10 to 12 reported feeling depressed in 2021. Further, 12.5% of all surveyed students in grades 10 to 12 reported following through with one or more attempts. In eighth grade, there are further indications of youth mental health concerns. Based on the data, in a given classroom of 25 eighth graders in Perry County, ages 13 and 14:

- 10 students felt so depressed, that during the past 12 months, they were so sad or hopeless every day for two weeks or more in a row that they stopped doing some of their usual activities.
- Seven of the 25 students seriously considered attempting suicide in the prior year.
- Six of the 25 students in the local 8th-grade class planned how they would attempt suicide.
- Five students attempted suicide in the past 12 months.

Fortunately, we have a strong Student Assistance Program, as highlighted in the Human Services Plan, at the elementary and secondary levels, but there is much more to be done for the future of our youth. We stand ready to support the County, MH.IDD, our communities, and school districts to implement interventions to address and prevent mental health issues among our students.

Given community needs at this time, the Commonwealth must allocate more funding to mental health services. The Partnership for Better Health supports the efforts of the MH.IDD office, as presented in the Perry County Human Services Plan for 2022. 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. Perry County needs more resources to fully address the mental health needs of all residents.

Respectfully,



Becca Raley

Executive Director

August 15, 2022 Testimony at Perry County Commissioners' Meeting and August 18, 2022 Testimony at Cumberland County Commissioners' Workshop Meeting during Public Hearings

To Whom it may concern:

My name is Louis Bianco. I am a 39 year lifelong resident of Cumberland County. At age 15, I was diagnosed with a mental illness. This was over 20 years ago.

I was reduced to doing the majority of my school work while locked down within a number of the local psychiatric facilities. I was not expected to graduate. However, with the help and efforts of numerous teachers and psychiatric professionals, I did.

In my young adulthood, I dropped out of college twice, each time due to the exacerbation of the symptoms associated with my specific illness.

Ultimately, I was able to attain my registered nursing license and soon found myself working within the very facilities that I was a patient in all throughout my life. I ascended to the role of charge nurse on child, adult, and geriatric units, while also serving as the lead crisis desolator in our facility (Pennsylvania Psychiatric Institute). However, once more, my illness showed itself to be stronger than my progress and I was ultimately forced to resign.

A number of years later, I reinstated myself into our mental health system as a certified peer support specialist at Holy Spirit hospital on a two year grant. I was tasked with creating an evening shift peer specialist position and this position has since been added to the budget of their inpatient facility.

All of this is to say that I have been on both sides of the proverbial glass. I have taken countless medications, some effective, some not, and also suffered through over a dozen ECT treatments as well as multiple inpatient stays. I have sat with people young and old, rich and poor, of every race, religion, and any other designation that one could imagine during the most difficult experiences of their lives.

Mental Health Crises and the fallout that occurs in the time after, is very hard work and requires the ability to adapt and adjust as well as compromise and sacrifice. The choices many are faced with have little to do with what is easiest or most preferable. I have first hand experience in this fallout and still, to this day have not put all of the pieces together that broke decades ago.

However, difficult is not synonymous with impossible.

At this moment, I am unemployed and on disability, despite the continued service I offer to this day. I have developed a number of physical complications, including a neuromuscular disorder, due to years of stress and demanding treatments.

As of now, I sit as the MH chair for the Cumberland/Perry MH.IDD advisory board. I do healthcare assessments monthly with Holy Spirit's intensive outpatient consumers, and will be doing healthcare assessments for their staff as well this month. I have secured part time employment at York College working with their nursing students to increase their mental health competency through simulations. I have spoken at conferences statewide for physical education teachers discussing the need for K-12 curriculums and even sharing the early creations I have designed. I have spoken to future police, lawyers, teachers, and nurses at a number of colleges within PA.

I recently published my third book in three years aimed at getting basic information on mental wellness out to our communities as quickly as possible in hopes of strengthening our community during what can most basically be described as shared trauma and a shared crisis since the onset of the pandemic.

I hope that within this brief period of time I have established enough credibility to stop talking about myself. This is not about any of us as individuals at this moment, healthy or ill.

Our community, our state, and our nation is looking directly at looming crisis, with many areas, including ours, already facing challenges that threaten the well being of our entire populous.

The demand for mental health care continues to increase across all demographics while the supply continues to dwindle. It is becoming more and more difficult to keep our facilities adequately staff, both because of dissatisfaction with wages, safety concerns, and moral. The same can be said about the educational system. The same can be said about the criminal justice system.

It appears there is not enough intrinsic motivation or incentive for service.

Specific to mental health, the ratio between doctors and consumers is rising at an unprecedented rate. The wait time for many to receive the treatment they require now spans from six months to over a year according to many of the consumers I have assessed, not to mention the continuously disturbing rise in suicides and crisis calls.

Currently, the overall stress of everyday living continues to increase due to job instability, financial hardships, etc. This puts all at risk. The ill, at risk or remaining sick. The healthy at risk of becoming ill. This is why our approach moving forward must be two fold. Not only can we focus on healing the sick. We must also focus on protecting the healthy. If we lose those who are still willing to serve, we will not be able to face what is coming.

Recovery, for the mentally ill, is not guaranteed. It requires accountability, and massive amounts of effort. Even during the lowest times of one's life, the demand is placed primarily on the individual suffering.

In this sense, our community at this moment is no different from any individual. Whether this hearing, or any of the others yield the desired results, service will remain necessary. Those lost will still require sanctuary. Those in pain will still require care. Those at risk will still require safety.

Proactive measures in our community require as much attention as the maintenance of the facilities and programs that currently exist. I am aware that all of our systems are failing, and thus not demanding anything other than time and effort.

If we must think outside of the box, so be it. If we must speak more often or even more loudly, we will.

Yes, the long term solution of our current circumstance require governmental intervention, but what of the short term.

I have been advocating for over ten years and most of you will have never heard of me. The massive amounts of emails I have sent are often met with silence. Celebrities and athletes remain our banner carriers even though their knowledge on such matters is superficial at best.

This is a serious issue that requires serious attention. No longer can we seek that which is fascinating or sensational. It is time to put our psychiatric experts in the same rooms as our other service professionals and government officials.

I believe in our community and the state of Pennsylvania. I am a product, both positively and negatively, of the systems we are now fighting to keep afloat.

We can do this, even if it continues to get worse. At the peaks of my illness, I was told to maintain hope. As a professional, it has been my duty and privilege to encourage those suffering and their families to do the same.

If we are asking our ailing population to foster and nurture hope, I must continue to ask all of you to do the same.

Thank you for everything you have done and continue to do for the sake of our mentally ill and the mental wellness of all.

Louis Bianco

Angela Pieruccini

MENTAL HEALTH TREATMENT SAVED MY LIFE!

Let's start off by saying that I've been getting mental health treatment since I was 15 years old, I am now 35 and I wouldn't be 35 if it wasn't for the mental health services I was provided by Cumberland county especially New Visions. I've had many ups and downs times where I was hospitalized, times where I was even was at the state hospital many times actually. I've also been in EAC when they were more available. I've been in the group home several times before moving independently and trying to do it more on my own but even then, I still depended on mental health resources to stay afloat. I am now one of the lucky ones that is living at the new program in Carlisle by New Visions the LTSR in Cumberland county. I feel very blessed to be in this program I feel bad there isn't more places and resources out there for people like me that struggle. There are so many people untreated or not able to find resources in Cumberland county I'm on of the lucky ones that have the support! We're short, we really need to put the funds in where there really needed! Mental health may not be always visible but there's many people struggling everyday just like I do at times! Children, Teens, and many Adults need the services provided by Cumberland county, and I can tell you first hand I would have been dead if it wasn't for mental health treatment, New Visions and the resources I've been provided since I've been diagnosed severely mentally ill! To who ever is listening like I said you cant always see mental illness but somedays I struggle to even get out of bed and eat or keep a daily routine, I need help! I'm ok asking for help but if there's no one to ask help from where do you go. This why we need the budget increased because your saving life's!



Angela Pieruccini

Prepared statement for county MH Plan Hearing with Commissioners 8/18/2022

Hello, my name is Laura Jesic and I work for Merakey Behavioral Health. I operate six programs for adults in Cumberland and Perry County. The services we provide can be separated into 2 categories. One set of services help people reach the roles they value in their living, learning, working or social life domains. We help people through skills teaching and support reach their full potential after being diagnosed with a serious mental illness. We help them move on with life goals. The services are non clinical and outcome is becoming an active part in this community and most importantly improved quality of life. The other set of services is peer driven services and offers support from a person who understands because they have struggled and accomplished themselves already. The goal is to offer hope, the feeling that you're not alone and that you can learn to cope, navigate the system to be able to work with their medical professionals to overcome their diagnoses.

Over the years we've had the wonderful opportunity to be funded for the majority of those services from the County Mental Health office. They have devoted funds and immense guidance and support to giving those in our community with serious mental illness a chance to become employed successfully, build social connections they may not have access to, increased community integration, obtain invaluable peer support. When a person may feel unheard by those in their lives, we teach them how to use their voice and get their needs met. We provide psychoeducation and prepare them to use the service system to meet their needs.

They have fully funded our Warmline, a telephone service, which operates evenings and weekends when providers are not usually available to support those in recovery with peers who understand on the other end of the phone.

They have 100% funded our Evidenced Based Supported Employment program where we serve upwards of 60 people at a time and we see an employment rate amongst those people of 65%. That's not a one time stat, that's an average throughout the whole entire year. We teach them how to get employed and help them maintained this employment. Without full county support in 2008 to begin this service and to keep it going over 350 people wouldn't have thought work was an option for them because they have a mental health diagnosis.

The other services we operate have MA funding as a primary source but the county MH office has been able to fund this service for those who are not eligible for MA. If the flat funding that we have experienced for over 10 years continues I fear only those that meet the requirements for medical assistance will be able to have access to these valuable services. That means those who have

Medicare, those on their parent's private insurance or are working and have an income just over the limit will no longer be eligible for some of our services.

One of those medical assistance funded services is Psychiatric Rehab where we serve approximately 120 people in two locations in Cumberland and a new smaller location in Perry County. The members of the program may not have the skills it takes to obtain the roles they want to have due to parts of their lives being taken away by having a mental illness emerge in their lives. They want to have valued roles such as be a homeowner, be a better sister, mother, parent or friend. They want to go to college or complete their GED or simply join a local community group and build a support network. However they may not have the skills, confidence and problem solving support to obtain and maintain those roles.

There is no question that the recent struggles during the COVID-19 pandemic have impacted the population that we serve. It's limited their access to social connections which is part of the recipe of a healthy life as we all know. They have come back to our sometimes more symptomatic and with skills to rebuild after being isolated. It hasn't only impacted the over 200 people we currently serve in significant ways it has impacted staffing, the health of our employees and cost of service provision. The amount of support needed by those in our community has only grown.

These rehabilitative services are making an impact in people's lives and we want to not only sustain that even with rising costs but we also want to increase our offerings. We have the opportunity to serve youth and young adults through both our Peer Support and Psychiatric Rehabilitation programs through state initiatives. Staffing, specialized training and service provision to youth who are in school during the daytime are new costs to a service system that has already reached its limit. This isn't going to be easy to expand with the same funding, following a pandemic and may not happen if appropriate funding isn't renewed and increased.

Rehabilitation and recovery as well as creating resilience is very much needed in our community for these folks. Without an increase in resources these services may not continue and certainly will not expand to meet the need that has been created in recent years.

I'm also a member of the PULSE suicide prevention task force which is making increased strides each year to educate our community and spread the word that there is help out there. There is also a small but mighty group of Survivors of Suicide who offer peer support to those affected. The task force has very devoted volunteers but the manpower is low. We do our very best and use

every bit of funds that are set aside for this effort but it could always be more and we could reach a larger audience.

Help us help those struggling with serious mental illness become the citizens they wish to be.

A handwritten signature in black ink, appearing to read "James J.", with a long horizontal flourish extending to the right.

NAMI

Talking Points for Human Services Block Grant Plan – August 18, 2022

Commissioners: Gary Eichelberger, Chair
Jean Foschi, Vice-Chair
Vincent DiFillippo, Secretary

Commissioner Eichelberger, Foschi, and DiFillippo, thank you for providing me the opportunity to offer comments on the 2022-23 Cumberland County Human Services Plan. My name is Jennifer Wilt, I am here both as a family member of a son with diagnoses of Schizophrenia, Substance Use Disorder and Autism and am also representing Cumberland/Perry NAMI. NAMI is a national organization that represents families of individuals with mental illness and mental health challenges. We provide information, support, and advocacy to families and individuals with mental illness.

I first want to recognize Annie Strite and her tireless efforts in supporting mental health services in Cumberland County. Her passion and commitment to the work is appreciated. I also want to recognize many of the strides that Cumberland County has made in working across systems and counties to maximize resources. The investments into Capstone, the early psychosis program, supported employment, CIT to support police, suicide prevention and supported housing and Fairweather Lodges demonstrates the counties forward thinking to ensure that best practices are implemented here in Cumberland County. Having said that, however, there is still much to be done.

These past two years have been extraordinary, and despite best intentions, have left many individuals and their families without access to needed resources. Access to services has been challenging, long waits in emergency rooms for inpatient, extended stays in jail due to lack of appropriate housing or residential care, and grave concerns about workforce, not only the numbers of staff, but their commitment and competencies has many of us feeling very unsettled and concerned for the well being of our loved ones.

We-NAMI agree with the focus on workforce and funding in the plan. We are in a crisis. We hear the continuous story of people that suffer from mental illness that have long wait periods to get the support and services they need because of the county not having the means to hire the staff. We must have incentives for staff, grow our own thru additional support of peer services (both family peers and peers of individuals with lived experience), and provide hands on training to ensure we have qualified and competent staff. Overall funding is also needed. The lack of support for funding for the county is irresponsible; especially in light of what we see as the significant increase in needs post COVID 19 and in our county, as the fastest growing county, the needs of our community members. One time funding should be invested in training and housing and to launch programs, but sustainable funding is a must!

Finally, despite the efforts of the county, housing resources remain inadequate. Supported housing can only be successful if the supports are available; and community residential settings are sparse throughout our county. We also need a greater emphasis on co-occurring treatment, the needs are growing!

NAMI is here to be a partner in this work, but to also challenge you, and us to do better!

Cumberland County Commissioners
8/18/22 Public Hearing

I am Lieutenant Brian Curtis of the Mechanicsburg Police Department. I have been a police officer for 21 years. I have and am actively involved in going into schools K-12 and talking to students in all facets of education and dangers they should be avoiding. I am an active member of CIT as an instructor, the county CISM team, a negotiator for the county Special Response Team, an instructor at the HACC police academy and a Trauma Informed instructor. Throughout my career I have witnessed mental health issues and the weight it places on families and individuals. We can no longer flat fund such a huge need for our communities. I have seen the drain on all the community mental health advocates who are being asked each and every day to continue to do much more with the same amount of funds given 10 years ago. Not one person could continue their personal lives with what they were making 10 years ago. We are still unaware of what COVID has done to the mental health of community members because of it still being out there. We will not know the true impact for years yet to come. What we do know is it has absolutely increased the need for mental health services for all ages and all people in our communities. The work of the County MH/IDD Department is phenomenal, but they are being greatly over worked and relied upon to continue what they do with little financial resources increasing. Grants are wonderful avenues to assist with money but there is a large burden to write and facilitate the grants. The work on grants continues long after the money is awarded and spent.

I am also a father, son, uncle, grandfather and brother to many. My family, like everyone else's family, has also been touched by mental health and addiction. So I also have seen the need and discussed these issues at my own dinner table.

Written Testimonies submitted for 8/18/2022 Public Hearing:



**Cumberland County Human Services Plan (Block Grant)
Public Comments Offered by the Partnership for Better Health
August 18, 2022**

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. Our organization appreciates each of you for advocating on behalf of the County for MH.IDD services, today and throughout the year.

The Partnership values the persistent 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 collaboration in addressing community needs and has been an exceptional partner in local coalitions and partnerships, such as housing, health improvement, resiliency initiatives, and crisis response.

We know that suicide is the second leading cause of death in Pennsylvania for people ages 10 to 34 years old. In Cumberland County, from 2019-2021, there was a 28 percent increase in 911 calls that were coded as psychiatric (compared to a 4 percent increase in overall 911 calls). Suicide deaths in Cumberland County nearly doubled (increasing from 14 to 26, between 2019 and 2021) and rates almost tripled in Perry County (growing from 6 to 15).

The populations of Cumberland and Perry Counties have grown by more than 10 percent since 2010. However, the Cumberland-Perry Mental Health Office has not had a budget increase by the state in over 10 years. Amidst the rise in annual insurance, salary, and related operating expenses, the agency has successfully contained administrative costs to less than 6 percent of its budget. But the demand for services continues to increase, despite fewer financial and staffing resources to meet demand. Between 2019 and 2021, the number of individuals in Cumberland and Perry Counties receiving county mental health services increased by 15 percent.

Counties provide essential community-based mental health services, such as community residential programs, family-based support, outpatient care, and crisis intervention, which are critical to the well-being of our communities, especially for those without adequate insurance coverage. The Commonwealth needs to strategically invest funding into county mental health services to support the existing safety net and increase the availability of services, including this block grant and other funding streams such as County Base Services.

The Partnership also commends MH.IDD for its ongoing efforts to address youth mental health. The 2021 PA Youth Survey was recently released, and the findings are sobering. In Cumberland County, 33% of surveyed high school students in grades 10-12 reported feeling depressed in 2021. Further, 11.7% of all surveyed students in grades 10-12 reported following through with one or more attempts. In eighth grade, there are further indications of youth mental health concerns. Fortunately, we have a strong Student Assistance Program, as highlighted in the Human Services Plan, at the elementary and secondary levels, but there is much more to be done for the future of our youth. We stand ready to support the County, MH.IDD, our communities, and school districts to implement interventions to address and prevent mental health issues among our students.

Given community needs at this time, the Commonwealth must allocate 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 for 2022. 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,



Carol Thornton
Director of Grants & Public Policy

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. We have short-term and long-term residential facilities, supported apartments, and a social rehabilitation drop-in center. I wanted to speak today to reinforce some of what Robin has already told you.

New Visions tremendous staff who go above and beyond on a daily basis in order to keep individuals who have chronic mental illnesses stable and living as independently as possible. But we are nearing the breaking point.

I submitted budgets this year with pay increases from \$14/hr to \$18/hr because we have not been fully staffed for at least three years. Our workers can go to a warehouse in the area and make up to twice what we can pay them. So we run chronically short-staffed, pulling staff from program to program to meet the most urgent needs. We have a small group of relief staff who will come in to cover shifts, but there aren't enough of them to cover all the open shifts.

My budgets were approved with the pay increase, but I understand that the state allocation was not enough to cover that cost; that the County has to fill the gap.

So that leaves the question of – what happens next year? Our costs are not going down. We can't cut pay and we can't reduce staff, since we already don't have enough. Another year of flat funding means that services will have to be cut. That means that the people we serve who currently have just enough support to remain stable in the community will lose that support. They will decompensate and need a higher level of care – which is more expensive. Or they will end up in the criminal legal system, which will make their situation worse...and is also more expensive.

The Mental Health Plan makes clear that existing services are not meeting the need. I can vouch for that – we have long waiting lists for all of our programs. There are more people who need supported housing than we can support. We opened a Long Term Structured Residence about two years ago, and one year in, our waiting list was already longer than the number of beds we have. And this is a long-term program where we expect people to stay for 3 to 5 years.

I was relieved when I saw that the State approved an increase in Mental Health Base Funding, only to be really disappointed to later learn that none of it flowed to the County levels where it's desperately needed.

I'm here today because I believe that County Commissioners are the people who are best positioned to inform and educate our legislators about the mental health needs at the local level and how to direct the funding where it's needed. I understand that you are already working hard at that, so – thank you - and please continue doing it.

Thank you.

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.

1. 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 71% for FY 2021/2022. This percentage represents a significant increase (28%) from the previous fiscal year! This employment rate remains more than 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 fiscal funds to expand this service are not available as this Evidence Based Practice (EBP) is exclusively funded via County MH Base dollars. 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.

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.

2. 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 HSDF coordination funds supports the salary of the Homeless Assistance Program Supervisor. Also, funds from the MH Office support the salaries of the Homeless and Special Needs staff at CCHRA.

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.

Community Partners for Change [formerly the Local Housing Options Team (LHOT)] continued to meet virtually to develop implementation strategies for the goals previously developed in the Roadmap. The Community Partners for Change's has remained focused and engaged throughout the year. A broad group of stakeholders just completed a strategic planning process. In our most recent meeting, the Advisory board approved the following as our mission: "To effect positive and sustainable change in the housing system to obtain equitable, affordable, accessible, and secure housing for all Cumberland County residents."

Additionally, the board has identified the following values:

- Collaboration
- Community Engagement
- Data-Driven Approaches
- Inclusion, Diversity, Equity, And Accessibility (IDEA)
- Shared Leadership
- Trust, Respect, And Accountability.

Currently operating out of CCHRA, this professional collaboration of local key leaders and human service agencies is committed to working to address the needs related to housing in Cumberland County. The Advisory Board is now considering incorporating Community Partners for Change and creating a new 501 c3 organization to optimize opportunities for strategic organizational development, community support, and research for funding opportunities.

Working in partnership with the Cumberland County Office of Aging, and C/P Mental Health, Community Partners for Change successfully identified the Elderly Cottage Housing Opportunity (ECHO) as a strategy to assist individuals to remain successfully housed and receive community supports. The Cumberland County Office of Aging will apply for funds that could be used to initiate the project. Community Partners for Change shared the project, and C/P MH successfully identified a provider to operate the program. Presently a site and a service recipient have all been identified.

The CCHRA offer 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 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.

PART IV: HUMAN SERVICES NARRATIVE

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.

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 FY21-22.*

- ***The Strength, Perseverance, and Mission-Oriented Focus of our service providers*** continues to be exceptional throughout the pandemic and now during the aftermath of the staffing crisis that occurred due to the pandemic. Residential Providers and Crisis Intervention Specialists especially are to be commended for continuing to provide direct, front-line services 24/7 to consumers in need, during an extremely challenging time with limited staff and overwhelming demands in the increased volume of needs.
- ***Our strong Partnership with local counties*** is a highlight of our work. For years we’ve worked closely with other counties that are geographically close, however, we believe these partnerships have continued to be strengthened. Specifically in 2021 in partnership with Franklin/Fulton, Dauphin, and York/Adams Counties we partnered to host CIT International’s “Train the Trainer” to train mental health staff and our law enforcement partners to facilitate the de-escalation aspect of CIT training. We were trained by “the Godfather,” Major Sam Cochran (ret.), and Dr. Thomas M. Kirchberg, Ph.D., ABPP. This intensive 3-day training is an important aspect of ensuring consistency with the model of CIT. Our collaborations have included supporting each other’s CIT trainings if a trainer becomes ill or how to better provide various components of the training. Cumberland and Perry Counties appreciates the value of these close working relationships. They are invaluable. We especially have valued the partnership with Franklin/Fulton counties and believe that their support has helped us advance CIT for our counties during the past few years.
- ***Crisis Intervention Team (CIT) training*** was held with 18 local law enforcement officers, crisis intervention staff and a recovery support specialist (RSS). 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 behavioral 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 has been funded via county base dollars. Additionally, 2 staff attended the National CIT conference and are now successfully certified by CIT International as CIT Coordinators.

- **988 Live local implementation for Cumberland & Perry Counties** – after quite a few years of working on this initiative, Penn State Health Holy Spirit’s Crisis Intervention program became a part of the National Suicide Prevention Lifeline network on August 17, 2022. Previously calls to this national hotline were routed to Butler County from callers within our area codes, but now these 988 calls will be answered locally which will expedite response in potentially time-critical situations and allow for more local knowledge for effective call resolution.
- **Grant from Pennsylvania Commission on Crime and Delinquency (PCCD)** was awarded to our county MH program. The grant focus is to encourage and enhance opportunities for local law enforcement to participate in CIT trainings. This two-year grant approval will cover overtime expenses for 911 staff and police to attend the CIT trainings.
- **Additional Grants - Community Mental Health Services Block Grant and Garrett Lee Smith Grant** were awarded to our county MH Office in October 2021. The focus of these grants is to strengthen data tracking and use of technology for the Student Assistance Programs (SAP) in the elementary and secondary school levels. We began working with Drexel University by implementing their SAP web-based platform called Behavioral Health-Works. This web-based program supports and enhances our practices with providing stronger assessments, which aligns well with the MTSS process and measures the student’s critical needs, risk factors, as well as their strengths. This 9-minute link, (<https://vimeo.com/586353667>), provides more information regarding this tool. Cumberland/Perry Elementary SAP teams (via the CASSP program) began BH-Works training during November and December of 2021 and began implementation of this tool in January of 2022. The secondary SAP team via Teenline will fully implement BH-Works during the upcoming (2022-2023) school year.
- **MDJ Resource Guide list** was created by our CASSP Coordinator and Cross System Coordinator to provide preventive supports to local Magisterial District Justices (MDJ) to utilize when holding a hearing for truancy/school attendance. Since the onset of the pandemic, school attendance has been a significant struggle for all ages of students. County Children and Youth Services (CYS) had a high volume of truancy referrals in which they struggled to meet the demands of need. CYS found that many of the referrals could have benefited with supports being offered earlier and not requiring CYS involvement. The concept of this resource guide was to provide supports in which barriers could be eliminated earlier with a focus on resources that don’t require insurance, prescription, or evaluations, etc. The guide was broken down into the following segments of need: family/parenting, medical needs, mental health/D&A, community based social supports, education, special needs advocacy and supports. This resource was emailed to all the of Cumberland County MDJ’s and support was offered to hold a zoom or office meeting to answer any questions pertaining to the supports provided
- **Kinship panel** - PA KinConnector held zoom meetings during the month of September called Wisdom Wednesday’s. Various topics of need were discussed such as financial assistance, understanding rights within legal and child welfare system, mental health/support groups, school/childcare, and kinship Navigator programs. Our county MH office presented as a panel of experts within the Mental Health system. The following link will take you to the presentation <https://www.kinconnector.org/copy-of-monthly-news>. The focus of the presentation was to provide supports to informal and formal kinship families on resources they can access. The topics stressed the importance of systems, determining what the family systems needs are, importance of increasing stakeholder involvement (schools/insurance), and emphasis on community integration and supports. Additionally, information was shared on the significance of how the impact of trauma can affect development and behavior due to the child’s experiences that they have encountered. Information was shared pertaining to trauma specific resources such as a training that was offered through PA Care Partnership called “Building Trust with Children that have been Hurt in Relationships” and The Deepest Well book. Encouragement was reinforced during the presentation on the importance of leaning on natural resources and supports such as the use of family group decision meeting or PA Family Alliance.
- We greatly anticipate the opening of the **Perry County Social and Psychiatric Rehabilitation site in Newport, Perry County** in August 2022. During the pandemic, these Perry County programs were closed as they were in-person services, and the amount of rent could not be justified when the services could not be provided in-person. A new location was identified for which renovations were delayed as well, but finally completed this year. The social rehabilitation service is scheduled to open in August 2022 since all approvals and enrollments have been received. The psychiatric rehabilitation service is awaiting final approval by the state for their CCRI enrollment which was submitted in May 2022. An open house will be held once all services are able to be open and accept referrals.

- The County MH Office continues to provide some financial support for our local **National Alliance on Mental Illness (NAMI)** organization. Peer-to-Peer and Family-to-Family psychoeducation groups have been provided throughout the year as well as NAMI Connection Wellness & Self-Care Peer Support Group which meets twice per month via Zoom. Training opportunities were also offered including Dr Hassaan Gomaa who spoke on “Anxiety and Panic Disorder” and Dr Allison Swigert who presented on “Balancing the benefits and side-effects of anti-psychotic and mood stabilizing medications and encouraging patients to engage in shared decision-making with their Doctors”
- **SYSTEM-WIDE NEEDS:**

Staffing within the MH system is very challenging at all levels of care. Providers are unable to consistently maintain employees and the demand for treatment and supports continues to grow. Wait lists continue at all levels of care. Our county MH office hired 3 employees for ESAP/CASSP during this human service planning period due to staff turn-over. Departure and hiring new staff place great burdens on programs when they are struggling to keep up with the demand of consumer, provider, school and/or student’s needs. During these departures, staff are spread thinly throughout the agency or department to provide necessary coverage. The hiring and training process takes copious amount of time to get the newly hired employee ready to enter the field.

Funding - our community is in dire need of having additional data driven prevention programming with a focus on increasing preventative factors and decreasing risk factors. Heavy reliance on MH systems is not adequately providing preventive based supports. Many consumers and families are attempting to access treatment when issues arise and struggle in obtaining these supports when they are so desperately needed. Creation of programs with the focus on community integration would align with CASSP and CSP principles to enhance natural and community-based supports which provide longer term supports verses paid providers. However, these types of programs are not readily available or funded. In addition, more funding is imperative to keep up with the demand for individuals, young adults, children, and families to be emotionally and mentally healthy within the community. Programs like CASSP have a strong focus of preventive healthcare and support, but we are at jeopardy of providing the necessary interventions when the program cannot keep up with the need and demand. An interesting dichotomy to consider - the many great achievements, noted previously, that have been accomplished this year, are however, not reportable to the state via CCRI data and therefore cannot be “tracked” in a manner to justify expenditures to the state and legislature through CCRI. They are positive and clearly beneficial accomplishments with costs associated to the county base funds, but are not reportable via CCRI which is the main source of data for the state.

Perry County Community Health Needs Review & Strategic Action Plan Update - Dr. Tony Underwood, Dickinson College, shared the results of the Perry County Health Needs Review, conducted by Dr. Underwood and Dr. Dave Sarcone. Compared to five years ago, there has been a continued decline in access to health services in the county. Concerns include declining access to primary care, dental and mental health providers, which are generating poorer health (such as life expectancy). Qualitatively, community residents express concern about the lack of specialty care, urgent care, and basic health services. Limited service accessibility drives poorer health outcomes. The Perry County Health Coalition’s work moving forward in the new action plan needs to deepen its investment and focus to address these major challenges.

b) Strengths and Needs by Populations:

Please identify the strengths and needs of the county/joinder 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.

1. 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-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.

- *Needs:* When **Medicare** is the insurer, access to needed mental health services is extremely difficult for older adults. 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 months or even longer for service. **Telehealth** continues to be a challenge especially for this population who may not be digitally literate.

2. Adults (ages 18 to 59)

- *Strengths:* We have a strong array of services currently provided within our counties for all adults with severe mental illness despite more than 10 years of no budget increases.

The **Forensic MH Team** comprised 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”.
- **Question, Persuade, Refer (QPR) 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. During the last fiscal year, 122 members of our community have received QPR training including Cumberland County staff, Cumberland County Prison Staff, Stephen Ministry participants from a local church, Law Enforcement Officers, multiple Emergency Management Services (EMS) partners, and Perry County community members and staff. 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. One member of the MH team serves on the CISM team. Through this relationship, we now have an EMT who trains EMS personnel, and a police officer who provides QPR to law enforcement officers. While the option for virtual trainings still exists, with the CDC lessening their COVID-19 restrictions, we have resumed in-person trainings. 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.

In an effort to make the QPR training more interactive for the participants, the Cumberland County MH office purchased TurningPoint Software which allows for polling of the audience and provides a mechanism to collect data to demonstrate the comprehensiveness/retention of the training and help identify areas that need additional attention. As a function of the before mentioned partnerships, 122 individuals were trained in QPR this fiscal year, and a total of 558 individuals have become QPR trained since 2019. We have a goal of conducting 12 trainings this year.

The willingness of our **CRR and LTSR 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, and LTSR services are provided by New Visions. Our residential providers continue to work tirelessly during the pandemic to ensure safety of the program participants are well as the staff. These services are paid for solely 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 during evenings and weekends. The WarmLine notes a 11% increase in call volume with 1659 calls received during FY 2021/2022 with an average of 6 calls per shift. 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.

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. A new psychiatric

rehabilitation site will be open in Perry County in the fall. This licensed program is funded by county-base dollars 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. A new social rehabilitation site will be open in Perry County in the fall. This service is paid for solely 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.

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 solely by county-base funds.

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)/Community Treatment Team (CTT) 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 **71%** of individuals with mental illness receiving this service becoming competitively employed. This service is paid for solely 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.

Physical Health-Behavioral Health connections:

- **Community Health Workers** for all age populations were implemented in Cumberland and Perry Counties via various funding from CABHC, Partnership for Better Health, the United Way of Capital Region, and their Contact to Care initiative. Community Health workers help to improve access to health care for un- and under-insured individuals in the Capital Region. Their focus is on social determinants of health and workers are available to help any individual in the community. Sadler Center offers a team of workers who collaborate with non-profits and schools in both Cumberland and Perry Counties. The Hamilton Health Center site in Perry County also offers community health workers, but has unfortunately had a vacancy in this position since COVID.
- **UPMC Street Medicine Program in Perry County** - serves anyone who is homeless and lacks a primary care doctor. They provide a range of services and outreach, using a portable medical backpack. The four-point program consists of: consults, clinics, street rounds and street feet (washing). They focus on troubleshooting key barriers of transportation and insurance funding/co-pay. The most difficult barrier is lack of trust. Homeless people in Perry County often live in their cars or live in campgrounds. Join Hands Ministry has been an excellent source of referrals.
- **Landisburg EMS/Community Paramedicine Program** – conducted 28 patient follow-up visits over the past year. The goal is to keep hospital readmission rates down. The home checks include making sure medications are filled and up to date. They ensure all follow-up appointments are followed. They check vital signs and home safety. They are developing capacity to do lab work. They consider social determinants of health to make sure the individual has meals. They average 2 to 3 visits a month. Promoting the awareness of the program and educating the community of its role in healthcare is the main goal at this time.
- **UPMC Carlisle HUG meetings** – brings together physical healthcare workers, behavioral health workers, and other community organizations to discuss specific consumer needs and identify potential referrals and supports during a monthly meeting.

MH Trainings – Quality Assurance Coordinator provided trainings to several mental health providers, a local law enforcement agency, a Shippensburg University Criminal Justice class, and the Cumberland County Bar Association regarding the **Mental Health Procedures Act (MHPA)**. This training was to improve understanding of the MHPA and the parameters of the law in various situations within the involuntary commitment process. **Crisis Intervention Team (CIT) trainings** also occurred this year and provided education, supports, and resources to local law enforcement and criminal justice staff with regard to interacting with individuals with mental illness. The MHPA training is a piece of the CIT curriculum as well.

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 a wide 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 hospital recidivism and frequent crisis intervention contacts.

Flexibility within our mental health system has significantly diminished over the last 12 years, 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.

Funding to recruit and retain a qualified workforce is a significant need in our County MH System. All providers are experiencing great difficulty retaining qualified staff. Local for-profit businesses frequently offer better wages, flexible hours, and better benefits, which create additional challenges with maintaining a skilled workforce. Staffing and compensation within our mental health programs have reached critical need this past year.

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 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.

3. 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 the 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 three 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.

- **Needs:** Transition age youth (TAY) aging out of Intensive Behavioral Health Services (IBHS) 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. Additionally, a few of these adolescents also have co-occurring mental illness, autism, and/or Intellectual Disabilities. 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. The provider is diligently working on renovations to the site, and has faced some delays due to supply issues as well as specific issues with the site. The new site is scheduled to open in January of 2023.

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 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. Outreach sessions are planned for the upcoming year.

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.

4. 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, System of Care (SOC) 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 all 49 public elementary schools 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 857 students and their families during 2021-2022.

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. The CASSP team received the required ESAP training and ESAP services have been initiated in most of the elementary schools in the Cumberland and Perry County School Districts. This 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. 157 students were served through ESAP.

ESAP program continues to grow throughout the two counties. During 2021-2022, 2 Perry County districts began implementing ESAP- Greenwood and West Perry. In Cumberland County, West Shore began implementing a pilot in 1 elementary school with the goal to begin implementation in all elementary buildings school 2022-2023. Carlisle Area School District trained all 7 elementary buildings to begin implementation for school year 2022-2023. As the program continues to grow, we have been holding 2 **shared staff meetings** with D&A liaisons and ESAP MH liaisons to discuss how to enhance our collaboration, discuss any trends/barriers, review processes and determine if we need to change any practices. The ESAP program continues to follow the model of conducting **maintenance meetings** during the summer and the beginning of next school year. These meetings help the school building strengthen their practices and teaming by discussing challenges, needs, and supports. 8 meetings have been scheduled at this time.

The **Student Assistance Program (SAP)** is provided through Teenline at Penn State Health-Holy Spirit at the middle and high school secondary level throughout both counties for the mental health component. This school year SAP had a significant increase of referrals comparatively than last year by 30%. Teenline conducted a total of 647 assessments despite the fact that they have been struggling in maintaining adequate staffing. Parent contacts increased by 5% while consults have decreased by 36%. Consults are defined as providing resources and supports to the school team for SAP referred students. This decrease is a reflection of the short-staffed team struggling to keep up with the demand of assessments and ensuring timeliness in meeting with the student in need. 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 use referrals.

In addition, staff from both CASSP/ESAP and SAP participated in the implementation of a **new data tracking software system – BH Works**. In October 2021, our office was granted a Community Mental Health Block Grant and a Garrett Lee Smith grant to strengthen our ESAP-SAP (K-12) program. We began working with Drexel University by implementing their SAP web-based platform called Behavioral Health-Works.

Cumberland/Perry ESAP teams began training during November and December of 2021 and began implementation of this tool in January of 2022. This web-based program supports an enhanced our practices with providing stronger assessments, which aligns well with the MTSS process and measures the student's critical needs, risk factors, as well as their strengths. All staff received training and support through the process which will be fully implemented with ESAP and SAP with the beginning of the new school year. The Garrett Lee Smith grant allows the use BH-Works for 2 years and continued technical assistance from Drexel University. CMHSBG allowed for the purchase of improved technology – tablets, computers, and cell phones – to support the increased technology needs of providing the ESAP and SAP services.

In addition to her other duties, our **CASSP coordinator** is highly involved with our school districts throughout Cumberland and Perry Counties. At the beginning of each school year, she has initiated Provider Fairs with Cumberland County schools, bringing together IBHS and Family Based providers to improve access and communication to these services and supports.

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.

Parent-Child Interactional Therapy (PCIT) is a program that serves children 2-7 years old and their families. Merakey-Stevens Center, Franklin Family Services and Newport Counseling provide this service within our counties. Since the pandemic, this program was severely impacted as many PCIT providers have not resumed practice due to losing therapists with this specialty. PerformCare recently met with PCIT providers to determine interest in providing virtual PCIT. CABHC and PerformCare expressed interest in growing this modality by offering assistance and supports to the providers (such as equipment needed) that have interest in expanding this service. Several providers are looking into this option further.

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. Providers have continued to struggle to find homes/parents to support this need. 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.

Value Based Purchasing (VBP) - our county Behavioral Health Managed Care Organization (BHMCO) has transitioned over the years to VBP which focus from volume to value payment models for the delivery of behavioral health services. Currently MST and FBMH are 2 programs operating under this approach. Within the

last year, FBMH level of care implemented addressing family's needs through assessing social determinates of health as part of the VBP. The CASSP Coordinator provided technical support in this area by creating a **resource guide** for providers in this area to enhance the supports offered to the families.

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. Family Based Social Determinants of Health are the new focus of the CANS

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.

Cross-Systems coordinator **identified a gap and area of need** within JPO and CYS preventive supports. CYS maintains the needs-based budget where they offer preventive supports to families in need when they don't have proper insurance or the evaluation has yet to be completed. CYS/JPO did not have a contract with a local provider that supports in home services for children/adolescents that are dangerously playing with fire. This program was called JFACT (Juvenile Fire Assessment Consultation Treatment) and is now Youth Firesetting Assessment Consultation Treatment Services (YFACTS). A meeting was held this year with the provider and administrative staff to establish a contract, which was finalized, to add as an additional resource and support to families in need

The Cross-Systems coordinator also created a **CYS resource guide** to help aid and support onboarding staff on resources within the community. We serve many families that have complex challenges and are in dire need of community based natural resources. The cross systems coordinator worked on a comprehensive guide for all CYS staff to utilize to aid and assist in serving families in a proactive manner.

Additionally, the Cross-Systems Coordinator and CASSP Coordinator created a **transition youth guide** for young adults eligible for IDD when they are in custody and care of CYS. It was identified that young adults were being discharged from care and the CYS worker was not aware of the necessary documentation that the supports coordinators would require for a smooth transition. Additionally, the supports coordinator, was not aware of the steps CYS must process for aging out youth. This guide assists CYS workers to take the necessary steps for this transition for continuity of care. This plan highlights the need to ensure required documents are obtained timely and/or updated, such as if the PUNS identifies what waiver is needed, has SSI

been applied for, are physicals updated, and additionally ensuring that MA eligibility maintains active when transitioning out of custody.

In addition, the Cumberland County Juvenile Probation office has continued their **trauma pilot project** to improve outcomes for youth involved in their services. 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. Bases on the ACES scores, any indicators of concern evoke a clinical trauma specific assessment to be completed.

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.

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.

Triple P Parenting is an evidence based Positive Parenting Program that began this year with Diakon Family Life Services. Triple P gives parents simple and practical strategies to help them build strong, healthy relationships, confidently manage their children’s behavior and prevent problems developing. Daikon received a PCCD grant and trained 25 employees to implement this needed resource

MDJ Resource Guide list was created to provide preventive supports to local Magisterial District Justices (MDJ) to utilize when holding a hearing for truancy/school attendance. Since the onset of the pandemic, school attendance has been a significant struggle for all ages of students. County Children and Youth Services (CYS) had a high volume of truancy referrals in which they struggled to meet the demands of need. CYS found that many of the referrals could have benefited with supports being offered earlier and not requiring CYS involvement. The concept of this resource guide was to provide supports in which barriers could be eliminated earlier with a focus on resources that don’t require insurance, prescription, or evaluations, etc. The guide was broken down into the following segments of need: family/parenting, medical needs, mental health/D&A, community based social supports, education, special needs advocacy and supports. This resource was emailed to all the of Cumberland County MDJ’s and support was offered to hold a zoom or office meeting to answer any questions pertaining to the supports provided

Kinship panel - PA KinConnector held zoom meetings during the month of September called Wisdom Wednesday’s. Various topics of need were discussed such as financial assistance, understanding rights within legal and child welfare system, mental health/support groups, school/childcare, and kinship Navigator programs. Our county MH office presented as a panel of expert within the Mental Health system. The following link will take you to the presentation <https://www.kinconnector.org/copy-of-monthly-news> . The focus on the presentation was to provide supports to informal and formal kinship families on resources in which they can access. The topics stressed the importance of systems determining what the family systems needs are, importance of increasing stakeholder involvement (schools/insurance), and emphasis on community integration and supports. Additionally, information was shared on the significance of how the impact of trauma can affect development and behavior due to the child’s experiences that they have encountered. Information was shared to group pertaining to trauma specific resources such as a training that was offered through PA Care Partnership called “building trust with children that have been hurt in relationships” and The Deepest Well book. Encouragement was reinforced during the presentation on the importance of leaning on natural resources and supports such as the use of family group decision meeting or PA family Alliance.

Numerous Children's Services Trainings provided

- Presentation to **Judges' Roundtable** - CASSP Coordinator presented a PowerPoint on ESAP, SAP, CASSP. Attendees are Cumberland County judges, DA staff, foster agency directors, CASA, GAL's, and CYS. This presentation was to increase awareness on preventive supports and resources free to residents of Cumberland County
 - During this year, our office partnered with PA family alliance regarding **ACT 65 consent to treatment**. We hosted a training for various local stakeholders (outpatient and schools) around the changes to accessing mental health treatment. Attendance was approximately 50 professionals and received positive praises on the information gained
 - In August 2021, CASSP Coordinator presented a **training for Carlisle Area School District Faculty**. This training reviewed what the MH.IDD office provides and the services and supports that are offered to families/students of need. The focus of the training highlighted county funded supports- CASSP Elementary, Elementary Student Assistance Program, Student Assistance Program, Crisis Intervention, Base Service Unit, etc. These trainings were set up with approximately 20 faculty and information was presented in 20 minute segments with 5 trainings delivered within 2 hours.
 - **JQRS Focus grp** – CASSP Coordinator was asked to attend on a small workgroup committee on providing feedback to the state on their quarterly data collection pertaining to ESAP/SAP. She discussed the need to update the outcomes to be more reflective to what the county finds of value and need when looking at areas of need within the community. She discussed the need to collect data on all services accessed- not accessing at least one, have more option of EBP's to select from as recommendations from the assessment, and add social determinates of health.
 - In August 2021, the CASSP Coordinator/ESAP liaison supervisor held a zoom meeting for Cumberland and Perry Co school administrative staff - principals, director of student services, school counselors, psychologists, etc. called "**Listening Tour through the Lens of Education**". This training was created in partnership with PA Department of Ed (Scott Kuren, Joseph Loccisao, and Dana Miakovi). The purpose of this training was to provide the elementary schools support and education on how to run effective ESAP teams, how ESAP interfaces with CST (Child Study Team), and problem solve any technical issues. With any implementation of a new program, it was noted that many districts struggled with initiating a new process and program within buildings.
- **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.

Referrals for **Intensive Behavioral Health Services (IBHS)** continue to grow with additional private providers coming into the BH-MCO network. However, as the list of providers continue to grow in Cumberland County, the wait list is approximately 1 year long to access these supports. Staffing has been a huge issue, especially since the pandemic.

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. RFP is pending due to delays from the pandemic.

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. Meeting the need and demand is the greatest challenge for this team is supporting these children and families.

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/joinder 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.

5. 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.

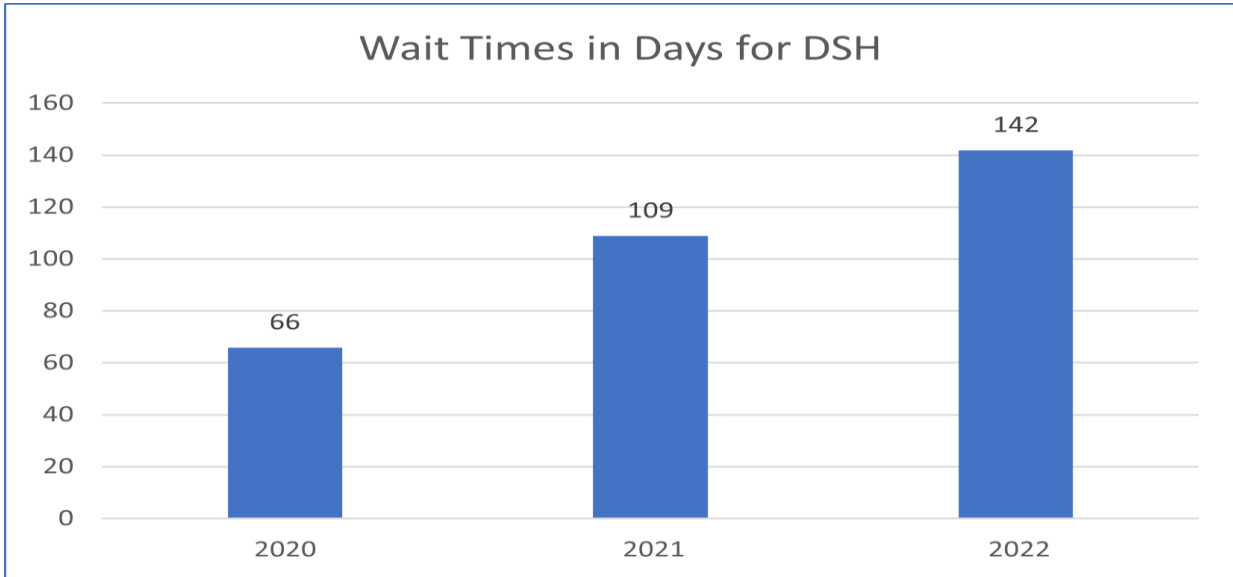
Funded through county base dollars, a **Base Service Unit (BSU) liaison case manager** routinely participates in State Hospital and Extended Acute Unit (EAU) team meetings and assists in the coordination of discharge planning. This position is instrumental in providing support to individuals during their 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 19 individuals from Cumberland and Perry Counties receiving inpatient treatment at Danville State Hospital. We have experienced a **decrease in Danville State Hospital admissions** for FY 21-22 with six admissions down from eight in FY 20-21; however, this decrease was due to the hospital's inability

to accept individuals and not because our need has decreased. Currently, there are eight Cumberland-Perry County residents on the state hospital’s waiting list.

As demonstrated in the chart below, wait times for individuals to get into Danville State Hospital have been steadily increasing over the past two years. From calendar year 2020 to 2021, wait times increased 65% and then increased an additional 30% from calendar year 2021-2022 (as of July 2022).



Through the utilization of our 10 EAU beds, we were able to divert 20 individuals from the state hospital in FY 21-22, the same as FY 20-21. We continually operate above our state hospital bed cap of 15, 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	FY 21-22
# of diversions	38	28	16	6	12	20	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 that is larger than the number of beds available in the program. 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.

Psychiatric availability overall has decreased. Locally, there is zero availability at Holy Spirit. There are fewer psychiatrists at Merakey. Franklin Family Services no longer has as many CRNPs, and Summit is not accepting new patients.

6. 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 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.

7. Criminal justice-involved individuals - *Counties are encouraged to collaboratively work within the structure of County Criminal Justice Advisory Boards (CJABs) 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:** Cumberland County was accepted as an “**Innovator County**” in the **National Stepping Up Initiative** in the fall of 2020. Per the Bureau of Justice Initiatives, “The Stepping Up Initiative prepares counties to take actions that will develop and implement collaborative systems that will effectively improve outcomes for people with health-related behavioral problems who become involved in the justice system. Among the 540 counties that have joined the Stepping Up Initiative, innovators have emerged to lead the nation in effectively collecting and applying baseline data to inform decisions and implement identified programming needs. Stepping Up recognizes a county as an innovator when it has demonstrated the capacity to accurately identify people in their jails who have mental illnesses and substance-use disorders, collect and share data on these individual needs to connect them to treatment services, and use that data to inform local policies and practices.” *BJA-Sponsored. (2021, August 1). Stepping up innovator counties: Leading the way in justice system responses to people with Behavioral Health Needs. Bureau of Justice Assistance. Retrieved July 31, 2022, from <https://bja.ojp.gov/library/publications/stepping-innovator-counties-leading-way-justice-system-responses-people#:~:text=Stepping%20Up%20recognizes%20a%20county%20as%20an%20innovator,that%20data%20t%20inform%20local%20policies%20and%20practices>.*

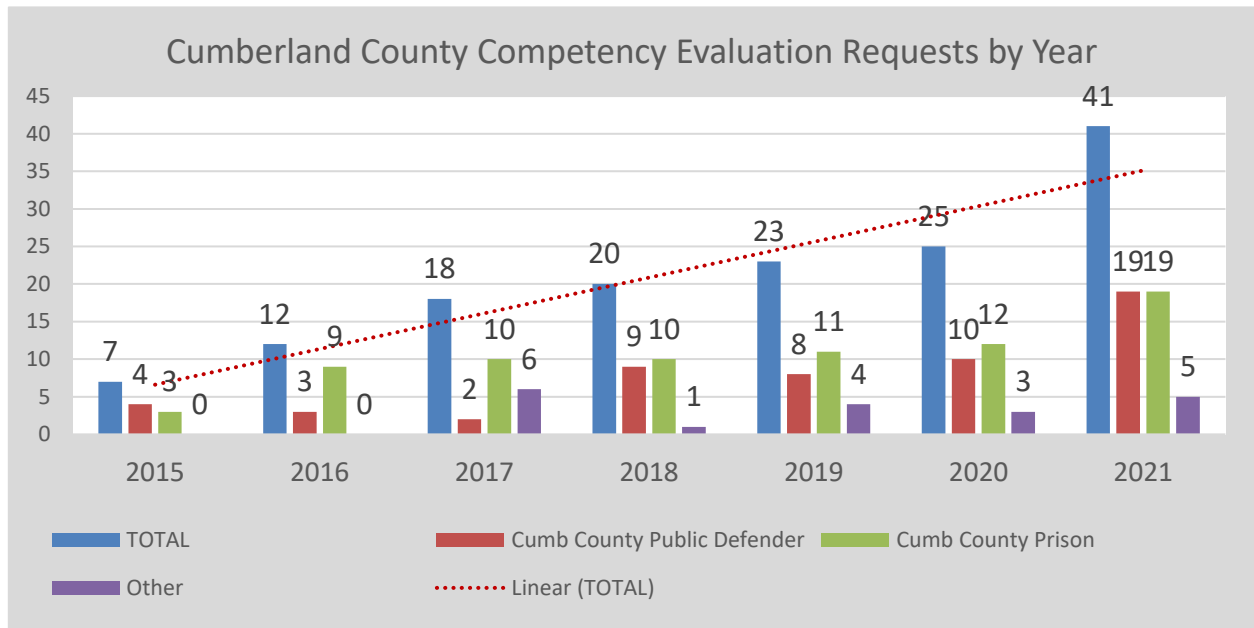
Cumberland and Perry Counties have regular meetings with the Council of State Governments staff and review data as well as continue to receive **technical assistance** to strengthen efforts to reduce the number of individuals with mental illness who become justice system involved.

Strong collaboration with the **Cumberland County Criminal Justice Advisory Board (CJAB)**, there has been a particular focus on the impact of trauma. Trainings are scheduled in September and October for Cumberland County Probation on “Becoming Trauma Informed.” Ultimately efforts continue to support all of the County having an awareness of trauma informed practices. We believe these trainings and conversations will positively impact operations for individuals with mental illness.

As previously mentioned, our **Forensic MH Team and TOMS mental health court** have been effective components in supporting individuals with mental illness and criminal charges navigate the criminal justice system. **TOMS Court** has been a strength within Cumberland County. Since inception in 2017, **73** participants have entered the program with **18** individuals successfully graduating from the program. It is estimated that **6,999** prison bed days have not been utilized for a potential cost savings of **\$454,935.00**. Current recidivism rate for TOMS Court graduates is at **17.8%** for all types of crime. Currently there are **22** active participants in TOMS Court.

- **Needs:** One of the greatest needs is **fiscal resources** to create programs to support individuals as they prepare for re-integration from the justice system or programs that are ready to support in lieu of incarceration. Additionally, there is significant need for additional treatment providers to meet the needs of individuals who

need either a competency restoration evaluation or treatment services to comply with recommendations from the court. The below chart shows the increase in competency restoration requests since 2015. This increase we believe is significant and speaks to unmet need in our community.



8. 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.
- 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.

9. 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
 - Shared Support Group information – Bonfire Beyond the Binary – sponsored by the YWCA of Carlisle & Cumberland County – for LGBTQ+ youth and their families
- *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.

10. Racial/Ethnic/Linguistic Minorities (RELM) including individuals with Limited English Proficiency (LEP)

- *Strengths:* The CASSP Coordinator created an Immigration and Refugee Resource Guide that has been beneficials for staff and other human service agencies to utilize to assist this population. This guide also provides information on Interpreters and English as a Second Language education. 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.

11. Other populations, not identified in #1-10 above (if any, specify) (including tribal groups, people living with HIV/AIDS or other chronic diseases or impairments, acquired brain injury (ABI), fetal alcohol spectrum disorders (FASD), or any other groups not listed)

Mental Health & Intellectual/Developmental Disabilities

- *Strengths:* The **dual diagnosis complex case team** has been developed within our county and is made up of representatives from C&Y, MH, IDD, and the Cross Systems Coordinator. They review those complicated situations and complete a root cause analysis to determine appropriate services and supports. Further review meetings are often necessary to determine resources within the state and local systems to address these needs. It is a lengthy process with many layers that are needed to determine possible interventions, services, and funding to achieve the desired outcomes.

- *Needs:* **Children that have IDD/Autism, especially those aging out of RTF – little to no resources.** The human service 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. Funding from all of the involved systems is necessary.

c) Strengths and Needs by Service Type:

1. Describe telehealth services in your county:

a. How is telehealth being used to increase access to services?

Each provider has a written policy on the use of telehealth within their specific regulations. It is the provider's preference in offering telehealth with the consumer's agreement for those specific services based on clinical need. Managed care monitors the service delivery modality. Data from BH-MCO oversight notes a significant 71% decrease in telehealth utilization within the 5-county collaborative from Jan 2021 – June 2022, with 50% fewer consumers served in this manner. Face-to-face service delivery seems to have increased with 20% increase in consumers served in this manner.

b. Is the county implementing innovative practices to increase access to telehealth for individuals in the community? (For example, providing technology or designated spaces in the county for telehealth appointment.)

No, we are not promoting the use of telehealth as face-to-face services in mental health are the most effective. Some consumers have expressed frustration with telehealth service delivery, especially around feeling that it is less personal, they are less able to really talk with the service provider, not getting as much out of the session or contact, and preferring face-to-face services.

2. Is the county seeking to have service providers embed trauma informed care initiatives (TIC) into services provided?

Yes No

If yes, please describe how this is occurring. This is encompassed in Priority #5 below. We continue to distribute copies of *The Deepest Well: Healing the Long-Term Effects of Childhood Adversity*, written by pediatrician Nadine Burke Harris, M.D. We are working to determine alternative ways to distribute the books and have deeper conversation regarding the impact of trauma and building resiliency. Several “Becoming Trauma Informed” trainings were provided throughout the county human service agencies and the community. A 3-part series was presented via the Perry County LINK and was well attended with 20 individuals attending. The Trauma Pilot Program continues to be implemented within the Cumberland County Juvenile Probation Department. This project continues to involve a collaborative effort with the Juvenile Probation Department, Children & Youth Services, County Mental Health Office, and community providers. A project with Cumberland County Adult Probation is being planned whereby staff will participate in the “Becoming Trauma Informed” trainings in September 2022. CIT Trainings with law enforcement include de-escalation and much discussion regarding trauma and being trauma informed.

Available support group information is widely shared as staff become aware of those opportunities. The YWCA of Carlisle and Cumberland County hosts a 10 week psychoeducational group for adult survivors of sexual violence

3. 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).

PA Care Partnership is used to provide Cultural and Linguistic Competence training. Information is routinely shared. CASSP Coordinator utilizes a large stakeholder distribution list with whom she shares this information.

CIT training includes a module related to Cultural Awareness to increase awareness within the law enforcement sector when interacting with individuals with behavioral health needs.

4. Are there any 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 FY22-23.*

Improvement to and awareness of the importance of DEI trainings have been the focus of several community organizations who have provided training opportunities.

Partnership for Better Health - Through the leadership of their Director of Health Equity, Dr. Marcellus C. Taylor, the Partnership for Better Health is developed a full complement of health equity strategies, to include Diversity, Equity, Inclusion & Belonging (DEIB) Trainings. Workshops were held in Spring 2022 by Dr. Taylor and were open to all local groups and individuals who are committed to growing and advancing the goals of health equity and justice. During the first social change workshop entitled, “(Re)Discovering Your Role In Belonging”, participants explored how belonging is vital for enhancing diversity, equity, and inclusion. Additionally, participants identified the role(s) they most connect with in being a part of the social change ecosystem. Finally, participants developed a 30-day equity goal.

In June 2022, Carlisle CAN provided a Diversity, Equity and Inclusion Introspective Workshop that focused on social service staff and volunteers and how life perspective and experiences influence the service being provided.

Agenda topics included Stereotypes, Unconscious and Implicit Bias, Microaggressions in the Workplace, Colorism, and What Next?

PerformCare provided a six session Diversity Equity and Inclusion (DEI) Training Series for our provider network. The one-hour virtual and recorded sessions were held monthly from February – July 2022. The series covered various topics such as benefits and outcomes of DEI, implicit and explicit bias, health disparities, and implementing a DEI program.

Staff share information with providers, families and consumers about available support groups as well as trainings to address specific needs related to DEI as they become available.

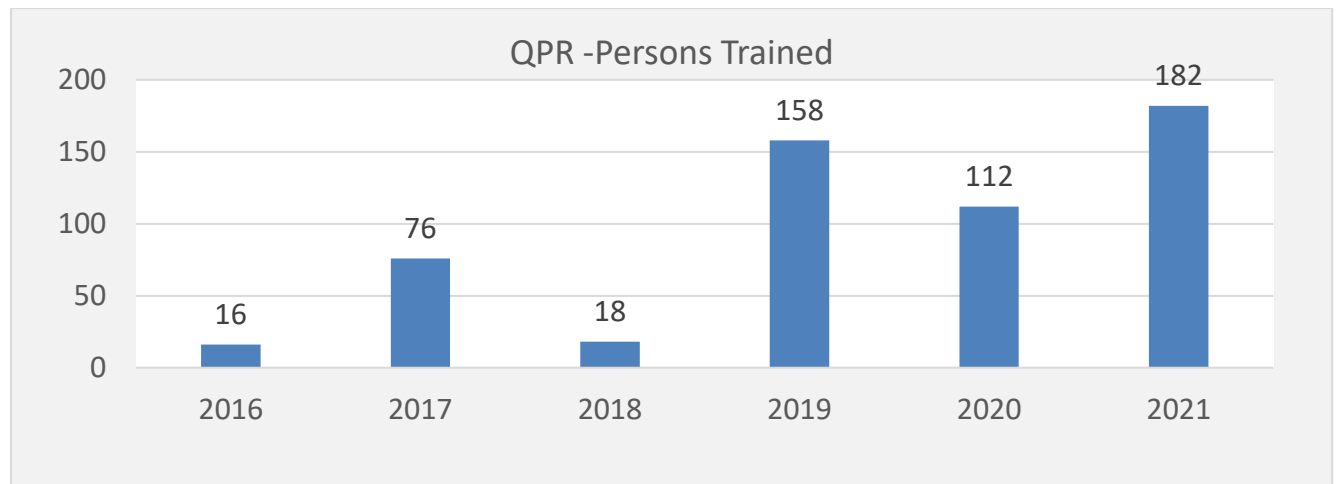
5. Does the county currently have any suicide prevention initiatives which addresses all age groups?

Yes No *If yes, please describe the initiatives.*

Cumberland and Perry Counties' Suicide Prevention Taskforce PULSE (Preventing Unnecessary Loss through Suicide Education) was started in 2016. There has been slow yet strategic growth in all facets of this very dedicated group. We are pleased to report that the taskforce has representation from Crisis Intervention, Student Assistance, persons with lived experience, Veterans, family members, loss survivors, and some participation with attempt survivors. There is currently one support group meeting monthly for Survivors of Suicide (SOS). The taskforce is currently working with a community loss survivor who has expressed a desire to facilitate support groups. In addition to developing additional support group opportunities, the taskforce has continued the focus on providing the Evidence Based Practice of QPR training.

During the past few years, the taskforce has focused on training stakeholders in suicide prevention. We have a total of 8 trainers with diverse backgrounds. We are grateful for the partnership with Cumberland County Human Resources who facilitates training with the County MH office that is open for all Cumberland County personnel. Additionally, a trainer from the Cumberland County jail provides QPR for Correctional Officers annually as part of their core trainings. We are pleased with the development of an excellent working relationship with the first responder community and have an EMT, and a police officer who assists to train each of these disciplines in QPR. CIT also has suicide prevention as one of the core elements of CIT training. We are pleased with both the energy and the support from all of our facilitators.

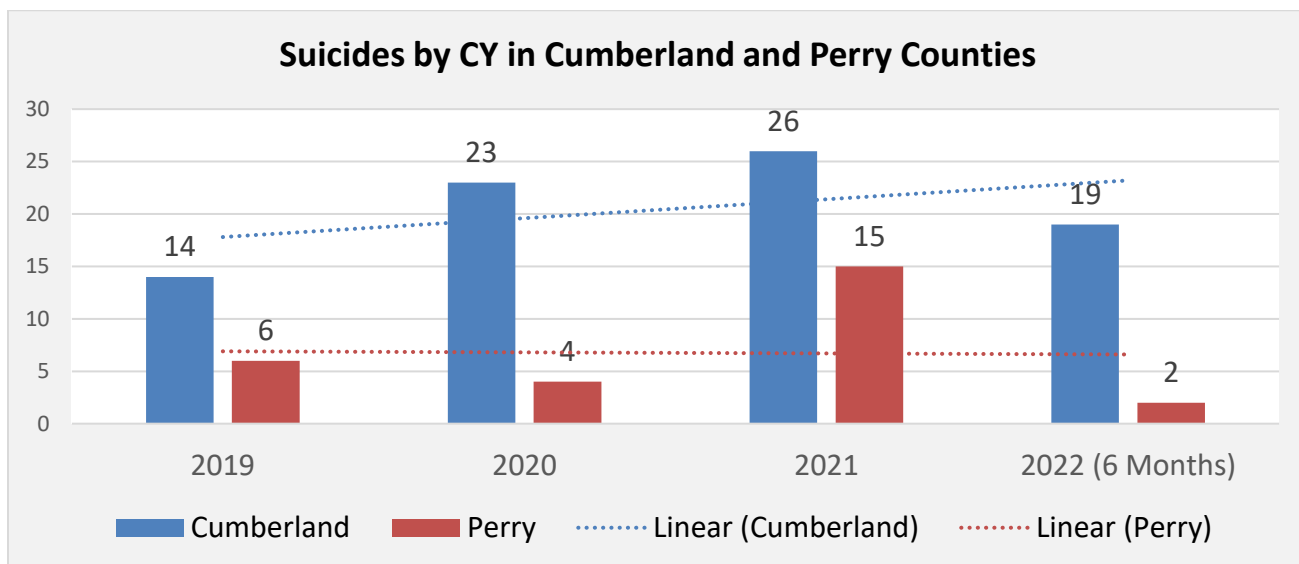
The below chart shows the increase in QPR trainings for the last 5 calendar years.



In addition to QPR trainings, the taskforce has participated in a variety of health fairs and community events to continue to educate the community regarding this important initiative. In September of 2022, in partnership with Cumberland County, CABHC, and the West Shore Theater, PULSE will host the movie “My Ascension.” We are excited to host a community event to continue to promote suicide prevention in our communities.

The taskforce is working to develop strategies to ensure that suicide prevention is occurring across all demographics in the community. While we are pleased with a growing cross system of representatives, we acknowledge that we still have the need to have a stronger outreach into the aging contingency and need to strengthen our work with the LGBTQ sections of our communities. We are hopeful that with the numerous community events and community QPR trainings, we will accomplish these goals within the next year.

The below chart shows individuals who have passed due to suicide since 2019. Despite our increased efforts to strengthen training, support, and outreach, suicide continues to negatively impact our communities.



Source: Coroner's Offices

6. Employment First:

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

- a. Please provide the following information for your county employment point of contact (POC).
 - **Name(s):** Robin Tolan
 - **Email address(es):** rtolan@ccpa.net [ratolan@cumberlandcountypa.gov (after 9/7/22)]
- b. Please indicate if your county follows the [SAMHSA Supported Employment Evidence Based Practice \(EBP\) Toolkit](#):
 - Yes No
- c. Please complete the following table for all county mental health office-funded supported-employment services.

County MH Office Supported Employment Data

- Please complete all rows and columns below with **FY 20-21** data.
 - If no data available, list as **N/A**.
 - If data is available, but no individuals were served within a category, list as **zero (0)**.
- Include additional information for each population served 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).

Data Requested	County Response	Notes
i. Total Number Served	83	
ii. # served ages 14 up to 21	0	
iii. # served ages 21 up to 65	83	Adults with SMI
iv. # of male individuals served	38	
v. # of females individuals served	42	
vi. # of non-binary individuals served	3	
vii. # of Non-Hispanic White served	71	
viii. # of Hispanic and Latino served	2	
ix. # of Black or African American served	4	
x. Asian	2	
xi. # of Native Americans and Alaska Natives served	0	
xii. # of Native Hawaiians and Pacific Islanders served	4	
xiii. # of multiracial (two or more races) individuals served	14	
xiv. # of individuals served who have more than one disability	14	
xv. # of individuals served working part-time (30 hrs. or less per wk.)	41	Some people worked more than one PT job.
xvi. # of individuals served working full-time (over 30 hrs. per wk.)	12	1 person worked 2 FT jobs

Data Requested	County Response	Notes
xvii. lowest hourly earned wage of individuals served (ex: minimum wage)	\$7.25	
xviii. highest hourly earned wage of individuals served	\$43.00	CNA – overnight shift - per diem
xix. # of individuals served who are receiving employer offered benefits; (i.e., insurance, retirement, paid leave)	16	

Additional Comments:

Our Supported Employment program reached a 71% competitive employment rate during the past 21-22 fiscal year!

Other common barriers:

- English as a Second Language (ESL)
- Not having a GED
- No personal transportation; limited/minimal public transportation
- Criminal record

7. Supportive Housing:

- a. Please provide the following information for the county housing specialist/point of contact (POC).
- Name(s): Robin Tolan
 - Email address(es): rtolan@ccpa.net [ratolan@cumberlandcountypa.gov (after 9/7/22)]

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 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.

- b. **SUPPORTIVE HOUSING ACTIVITY** includes Community Hospital Integration Projects Program funding (CHIPPP), Reinvestment, County base-funded projects and others that were planned, whether funded or not.

Identify Project Name, Year of Implementation, and Funding Source for all housing projects operationalized in SFY 20-21 and 21-22. Next, enter amounts expended for the previous state fiscal year (SFY 20-21), as well as projected amounts for SFY 22-23. If this data isn't available because it's a new program being implemented in SFY 21-22, do not enter any collected data. Please note: Data from projects initiated and reported in the chart for SFY 21-22 will be collected in next year's planning documents.

1. Capital Projects for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15–30-year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e., an apartment building or apartment complex).									
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (Including grants, federal, state & local sources)	4. Total Amount for SFY20-21 (only County MH/ID dedicated funds)	5. Projected Amount for SFY22-23 (only County MH/ID dedicated funds)	6. Actual or Estimated Number Served in SFY20-21	7. Projected Number to be Served in SFY22-23	8. Number of Targeted BH United	9. Term of Targeted BH Units (e.g., 30 years)	
Enola Chapel	2008	LIHTC, HOME	0	0	6	6	6	30 years	
		FHB	0						
		HealthChoices Reinvestment (HC-R)	0						
Townhomes at Factory Square	2018	LIHTC	0	0	8 – PBV	3 – 811 units; 8 – PBV	0	30 years	
		PBV	0						
Flats at Factory Square	2019	LIHTC	0	0	8 - PBV	3 – 811 units; 8 – PBV	0	30 years	
		PBV	0						

Permanent Supportive Housing	2008	SHP, Continuum of Care (CoC)	0	0	84	28	28		Annual Award
Shelter Plus Care	2011	CoC	0	0	36	26	26		Annual Award
Brethren House	2009	HC-R	0	0	5	5	5		30 years
Shepherd's Crossing	2015	HC-R	0	0	4	4	4		30 years
Perry County Veterans	2010	SHP, HOME	0	0	5	5	5		30 years
Warren House	2007	PBV	0	0	5 – PBV	5 – PBV	0		30 years
Totals			0	0	161	100	74		

Notes: **PROPOSED BH-MCO CABHC REINVESTMENT PLANS:**

CU MH - Cumberland County has 2 Capital financing projects in final phases of preparation, soon to begin construction. HealthChoices Housing reinvestment funds will be used to supplement a combination of PHFA Tax Credit funds, a Penn HOMES loan, County HOME funds, and Private loans and donations to support the development of 2 new 40-unit permanent affordable housing complexes. One complex will be in Shippensburg (Cumberland County), the other in Carlisle. 2 units at each complex will be identified for individuals with mental illness who meet the criteria for senior housing and/or have physical disabilities. These units will provide permanent integrated housing opportunities. A total of 4 persons can be serve in the 4 units. The state has not yet approved this requested proposal/plan.

PE MH - In Perry County, in May of 2020, an integrated housing project with the Perry Housing Partnership was seriously damaged by fire. While insurance covered much of the restoration, unfortunately it did not fully cover the expense of rehabilitating the property. Perry Housing Partnership will provide 2 units for individuals with SMI in need of permanent housing. A total of 2 persons can be served in the 2 units. The state has not yet approved this requested plan.

2. Bridge Rental Subsidy Program for Behavioral Health	<input checked="" type="checkbox"/> Check if available in the county and complete the section.
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Short-term tenant-based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.

1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY20-21	5. Projected \$ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY20-21	7. Projected Number to be Served in SFY22-23	8. Number of Bridge Subsidies in SFY	9. Average Monthly Subsidy Amount in SFY20-21	10. Number of Individuals Transitioned to another Subsidy in SFY20-21
Cumb. Co. Rapid Rehousing Program	2005	Federal	\$145,924	\$156,244	75	77	30	\$900	3
	2013	Federal	\$176,753						
Perry Co. Rapid Rehousing Program	2021	State	\$55,000	\$190,217	52	20	24	\$800	3
Emergency Solutions Grant (ESG) Rapid Rehousing Program*	2020	State	\$171,000	\$55,000	6	10	0	\$500	0
PHFA, PHARE RTT, Rapid Rehousing Program			\$548,677	0	37	0	2	\$94.16	0
Totals				\$401,461	170	107	56		6

Notes:	<p>*ESG RRH 10/7/2021-4/6/2023</p> <p>PROPOSED BH-MCO CABHC REINVESTMENT PLAN – Bridge housing subsidy for individuals who are in transition from residential services (CRR) into permanent housing and who will be eligible for a housing choice voucher. Up to 3 months of subsidy, including security deposit, rent and utilities will be available per individual. It is required that individuals</p>
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using this resource will have some funds to support themselves, in addition to this subsidy. These funds will serve as a bridge as housing preference voucher is fully verified. A total of 55 persons can be served. The state has not yet approved this requested proposal/plan.

3. Master Leasing (ML) Program for Behavioral Health Check if available in the county and complete the section. **N/A**

Leasing units from private owners and then subleasing and subsidizing these units to consumers.

Notes: N/A – service not provided in Cumberland or Perry County

4. Housing Clearinghouse for Behavioral Health Check if available in the county and complete the section.

An agency that coordinates and manages permanent supportive housing opportunities.

1. Project Name	2. Year of Implementation	3. Funding Source by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY20-21	5. Projected \$ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY20-21			7. Projected Number to be Served in SFY22-23	8. Number of Staff FTEs in SFY20-21
Community Partners for Change (previously LHOT) Manager	2008	CDBG	\$35,000	\$0	Unknown/not tracked			Unknown/not tracked	1.0 FTE
		Partnership for Better Health	\$26,000						
Totals			\$61,000	\$0					

Notes:

5. Housing Support Services (HSS) for Behavioral Health	<input checked="" type="checkbox"/> Check if available in the county and complete the section.
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HSS are used to assist consumers in transitions to supportive housing or services needed to assist individuals in sustaining their housing after move-in.

1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY20-21	5. Projected \$ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY20-21			7. Projected Number to be Served in SFY22-23	8. Number of Staff FTEs in SFY20-21
Supportive Living – 2 providers	2000	County Base Funding	\$713,737	\$684,945	145			100	8 FTE
CCHRA Homeless & Special Needs Program Case Management Staff	2001	County Base Funding	\$114,413	\$116,437	100			100	2.5 FTE
Totals			\$778,675	\$801,382	245			200	8.75 FTE

Notes:

6. Housing Contingency Funds for Behavioral Health	<input type="checkbox"/> Check if available in the county and complete the section. N/A
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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.

Notes: N/A – service not provided in Cumberland or Perry County

7. Other: Identify the Program for Behavioral Health

Check if available in the county and complete the section.

Project Based Operating Assistance (PBOA) is a partnership program with the Pennsylvania Housing Finance Agency in which the county provides operating or rental assistance to specific units then leased to eligible persons; **Fairweather Lodge (FWL)** is an Evidenced-Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness; **CRR Conversion** (as described in the CRR Conversion Protocol), **other**.

1. Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY20-21	5. Projected \$ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY20-21		7. Projected Number to be Served in SFY22-23
Fairweather Lodges – 3 sites 2 Lodge Coordinators	2007	Housing Choice Vouchers	Not available	Not available	13		14 slots available**
		County Base Funds*	\$ 89,764	\$ 117,065			
Long Term Structured Residence (LTSR)	Implemented Oct. 2020 – start-up	CHIPP, Olmstead, Reinvestment, County Base Funds	\$1,213,704	\$1,703,679	12		16
Totals			\$1,303,468	\$1,820,744	25		30

Notes:
 *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.

c) Recovery-Oriented Systems Transformation:

i. Provide a brief summary of the progress made on the priorities listed in the FY21-22 plan.

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

The C-P Mental Health program continues to work to maintain the current array of services and supports as these services have been invaluable to consumers within the community and support the philosophy and the mission of the C-P MH Program. During this fiscal year, we have maintained all services previously contracted and provided ONLY with the assistance of the Cumberland County Commissioners who provided American Rescue Plan (ARP) funds to back-fill deficit areas. Costs for service provision have increased significantly as costs for food, fuel, insurance, and staffing have risen. Fiscal Year 22-23, we are evaluating the potential need for cuts to programs due to again flat funding and rising costs and increased demand for services. It is noteworthy that ***Provider budget requests exceed the anticipated MH allocation by over \$1 million dollars for FY 2022/2023.*** All providers of mental health services are having difficulty retaining qualified staff. This priority will remain until adequate funding is fully addressed.

b. Priority 2 – Co-Responder Program Implementation - modified

The focus of this priority was modified to align with SAMHSA Best Practice provision of Mobile Crisis. A Co-responder model initiative as previously identified is no longer being planned. Staff attended the National CIT Conference and gained valuable knowledge with regard to addressing this need in the community. See revised priority below.

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

As described in the earlier section related to Suicide Prevention, this initiative continues to provide opportunities to increase awareness of suicide prevention through QPR trainings and community awareness events. The county MH Office has continued to provide leadership in this initiative in order to mentor community members to become leaders. Monthly PULSE meetings are held in-person with a virtual option available as well.

During the last fiscal year, 122 members of our community have received QPR training including Cumberland County staff, Cumberland County Prison Staff, Stephen Ministry participants from a local church, Law Enforcement Officers, multiple Emergency Management Services (EMS) partners, and Perry County community members and staff. 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. One member of the MH team serves on the CISM team. Through this relationship, we now have an EMT who trains EMS personnel, and a police officer who provides QPR to law enforcement officers. While the option for virtual trainings still exists, with the CDC lessening their COVID-19 restrictions, we have resumed in-person trainings. 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.

In an effort to make the QPR training more interactive for the participants, the Cumberland County MH office purchased TurningPoint Software which allows for polling of the audience and provides a mechanism to collect data to demonstrate the comprehensiveness/retention of the training and help identify areas that need additional attention. As a function of the before mentioned partnerships, 122 individuals were trained in QPR this fiscal year, and a total of 558 individuals have become QPR trained since 2019. We have a goal of conducting 12 trainings this year. This demonstrates a high degree of success and intentional work to address suicide in our communities.

d. Priority 4 – Implementing ESAP in one additional elementary school in each county

All CASSP elementary staff received mandatory Student Assistance Program (SAP) training in August 2020. All have been ESAP MH Liaison trained and implemented ESAP in many of their elementary schools. Two additional Perry County School Districts implemented ESAP in their school districts during the 2021/2022 school year. Currently 6 of the 9 Cumberland County and 3 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.

ESAP is an educational unfunded mandate that CASSP elementary school-based workers became trained in and successfully implemented. 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 applied and received approval for a Community Mental Health Services Block Grant (CMHSBG) to purchase new technology to address better data collection and analysis for all SAP providers - both ESAP and secondary SAP. Additionally, all providers have been trained to use the Behavioral Health-Works assessment tool through Drexel University. BH-Works software was made available for our use as part of the Garrett Lee Smith (GLS) grant. This program provides an assessment tool that enhances identifying comprehensive needs as well as strengthen data tracking and outcome reporting. 50% of PA counties currently use this tool within the SAP/ESAP services. Data is then uploaded from the BH-Works system to the JQRS state system for submission. While implementation of BH-Works has been time-consuming with training and implementation and a big learning curve, it has decreased the amount of duplicate data entry that needs to occur and provides more clear data with regard to service delivery and outcomes.

e. Priority 5 – Support county human service agencies to become Trauma Informed throughout the counties – Due to the ongoing pandemic last year, many of the planned events did not occur. Copies of *The Deepest Well: Healing the Long-Term Effects of Childhood Adversity*, written by pediatrician Nadine Burke Harris, M.D were distributed at the CIT training and during several community events as well as to county human services staff. Several “Becoming Trauma Informed” trainings were provided throughout the county human service agencies and the community. A 3-part series was presented via the Perry County LINK and was well attended with 20 individuals attending. Our Early Intervention (EI) staff provided these trainings with a focus on the Adverse Childhood Experiences study (ACEs) and the impact of trauma on everyone as well as the community. The Cumberland County Juvenile Probation Department continues to participate in a Trauma Pilot Program that utilizes the Child Trauma Screen (CTS) tool for referred youth at the intake level. This screening directs the need for further trauma assessment and recommendations for intensive trauma-based therapy

ii. *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 FY22-23 at current funding levels.*

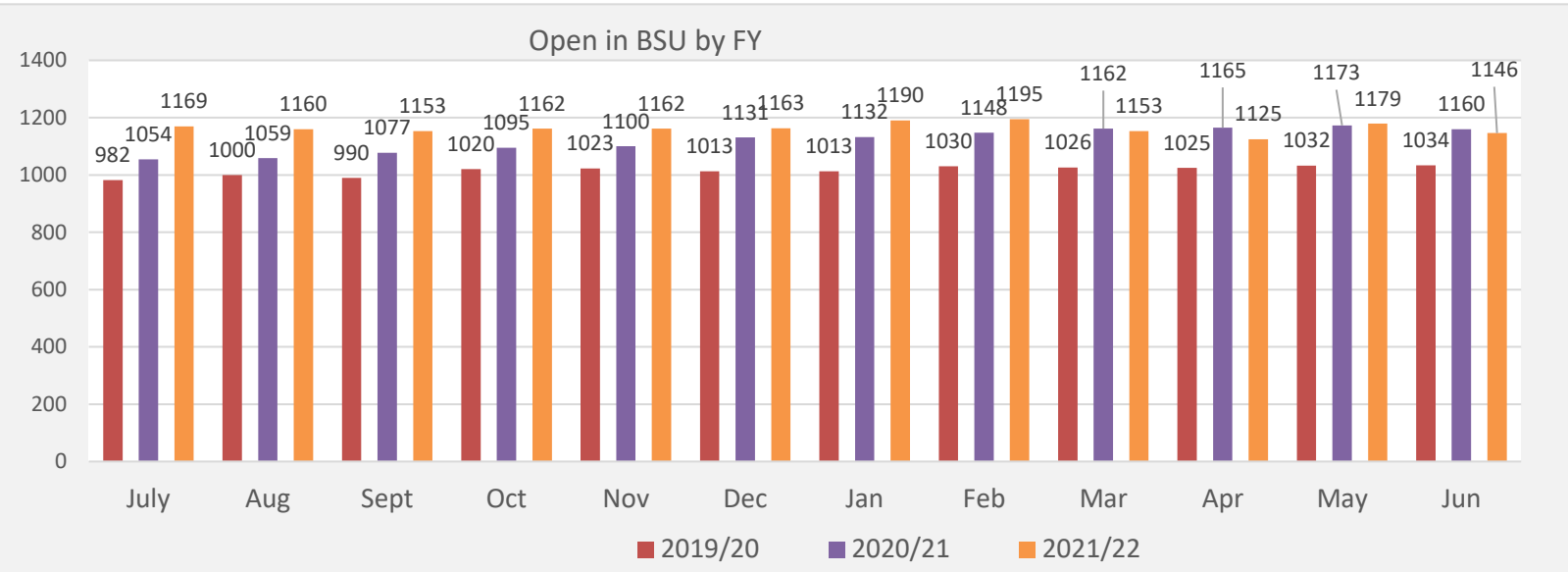
Priority 1 – Maintain and monitor current services and supports due to potential budget deficits

Continuing from prior year New Priority

a. *Narrative including action steps:* The recently approved Legislative budget did not provide any additional funding for mental health services. It should be noted that our county MH office finished FY21-22 with a deficit of over \$500,000. Cumberland County is the fastest growing county in the Commonwealth. Additionally, individuals seeking county funded mental health services has also continued to rise. All program expenses continue to rise predominantly 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 work collaboratively with all of the other departments in the block grant, as well as with both boards of Commissioners.

The chart below shows year over year growth in individuals receiving County base funded mental health services. Again, it is noted that there has not been a corresponding increase in funds to support staff who are



serving greater numbers of citizens.

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.

- b. *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.
- c. *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.

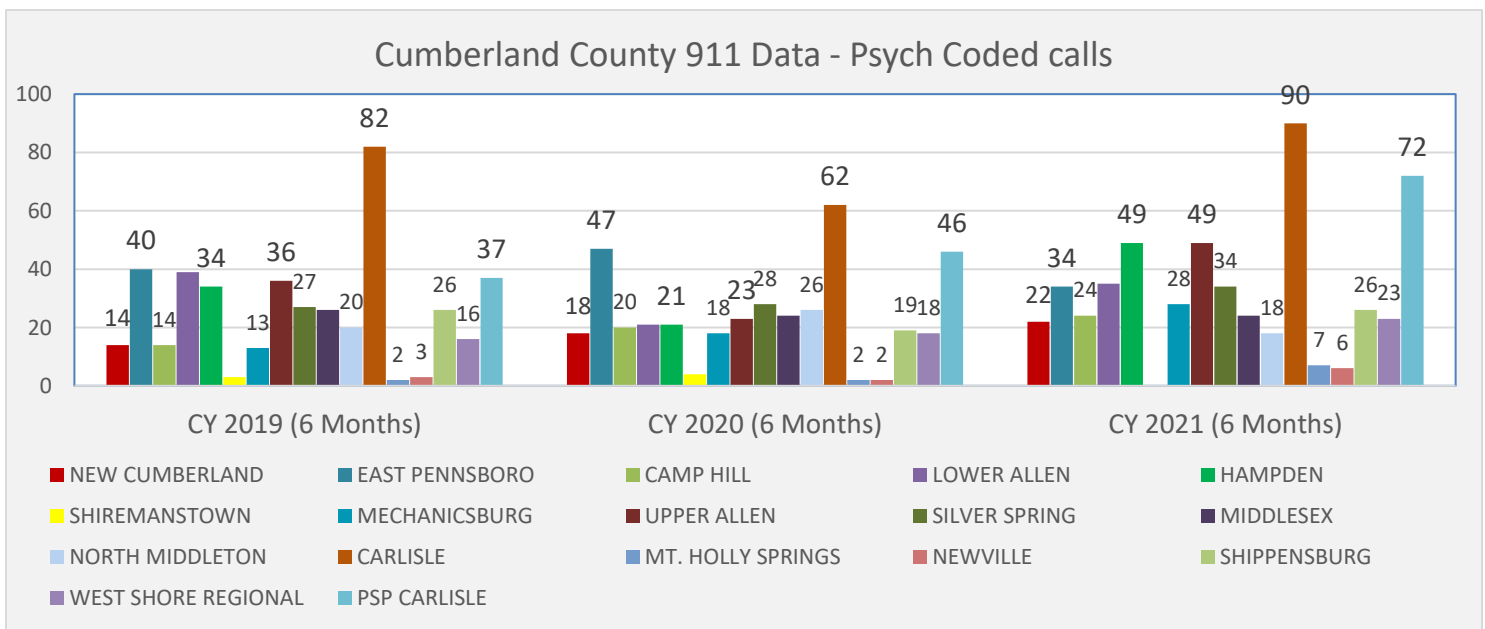
- d. *Tracking Mechanism:* MH staff will monitor fiscal impact via review of monthly claims submissions, and program utilization. Our MH Team meets monthly. Additionally, this information is shared at the MH.IDD Advisory Board meetings as well as each Counties' Commissioners' meetings.

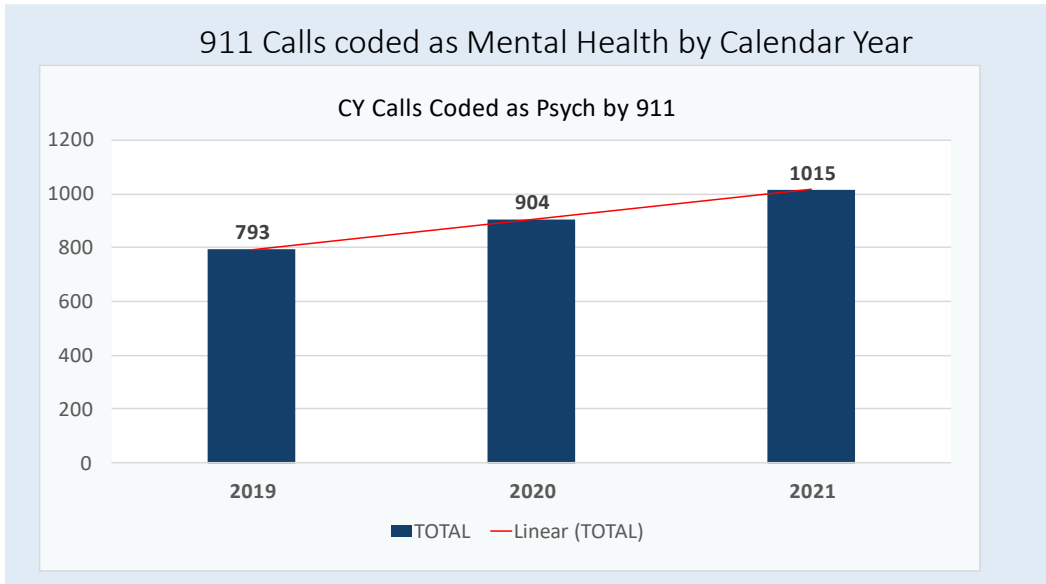
Priority 2 – Progression toward Alignment with SAMSHA Best Practice Guidelines for Crisis Intervention for Mobile Crisis (Modified from previous priority of Co-Responder Model to align with SAMSHA Best Practice provision of Mobile Crisis)

Continuing from prior year New Priority

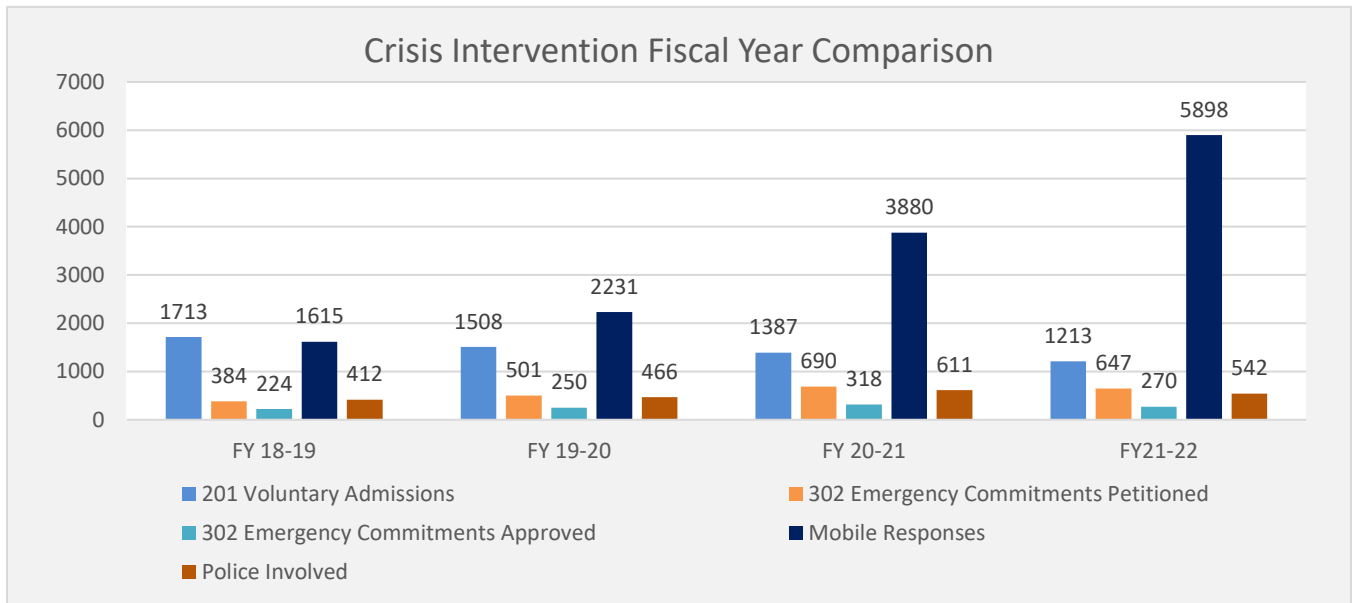
- a. *Narrative including action steps:* In March of 2020, SAMSHA released National Guidelines for the Provision of Crisis Care. [national-guidelines-for-behavioral-health-crisis-care-02242020.pdf \(samhsa.gov\)](https://www.samhsa.gov/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf) In July of 2021, CIT International released a position paper regarding Crisis Intervention and preference for a non-law enforcement response. [CIT Int Embedded Co-response Position Paper.docx \(citinternational.org\)](#) There is the reality that sometimes it is necessary to have law enforcement's support, especially when there may be a risk for violence. As a result of our review of these tools/documents, our Counties' and Crisis Intervention have considered how current operations may be transformed to better align with the federal best practice guidelines. Our Counties has been actively providing CIT training for law enforcement professionals and are now routinely interacting with our first responder community (police and EMS.) Additionally, Crisis Intervention concurrently has been working with the National Suicide Prevention Lifeline to become a local affiliate of the Lifeline. We've recently learned that Penn State Holy Spirit is now ready to officially be identified as a local Lifeline affiliate. Crisis has added/modified their staff complement to include a certified peer specialist position as well as positions that will optimally support a mobile response, while still ensuring the capability of responding to 988 calls as they come. This has increased the costs associated with providing the Crisis Intervention service; however, it will assist in transforming Crisis delivery and better serve our community.

Working in close collaboration with the 911 center, the below chart shows a 28% increase in calls that 911 coded as mental health related. It is noteworthy that overall call volume to the 911 center increased by only 4%. We believe this speaks to unmet need in the community. Further analyzing this data shows the majority of behavioral health related calls are regarding residents within the Carlisle Borough.





Crisis Intervention Service Utilization by Fiscal Year



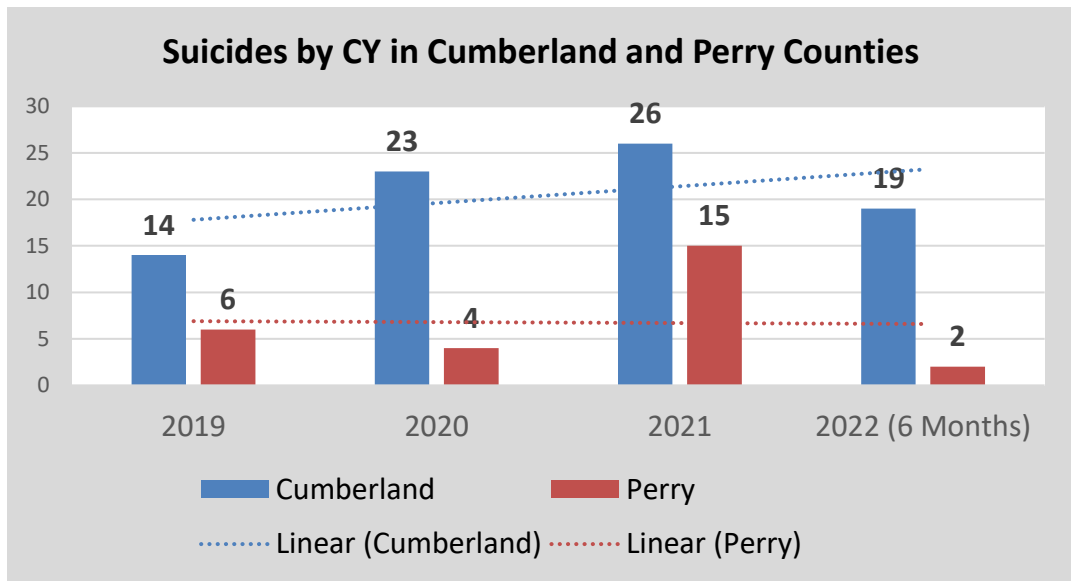
b. Timeline: As mentioned in the narrative, Penn State Holy Spirit (PSHS) has added positions to the Crisis complement including additional supervisors, crisis staff, and a certified peer specialist to strengthen capabilities for a mobile team response. These positions are posted in the organization. Hiring and retaining qualified staff continues to be a challenge. At the time of the writing of this plan, Crisis is currently down 3.2 Full Time Equivalents (FTEs). Crisis leadership has struggled with retaining the workforce for several years; however, the pandemic has exacerbated this problem. PSHS has 2 licensed sites, Holy Spirit Hospital and UPMC, Carlisle Regional Medical Center. The chart above (Crisis Intervention Service Utilization by Fiscal Year) shows shifts in utilization during the pandemic. Noteworthy is that with the addition of 2 new hospitals (UPMC-West Shore and PSHS-Hampden Center) in Cumberland County, mobile crisis units have increased substantially since individuals in need may present at any emergency room regardless of where Crisis Intervention staff offices are located.

- c. *Fiscal and Other Resources:* As mentioned in the narrative, working on this transformation, fiscally will cost additional resources. Crisis Intervention is funded by County Base funds and using an Alternative Payment Arrangement (APA) with PerformCare.
- d. *Tracking Mechanism:* Our offices will continue to work closely with Crisis to monitor hiring and service utilization.

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

Continuing from prior year New Priority

- a. *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.



- b. *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. We have a goal of conducting 12 trainings this year fiscal year.
- c. *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.

- d. *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. The TurningPoint Software also allows for pre- and post- class scoring to determine change in knowledge gained during the training.

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

Continuing from prior year New Priority

- a. *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. Both SAP and ESAP staff have been trained to use the BH-Works assessment tool through Drexel University. BH-Works software was made available for our use as part of the Garrett Lee Smith (GLS) grant.

West Perry and Greenwood School Districts in Perry County both successfully implemented ESAP during the 2021-2022 school year. Carlisle and West Shore School District staff in Cumberland County received training and had preparatory meetings anticipating that ESAP will be implemented in those 2 school districts during the upcoming school year.

- b. *Timeline:* Identified elementary school staff have received ESAP training and have planned team implementation of ESAP in those schools during the beginning of the 2022-2023 school year. Assigned CASSP staff will support this implementation by attending necessary meetings.
- c. *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 provided funding for improved technology – computers, tablets, and cell phones, while the GLS grant provided funding for the BH-Works assessment tool and implementation consultation.
- d. *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.

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

Continuing from prior year New Priority

- a. *Narrative including action steps:* Supporting individuals with trauma experiences has never been more important than now after the ongoing 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. Trainings are imperative and have already begun. Becoming trauma-informed is a multi-pronged approach.

We continue to support trainings and distribute copies of *The Deepest Well: Healing the Long-Term Effects of Childhood Adversity*, written by pediatrician Nadine Burke Harris, M.D. We are working to determine alternative ways to distribute the books and have deeper conversation regarding the impact of trauma and building resiliency. We continue to distribute this book during the CIT trainings. The Resilience movie, which is focused on the impact of trauma, is shown at the CIT trainings. Becoming Trauma Informed trainings continue

on a limited basis. The trainings have been well-received. The Trauma Pilot Program continued to be implemented within the Cumberland County Juvenile Probation Department. This project continues to involve a collaborative effort with the Juvenile Probation Department, Children & Youth Services, County Mental Health Office, and community providers. A project with Cumberland County Adult Probation is being planned whereby staff will participate in the “Becoming Trauma Informed” trainings in September 2022.

The National Stepping Up Initiative gives counties the opportunity to formally commit to systems level change. Cumberland County officially made this commitment in 2017 and received “innovator” status in 2020. [The Counties - Step Up Together](#). Stepping Up commits to a culture change within courts, jails, law enforcement, mental health, by developing targets to reduce the number of individuals who are incarcerated, who have mental illness. Stepping Up provides a trauma informed framework to use data to drive systems change to decrease the number of individuals with mental illness who are incarcerated. On a systems level it helps to establish mechanisms to assist individuals to receive treatment.

- b. 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 Trauma Informed Decision-Making Protocol (TIDP).
- c. 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.
- d. 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.

d) Existing County Mental Health Services

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

Services By Category	Currently Offered	Funding Source (Check all that apply)
Outpatient Mental Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Inpatient Hospitalization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Partial Hospitalization - Adult	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Partial Hospitalization - Child/Youth	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
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	<input checked="" type="checkbox"/>	<input 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	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Facility-Based Vocational Rehabilitation	<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 type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
**Outpatient Drug & Alcohol Services	<input type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
**Methadone Maintenance	<input 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
Long Term Structured Residence (LTSR)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment

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

e) Evidence-Based Practices (EBP) Survey:

Evidenced-Based Practice	1. Is the service available in the County/ Joinder? (Y/N)	2. Current number served in the County/ Joinder - Approx.	3. What fidelity measure is used?	4. Who measures fidelity? (agency, county, MCO, or state)	5. How often is fidelity measured?	6. Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	7. Is staff specifically trained to implement the EBP? (Y/N)	8. Additional Information and Comments
Assertive Community Treatment	Y	33	TMACT	CABHC	Quarterly	Y	Y	Modified ACT program/ follows CTT guidelines
Supportive Housing	Y	105	None Available	N/A	N/A	N/A	N/A	Vague guidelines but no toolkit
Supported Employment	Y	72	SAMHSA	Agency	Bi-Annually	Y	Y	Include # Employed = 50
Integrated Treatment for Co-occurring Disorders (Mental Health/SUD)	Y	Not Tracked	None Available	N/A	N/A	N/A	N/A	2 MH 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	PerformC are monitors model via QA activities	Every 3 years	N	Y	CRR-ITP
Multisystemic Therapy	Y	20	MST Services, Inc	MST Services Inc	Quarterly	Unknown	Y	Also provided through CYS/JPO Needs Based funding
Functional Family Therapy	Y	20	FFT Guidelines	Provider & FFT Consultant	Annually	Y	Y	
Family Psychoeducation	Y		None	N/A	N/A	N	N/A	NAMI C-P Family to Family; Peer to Peer; Support Group

*Please include both county and HealthChoices funded services.

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

Recovery-Oriented and Promising Practices	1. Service Provided (Yes/No)	2. Current Number Served (Approximate)	3. Additional Information and Comments
Consumer/Family Satisfaction Team	Y	1700	HealthChoices Managed Care Contract – covers 5 county collaborative
Compeer	N	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	2	
CPS Services for OAs	Y	1	
Dialectical Behavioral Therapy	Y	35	In addition, many therapists provide this therapy as an OP service, but the specific modality is not tracked
Mobile Medication	Y	34	Mobile Psychiatric Nursing
Wellness Recovery Action Plan (WRAP)	Y	Unknown; Not Tracked	WRAP is offered in all services, but completion of a WRAP is not tracked
High Fidelity Wrap Around	N	N/A	CASSP offers joint planning teams
Shared Decision Making	Y	41	Common Ground via Peer Support at Merakey
Psychiatric Rehabilitation Services (including clubhouse)	Y	85	1 Psych Rehab agency provides service in 4 locations across 2 counties
Self-Directed Care	Y	41	Same as Common Ground – shared decision-making
Supported Education	N	3	Offered via CAPSTONE program only – see below
Treatment of Depression in OAs	Y	300	Psychiatrist & Social Worker with Geriatric specialty
Consumer-Operated Services	Y	N/A	Community Support Program (CSP)
Parent Child Interaction Therapy	Y	2	
Sanctuary	N	Unknown	C-P residents have access to residential providers outside of our counties 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	3	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.

g) 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.

In the table below, 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

Name and email of county CPS Point of Contact (POC)	Robin Tolan - rtolan@ccpa.net
Total Number of CPSs Employed	6 total - 4 within the Peer Support program; 2 embedded in other programs (ACT/WarmLine)
Average number of individuals served (ex: 15 persons per peer)	12 persons per peer within the peer support program
Number of CPS working full-time (30 hours or more)	2
Number of CPS working part-time (under 30 hours)	4
Hourly Wage (low and high)	\$14.28 - \$17.00
Benefits (Yes or No)	FT – yes; PT - no

h) Involuntary Mental Health Treatment

1. During CY2021, did the County/Joinder offer Assisted Outpatient Treatment (AOT) Services under PA Act 106 of 2018?
 - No, chose to opt-out for all of CY2021

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 CY2021 (check all that apply):
 - N/A

3. If the County/Joinder chose to opt-out of providing AOT services for all or a portion of CY2021:
 - a. Provide the number of written petitions for AOT services received during the opt-out period.
 - # 0
 - b. Provide the number of individuals the county identified 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

4. Please complete the following AOT/IOT chart as follows:
 - a. Rows I through IV fill in the number
 - i. **AOT services column:**
 - 1) Available in your county, BUT if no one has been served in the year, enter 0.
 - 2) Not available in your county, enter N/A.
 - ii. **IOT services column:** if no one has been served in the last year, enter 0. (Row V)
Administrative costs of AOT and IOT

	i. AOT	ii. IOT
I. Number of individuals subject to involuntary treatment in CY2021	N/A	58
II. Number of inpatient hospitalizations following an involuntary outpatient treatment for CY2021		8
III. Number of AOT modification hearings in CY2021	N/A	
IV. Number of 180-day extended orders in CY2021	N/A	60
V. Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY2021	N/A	\$240,000

i) CCRI Data reporting

DHS requires the County/Joinder to submit a separate record, or "pseudo claim," each time an individual 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 an individual 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 DHS with accurate and complete encounter data. DHS' point of contact for encounter data will be the County/Joinder and no other Subcontractors or Providers. It is the responsibility of the County/Joinder to take appropriate action to provide DHS with accurate and complete data for payments made by County/Joinder to its subcontractors or providers. DHS 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 2021 been reported to the state as a pseudo claim? Yes No

While 95% of pseudo-claims have been submitted successfully, we continue to struggle with base funded providers not being validated or enrolled for specific services. Significant progress has been made in this area, however Provider Enrollment training is greatly needed. It would also be helpful if the counties were to have access to information related to provider enrollment to support providers in completing the enrollment process in order to best fulfill DHS' expectations regarding facilitating data reporting.

j) Categorical State Funding-FY 21-22 *(ONLY to be completed by counties not participating in the Human Services Block Grant)* N/A

INTELLECTUAL DISABILITY SERVICES

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

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

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 joiner 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, a program specialist, three supports coordination supervisors and fifteen (15) supports coordinators.

Cumberland/Perry IDD's PUNS Waiting List as of May 31, 2022, indicates that we have 121 individuals in the Emergency category, 79 individuals in the Critical category and 73 individuals in the Planning category. The most frequently requested services by our consumers per the PUNS data are Supported Employment, Habilitation services, Community Participation Supports, and Transportation. Unfortunately, we have individuals waiting for services because our providers are not able to provide these services due to the direct care staffing crisis that we are currently experiencing.

The 2022 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 2022. Cumberland-Perry's 2022 quality management goals are as follows:

1. Increase the number of residential providers who have received training in a complex care curriculum to 5.
2. Increase Lifesharing opportunities for individuals by 10%.
3. Increase number of individuals who are competitively employed by 5%.
4. Decrease the number of restraints of individuals by 20%.
5. 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 21-22</i>	<i>Percent of total Individuals Served</i>	<i>Estimated Individuals to be served in FY 22-23</i>	<i>Percent of total Individuals Served</i>
Supported Employment	14	13%	18	16%
Pre-Vocational	0	-	0	-
Community Participation	14	13%	18	16%
Base Funded Supports Coordination	106	100%	110	100%
Residential (6400)/unlicensed	4	4%	4	4%
Life sharing (6500)/unlicensed	0	-	0	-
PDS/AWC	1	1%	1	1%
PDS/VF	0	-	0	-
Family Driven Family Support Services	46	43%	50	45%

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 and developmental 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. 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 MH.IDD office, the Facilities Office, the Commissioners' Office/Mailroom, the Treasurer's Office, the 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. In 2022, our fifth class of six individuals completed the program with five individuals finding a competitive job in the community before or shortly after graduation. Currently, we are preparing for our sixth class to begin in September 2022.

As of June 2022, 183 or 24% of the working age individuals registered with us are working competitively with 81 of these individuals receiving some type of employment support services to maintain their jobs. Another 25 individuals are currently receiving job finding services through an employment provider.

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 2022, 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. Seven years ago, only twenty-five percent (25%) of our graduates were 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.

Over the past years, as part of Disability Employment Awareness Month, we have recognized local employers in Cumberland County who embrace employing individuals with intellectual disabilities/Autism. Some of those employers have been Syncreon, Carlisle Family YMCA, Giant Food Stores, various school district food service departments, 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 has not been able to host the Business Champions recognition event in October as we have done in prior years. We look forward to hosting the Business Champions recognition event again in the future.

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 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. Providers were given the opportunity to receive ARPA funding to have staff credentialed in the Association of Community Rehabilitation Educators (ACRE) and Benefits Counseling this past year.

In past years, 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. However, in April 2022, we hosted our first Virtual Transition Fair which offered six (6) live presentations to all school districts in Cumberland, Perry, and Dauphin counties. This event was well received by those participating in the sessions.

We have a new Community Participation Support program opening in Cumberland County. Vista, a provider of Autism services located in Hershey, PA, will open a new Community Participation Support program in the Fall of 2022. Vista Autism Services is currently in the process of having their new Community Inclusion Center (CIC) licensed. The new program is located at 3400 Market Street, Camp Hill. This is the site of the former Good Shepard School that did not reopen after the pandemic. Sixteen (16) individuals have been referred to the program. Three (3) staff have been hired. The goal is for individuals with Autism to have a meaningful day and to increase independence, confidence, and over-all quality of life through skill development and growth. Participants in this program will spend at least 50% of their day integrated into the community rather than in a licensed setting. This program operates most often in small groups with ratios of 1 or 2 staff and 2 to 3 individuals. Program goals for this program include: expanding community safety skills, developing natural supports in the community, increasing the ability to access resources in the community and increasing vocational skills.

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 106 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 as part of 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 Coordinators introduce the LifeCourse framework to families during their initial meeting. The SCO has three SCs who are receiving more intensive training on the LifeCourse principles and engagement with families to increase the use of the LifeCourse tools. 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 conducted by the SCO on an annual basis. For the SCO's interim Quality Assessment and Improvement self-assessment in 2021, the SCO received another commendable score of 100%!

LIFESHARING AND SUPPORTED LIVING

Our Lifesharing programs have had their “ups and downs.” We currently have seven (7) individuals living in a Lifesharing home and our PUNS numbers indicate that individuals and their families have little interest in Lifesharing at this time. 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. Lack of knowledge regarding Lifesharing is another barrier as well.

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. Seventeen (17) 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 began in February 2022.

We have also contracted with another provider who is 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.

In addition, we currently have three providers who offer Supported Living services to individuals with IDD. We have a total of thirteen (13) individuals who are living in Supported Living apartments. In addition, we have one individual who is preparing to move from a 6400 residential placement to a Support Living apartment in August 2022.

In 2022, we also developed a new service for individuals and their families interested in independent living. Our 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, including an Independent Living Assessment, 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.

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 2022-2023 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 has been meeting regularly to ensure that the needs of children and youth who are open in multiple county systems are being adequately addressed. We refer to this group as our Complex Case Team. We continue to meet with our partners from MH and CYS as well as members from our State teams to identify the barriers and possible strategies to meet the needs of individuals with complex needs more effectively. 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.

The Cumberland/Perry AE has a Program Specialist who attended the Building Capacity Institute who serves as our Dual Diagnosis Specialist. Her responsibilities include participating on the County Complex Case Team, attending planning meetings for individuals getting ready to transition from RTF’s, approved private schools, or prisons, and serving as a resource for the supports coordinators when they are supporting dually diagnosed individuals.

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. Cumberland/Perry IDD Services has also identified dual diagnosis training for our residential providers as one of our Quality Management goals.

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, the individuals who are being referred to CSG's mobile team 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.

One of our residential providers is currently renovating one of the community homes that they closed during the pandemic into a home that is being specifically designed for individuals with dementia. They have partnered with the Cumberland County Housing Authority to do this. This home will have a fully accessible bathroom as well as a fully accessible kitchen. It will be an open floor plan with appropriate lighting and color contrasts to aid in supporting individuals with ID who also have dementia. Technology will also be added to this home to assist in ensuring the safety of the individuals who will reside in this home. Having a home that has been developed specifically for the needs of individuals with IDD who also have dementia will assist providers in caring for them instead of having to place these individuals in a skilled nursing facility. We look forward to the opening of this new residential opportunity for individuals with IDD and dementia.

For 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 who 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 in the future. 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 2022-2023.

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 and 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 who has an open case with us, the on-call MH Delegate will 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, SC and/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 who are registered with us as well as for those individuals who 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 one (1) emergency situation. In this case, 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 was used to support this emergency situation 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 Specialists, the supports coordination unit, and at special events, i.e., our annual Transition Fair. In addition, the new program specialist for the SCO will provide direct support to individuals and families about the LifeCourse and assist them with completing the LifeCourse worksheets.

IDD Task Force - Seventeen (17) 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 addressed the planning, construction, and continued support of living arrangements for adults with intellectual disabilities.

Over the past fifteen (15) 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. We continue to embrace The Networked Neighborhood strategy in our planning for services and supports today. The projected outcomes for the Networked Neighborhood Strategy include:

- 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 was meeting the first Wednesday evening of each month. During the pandemic, this group met virtually several times. We plan to reconvene our consumer/family/provider advisory group in 2023. 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 individuals with IDD and their families.

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. Several 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.

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 Cumberland County 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 2021-2022, there were 56 independent surveys completed by Vision for Equality, our IM4Q provider for Cumberland- Perry IDD Services.

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 5 (aspiration, bowel obstruction, dehydration, seizures, and infection/sepsis). 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.

The HCQU continues to expand their on-line training offerings utilizing an interactive training platform 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 their 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 5 health risks - aspiration, bowel obstruction, dehydration, seizures, and infection/sepsis - that many individuals with ID/Autism experience during their life. If these five 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 whom they support who had any of the Fatal 5 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 five 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 5 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. During the pandemic, two of our residential providers had to close a total of three homes and move the consumers to other available vacancies in other homes that they own/rent due to staffing deficits. The County continues to educate our legislators about the direct care staffing crisis which includes advocating for increased funding for direct care staff wages.

In July of 2021, Cumberland/Perry MH/IDD implemented a new Quality Management goal that focuses 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.

Cumberland/Perry AE staff are prepared to support our providers in any way that we can when providers agree to support individuals with higher levels of need. The AE staff are available for planning purposes and assistance in developing the ISP and/or behavior plan; providing guidance in the interpretation of the ODP regulations as well as providing Base funding for services when appropriate. We want the individual and the provider to be able to develop a relationship where both the individual and the provider feel confident and are able to realize success.

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. Some of the presentations this past year included various health-related topics presented by the HCQU, the new Incident Management guidelines and presentations on Assistive Technology and Remote Supports.

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 Managers. The Incident Managers evaluate the data, trends, and best practices to provide quality assurance and identify quality improvement needs. The Incident Managers are 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 Managers supplement this training and are 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 their 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 the 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, SCO 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 and Community Living Waiver both have caps.

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 25 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.

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 12-18 months 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 with approval. 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 22-23.*

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.

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. Most recent reviews yielded no findings with financial or contractual requirements.

- *Please describe any proposed changes to case management services for FY 22-23.*

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.

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 – sustainability planning
- Budgeting
- Case Management
- 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 landlords 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 and staff performance reviews. 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 22-23.*

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 ERAP availability declines.

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 a male is a DVS victim, the residents will vote for the male to be housed at the shelter or go to a hotel/motel. If the shelter is full, 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 and ask for Coordinated Entry. 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.

A new emergency family shelter, Community CARES Family Shelter is open 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 ten families or

up to 35 people per night, more than half children, and provides for basic needs. They will be provided with weekly case management to develop a family plan and are collaborating with local organizations to provide more intensive services and resources. Also, the shelter has partnered with Wellspan to provide two beds for those recovering from a major health incident. Stay is up to 30 days.

Unmet needs and gaps include lack of enough transitional shelters for women and children, no transitional housing or programs for individuals leaving correctional facilities. Shelters aren't always equipped to handle medical/physical needs or older adults.

- *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 22-23. 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 22-23.*

None planned at this time. Consumer feedback and assessment of needs within the county may impact how services are delivered.

- *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.

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, treatment, case management, and recovery support 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.

For the last several 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 under the federal Affordability Care Act 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 consider 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 accurately answer these questions 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: Clinically-Managed Low Intensity Residential Services	0	1-7

**Average wait time in days

The availability of detox beds is sporadic, and our 0 to 3-day estimation can 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 two years 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.

Compared to five years ago, 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 Avenues Recovery 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 recent years a majority of the Commission's nine outpatient providers have 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, 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 are 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.

Overdose Survivors' Data

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 four 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 because 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 2020-2021 and 2021-2022 fiscal years:

	# of Overdose Survivors	# Referred to Treatment	Referral Methods	# Refused Treatment
FY 2020-21	28	27	Case Management to Treatment Provider	0
FY 2021-22	36	36	Case Management to Treatment Provider	1

2. LEVELS OF CARE

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 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	17	0	12
3.7	3	0	2
3.5	28	0	12
3.1	11	0	0
2.5	3	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 a specialized treatment regimen.

3. TREATMENT SERVICES NEEDED IN COUNTY

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 additional federal funding, the Commission increased the amount of funding earmarked for methadone services. With continued federal opioid funding we have been able to sustain this increase through the just completed 2021-2022 fiscal year. Our plan is to continue this increased funding level for methadone services for 2022-2023, 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 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 2022-2023 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 covered 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, and were granted, no-cost extensions from PCCD that will allow for the continuation of County Jail Vivitrol Program grant funding until June 30, 2023. Although this will be sufficient to sustain the Perry County program for the full year, we project that the remaining Cumberland County dollars will be exhausted in about six months. We will seek to continue the program with other funds available to the Commission.

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 has opened a new 24-bed halfway house for men within Lancaster County.

There were 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. For 2022-2023 we are adding the White Deer Run York partial hospitalization program to our list of contracted providers. We will continue to consider the addition of other services and providers to our network as needs and gaps are identified, but any future expansion would be contingent upon our ability to access additional funding that is sustainable.

4. ACCESS TO AND USE OF NARCAN IN COUNTY

Listed in the table below is overdose fatality data from the Cumberland and Perry County Coroners from calendar years 2014 through 2021. In Cumberland County we saw a significant decrease (46.5 percent) in overdose deaths from 2017 to 2019. However, data from 2020 reveals that much of the progress made in reducing overdose fatalities was lost. It is likely that the social isolation associated with early COVID-19 restrictions, along with the reduction of in-person treatment and recovery support services, contributed to an increase in relapses and overdoses. There was a significant reduction in overdose deaths in 2021 as COVID-19 restrictions eased. However, the total of 51 fatalities in 2021 is

unacceptable, and it indicates there's more work to be done. The Coroner reports that during both 2020 and 2021 most of these deaths were linked to fentanyl.

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 increase in overdose fatalities in Perry County in 2020 and 2021 indicates that the progress made in reducing deaths was lost with the onset of the COVID-19 pandemic. Most of the recent Perry County overdose fatalities are also linked to fentanyl.

Drug Overdose Fatalities								
	2014	2015	2016	2017	2018	2019	2020	2021
Cumberland County	35	41	66	86	52	46	68	51
Perry County	6	3	10	12	16	10	15	15

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.

There is only one local police department in Perry County, in Marysville. This department is reportedly carrying naloxone. 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. 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 opioid 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. 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 is now able to provide naloxone supplies to local SUD treatment and recovery support providers for distribution 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, a local health and wellness foundation, 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 23 of these workshops at various locations throughout Cumberland and Perry Counties. There has been a total of 384 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 only moderately successful. RASE has resumed offering in-person naloxone workshops. Recent workshops were conducted with personnel from a local tavern and the staff of a local library.

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. Our SCA is currently working with Penn State Health Life Lion, as our Central Coordinating Entity, to ensure that additional naloxone will be available to both county jails when the initial supplies are exhausted.

5. COUNTY WARM HANDOFF PROCESS

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 four hospital emergency departments located within our two-county service area. JFT utilizes Certified Recovery Specialists (CRSs) 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 CRS from JFT for a brief intervention and referral to 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, emergency department personnel provide 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 Medical Center) joined the program, and on October 1, 2021 the new Penn State Health Hampden Medical Center also joined the program. This initiative continues to be very well received by patients and hospital staff. JFT has built positive working relationships with the emergency department personnel. Even throughout the current COVID-19 pandemic all four 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 43-month period from December 2018 through the end of June 2022.

Number Served	915
Number Entering Treatment	512
Number Completing Treatment	unknown

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.

Adult Services: *Please provide the following:*

Program Name: Chore Services (\$2,000 budgeted for 22/23)

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, handrails, 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 (\$3,454 budgeted for 22/23)

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 (\$3,120 budgeted for 22/23)

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 (\$2,713 for 22/23)

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 (\$2,380 for 22/23)

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.

Aging Services: *Please provide the following:*

Program Name: Home Delivered Meals (\$1,870 for 22/23)

Description of Services: Provide meals to homebound individuals 60 or older in their own homes.

Service Category: Home-Delivered Meals - Provides meals, which are prepared in a central location, to homebound individuals in their own homes.

Generic Services: *Please provide the following:*

Program Name: Homeless Assistance Services – Case Management (\$5,000 budgeted for 22/23)

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 (\$5,000 budgeted for 22/23)

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:*

Program Name: Cumberland Cares for Families (\$129,675 budgeted for 22/23; \$69,500 of total provided through Cumberland County Children and Youth)

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:

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, our ECHO Housing includes interagency coordination. ECHO Housing is a small temporary cottage placed on the property of a family member or friend with the land available. They maintain their independence but have nearby supports as a housing solution and alternative to placement in a PCH or NF or living with the family. Meetings and service coordination includes representatives from Cumberland County Aging and Community Services, Housing and Redevelopment Authority, Planning Commission, and Mental Health.

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

County:	1.	2.	3.	4.	5.	6.
Cumberland	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES

MENTAL HEALTH SERVICES - Cumberland & Perry

ACT and CTT	12		\$ 49,120			
Administrative Management	1,430		\$ 826,642		\$ 74,913	
Administrator's Office			\$ 485,303		\$ 53,922	\$ 200,323
Adult Developmental Training						
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment	69		\$ 158,031		\$ 17,559	
Community Residential Services	112		\$ 2,818,583		\$ 306,404	\$ 2,765,686
Community Services	2,141		\$ 1,103,301		\$ 122,590	\$ 60,814
Consumer-Driven Services	92		\$ 152,716			
Emergency Services	952		\$ 55,665		\$ 6,185	
Facility Based Vocational Rehabilitation						
Family Based Mental Health Services						
Family Support Services	91		\$ 99,485		\$ 11,054	
Housing Support Services	122		\$ 756,886		\$ 51,996	
Mental Health Crisis Intervention	3,114		\$ 1,973,130			
Other						
Outpatient	13		\$ 184,271		\$ 18,544	
Partial Hospitalization						
Peer Support Services	19		\$ 48,825			
Psychiatric Inpatient Hospitalization						
Psychiatric Rehabilitation	38		\$ 302,112			
Social Rehabilitation Services	213		\$ 600,692		\$ 56,077	
Targeted Case Management	88		\$ 631,877			
Transitional and Community Integration	130		\$ 155,998			
TOTAL MENTAL HEALTH SERVICES	8,636	\$ 10,402,637	\$ 10,402,637	\$ -	\$ 719,244	\$ 3,026,823

INTELLECTUAL DISABILITIES SERVICES - Cumberland & Perry

Administrator's Office			\$ 825,174		\$ 91,686	\$ 642,523
Case Management	1,012		\$ 229,500		\$ 25,500	
Community-Based Services	150		\$ 938,823		\$ 91,730	
Community Residential Services	6		\$ 889,651		\$ 1,639	
Other						
TOTAL INTELLECTUAL DISABILITIES SERVICES	1,168	\$ 2,883,148	\$ 2,883,148	\$ -	\$ 210,555	\$ 642,523

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

County:	1.	2.	3.	4.	5.	6.
Cumberland	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
HOMELESS ASSISTANCE SERVICES						
Bridge Housing	15		\$ 40,000			
Case Management	1,238		\$ 182,708			\$ 10,355
Rental Assistance	17		\$ 37,244			\$ 2,200
Emergency Shelter	528		\$ 11,000			
Innovative Supportive Housing Services	-		\$ -			
Administration			\$ 30,106			\$ 3,473
TOTAL HOMELESS ASSISTANCE SERVICES	1,798	\$ 301,058	\$ 301,058		\$ -	\$ 16,028
SUBSTANCE USE DISORDER SERVICES - Cumberland & Perry						
Case/Care Management	10		\$ 29,426			
Inpatient Hospital						
Inpatient Non-Hospital	71		\$ 259,061			
Medication Assisted Therapy	14		\$ 91,000			
Other Intervention	15		\$ 7,000			
Outpatient/Intensive Outpatient						
Partial Hospitalization						
Prevention	30		\$ 30,000			
Recovery Support Services	20		\$ 57,148			
Administration			\$ 24,000			
TOTAL SUBSTANCE USE DISORDER SERVICES	160	\$ 497,635	\$ 497,635	\$ -	\$ -	\$ -
HUMAN SERVICES DEVELOPMENT FUND						
Adult Services	3		\$ 2,000			
Aging Services	410		\$ 13,537			
Children and Youth Services	-		\$ -			
Generic Services	3,601		\$ 10,000			
Specialized Services	168		\$ 69,214			\$ 60,461
Interagency Coordination			\$ 21,518			
Administration			\$ 12,918			\$ 26,459
TOTAL HUMAN SERVICES DEVELOPMENT FUND	4,182	\$ 129,187	\$ 129,187		\$ -	\$ 86,920
GRAND TOTAL	15,944	\$ 14,213,665	\$ 14,213,665	\$ -	\$ 929,799	\$ 3,772,294