

# **CUMBERLAND COUNTY HUMAN SERVICES BLOCK GRANT PLAN**

**2023-2024**

**October 11, 2023**

## **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  
[ratolan@cumberlandcountypa.gov](mailto:ratolan@cumberlandcountypa.gov)

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CUMBERLAND COUNTY HUMAN SERVICES BLOCK GRANT PLAN 2023-2024

APPENDIX A

Fiscal Year 2023-2024


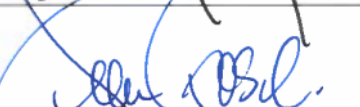
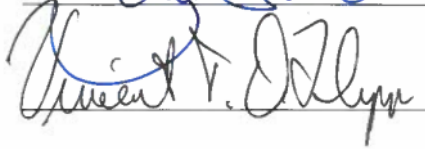
ASSURANCE OF COMPLIANCE

- 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(s)*

*Please Print Name(s)*

		Date: 9-28-2023
		Date: 9-28-2023
		Date: 9-28-2023

# CUMBERLAND COUNTY HUMAN SERVICES BLOCK GRANT PLAN 2023-2024

## APPENDIX B COUNTY HUMAN SERVICES 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, as appropriate, the critical stakeholder groups, including:*
  - a. *Individuals and their families*
  - b. *Consumer groups*
  - c. *Providers of human services*
  - d. *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 County Community Opiate Overdose Prevention Coalition
- Cumberland-Perry Drug and Alcohol Provider Meetings
- 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 County Health Coalition

## CUMBERLAND COUNTY HUMAN SERVICES BLOCK GRANT PLAN 2023-2024

- Cumberland-Perry Community Partners for Change [formerly Local Housing Options Team (LHOT)] meetings
- NAMI Cumberland and Perry Counties, PA meetings
- Cumberland & Perry MH Provider and Base Service Unit (BSU) meetings
- Behavioral Health Managed Care committee meetings including Quality Improvement/Utilization Management (QI/UM), Clinical, Reinvestment Planning and Consumer & Family Focus Committee (CFFC) with our behavioral health partners - Capital Area Behavioral Health Collaborative (CABHC) & PerformCare
- LINK to Aging & Disability Resources Board meetings for Central Region as well as Perry County.
- 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 Coalition
- UPMC – HUG Meetings
- Regional Crisis Intervention Teams (CIT) Collaborative meeting

In addition, 4 Town Hall meetings were held throughout Cumberland and Perry counties in the Spring of 2023 to allow community voice regarding program and budget needs prior to legislative decisions with regard to the state budget.

Information for the Human Service Plan is gathered continuously throughout the year via these collaborative and joint planning processes. Virtual and in-person meetings occur.

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

Throughout the year, information is discussed and gathered through the numerous committees and community meetings previously mentioned. 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. Utilization of virtual platforms such as ZOOM and TEAMS have allowed for expanded access and participation for many stakeholders.

*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. Participants have the opportunity to attend in person or 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,

## CUMBERLAND COUNTY HUMAN SERVICES BLOCK GRANT PLAN 2023-2024

including 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 Boards 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. In-person and virtual access is available for these meetings in order to promote transparency and invite greater awareness and participation from the community. These advisory committee 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.*

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 is a major value that cuts across all of the County-managed human service programs. The County intends to use allocated funds to provide services to its residents in the least restrictive settings appropriate to individuals' needs.

The development of networks of care that will allow County residents to access appropriate services while retaining as much self-sufficiency and community connections as possible continues to be a guiding and foundational principle in our local human service planning. 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 continue to strengthen 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 individual's or family's needs. Our priority is to continue providing

## CUMBERLAND COUNTY HUMAN SERVICES BLOCK GRANT PLAN 2023-2024

community-based services that best support individuals and families to remain successful in the community. The Human Service Development Fund provides funding for Home Modifications for safety, Transportation, Personal Care, Case Management, Protective Services, and Home Delivered Meals, all of which help residents to stay safely in their homes for longer.

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.*

Cumberland County is the fastest growing County in the Commonwealth, and the number of individuals receiving County funded MH services continues to increase. Data shows numbers served have grown by **7% since FY19-20**. Also noteworthy, the MH program ended FY22-23 with a deficit of over \$2.5 million. Costs of service delivery have greatly increased. Given the continued surge of need and the current funding gaps, 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.

## CUMBERLAND COUNTY HUMAN SERVICES BLOCK GRANT PLAN 2023-2024

### 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 September 11, 2023 at 10:00 AM in-person and via ZOOM; during the Cumberland County Board of Commissioners' Meeting on September 28, 2023 at 9:30 AM, in person and via ZOOM; and in person and via Web-Ex during the Perry County Commissioners' Meeting on October 2, 2023 at 10:00 AM at the Commissioner's Hearing Room in New Bloomfield. 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 September 11, 2023 hearing, the ads were published 8/29/2023, 8/31/2023, 9/6/2023, 9/7/2023 .
  - c. *When was the second ad published?* For the September 28, 2023 hearing, the ads were published on 9/14/23, 9/20/23.

As Cumberland and Perry Counties are a joinder for Mental Health, Intellectual & Developmental Disabilities, and Drug & Alcohol Services, an additional hearing was held on October 2, 2023 during the Perry County Commissioners' Meeting. Information pertaining to that hearing is found in the Perry County Human Service Block Grant plan.



CUMBERLAND COUNTY HUMAN SERVICES BLOCK GRANT PLAN 2023-2024

Notices of Public Hearing - 9/11/2023

\*\*\* Proof of Publication \*\*\*

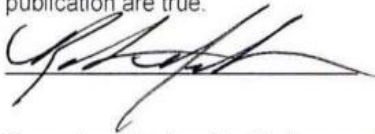
State of Indiana  
County of Lake

I, Robin Nelson, Principal Legal Notices Clerk, of The Sentinel of Cumberland County and State of Pennsylvania, 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):

Cumberland/Perry MH/IDD Program  
LEGALS  
1615 RITNER HIGHWAY  
CARLISLE PA 17013

ORDER NUMBER 63685

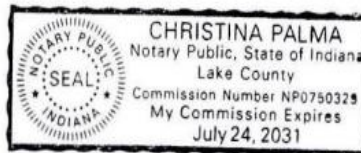
Affiant further deposes that he/she is not interested in the subject matter of the aforesaid notice or advertisement, and that all allegations in the foregoing statement as to time, place and character of publication are true.



Sworn to and subscribed before me this 8/29/23

Christina Palma  
Notary Public

My commission expires:



Section: Legal

Category: 0010 PUBLIC NOTICES

PUBLISHED ON: 08/29/2023

**Legal Notice**

The public hearing on the 2023-2024 Mental Health component 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, September 11, 2023. Starting time is 10:00 am. The hearing will be held at the STAR, 253 Penrose Place, Carlisle, PA 17013.

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  
8/29 63685

CUMBERLAND COUNTY HUMAN SERVICES BLOCK GRANT PLAN 2023-2024

Proof of Publication of Notice in

THE NEWS-CHRONICLE & VALLEY TIMES STAR

Cumberland Perry MH/IDD

Legal

Amy Horn, being duly sworn according to law, deposes and says that she is the General Manager of "The News-Chronicle & Valley Times Star," which is a weekly newspaper of general circulation published in Shippensburg Borough, Cumberland County, Pennsylvania, by Tuscarora Media Group LLC, a corporation duly organized and existing under the laws of the Commonwealth of Pennsylvania having its principal place of business at 825 West King Street, Front (P.O. Box 100), Shippensburg, Pennsylvania; that she is authorized to and does make this affidavit on its behalf; that the printed notice, advertisement of publication attached hereto is the same as was printed in the regular editions and issues of "The News-Chronicle" and the Valley Times Star on the following date(s)

News Chronicle August 31, 2023

Copy of Notice of Publication Attached

Affiant further deposes that neither he nor "The News-Chronicle" and Tuscarora Media Group LLC have any interest in the subject matters of the aforesaid notice or advertisement, and that the facts set forth in the foregoing affidavit is true and correct.

[Handwritten signature]

Sworn and subscribed before me this

31 Day of August, 2023

[Handwritten signature]

NOTARY PUBLIC

Commonwealth of Pennsylvania - Notary Seal. HARRY J HARTMAN - Notary Public Adams County My Commission Expires August 28, 2025 Commission Number 1276679

To: "The News-Chronicle" Shippensburg, PA 17257 For publishing the notice attached hereto:

Legal Notice

The public hearing on the 2023-2024 Mental Health component 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, September 11, 2023. Starting time is 10:00 am. The hearing will be held at the STAR, 253 Penrose Place, Carlisle, PA 17013.

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 8/29 63685

CUMBERLAND COUNTY HUMAN SERVICES BLOCK GRANT PLAN 2023-2024

AFFP

Legal Notice-2023 MH Plan

**Affidavit of Publication**

STATE OF COMMONWEALTH OF PENNSYLVANIA } COUNTY OF PERRY } SS

Legal Notice

The public hearing on the 2023-2024 Mental Health component of the Cumberland/Perry Counties Human Services Plan has been scheduled by the Cumberland/Perry Counties Mental Health/Intellectual Developmental Disabilities Board.

Curtis Dreibelbis, being duly sworn, says:

The hearing is scheduled for Monday, September 11, 2023. Starting time is 10:00 am. The hearing will be held at the STAR, 253 Penrose Place, Carlisle, PA 17013.

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: September 06, 2023, September 07, 2023

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

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

SIGNED:

*Curtis L. Dreibelbis*

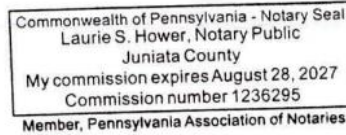
Publisher

Subscribed to and sworn to me this 7th day of September 2023.

*Laurie S. Hower*

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

My commission expires: August 28, 2027



00005900 00225339

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

CUMBERLAND COUNTY HUMAN SERVICES BLOCK GRANT PLAN 2023-2024

Notices of Public Hearing - 9/28/2023

Proof of Publication of Notice in

THE NEWS-CHRONICLE & VALLEY TIMES STAR

Cumberland/Perry/MH/IDD

Legal

Amy Horn, being duly sworn according to law, deposes and says that she is the General Manager of "The News-Chronicle & Valley Times Star," which is a weekly newspaper of general circulation published in Shippensburg Borough, Cumberland County, Pennsylvania, by Tuscarora Media Group LLC, a corporation duly organized and existing under the laws of the Commonwealth of Pennsylvania having its principal place of business at 825 West King Street, Front (P.O. Box 100), Shippensburg, Pennsylvania; that she is authorized to and does make this affidavit on its behalf; that the printed notice, advertisement of publication attached hereto is the same as was printed in the regular editions and issues of "The News-Chronicle" and the Valley Times Star on the following date(s)

News Chronicle September 14, 2023

Copy of Notice of Publication Attached

Affiant further deposes that neither he nor "The News-Chronicle" and Tuscarora Media Group LLC have any interest in the subject matters of the aforesaid notice or advertisement, and that the facts set forth in the foregoing affidavit is true and correct.

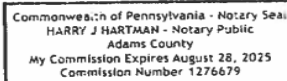
[Handwritten signature]

Sworn and subscribed before me this

14 Day of Sept., 2023

[Handwritten signature]

NOTARY PUBLIC



To: "The News-Chronicle" Shippensburg, PA 17257

Legal Notice

The public hearing on the 2023-2024 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, September 28, 2023. Starting time is 9:30 am. The public is invited to attend in person or participate in the meeting via Zoom. The hearing will be held in the Commissioners' Hearing Room, Second Floor of the Cumberland County Courthouse located at One Courthouse Square, Carlisle, PA 17013. If you would like to participate in the meeting via Zoom, the meeting link is https://ccpameet.zoom.us/j/95784336350. The meeting ID is 957 8433 6350. The hearing will be live streamed, please see the Cumberland County website (www.cumberlandcountypa.gov) 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

CUMBERLAND COUNTY HUMAN SERVICES BLOCK GRANT PLAN 2023-2024

Proof of Publication of Notice in

THE VALLEY TIMES-STAR

Cumberland/Perry/MH/IDD

Meeting

COMMONWEALTH OF PENNSYLVANIA

Amy Horn, being duly sworn according to law, deposes and says that she is the General Manager of "The Valley Times-Star," which is a weekly newspaper of general circulation published in Shippensburg Borough, Cumberland County, Pennsylvania, by Tuscarora Media Group LLC, a corporation duly organized and existing under the laws of the Commonwealth of Pennsylvania having its principal place of business at 825 West King Street, Front (P.O. Box 100), Shippensburg, Pennsylvania; that she is authorized to and does make this affidavit on its behalf; that the printed notice, advertisement of publication attached hereto is the same as was printed in the regular editions and issues of "The Valley Times-Star" on the following date(s)

September 20, 2023

Copy of Notice of Publication Attached

Legal Notice

News-Chronicle" and Tuscarora Media Group LLC have any interest in the subject matters of the aforesaid notice or advertisement, and that the facts set forth in the foregoing affidavit is true and correct.

[Signature]

Sworn and subscribed before me this

20 Day of Sept., 2023

[Signature]

NOTARY PUBLIC

Commonwealth of Pennsylvania - Notary Sec. HARRY J HARTMAN - Notary Public Adams County My Commission Expires August 28, 2025 Commission Number 1278679

The public hearing on the 2023-2024 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, September 28, 2023. Starting time is 9:30 am. The public is invited to attend in person or participate in the meeting via Zoom. The hearing will be held in the Commissioners' Hearing Room, Second Floor of the Cumberland County Courthouse located at One Courthouse Square, Carlisle, PA 17013. If you would like to participate in the meeting via Zoom, the meeting link is https://ccpameet.zoom.us/j/95784336350. The meeting ID is 957 8433 6350. The hearing will be live streamed, please see the Cumberland County website (www.cumberlandcountypa.gov) for more information.

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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.

To: "The News-Chronicle" Shippensburg, PA 17257 For publishing the notice attached hereto:

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



CUMBERLAND COUNTY HUMAN SERVICES BLOCK GRANT PLAN 2023-2024

**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: September 20, 2023, September 21, 2023

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

SIGNED:

*Curtis D. Dreibelbis*

Publisher

Subscribed to and sworn to me this 21st day of September 2023.

*Laurie S. Hower*

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

My commission expires: August 28, 2027

Legal Notice

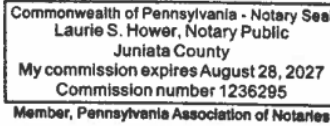
The public hearing on the 2023-2024 of the Cumberland/Perry Counties Human Services Plan has been scheduled by the Cumberland/Perry Counties Mental Health/Intellectual Developmental Disabilities Board.

The hearing is scheduled for Thursday, September 28, 2023. Starting time is 9:30 am. The public is invited to attend in person or participate in the meeting via Zoom. The hearing will be held in the Commissioners' Hearing Room, Second Floor of the Cumberland County Courthouse located at One Courthouse Square, Carlisle, PA 17013. If you would like to participate in the meeting via Zoom, the meeting link is <https://ccpameet.zoom.us/j/95784336350>. The meeting ID is 957 8433 6350. The hearing will be live streamed, please see the Cumberland County website ([www.cumberlandcountypa.gov](http://www.cumberlandcountypa.gov)) 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



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

**CUMBERLAND COUNTY HUMAN SERVICES BLOCK GRANT PLAN 2023-2024**

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



**HUMAN SERVICES BLOCK GRANT PUBLIC HEARING  
ATTENDANCE AND MINUTES – SEPTEMBER 11, 2023**

**In Attendance:**

Jenn Custer, Aurora	Harold Armstrong – ShipDock	Candi Myers – PMHCA
Thom Fager - NAMI, Aurora	Brenda Jumper – STAR	Laura Jesic – STAR
Tyler Hoover - Aurora	Rebekah Lamb – STAR	Anthony House –
Penny Lumsden - Aurora	Dennis McCommons –	PerformCare
Tom Mulroy – Aurora	Recovery Insight	Carol Thornton – Partnership
Terry Portner – Aurora	Elwyn Andres – Recovery	for Better Health
Marie Reed - Aurora	Insight	Annie Strite – C-P MH.IDD
Dave Waggoner - Aurora	Chelsea Gernstein – STAR	Tracye Johnson – CABHC
Pat Lippert – Aurora	Sarah Sayed – ShipDock	Abby Robinson – CSS, Inc;
Robin Tolan – C-P MH Office	Faith Miller – ShipDock	C-P CSP
Angela Snyder – STAR	Jill Lee – ShipDock	Jessica Paul – CSS, Inc; C-P
Jason Studer – ShipDock	William Clarkson – ShipDock	CSP
Stanley Smith – ShipDock	Deb Helwig – CSS, Inc	Lydia Sellers – ShipDock
Karen Havnaer – STAR	Eddie – STAR	James - ShipDock
Dana DeFour – STAR	Brendon M – STAR	

A public hearing on the Mental Health component of the 2023-2024 Human Services Plan was held on Monday, September 11, 2023 in person at STAR, 253 Penrose Place, Carlisle and via Zoom. Mrs. Robin Tolan, Senior Human Services Program 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.

## CUMBERLAND COUNTY HUMAN SERVICES BLOCK GRANT PLAN 2023-2024

Mrs. Tolan reviewed the various sections of the document which includes: the planning process, achievements, 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 significant budget deficits;
2. Development of a Crisis Walk-in Center and Mobile Crisis Services to align with the SAMHSA best practice guidelines for Crisis Intervention Services;
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.

Several questions were asked with regard to funding and the possibility of program cuts. Concerns were raised about which programs would be cut and how that would impact those who use those services. Questions were also raised about the funds from the Behavioral Health Commission and what services will be implemented with those funds that are now allocated to school mental health.

Spoken and written testimony from Lydia Sellers 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. Additional public hearings are scheduled for 9/28/23 and 10/2/23 during which public testimony may also occur.

The public hearing was adjourned at 10:44 a.m.

### **PUBLIC TESTIMONY PRESENTED AT SEPTEMBER 11, 2023 PUBLIC HEARING:**

Lydia Sellers  
ShipDock  
9/11/23

ShipDock is very helpful to me. It is a place to socialize, relax, and have a good time. The staff is great and are always available to talk. It is nice to get out of the house and spend some time around people.



# CUMBERLAND COUNTY HUMAN SERVICES BLOCK GRANT PLAN 2023-2024

Cumberland County Public Hearing and Commissioners' Meeting 9/28/2023



## MINUTES Cumberland County Public Hearing

September 28, 2023 at 9:30 a.m.  
Commissioners' Hearing Room  
Courthouse, Carlisle, PA

Phone (717) 240-6150 Website: [www.cumberlandcountypa.gov](http://www.cumberlandcountypa.gov)

### Public Hearing

**RE: The 2023-2024 Human Services Block Grant Plan**

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

**Staff Present:** Stacy M. Snyder, Chief Clerk; Angela Smyser, Deputy Chief Clerk; Theresa Kissinger, Executive Assistant; Keith Brenneman, Solicitor.

**Department Staff Present:** Travis Shenk, Prison; Ben Burner, Communications; Annie Strite, Sue Carbaugh, Robin Tolan, MH/IDD; Jack Carroll, Drug & Alcohol; Judge Hess; Justin Smith, GIS; Jamie Mitchell, Court Administration; Sean McCormack, District Attorney's Office; Al Whitcomb, Controller's Office.

**Department Staff via Zoom:** Eric Radnovich, District Attorney's Office/Forensic Lab, Mark Adams, Jess Flachsmann, IMTO; Claudia Garner, Jim Brandt, Brian Hamilton, Public Safety; Jaime Reiber, Children & Youth; Brent Durham, Facilities; Holly Sherman, Human Resources; Justin Miller, Recycling & Waste; Tammy Bender, Finance; Kim Winton, Aging and Community Services.

**Outside Agencies Present via Zoom:** Julie Reynolds, Frank Tamanini, NAMI.

**Call to Order:** Commissioner Eichelberger called the public hearing to order.

**The 2023-2024 Human Services Block Grant Plan:** Robin Tolan shared highlights of the Mental Health portion. She shared that even with the \$2.5 million deficit in the budget, they were still able to maintain all services and support programs. Robin explained their goals and priorities, which include sustaining our system, crisis intervention, suicide prevention initiatives, implementing elementary student assistance, and supporting all county human service agencies to become more trauma informed.

Jack Carroll provided an overview for the Drug & Alcohol portion and reported their state funding will remain the same. He shared their top priority continues to be addressing the ongoing opioid health crisis. He explained their strategy includes reducing the oversupply of prescription drugs, maintaining strong enforcement efforts, continuing to provide access to Narcan, and to offer substance abuse treatments. Jack reported they will continue to receive federal funding to help cover the cost of treatment.

Sue Carbaugh spoke about the Intellectual & Developmental Disability portion, which includes waivers from the state to help with the waiting list. She explained they plan to focus on the areas that will help individuals to achieve the goal of living an everyday life, such as finding employment and living independently. Sue reported they continue to have problems finding providers and that referrals for autism and IDD are at an all-time high.

## CUMBERLAND COUNTY HUMAN SERVICES BLOCK GRANT PLAN 2023-2024

Kim Winton covered the Homeless Assistance Program portion and explained they support several agencies in the county, including Community Cares, Safe Harbour, and Maranatha emergency shelters. She explained their case management rental assistance program provides assistance finding affordable housing to the homeless or near homeless' and they also work closely with the Housing and Redevelopment Authority to assist their homeless clients. She reported the Human Services development fund supports the 24-hour contact health line.

**Public Comment:** Robin Tolan read testimonials expressing the importance of the services and programs provided by these departments from Lewis Bianco and Carol Thorton who could not be at the meeting. Julie Reynolds and Frank Tamanini with NAMI provided their testimony on what they see of the individuals suffering from and living with mental health.

**Other Business:** Commissioner Eichelberger asked if the board could hold an executive session to discuss the next steps of addressing the lack of state funding for these services and the solicitor confirmed this would be an acceptable topic since litigation is possible. Commissioner Foschi agreed with this course of action and suggested that complex cases for Children and Youth also be discussed. Commissioner DiFilippo was also in favor of holding an executive session.

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

Respectfully Submitted,

Theresa Kissinger,  
Executive Assistant

**Cumberland County Public Hearing and Commissioners' Meeting – 9/28/2023  
Public Testimony**

**9/23/2023**

**Cumberland and Perry Human Services Block Grant**

To Whom it may concern, in regard to the Cumberland and Perry Human Services Block Grant,

My name is Louis Bianco. I am a 40 year lifelong citizen of Cumberland County, and I have lived with a mental illness for 25 years already. I have also served as a charge nurse and lead crisis de-escalator at the Pennsylvania Psychiatric Institute, as well as a Certified Peer Support Specialist at Penn State Holy Spirit Hospital.

I currently sit on the Cumberland/Perry MH.IDD Advisory board, in my second term as the MH chair. To many people, labels may be unimportant, however this specific title is very important to me, and something I carry an incredible amount of pride in.

Why?

Because I have also stayed at Hershey and Holy Spirit's inpatient facilities and utilized their outpatient services on more than one occasion. I've been several iterations of myself in these 40 years, many of them dysfunctional. As of 2022, I was on disability due to the severity of my illness, the countless meds, and the electroconvulsive therapies.

I've worked at factories, grocery stores, and even the mall with my active nursing degree as I couch surfed even at the peaks of my professional earnings. To think, I was once the psychiatric coordinator of over 100 foster children at Hoffman Homes in Gettysburg!

I now work as a dish washer, with and RN and CPS certification still to my name. I have found that the schedule flexibility is best to allow me to continue to advocate across our state, working with the future of our human service workers at colleges with students studying criminal justice, nursing, education, and more.

I make less now, employed, than I did on disability. The advocacy I do on my days off often doesn't pay.

I do it anyway. I don't need it to pay. I am in the service of those in need and will be for the rest of my life. If I am able to give of myself to this cause, I will. I have a track record to prove it. Though unpleasant, I do not require reimbursement or adulation to do so. As long as there is a need, I will continue to serve. It is my hope that more people adopt this mindset, and soon, because we are facing a great need at this juncture.

Mental Health is my life, and it will continue to be. I am devoted to this cause. It is my belief that, so to, are the people working at Cumberland/Perry MH.IDD. Their hard work and dedication is easily seen in the depth of the information they collect, as well the continued transparency and willingness to show up and speak out.

These have been incredibly difficult times, and it remains my belief that we remain in descent. As someone who has been in crisis individually multiple times, I was taught quickly that I must look directly at that which scares me the most in order to survive the hardship. Avoidance and

## CUMBERLAND COUNTY HUMAN SERVICES BLOCK GRANT PLAN 2023-2024

denial were never suggested by any of the staff that worked with me when I was at my worst.

What made it even harder was the realization that at my lowest, it was still my responsibility to work as hard as I possibly could. To smartly manage my emotional, physical, and spiritual energies, and my finances, while also trying to find my way out of the dark. Add to that the maintaining of employment, relationships, and need to arrange and attend weekly treatments. It was busy and exhausting and I was already at bottom.

I had to work harder than anyone in my life, while also being in a place of brokenness. This is the oft unspoken truth of recovery, but crisis as well. The person in the unfair or adverse circumstance is asked to continue to do more and give more of themselves. Cumberland/Perry MH.IDD has done, and continues to do, just that.

You have the reports in front of you, I will not waste your time regurgitating the facts. There are staffing crises everywhere. The deficit in Cumberland County, one of the state's fastest growing counties, is staggering. The provider to citizen ratio in Perry County is impossible to ignore, and nowhere near the state average. Yet, despite these truths, and all of the statistics you see before you, the number of trainings and proactive steps towards serving our population continue to increase. Our counties are active and consistent in offering the best that they are able to offer to both those serving and those in need of service. Their work in local schools is imperative and immeasurable in the positive impact they make.

Simply put, across the board, their effort is commendable and incredibly unstated.

The demand for care continues to increase. I spoke to this years ago, and even here, in person, last year. This is not new. The supply is greatly decreasing. I spoke to this years ago, and even here, in person, last year. This is not new.

Yet, the effort of those who are asking for your permission to continue doing whatever it is they can within the realm of possibility remains constant and unwavering. The programs and services they continue to offer are literal lifelines to the citizens of our home, myself included.

Again, I will reiterate how commendable the work being done is, and how difficult and demanding it remains for those working most closely to it.

It is my belief that we all know what is being asked for still won't be enough to fix what we now face at our doorstep. However, I ask anyone who reads this to consider what we have done in the year since we last had this discussion.

It is not possible, literally, to meet the needs of all of those suffering with what we have all been given to work with. It is not possible at all to educate the amount of people necessary on the amount of money being discussed either.

But it is money that goes to help some of those who are suffering. People are finding safety. People are finding stability. People are finding community. People are finding employment. People are finding purpose. They are able to do this with the guidance of the services and programs being offered. These pros, and so many more, are the reason the HSBG is important.

The money goes to further educating our brave and compassionate compatriots who continue to serve our population in spite low wages, lack of appreciation, and increasingly unsafe conditions. People are finding empathy. People are finding wellness. People are finding clarity.

## CUMBERLAND COUNTY HUMAN SERVICES BLOCK GRANT PLAN 2023-2024

These pros, and many others, are the reason the HSBG is important.

Whatever you are able to do to keep these programs and services afloat, please, do that, and let's keep looking for ways do more.

As someone in recovery, it is my hope that you all understand serious problems don't get solved overnight. Sacrifice, compromise, and action are necessary to climb out of crisis. Grit, determination, and hope are necessary to grow, recover, and try again. Courage is necessary to look directly at that which scares us most and stand firm.

I learned all of this from the services I received and the people who worked in them. The services that offer so many others the same knowledge. The services that we are lucky to have, still offering care to those in need.

We must keep these services and programs open and available, not just to aide our ill back to health, but also to allow our healthy avoid illness. Not just for the young, but just as much for the old, and everywhere in between. These services are for all, regardless of difference or financial standing, race, creed, or political affiliations.

These are human services. We may lack funding, but we are not short of hard working people serving the public under incredible adversity. Let them continue to do what they are doing.

We can do this. We can endure. We can recover. But we must first take action proactive in nature, just like any individual in crisis. We must stabilize and attempt to mitigate the damage that is already and will continue to occur.

Choosing to support something like this Human Services Block Grant is part of taking that action.

Small steps are still steps, and thus, no step is small.

Thank you, sincerely. It is an honor to serve beside you all, from government officials to my fellow brothers and sisters walking our recovery journeys. It is an honor to serve this county, this state, and this country. I would not have been able to without mental health services.

Louis Bianco



# CUMBERLAND COUNTY HUMAN SERVICES BLOCK GRANT PLAN 2023-2024



## **Cumberland County Human Services Plan (Block Grant) Public Comments Offered by the Partnership for Better Health September 28, 2023**

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.

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. Despite the county base funding not keeping up with the increased population, services were fully sustained with the leadership of the two Boards of Commissioners despite ending FY22-23 with a \$2,500,000 projected deficit.

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.

Despite the funding challenges, the Cumberland-Perry MH.IDD Office has found short-term solutions to be innovative. We commend Cumberland County for allocating American Rescue Plan Act funding to establish a psychiatric residency program with Penn State Hershey Medical Center to promote an increase in psychiatric physicians in the Central Pennsylvania region.

## CUMBERLAND COUNTY HUMAN SERVICES BLOCK GRANT PLAN 2023-2024

Also, we congratulate the Cumberland-Perry MH.IDD on its successful tri-county collaborative grant application for a Regional Crisis Walk-in Center and Expanded Mobile Crisis Services.

In conclusion, given the increasing demand and costs to administer the programs, 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 2023-2024. We urge the Commonwealth to revisit and address its current funding allocations. Cumberland and Perry Counties need more sustainable resources to fully address the mental health needs of all residents.

Respectfully,



Carol Thornton

Director of Grants & Public Policy

## CUMBERLAND COUNTY HUMAN SERVICES BLOCK GRANT PLAN 2023-2024



### CUMBERLAND COUNTY HUMAN SERVICES BLOCK GRANT PLAN 2023-2024

September 28, 2023

Good morning, Commissioners Eichelberger, Foschi, and DeFilippo. My name is Julie Reynolds and I serve on the Board of Directors for NAMI Cumberland and Perry Counties. The National Alliance on Mental Illness (NAMI) is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI provides advocacy, education, support and public awareness so that all individuals and families affected by mental illness can build better lives.

Within Cumberland and Perry Counties, NAMI provides several education programs and support groups: a designated evidenced-based educational program called Family-to-Family for family, significant others and friends of people with mental health conditions; NAMI Family Support Group, a peer-led support group for any adult with a loved one who has experienced symptoms of a mental health condition; NAMI Connection Recovery Support Group, a peer-led support group for any adult who has experienced symptoms of a mental health condition; and NAMI Peer-to-Peer, an educational program for adults with mental health conditions who are looking to better understand themselves and their recovery.

On a daily basis NAMI hears the concerned voices of this community, most notably including a lack of mental health providers, long waiting lists for services, lack of secure housing, a prevalence of co-occurring substance use disorders, and a lack of effective dual-diagnosis programs. Competitive wages for staff, more residential treatment facilities, and outpatient commitments are necessary, along with other needs identified in the Human Services Plan. NAMI Cumberland and Perry Counties supports the efforts of the MH.IDD Office as outlined in the Human Services Plan.

Respectfully,

Julie Reynolds



## CUMBERLAND COUNTY HUMAN SERVICES BLOCK GRANT PLAN 2023-2024

Honorable Commissioners,

I am writing to you regarding the Human Services Block Grant Hearing this Thursday, September 28th at the Board of Commissioners Meeting.

There are needs for Mental Health Peers that are not being addressed. There are not enough services, group homes or inpatient facilities in the community so individuals in need “fall through the cracks” and end up in Prison.

We have Tom’s Court which is a blessing, and yet we need more options to transfer from jail to a community environment or group home with medication monitoring. Subsequently a step down like Programmatic Outpatient Commitment (POC) with more follow-up and support would make a big difference.

I realize that these services cost additional money. Without these much-needed services the peer often ends up in prison again, which is costly. It is a matter of where to find the dollars and where to allocate the funds.

Kindly consider the realities confronting those with mental health needs. Most facilities are understaffed and underpaid. Yet there are those who give their heart and soul to help.

I serve on the Board of NAMI Cumberland County and teach a family-to-Family class to help those in crisis. Based upon the people I meet and my own personal experience, I believe fewer people in crisis would end up in prison if there were more services and facilities.

My son has lived with Schizophrenia and various other maladies for 8 years. The services that the County and State provides are critical. However, he and others like him face a constant need for services above and beyond the current levels of support.

Your consideration and commitment to those in need is greatly appreciated.

Sincerely yours,

Frank P. Tamanini  
832 Tamanini Way  
Mechanicsburg, PA 17055

## CUMBERLAND COUNTY HUMAN SERVICES BLOCK GRANT PLAN 2023-2024

### 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 are available 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 an individual in obtaining and maintaining competitive employment within the community. The competitive employment rate within this program is 74.3% for FY 2022/2023. This percentage represents a continued increase from the previous fiscal years, despite staffing challenges such as FMLA and turnover! According to Becker & colleagues' rankings, we achieved a **"high performance" rating for the fifth consecutive fiscal year** ("Benchmark Outcomes in Supported Employment", Deborah R. Becker, Robert E. Drake, and Gary R. Bond; American Journal of Psychiatric Rehabilitation; 14: 235, 2011). 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. This employment rate remains more than twice as the national average of 33% for this population. 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.

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.

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 the county human service programs work closely with the Cumberland County Housing and Redevelopment Authority (CCHRA) as well as the county Homeless Assistance Programs and the local shelters to assist individuals and families in locating, obtaining, and maintaining housing within the

## CUMBERLAND COUNTY HUMAN SERVICES BLOCK GRANT PLAN 2023-2024

community. Trainings are being scheduled for the CCHRA staff on Mental Health First Aid and Question, Persuade, Refer (QPR) Suicide Prevention.

Services are improved through the process of communication and collaboration with multiple agencies, both County and non-county and through interagency projects and workgroups. Funding is provided to Contact Helpline (211) through Human Services Development Fund under Generic Services - information and referral.

Cumberland County Aging and Community Services, C-P Mental Health, a provider identified through C-P Mental Health, and CC Housing and Redevelopment Authority are collaborating to provide an Elder Cottage Housing Opportunity (ECHO) in Cumberland County. Aging and Community Services received the grant to develop the first cottage in the county in 2023. 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. 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)] has undergone some administrative changes and is developing renewed strategies for the goals previously identified in the Roadmap. Under new leadership, a broad group of community stakeholders have shown commitment to the mission “to effect positive and sustainable change in the housing system to obtain equitable, affordable, accessible, and secure housing for all Cumberland County residents.” Many of the stakeholders previously mentioned participate in this initiative.

Working in partnership with the CCHRA, and C-P Mental Health, Reinvestment Funds from CABHC were allocated to two housing development projects in Cumberland County (Harbor Village and Citrus Grove) that will allow several units at each site to be identified specifically for individuals with diagnosed mental illness. Housing is a critical component of everyone’s lives and affordable housing is sorely lacking in our area.

Additional Reinvestment Funds were allocated for a Bridge Housing program to start in the new fiscal year. Aimed at supporting the transition from Community Residential Rehabilitation (CRR) Programs to independent living, this program will provide bridge funding until Housing Choice Vouchers are fully put into place. All individuals entering CRR are expected to complete a housing application in anticipation of eventual independent living.

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

## CUMBERLAND COUNTY HUMAN SERVICES BLOCK GRANT PLAN 2023-2024

### PART IV: HUMAN SERVICES NARRATIVE

#### **CUMBERLAND AND 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. Our county joinder agreement has been mutually 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 FY 22-23.*

FY 22-23 has been a strenuous year trying to determine how to fund greatly needed services when adequate funding has not been available. Application was made for several grant opportunities; however, these grants are time limited and not future sustainable without adequate funding increases to our county base dollars. While this past year continued to provide financial struggles throughout our mental health system, several accomplishments were achieved:

- **Services were fully sustained** despite ending FY22-23 with a \$2,500,000 projected deficit. The Boards of Commissioners for both Cumberland and Perry counties continue to prioritize the significant needs of the community above the current negative financial impact. As previously noted, there has been strong community education regarding the unmet mental health needs in Cumberland and Perry Counties. The Boards of Commissioners convened multiple townhalls and met with the legislative delegations to have open dialogue regarding the need for funding to adequately serve our communities.
- The Cumberland County Human Services Departments, including the Mental Health Office provided leadership to recommending American Rescue Plan Act (**ARPA**) **funding** grant recipients to the Cumberland County Board of Commissioners for projects identified as providing “mental health and physical health” support to positively impact the Cumberland County community in recovery from the COVID-19 pandemic. Many of these grants will add much needed support in the community. One

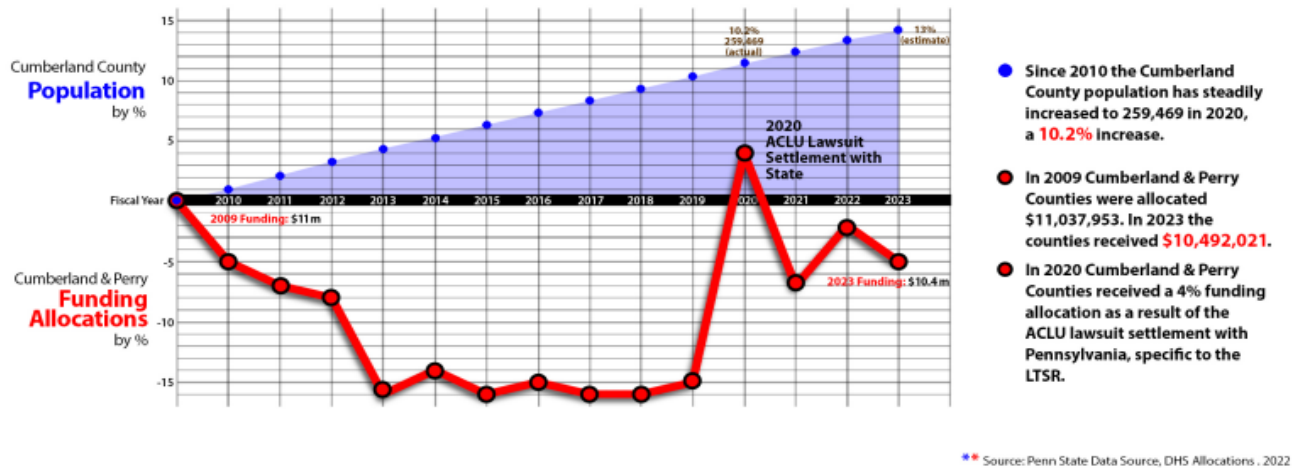
## CUMBERLAND COUNTY HUMAN SERVICES BLOCK GRANT PLAN 2023-2024

noteworthy grant is a **psychiatric residency program** with Penn State Hershey Medical Center to promote an increase in psychiatric physicians in the Central Pennsylvania region.

- Our **Perry County Social and Psychiatric Rehabilitation site in Newport, Perry County** opened 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 finally completed last year, using a combination of reinvestment funds and county base funds. The social rehabilitation service opened in August 2022 and the psychiatric rehabilitation services began being provided there in September 2022, providing in-person service for Perry County residents again.
- **Crisis Intervention Team (CIT) trainings** were held with 45 individuals including local Law Enforcement Officers, Crisis Intervention staff, Certified Recovery Specialists, Certified Peer Specialists, and Advocates. The next training is scheduled for September 25-29, 2023, and currently at its cap of 23 individuals. Additionally, there is a focus on training 911 personnel to create stronger awareness of changes in the Crisis continuum. 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, advocates, families, and people living with mental illness. CIT is a long-lasting, evolving partnership based on mutual goals. CIT has been funded using a combination of a grant from the Pennsylvania Commission on Crime and Delinquency (PCCD), and HealthChoices Community Education funds. Utilizing the PCCD grant, we were able to send a team of individuals consisting of County MH staff, law enforcement, NAMI, 911 call center, crisis, and individual with lived experience, to the CIT International Conference in Detroit, Michigan. We are actively working on the development of a CIT training for Cumberland County's 911 Call Center staff. This first CIT training specific to 911 call center staff is scheduled for October 2023.
- **Grant approval for Regional Crisis Walk-in Center and Expanded Mobile Crisis Services** was achieved in December of 2022. Team members from Cumberland, Perry, and Dauphin Counties' Mental Health Offices worked together to submit a comprehensive application to the state for funding to start up this project with the expectation that the provider of these services will align with SAMHSA's guidelines and expectations for the provision of these services across our counties. Responses to the request for proposal (RFP) was released and responses are currently under review for selection and contracts in October 2023.
- **988 Live** - local implementation for Cumberland & Perry Counties – after many 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 from within our local area codes in our counties were routed to Butler County for this national hotline. Now these "988" calls are answered locally which expedites response in potentially time-critical situations and allows for more local knowledge for effective call resolution. Due to provider need, Adams and York counties have been added to our primary call answer region as well. Since implementation, 1,387 calls have been answered and responded to by our local Crisis Intervention – National Suicide



## Population vs Mental Health Base Funds: Cumberland & Perry Counties



b) **Strengths and Needs by Population:** 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:** **Collaboration with Office of Aging and Community Services** in both Cumberland and Perry counties continues to be very helpful 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. MH staff also participated in the Older Adult Behavioral Health Strategic Planning Summit in September 2022 where barriers to services were identified, and potential solutions were discussed. Networking and learning what other counties do to address these concerns was very beneficial.

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. Staffing has been a tremendous need for this level of care. 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. Physical health needs

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of these residents continue to increase and require additional medical focus. 5 SCR residents passed away this past year due to these complex medical needs. This service is paid for by county-base funds.

- *Needs:* With Cumberland County being the fastest growing county in the state, a **continued growth** in the aging population has also been noted. Needs for this population continue to expand, but availability of services has not. **Staffing in Human Services** as a whole is a significant need and the aging population has felt this service gap tremendously.

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. In addition, internet accessibility is a challenge in the rural areas of our counties.

### 2. Adults (ages 18 to 59)

- *Strengths:* A strong array of services are currently provided within Cumberland and Perry counties for all adults with severe mental illness, despite 13 years of no budget increases.

The consumer-run **WarmLine** (provided by Merakey-Stevens Center) is a listening, problem solving, and reminder service for consumers and their family members. All of the workers have lived experience regarding the challenges and successes of mental health recovery. Core values of integrity, compassion and trust are evident in the genuine care shown for callers. Staff members have been trained in active listening skills and also engage the caller in problem solving. Appointment and medication reminder services are also available. These telephonic supports are available evenings and weekends every day of the week. The WarmLine notes a total call volume with 1,578 calls received during FY 2022/2023 with an average of 6 calls per shift from 36 unduplicated callers. 8 WarmLine employees provide the service including a certified peer specialist. This service is paid for solely by county-base funds.

**Certified Peer Specialist (CPS)** services embedded in several community programs (Social Rehabilitation, Supported Apartments, and WarmLine) as well as 3 stand-alone CPS units (provided by Merakey-Stevens Center, PeerStar, and Recovery Insight) are available in our counties. These services are paid for by HealthChoices as well as county-base funds, depending on the site or service.

**Supported Employment (SE)** services are available through Merakey-Stevens Center. Over the past year, the average employment rate of SE consumers was **74%** which is 5% higher than last fiscal year, despite staffing turnover and staff FMLA. The highest monthly rate was 84% (April 2023) The lowest monthly rate was 65% (September 2022). SE employment rate benchmarks are a 33% minimal performance, 45% good performance, and 57% high



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performance (“Benchmark Outcomes in Supported Employment”, Deborah R. Becker, Robert E. Drake, and Gary R. Bond; American Journal of Psychiatric Rehabilitation; 14: 235, 2011). According to Becker & colleagues’ rankings, we **achieved a “high performance” rating for the fifth consecutive fiscal year**. This service is paid for solely 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 was opened in Perry County in December 2022. 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 also opened in Perry County in August 2022. This service is paid for solely by county-base funds.

**Wellness Recovery Action Planning (WRAP)** is offered on an individual basis within many of our consumer-run and consumer-directed programs. In Spring of 2023, our Merakey Social/Psychiatric Rehab program partnered with RecoveryInsight to provide a 6 week group WRAP training. 17 individuals participated with 13 graduating. Completing this course also allows graduates to enroll in the WRAP Facilitator training course in the future.

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. 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. This service is paid for by county-base funds.

**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.

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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 as well as coordinates with staff from State Correctional Institutes (SCI) for those individuals with severe mental illness being released from prison. 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". The task force has had numerous successes in the last year by opportunities to participate in multiple community health fairs and other community events to distribute information about suicide prevention. Our CASSP staff have also supported this work by working to engage schools in our suicide prevention efforts. Penn State Holy Spirit's Teenline, our Student Assistance provider has become an active partner in our work. We have also started a partnership with Highmark's Caring Place. We are excited to continue to explore the possibilities of this partnership. One of the Taskforce members has started a 501c3, "Cal's Hope," in honor of his late father and brother who passed away to suicide. The mission of Cal's Hope is to create scholarship opportunities for students entering the mental health field as a career choice. This taskforce member has also written a book which will soon be released, and started a podcast called, "Surviving Loss, Our Journey of Hope." Additionally, one trained loss survivor is convening 2 support groups monthly, one in Dauphin County, and one in Cumberland County. One additional support group is being planned for the Western Cumberland County area.
- **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, 271 members of our community have received QPR training including Cumberland County staff, Cumberland County Prison Staff, Law Enforcement Officers, multiple Emergency Management Services (EMS) partners, outpatient providers of services for individuals with substance use disorders, and college internship students. Cumberland County's Human

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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. 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.

The goal to conduct 12 trainings in 2022 was far exceeded with 19 trainings being held. 271 individuals were trained in QPR this fiscal year, and a total of 901 individuals trained since calendar year 2016. Despite these efforts, our communities' rates of suicide remain unacceptably high. More information is provided in sections (c) Recovery Oriented Systems Priorities and (d 5) Suicide Prevention Initiatives.

**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.

**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.

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.
- **UPMC Street Medicine Program in Cumberland and 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

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transportation and insurance funding/co-pay. The most difficult barrier is lack of trust. Homeless people often live in their cars or in local formal and informal campgrounds.

- **Landisburg EMS/Community Paramedicine Program** –The goal is to keep hospital readmission rates down. The home checks include making sure medications are filled and up to date. They ensure follow-up appointments are followed and 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.
- **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.

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 continue to experience 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 -13 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. We expect that the development of the Regional Crisis Walk-in Center will address some of these needs and provide helpful diversion, but increased capacity within the community service delivery is critically needed.

**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 continued to face 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. In addition, Reinvestment funds will be utilized in the development of 2 local Capital

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Projects (Harbor Village and Citrus Grove) for housing disabled folks providing 2 units each for set-asides specific for individuals with severe mental illness within the developments. The anticipated opening of these housing units is 1 – 2 years.

Cumberland-Perry Counties' Mental Health was awarded \$100,000 in managed care Reinvestment funds from CABHC which is being designated as "**Bridge Funding**". These funds will be used to assist individuals with a priority mental health diagnosis who are transitioning from a Community Residential Rehabilitation (CRR) setting to independent living. The referral process will include a recommendation from the individual's mental health case manager or primary residential worker that supports the consumer's ability to live independently and identifies any supports and services needed for and agreed to by the individual. The individual must qualify for a Housing Choice Voucher and will be given priority on the voucher waiting list. It may still take a couple of months for the individual to receive his/her voucher, but the "Bridge Funding" will be able to pay that portion of the rent while they wait. The MH office works closely with CCHRA and provides funding to support individuals using a "housing first" approach.

### 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. Currently five 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

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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 a challenge 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.

Some young adults, however, are not interested in continuing mental health services, and **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.

CABHC and the five counties developed a service description for a **Community Based Residential Treatment Facility Program (RTF)** to address some of these needs. With a focus on serving complex case needs, this community-based RTF located within our 5 Capital Area counties (Manheim, PA) will allow more opportunity for family engagement and more effective family reintegration. Community Services Group has developed and is ready to implement this program. Licensing is the next step via Office of Children Youth and Families (OCYF) and Office of Mental Health and Substance Abuse Services (OMHSAS).

Supporting individuals with an **autism spectrum diagnosis** within the mental health system continues to be a challenge. The Adult Community Autism Program (ACAP) waiver does not start until age 21 which provides a huge gap especially when schools graduate students based off of their Individualized Education Plan (IEP) goals and not at a specific age. 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.

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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 C-P 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.

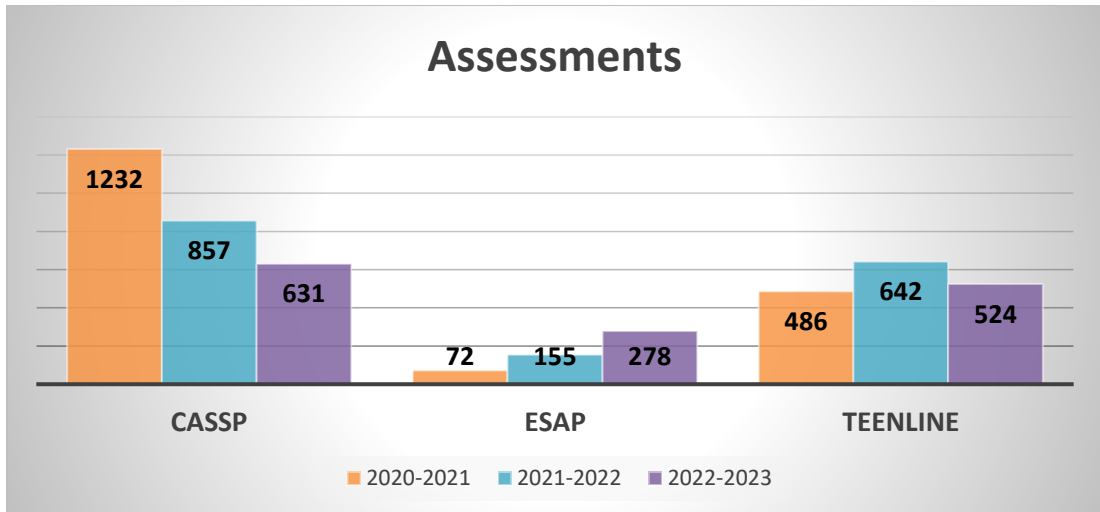
**4. Children (under age 18) - Counties are encouraged to include services like Student Assistance Program (SAP), respite services, and Child and Adolescent Service System Program (CASSP) coordinator services and supports, System of Care (SOC) as well as the development of community alternatives and 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 631 students and their families during 2022-2023.

In addition, our office has been supporting the growth of **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. This past year, ESAP has expanded to an additional 14 Elementary buildings. Referrals for ESAP continue to increase over the past several school years, with a 73% increase from school year 2020-2021 to 2021-2022, and a 57% increase from 2021-2022 to 2022-2023. It should be noted that the same staff cover both ESAP and CASSP Elementary Programs (providing a dual role within their elementary buildings).

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The **Student Assistance Program (SAP)** is provided through Teenline at Penn State Health-Holy Spirit at the middle and high school secondary levels throughout both counties for the mental health component. This school year SAP had a decrease of 20% referrals comparatively to last year which had an increase by 30%. Teenline conducted a total of 524 assessments as noted in the previous chart.

Additional data showed that ESAP had significant increases in school and parental collaboration with a 70% increase in parental contacts and a 135% increase in school consultations. Consults are defined as providing resources and supports to the school team for SAP-referred students. These increases reflect the expansion of ESAP teams and referrals. SAP had an increase of 45% parental contacts and 21% increase in school consultations. ESAP increased attendance in school team meetings by 45% with a total of 555 team meetings this year. SAP had a decrease of attendance of 40% with a total of 470 meetings. These services (ESAP, CASSP, and SAP) are fully funded through county base-funds.

As the program continues to grow, we continue to hold 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. These meetings also have been imperative in resource-sharing as both departments encountered significant staff turnover throughout the past school year. The ESAP program continues to follow the model of conducting maintenance meetings during the summer and the beginning of the school year. These meetings help the school building strengthen their practices and teaming by discussing challenges, needs, and supports. 24 meetings have been performed thus far for the 23/24 school year. School faculty were guided to have a stronger comprehensive understanding on how to identify students earlier, enhancing ways to market and increase referrals, understanding the impact of trauma with education, understanding the stages of change for parental engagement, how to build a strong ESAP foundation, and recognizing the value of building strong community connections and mentorships for the families that we serve.

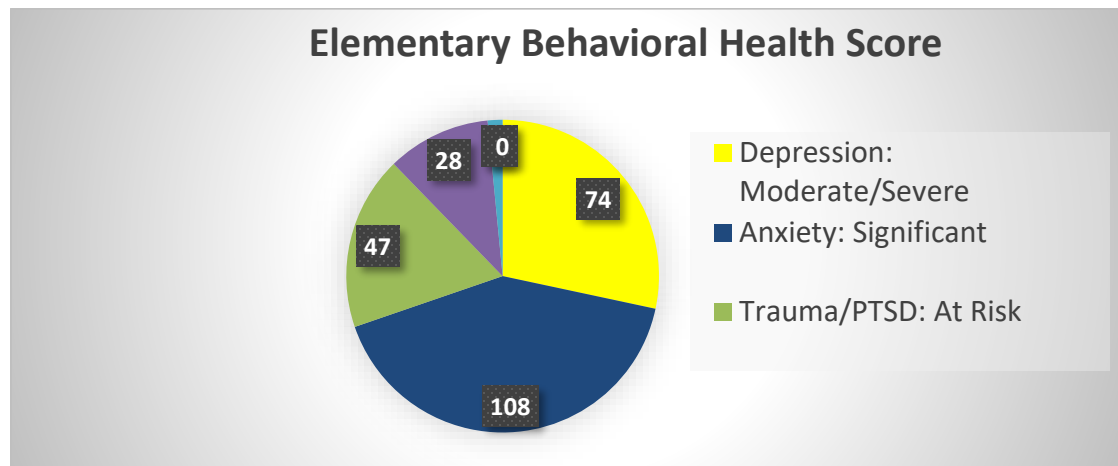
In addition, staff from both CASSP/ESAP and SAP participated in the implementation of a **new data tracking software system – Behavioral Health-Works** via grants received in 2021, from the Community Mental Health Services Block Grant and a Garrett Lee Smith grant, aimed to



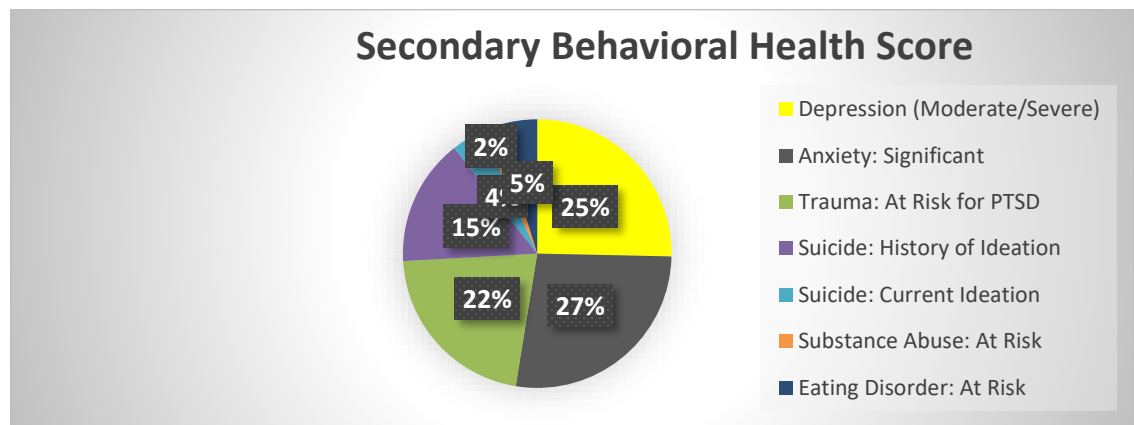
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strengthen our ESAP-SAP (K-12) program. This web-based program supports and enhanced our practices with providing stronger assessments, which aligns well with the MTSS process and measures the student's critical needs, risk factors, as well as their strengths. All staff received training and support through the process which has been fully implemented this school year. BH works provides the opportunity to drill down on areas of need with the utilization of available reports to identify trends and need areas.

For the **Elementary student population**, the legal guardian completes an electronic assessment which outputs risk factors for the liaison to consider for areas of need. This year the Elementary aged population demonstrated a significance of high anxiety as well as moderate to severe depression.



For the **Secondary student population**, the student completes an electronic assessment which outputs risk factors for the liaison to consider for areas of need. This year the Secondary population demonstrated a significance of anxiety, moderate to severe depression, and trauma.



Our **CASSP coordinator** is highly involved with multifaceted projects throughout the year. Her data and trend analysis are extremely helpful in **identifying training and service delivery needs and gaps**. In addition to training over 20 ESAP school teams, she plays an integral role in supporting other pertinent stakeholders. She provided a training on behavioral health services

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and community-based resources at The United Way Success by Six “Ready to Succeed”. This program is targeted for at risk Pre-Kindergarten students. The supervisor offered the training upon recognizing the need to increase knowledge on resources on how to better support families that have complex needs and challenges. The CASSP Coordinator also facilitated a training with the Educational-contracted Capital Area Intermediate Unit (CAIU) Liaison regarding system resources and community-based supports. After auditing various Family Based Mental Health (FBMH) records, the CASSP Coordinator identified a training need for Educational and Mental Health professionals pertaining to having a better understanding the process of a child abuse investigation. She found that many professionals overstepped their role during the investigation and found that further education was necessary in this arena. She pulled together a team of professionals to execute this much needed training which included an expert panel of Cumberland County CYS supervisor, Domestic Violence Supervisor, Children’s Advocacy Center (who conducts forensic evaluations), Lead District Attorney, the CAIU, and our Mental Health Department. This training had over 75 participants from various stakeholders and the attendees expressed high praises for the information they gained. Mid school year, the CASSP coordinator attended Carlisle schools’ counselor meeting K-12 to provide information on our MH programming and supports. At that time, an area of need identified by the school was wanting to have a presentation by our local crisis department. Our CASSP coordinator organized this meeting and supported crisis’ discussions around the use and purpose of crisis services. The CASSP Coordinator has also supported several newer IBHS providers by providing community based resources so that the agency can build stronger preventive community based supports to better support the families and clients they serve. Also, throughout the year, the CASSP coordinator has held in-school trainings for Shippensburg, Newport, and Mechanicsburg school districts in showing the documentary “My Ascension” which was purchased by our local suicide prevention task force PULSE. The showing of this documentary opened up dialogue among school staff on various areas of concerns and need. Additionally, 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 with schools regarding 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. This past year our HealthChoices program opened up the opportunity for outpatient (traditional and school based) and FBMH providers to attend free training to become certified in **Attachment Family Based Therapy (AFBT)**. Due to administrative changes, the training was postponed until Sept 2023. Currently 26 clinicians from the Capital 5 area plan to attend.

**Parent-Child Interactional Therapy (PCIT)** is a program that serves children 2-7 years old and their families. Merakey-Stevens Center, Franklin Family Services, Community Services Group (CSG), and Newport Counseling provide this service within our counties. Since the pandemic, this program has struggled with staffing. 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. A training was offered in June of 2023 for

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providers interested in offering virtual PCIT and only 3 clinicians from the same agency attended the training.

**Community Residential Rehabilitation–Intensive Treatment Program (CRR-ITP), Multi Systemic Therapy (MST), and Functional Family Therapy (FFT)** are available in our counties, via HealthChoices funding. 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. Currently, the only provider that offers this modality is CSG. Providers have continued to struggle to find homes/parents to support this need. MST 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.

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 Centered Services 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 as previously mentioned.

The CASSP coordinator created a **community-based resource guide** to help aid crisis staff in providing resources to families when their child does not meet the criteria for inpatient. Many times, we find access to mental health services, at any capacity, to be challenging and a great struggle for families. This resource guide was created to support families in accessing supports within the community that don't require insurance or a recommendation. Some programs to mention are: Strengthening Families (free parenting course), Pa Parent and Family Alliance (supporting parents to be connected with another parent with similar challenges), Medical, Educational, Domestic Violence, Grief and Loss, Adoption, Crisis, LGBTQ, and Educational Resources. Also, the CASSP Coordinator created an exhaustive outpatient list to include updated provider information such as what insurance they accepted, do they provide telehealth/in person or both, do they serve children/adults or both, and what specialties do they offer. This list was shared with our local MH department, Base Service Units, case managers, and crisis department.

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

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MH system, and meets with all newly hired CYS staff to provide overview on how her position supports CYS staff. 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.

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 IDD Intake Specialist created a **transition youth guide** for young adults eligible for IDD services 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. To further support this initiative, the Cross-Systems Coordinator and the IDD Intake Specialist are in the process of conducting several trainings for CYS and IDD Supports Coordinator staff. These trainings are breaking down simple descriptions between what level of case management is most appropriate for children they are serving (for example, if child is in emotional support classroom, then referral to MH case management versus when a child attends a life skills classroom, then referral to IDD for supports). Staff further reviewed the paperwork process and steps to complete the referrals.

In 2022, Cross Systems Coordinator researched **Communities that Care (CTC)** with the focus to build more awareness on how to better integrate the community to support families. She reached out to various counties that operate this initiative, attended a CTC meeting, and held several discussions with the Evidence-based Prevention and Intervention Support (EPIS). Due to lack of funding, the Cross Systems Coordinator researched ways to pull components of this philosophy within our community. She has connected with 2 other individuals that have similar interest and will be holding an event in November to connect with local businesses with the hope that this will make an impact by sharing information about the needs of our community. The focus of this project is to have the community support various areas of social determinants of need.

In May 2023 our office held a training on **ACT 65** in partnership with Pa Parent and Family Alliance and targeted our local stakeholders. It was identified that this area continues to be handled with misunderstanding since this Act was updated in 2020.

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

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that will support their needs. Based on the Adverse Childhood Experiences scores (ACEs), 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. Diakon received a PA Commission on Crime and Delinquency (PCCD) grant and trained 25 employees to implement this needed resource.

This year, the CASSP Coordinator reached out to the superintendents of Cumberland and Perry Counties' schools to request a copy of their specific school districts' **Pennsylvania Youth Survey (PAYS) Data** for the purpose of having the CASSP MH team review areas of trends/needs and create a resource guide for the school district. Our office received 10 out of the 13 school districts' reports and focused on the following areas of Perceived Bullying, Internet Safety, Depression, Transitions and mobility, sleep, grief, and stressful events/conflict in families, and Attitudes towards antisocial behaviors, rewards for antisocial behavior, interactions with antisocial peers. Our team reviewed each of these areas of concern and designed a resource guide that entails targeted trainings, points of contact for additional support, and community based resources.

- **Needs: Adequate funding** is a huge area of need due to the significant impact on various supports within our children's MH programming. Neither Medical Assistance nor Commercial Health Insurance provide funding in these areas. ESAP continues to grow with more elementary buildings implementing this preventive support. In addition to this growth, the maintenance trainings are educating school faculty on how to identify students' needs earlier which necessitates a growth in volume of assessments, parental contacts, and school consultations to be conducted with an understaffed program. Staff struggle to keep up with the demand of referrals in a timely manner. Furthermore, ESAP and SAP programs have encountered significant staffing crises which puts additional strains on efficiency of operations. These programs which operate with insufficient staffing cause great stressors, not only for staff to keep up with the growing needs, but districts/families are yearning for timely assistance. Additionally, our teams would like to provide various preventive support groups (Cognitive Behavioral Intervention for Trauma in Schools (CBITS)) as an early intervention resource, however we do not have adequate staffing to provide this preventive support.

Another need is **accessibility to Mental Health treatment**. The system puts the focus on the child as the problem, rather than trying to address family system issues. Also given the vast

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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 outpatient, Intensive Behavioral Health Services (IBHS), Family Based Mental Health (FBMH) continue to grow, however the wait list is exhaustive. IBHS has approximately a 1 year long wait to access these supports and on average, FBMH has a wait time of 3 months until services can begin. When families have such intense needs that meet criteria for these services, these extensive wait times can be devastating and often cause referral to higher levels of care such as inpatient or residential services.

**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.

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. Our county is also currently participating on a state-facilitated complex case workgroup to work on these barriers.

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

### 5. Individuals transitioning from state hospitals

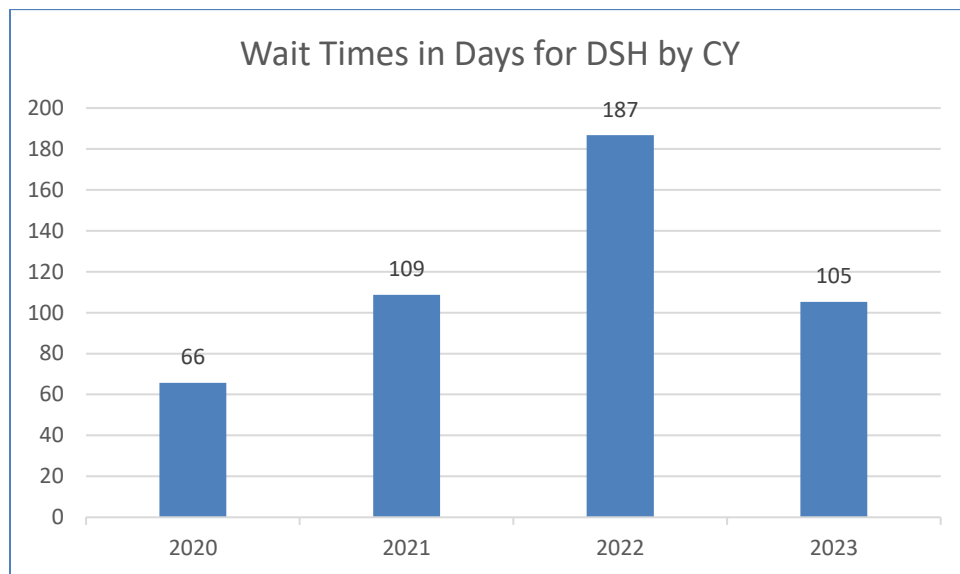
- *Strengths:* Cumberland and Perry Counties' Mental Health program continues to have a **strong commitment to community integration**, as evidenced by the many supports available and diversions from state hospital via community services. A well-documented community integration philosophy is a main tenant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

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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 20 individuals from Cumberland and Perry Counties receiving inpatient treatment at Danville State Hospital. We have experienced an **increase in Danville State Hospital admissions** for 2022 with eight admissions up from six in 2021. Currently, there is one individual from Cumberland or Perry County on the state hospital’s waiting list. For the first half of 2023, there have been three admissions with an average wait time of 105 days. This would be a 44% decrease in wait times compared to previous years with significantly higher wait times, as noted in the chart below.



Through the utilization of our 10 Extended Acute Unit (EAU) beds, we were able to divert 16 individuals from the state hospital in FY 22-23. We continually operate above our state hospital bed cap of 15, averaging a bed utilization of 21 for the fiscal 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	FY 22-23
# of diversions	38	28	16	6	12	20	20	16

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

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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 remains limited, thus presenting another barrier for pending discharges.

In an effort to address the needs of forensic individuals and transition folks from Danville State Hospital, Torrance State Hospital, and Cumberland County Prison, Cumberland-Perry Counties' MH has submitted a proposal for a regional, 16-bed LTSR with Franklin-Fulton Counties. The 16-bed facility is to be built using forensic monies allocated by OMHSAS. The 16-beds would be divided evenly between the two county joiners. The LTSR would give priority to those individuals with forensic involvement/history - specifically individuals who have been deemed incompetent to stand trial, non-restorable.

Insurance, particularly Medicare, continues to create barriers during discharge planning. Of note are the numbers of Medicare recipients who do not qualify for Medicaid due to family income. This complicated by the small number of providers in Medicare's network creates difficulty with service referral. 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 continue to 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 continues to decrease. All of our local providers have long wait lists or are not accepting new patients. PCP's are often not willing to prescribe these anti-psychotic and neuroleptic medications creating another barrier for discharge planning.



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 C-P 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.

Providers are encouraged to participate in available trainings to better serve this population. Our managed care partner, CABHC, sponsored Recognizing and Addressing Co-occurring Disorders from an Evidenced Based Lens in the Fall 2022. In addition, applicable trainings via Drexel University Behavioral Health Education are shared as available educational opportunities to support work with this population.

In addition the Drug and Alcohol Department has expanded ESAP for their focus area, which has increased elementary referrals as well as increased the need for therapy for children and/or parents with substance use disorders.

- *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.*

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- *Strengths:* Cumberland County has a well-organized **CJAB** that meets monthly. Additionally, this group has recently acquired new leadership with fresh ideas to strengthen diversionary services. The MH Department works closely with both the Cumberland and Perry Counties' jails to divert individuals whose criminal behavior is directly linked to their illness.

According to the U.S. Department of Justice's Bureau of Justice Statistics, close to 67% of released prisoners are arrested within three years in the US. During that 3 years, 52% will return to prison for either a new crime or parole violation AND the first 6 months accounted for 44% of all recidivism during the 3 year period, with 30% of all releasees re-arrested in those first months.

In June of 2021, community stakeholders, justice systems, and human services met to develop a strategy to successfully support individuals returning from prison or jail to the community. The principal objective of any re-entry initiative is to promote successful offender outcomes, which means assisting not just individuals, but whole communities, so that we may have the capacity to support our returning residents and to keep our neighborhoods safe. Since June of 2021, partnerships have continued to evolve and be well supported. The **Re-Entry Coalition** meets monthly and have provided excellent educational opportunities such as trauma training and monthly education regarding various aspects of the system. There are regular communications regarding employment opportunities for returning citizens and how to promote successful reintegration.

One example of this work is **Tomorrow's Neighbors** which is a 501(c)(3) created by an individual with lived experience with both mental illness and forensic. He identified a need among individuals reentering society from prison and Tomorrow's Neighbors was born. Their mission is to empower returning citizens to stop the cycle of crime by becoming responsible community members. The vision is to significantly reduce the crime and recidivism rates not just within Cumberland and Perry Counties but throughout Pennsylvania. They utilize various services to assist individuals with being successful. They provide cell phones to qualifying returning citizens allowing them to better find work, stay connected with family, and communicate with supervising agencies such as probation and parole. They utilize trained Peer Entry Support Specialists with lived experience to mentor returning citizens. Peer Reentry Support provides emotional support to returning citizens prior to and throughout the reentry process. They also utilize community service opportunities. Community service provides returning citizens with an opportunity to actively contribute to their communities, while making amends for their past decisions. They have devised an 8-step program to better prepare and equip individuals to successfully reintegrate back into society with the first four steps occurring prior to the offender's release.

Cumberland County is part of the **National Stepping Up initiative** and has been identified as an "**Innovator County**." 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

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to treatment services, and use that data to inform local policies and practices. We have continued to receive **technical assistance** from the Council of State Governments (CSG). In November of 2022, CSG visited both Cumberland and Franklin counties to review progress related to the PCCD grant for Crisis Intervention Team (CIT) training as well as to learn more about how the various aspects of the systems work together. CSG visited the MH office, the Cumberland County jail and the 911 call center. The following day, there was a similar visit to Franklin County to review their diversionary strategies and the provision of MH services while incarcerated.

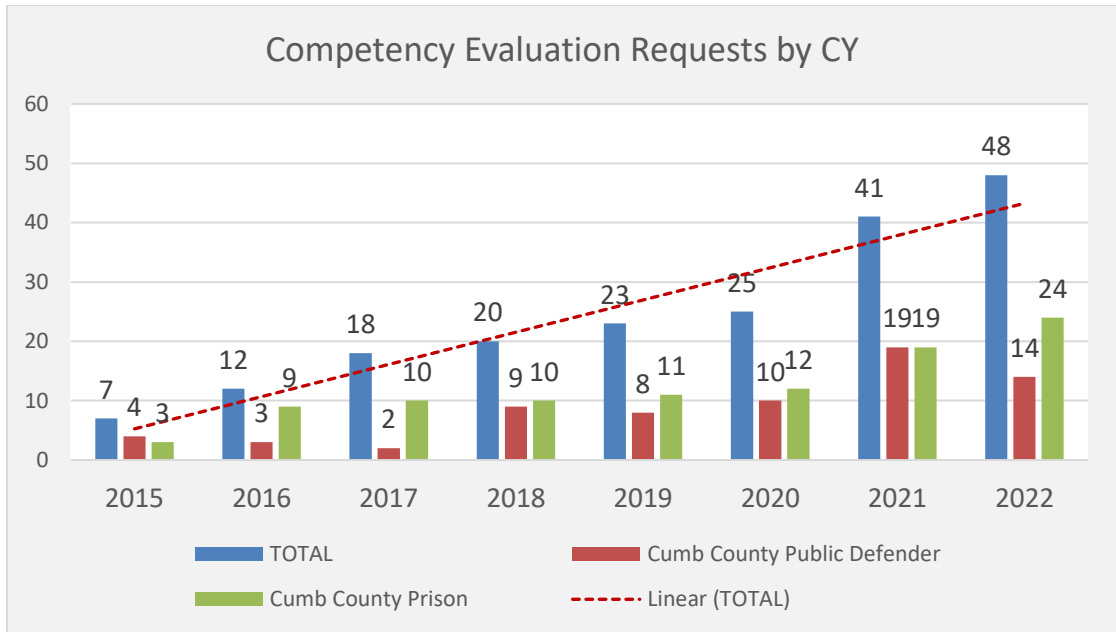
In December of 2022, a proposal was submitted to OMHSAS to develop a **Regional Long Term Structured Residence (LTSR)** with neighboring Franklin and Fulton Counties specifically to strengthen the diversionary service options for individuals with serious mental illness who are not competent to stand trial and not restorable. We have been advised that these funds have been approved. Additionally, the **Regional Crisis Walk in Center** that is under development with Dauphin County will also provide diversionary opportunities for Law Enforcement when an individual is struggling with their mental illness.

The **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, 91 participants have entered the program with 40 individuals successfully graduating from the program. It is estimated that 11,721 prison bed days have not been utilized for a potential cost savings of \$761,865.00. Current recidivism rate for TOMS Court graduates is at 25.0% for all types of crime. Currently there are 23 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 support 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.

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In an effort to address the needs of forensic individuals and transition folks from Danville State Hospital, Torrance State Hospital, and Cumberland County Prison, Cumberland-Perry Counties’ MH has submitted a proposal for a regional, 16-bed LTSR with Franklin-Fulton Counties. The 16-bed facility is to be built using forensic monies allocated by OMHSAS. The 16-beds would be divided evenly between the two county joiners. The LTSR would give priority to those individuals with forensic involvement/history - specifically individuals who have been deemed incompetent to stand trial, non-restorable.

**8. Veterans – counties are encouraged to collaboratively work with the Veteran’s Administration and the PA Department of Military and Veterans’ Affairs (DMVA) and county directors of Veterans’ Affairs.**

- *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

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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, 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. PerformCare, our managed care provider, offers trainings in **Diversity, Equity, and Inclusion (DEI)** and providers are encouraged to participate. The Health Equity Director at Partnership for Better Health, a local endowment foundation, has been instrumental in providing trainings and discussions in this area, that includes an annual spring "Diversity, Equity, Inclusion & Belonging (DEIB) Training". Information on these trainings is provided to our service provider network.

Our CASSP Coordinator continues to **share resources** with various system stakeholders (include CYS, JPO, Education, IBHS, FBMH, D&A, Crisis, SAP, TCM, MCO) as they become available. In the Resource Guide that she created, there is a section specific to LGBTQI supports in our communities. In addition our local YWCA of Carlisle and Cumberland County provides a support group "Bonfire Beyond the Binary" for LGBTQ+ youth and their families. Webinars provided by PA Care Partnerships such as "Supporting Members of the LGBTQ+ Community" are also distributed to encourage access and participation.

- *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.

### 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 beneficial 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

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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. A significant influx of individuals from Nepal and Bhutan have been noted in our counties. In the last year, one local school district reported a 336% increase in the need for English as a Second Language (ESL) teachers. Also, due to cultural differences, it has been challenging to engage folks from these regions in mental health supports and services. It seems those with Nepali and/or Bhutanese backgrounds rely heavily on family members for treatments and supports and are often not in agreement with western medicine recommendations.

### 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. Representatives from our counties also participate on the related state-wide workgroup.

*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.

## CUMBERLAND COUNTY HUMAN SERVICES BLOCK GRANT PLAN 2023-2024

### c) Recovery-Oriented Systems Transformation (ROST):

#### i. *Previous Year List:*

- *Provide a brief summary of the progress made on your FY 22-23 plan ROST priorities:*

#### i. **Priority 1 – Maintain and monitor current services and supports due to potential budget deficits**

- After the Governor’s Budget Address in March, meetings were held with all local legislators as well as 4 Town Halls to raise legislative awareness of this critical need. Panelists from law enforcement, those with lived experience and individuals and family members spoke regarding the critical priorities of mental health needs and services. Discussions were held regarding the current work in the MH system, to share the significant unmet needs, to hear from community constituents and to invite the community to share their concerns with our elected officials who make the fiscal determinations regarding funding.
- Meetings were also held with our county base contracted providers to review the current delivery system and identify any potential areas to reduce costs.
- 4 scenarios were developed to enact cuts to the balance of our \$2.5 million deficit should that be necessary. Discussions occurred with our county commissioners’ offices regularly as to the availability of any additional funding to cover the deficit to avoid programmatic cuts to services. While the 2022-2023 deficit remains unpaid, we have had several hopeful discussions with OMHSAS staff, our managed care entity, and our commissioners’ offices to ensure that providers’ expenses will be covered. Unfortunately, those will be one-time funds and we are entering into 2023-2024 with a projected \$3 million deficit as provider expenses continue to rise.

#### ii. **Priority 2 - Progression toward Alignment with SAMHSA Best Practice Guidelines for Crisis Intervention for Mobile Crisis**

- In late September of 2022, OMHSAS notified counties of a significant grant opportunity to use federal COVID-CMHSBG funds to strengthen the Crisis continuum. Cumberland, Perry, and Dauphin Counties partnered and proposed the development of a Regional Crisis Walk in Center that includes the Mobile Crisis component. The grant was fully approved and funded for over \$13 million dollars to be expended by December 2025. Requests for Proposals (RFP’s) were recently issued, and a committee is currently reviewing proposal responses for this project.

#### iii. **Priority 3 - PULSE Suicide Prevention Initiative in Cumberland and Perry Counties**

- As previously mentioned under “Strengths”, PULSE conducted 19 QPR trainings in 2022 and 8 trainings through June 30, 2023, resulting in a total of 901 individuals having received suicide prevention training since 2016. Over the past 5 years we have seen an increase in QPR training requests from the first responder community. We believe this is a natural outcome of our work with CIT.

Annually we have a team representing PULSE who participates in the Out of Darkness Walk and has done so since the inception in Cumberland County. Each year our team has grown. Last year’s team included crisis staff, loss survivors, County staff, attempt survivor, first responder, and persons with lived experience. We had an information table on premises and participated in various other health fairs throughout the year.

## CUMBERLAND COUNTY HUMAN SERVICES BLOCK GRANT PLAN 2023-2024

Screenings of the “My Ascension” movie have been held several times this past fiscal year: for the community at the West Shore Theater, during a staff in-service day at Newport School District and with Shippensburg School District faculty. Important discussions have occurred after these screenings with regard to suicide prevention and ways to support those having thoughts of suicide as well as the need for mental health services within the community.

- iv. **Priority 4 - Implementing Elementary Student Assistance (ESAP) in one additional elementary school in each county**
  - ESAP has expanded to an additional 14 Elementary buildings this past school year (22/23). Referrals for ESAP continue to increase over the past several school years, with a 73% increase from school year 2020-2021 to 2021-2022, and a 57% increase from 2021-2022 to 2022-2023. It should be noted that the same staff cover both ESAP and CASSP Elementary Programs (providing a dual role within their elementary buildings). Currently only 2 school districts have opted to not implement ESAP – Camp Hill and Newport. CASSP Elementary School Based staff continue to support those elementary schools to address any unmet need.
  
- v. **Priority 5 - Support County human service agencies to become Trauma Informed throughout the counties.**
  - Progress continues to be made on this goal area with various trauma trainings occurring throughout our human service delivery system. “Becoming Trauma Informed” trainings occurred with both Cumberland County Adult Probation (Oct 2022) and the Re-Entry Coalition (May 2023) to support a trauma focused process within the criminal justice system as part of the Stepping Up Initiative in Cumberland County. In addition, Trauma trainings via Drexel University Behavioral Health Education are shared as available educational opportunities.

ii. *Coming Year List:*

- o *Based on Section b **Strengths and Needs by Populations**, please identify the top three (3) to five (5) ROST priorities the county plans to address in FY 23-24 at current funding levels.*

### **Priority 1 - Maintain and monitor current services and supports due to continued budget deficits**

*Continuing from prior year*  *New Priority*

- a. *Narrative including action steps:* As stated in the previous review, our county MH office finished FY 22-23 with a deficit of \$2.5 million. Cumberland County is the fastest growing county in the Commonwealth. Additionally, individuals seeking county funded mental health services has also continued to rise. There has not been a corresponding increase in funds to support staff who are serving greater numbers of citizens. Current provider budgets project this FY 23-24 with a \$3 million deficit if allocations begin at last year’s amounts. It should be noted that ALL program expenses continue to rise predominantly to recruit and retain a qualified workforce. Needs and service utilization have risen over the past several fiscal years. Our county MH office will continue to analyze



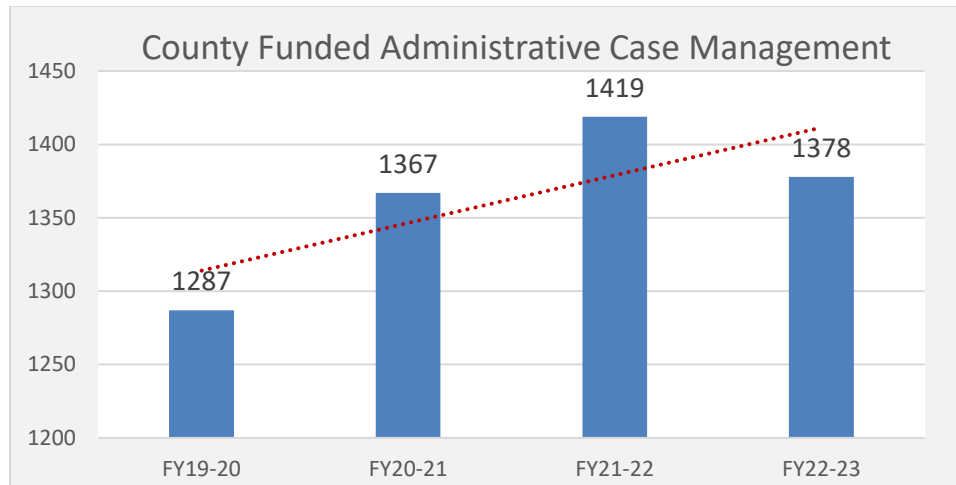
## CUMBERLAND COUNTY HUMAN SERVICES BLOCK GRANT PLAN 2023-2024

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.

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, provider agencies and 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. The below chart shows the significant growth in county funded MH service recipients. Need for services has increased by 7% since FY19-20. It is noteworthy that the COVID-19 pandemic started in March of 2020, concurrently Cumberland County is the fastest growing county in the Commonwealth.



- b. *Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables):*  
This is an annual goal and priority. 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. Trend analysis occurs monthly in those meetings. 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.

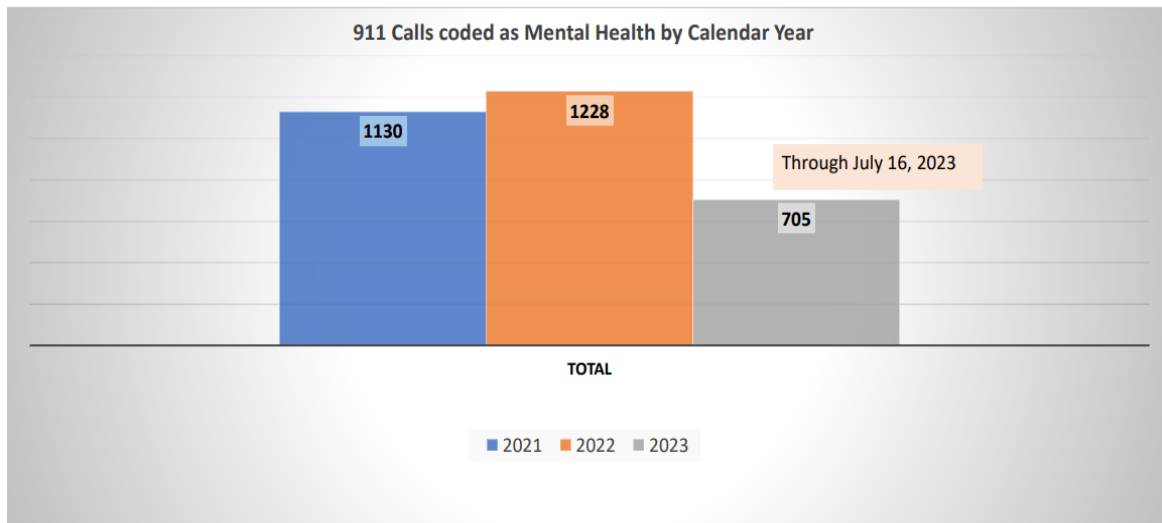
## CUMBERLAND COUNTY HUMAN SERVICES BLOCK GRANT PLAN 2023-2024

- c. *Fiscal and Other Resources:* Current County base funding of positions, services, and supports are utilized. As previously stated, current provider budget requests exceed our previous year's allocation by \$3 million. As we have not yet received our current allocation, we are unable to be more specific. Fiscal discussions will continue with both commissioners' offices as well as OMHSAS with regard to funding opportunities.
- d. *Tracking Mechanism (example: quarterly and annual goals met; deliverables provided):* MH staff will monitor fiscal impact via review of monthly claims submissions, and program utilization. Our MH Team meets monthly and will discuss those trends and findings, and develop potential solution scenarios, which may involve closure of programming should adequate funding not be available. Additionally, this information is shared at the MH.IDD Advisory Board meetings as well as each Counties' Commissioners' meetings.

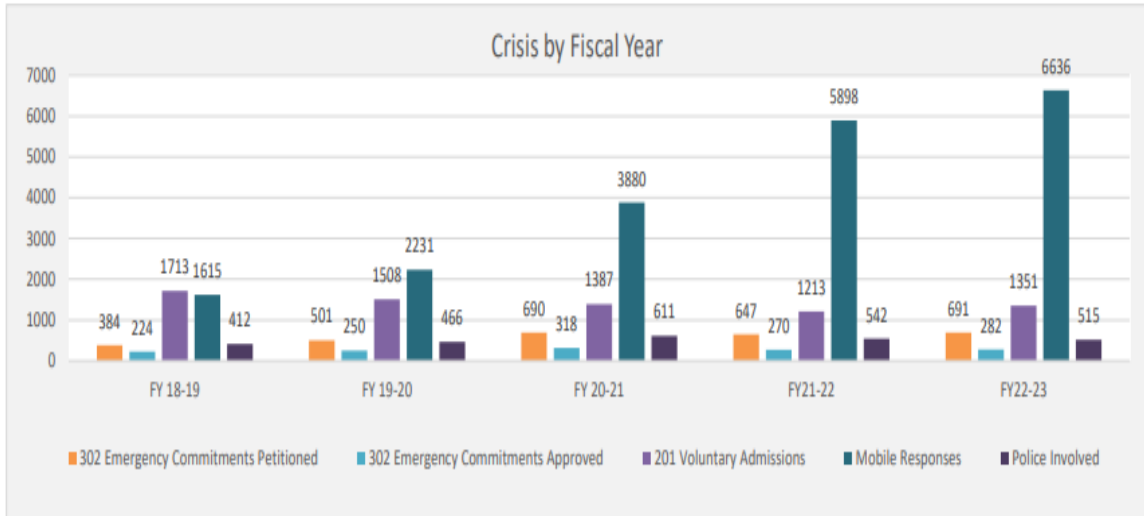
### Priority 2 - Progression toward Alignment with SAMHSA Best Practice Guidelines for Crisis Intervention for Mobile Crisis and Crisis Walk-in Center

Continuing from prior year  New Priority

- a. *Narrative including action steps:* Grant approval for Regional Crisis Walk-in Center and Expanded Mobile Crisis Services was achieved in December of 2022. Data continues to show increases in calls to 911 with regard to mental health need as well as significant increases in Contacts with Crisis Intervention Services.



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Team members from Cumberland, Perry, and Dauphin Counties' Mental Health Offices worked together to submit a comprehensive application to the state for funding to start up this project with the expectation that the provider of these services will align with SAMHSA's guidelines and expectations for the provision of these services across our three counties. A request for proposal (RFP) was released with responses currently under review for recommendation to the Boards of Commissioners in Cumberland, Dauphin, and Perry Counties.

- b. *Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables)*  
As previously stated, the Request for Proposals was jointly created by Cumberland-Perry and Dauphin Counties. Two proposals have been received and are currently under review. The review committee plans to make recommendations to the Boards of Commissioners during the month of September with a goal of having a provider under contract by November 2023. The remainder of FY23-24 will likely be used to complete contracts, renovations, hire, and on-board staff. The project is targeted to be operational by June 30, 2025.
- c. *Fiscal and Other Resources:* Funding for this initiative includes the grant of \$13,093,364 in COVID-CMHSBG funds from OMHSAS for start-up implementation and \$2,000,000 in HealthChoices Reinvestment funds to assist for renovations during start-up. A Memorandum of Understanding was created and signed by all three boards of commissioners.
- d. *Tracking Mechanism (example: quarterly and annual goals met; deliverables provided):*  
Given the structure of the project grant and funding, OMHSAS has a grant management database called "bizhive." There is only one log-in to the grant management system. Dauphin County has access to the system and will be providing reports for the project working in collaboration with Cumberland and Perry Counties.

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

Continuing from prior year  New Priority

- a. *Narrative including action steps:* As previously mentioned, Cumberland-Perry Counties' suicide prevention task force, PULSE, continues to increase community awareness of suicide prevention through QPR trainings and community events. Deaths by suicide have increased 157% since 2019 (pre-COVID). Data and charts are provided in section d. 5. below. Our strategy is that through continued outreach and providing QPR trainings in both Perry and Cumberland Counties, we will eventually have a positive impact on these rates of suicide in our communities.

We plan to increase the number of Survivors of Suicide (SOS) groups in FY23-24. Presently we have a PULSE member attending facilitator trainings as they are available and auditing other support groups.

Additional screenings of the "My Ascension" movie are planned, with two scheduled in September at Shippensburg University during Suicide Awareness Week and with a local parish for their congregation and local community.

- b. *Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables)*  
The taskforce meets monthly utilizing a hybrid format. Members participate in various community health fairs throughout the year to educate and spread awareness. We have a continued goal of providing of 12 (average of 1 per month) QPR trainings this year.
- c. *Fiscal and Other Resources:* PULSE will use funds raised in previous years to fund for handouts and purchase training materials for QPR. Due to C-P MH program's \$2.5 million deficit, we are unable to allocate any funds to suicide prevention even though we believe this to be an incredibly important initiative.
- d. *Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided)*  
Data is collected on QPR trainings, and the number of individuals trained is tracked. Meeting minutes are recorded and distributed prior to the next meeting for corrections and approval.

### Priority 4 - Support our communities and 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 recent 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.

The National Stepping Up Initiative 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

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level, it helps to establish mechanisms to assist individuals to receive treatment. As an Innovator County with Stepping Up, we have focused on the need for trauma informed services throughout our system.

PULSE, our suicide prevention initiative, is closely linked with promoting trauma informed care and trauma informed trainings. The Resilience movie, which is focused on the impact of trauma and suicide prevention, is shown at the CIT trainings as well as several training days within the schools. Becoming Trauma Informed trainings continue on a limited basis. All of these 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, C-P Mental Health Office, and community providers. "Becoming Trauma Informed" trainings occurred with both Cumberland County Adult Probation (Oct 2022) and the Re-Entry Coalition (May 2023) to support a trauma focused process within the criminal justice system as part of the Stepping Up Initiative in Cumberland County. In addition, Trauma trainings via Drexel University Behavioral Health Education are shared as available educational opportunities.

- b. *Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables):*  
The JPO staff have been successful in implementing the assessment process (CTS tool) and are using the Trauma Informed Decision-Making Protocol (TIDP). In addition, the aforementioned trainings will continue on an annual or semi-annual basis.
- c. *Fiscal and Other Resources:* Current county-based 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: (example: quarterly and annual goals met; deliverables provided):*  
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) 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.

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

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.

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

*x Yes*     *No*

These initiatives are encompassed in the Priorities listed previously. 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. CIT Trainings with law enforcement include de-escalation and much discussion regarding trauma and being trauma informed. In addition, Trauma trainings via Drexel University Behavioral Health Education are shared for additional educational opportunities. 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?**

*x Yes*     *No*

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?**

*x Yes*     *No*

Cumberland County has recently formalized the following DEI statement: “Cumberland County acknowledges and celebrates the unique characteristics of our residents, employees, and visitors. We identify diversity as a strength and consider it a growing, valuable asset of our community. We thoughtfully offer services and opportunities by understanding the different needs of our residents and actively engaging the underrepresented. Everyone who lives, works, and visits Cumberland County will benefit from our commitment to a welcoming environment.” Additionally, Cumberland County contracted with a consultant to develop trainings for all county staff.

Also, while not directly provided by the C-P MH program, PerformCare, our managed care provider, offers trainings in Diversity, Equity, and Inclusion (DEI) and providers are encouraged to participate. The series covers various topics such as benefits and outcomes of DEI, implicit and explicit bias, health disparities, and implementing a DEI program. The Health Equity Director at Partnership for Better Health, a local endowment foundation, has been instrumental in providing trainings and discussions in this area, that includes an annual spring “Diversity, Equity, Inclusion & Belonging (DEIB) Training”. Information on these trainings is provided to our service provider network. 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.

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

Yes     No

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

Cumberland and Perry Counties' Suicide Prevention Taskforce PULSE (Preventing Unnecessary Loss through Suicide Education) was started in 2016 and 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". There has been slow, yet strategic growth in all facets of this very dedicated group. The taskforce has representation from Crisis Intervention, Student Assistance, persons with lived experience, Veterans, family members, loss survivors, and some participation with attempt survivors.

Currently three support groups meet monthly for Survivors of Suicide (SOS). SOS meetings are held twice per month, year-round, once in Harrisburg and once in New Cumberland with a third meeting held outdoors from May until October. Meetings are open to all family members and friends who have lost a loved one to suicide.

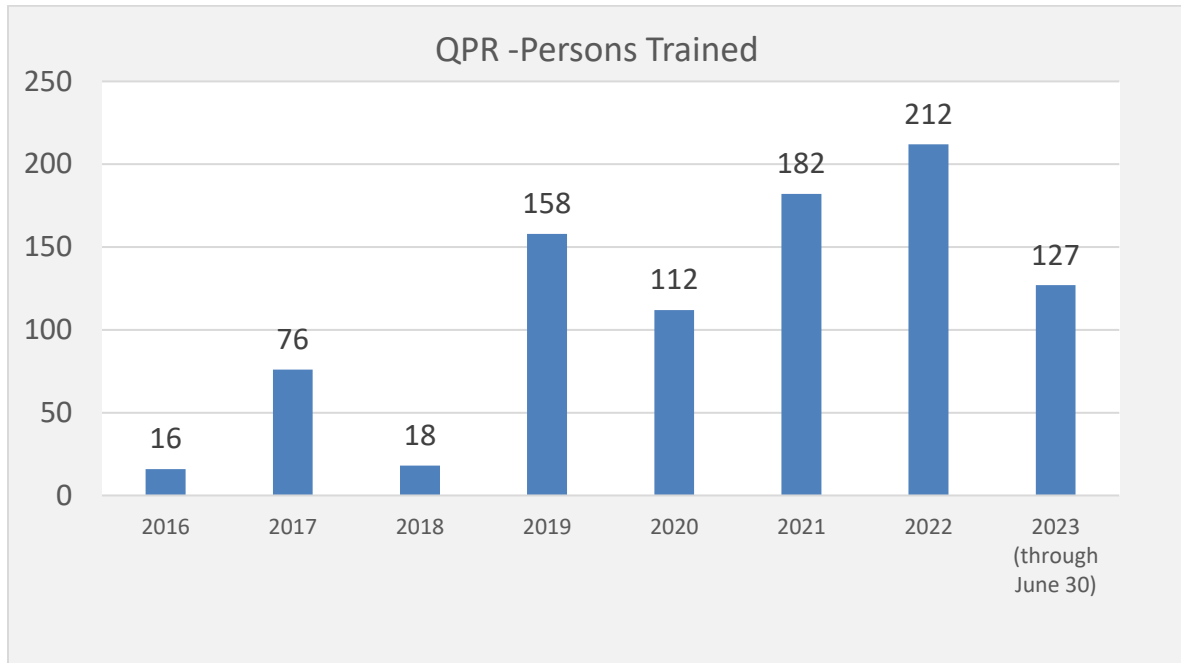
The taskforce is currently working with a community loss survivor who has expressed a desire to facilitate support groups. This individual is dedicated to making suicide prevention a part of his retirement plan. In addition to attending trainings for the facilitation of support groups, he has written a book which is to be available in September, rented a space in Mount Holly Springs to hold support groups, conduct QPR trainings, and host his podcast (Surviving Loss: Our Journey of Hope). Cal's Hope is a 501(c)(3) providing scholarships to college students interested in pursuing their education in the human services field.

In addition to developing additional support group opportunities, the taskforce has continued the focus on providing the Evidence Based Practice of 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 past few years, PULSE has focused on training stakeholders in QPR. We have a total of 10 trainers with diverse backgrounds. We are grateful for the partnership with Cumberland County Human Resources who facilitates training with the C-P 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 have developed an excellent working relationship with the first responder community and have an EMT, and a police officer who assist 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 our facilitators. Through the utilization of PointSolutions Software, we can obtain comprehension/growth of the participants and feedback about the presenters. Thus far the feedback has been overall positive. This software also makes the trainings more interactive for the participants.

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During the last fiscal year, 271 members of our community have received QPR training including Cumberland County staff, Cumberland County Prison Staff, Law Enforcement Officers, and multiple Emergency Management Services (EMS) partners. Cumberland County’s Human Resources Department is working in strong collaboration with the MH office to ensure county personnel have access to QPR training. As a function of all of these partnerships, through June 30, 2023, a total of 901 individuals have become QPR trained since 2016. The below chart shows the increase in individuals trained in QPR.



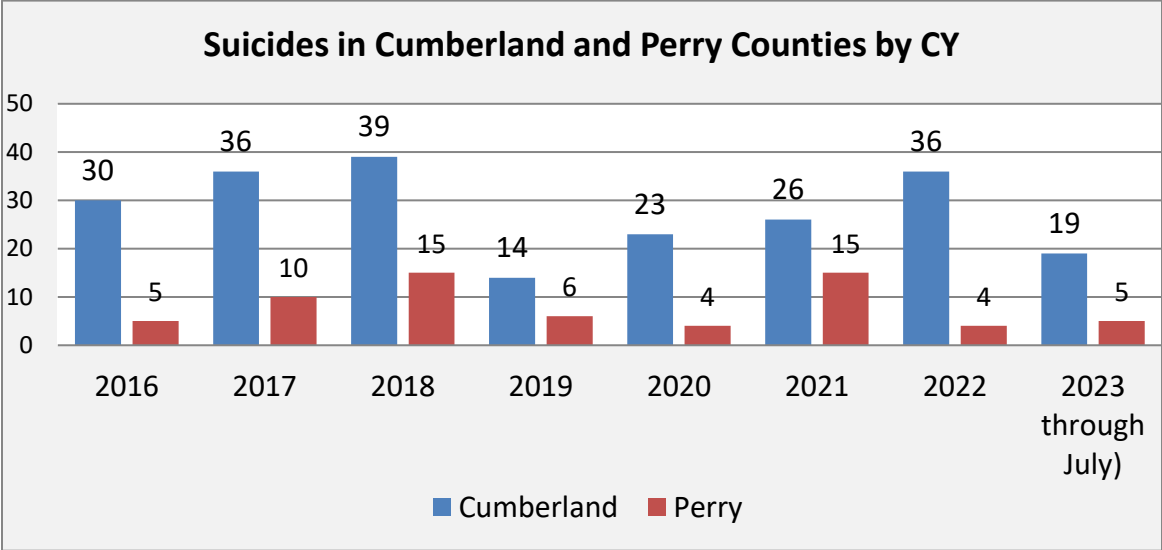
In addition to QPR trainings, the taskforce has participated in a variety of health fairs and community events to continue to educate the community regarding this important initiative. In September of 2022, in partnership with Cumberland County, CABHC, and the West Shore Theater, PULSE hosted the movie “My Ascension.” This movie is a documentary film about Emma Benoit, a 16-year-old varsity cheerleader who attempted suicide, leaving her paralyzed. Emma is now on a mission to use her painful experience to help others find hope, and shine light on the fact that 20 young people die every day by suicide in the United States. A “My Ascension” screening was also held with faculty at 2 local school districts (Newport and Shippensburg), followed by reaction and discussion regarding suicide prevention and supportive services for youth and young adults. We are excited to be hosting another screening of the “My Ascension” movie this September in partnership with Shippensburg University as part of Suicide Prevention Week. Another screening with a local church for its congregation and community members is also planned for the fall.

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 continued outreach and participation in various community events that we will reach these populations.



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The below chart shows individuals who have passed due to suicide since 2016. Despite our increased efforts to strengthen training, support, and outreach, suicide continues to negatively impact our communities.



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**6. Individuals with Serious Mental Illness (SMI): Employment Support Services**

*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.*

*a. Please provide the following information for your County MH Office Employment Specialist single point of contact (SPOC):*

- *Name:* Robin Tolan
- *Email address:* ratolan@cumberlandcountypa.gov
- *Phone number:* 717-240-6320

*b. Please indicate if the county **Mental Health office** follows the SAMHSA Supported Employment Evidence Based Practice (EBP) Toolkit:*

X Yes  No

*Please complete the following table for all supported employment services provided to only individuals with a diagnosis of Serious Mental Illness.*

Previous Year: FY 22-23 County Supported Employment Data for <b>ONLY</b> Individuals with Serious Mental Illness		
<ul style="list-style-type: none"> <li>• Please complete all rows and columns below</li> <li>• If data is available, but no individuals were served in a category, list as <b>zero (0)</b></li> <li>• Only if no data available for a category, list as <b>N/A</b></li> </ul> <p><i>Include additional information for each population served in the Notes section.</i></p>		
<b>Data Categories</b>	<b>County MH Office Response</b>	<b>Notes</b>
i. Total Number Served	63	
ii. # served ages 14 up to 21	3	
iii. # served ages 21 up to 65	60	Counted age 22- 65; No one over 65 years old
iv. # of male individuals served	33	
v. # of female individuals served	28	
vi. # of non-binary individuals served	2	
vii. # of Non-Hispanic White served	56	
viii. # of Hispanic and Latino served	2	
ix. # of Black or African American served	3	
x. # of Asian served	0	
xi. # of Native Americans and Alaska Natives served	1	
xii. # of Native Hawaiians and Pacific Islanders served	0	
xiii. # of multiracial (two or more races) individuals served	1	
xiv. # of individuals served who have more than one disability	15	
xv. # of individuals served working part-time (30 hrs. or less per wk.)	38	Some have more than one so counted # jobs
xvi. # of individuals served working full-time (over 30 hrs. per wk.)	18	
xvii. # of individuals served with lowest hourly wage (i.e.: minimum wage)	\$7.25	
xviii. # of individuals served with highest hourly wage	\$28.00	
xix. # of individuals served who are receiving employer offered benefits (i.e., insurance, retirement, paid leave)	12	

**Additional Comments:** Our Supported Employment program reached a **74%** competitive employment rate during 2022-2023!

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7. Supported Housing:

- a. Please provide the following information for the County MH Office Housing Specialist/point of contact (SPOC).

Name: Robin Tolan
Email address: ratolan@cumberlandcountypa.gov
Phone number: 717-240-6320

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** to include:

- Community Hospital Integration Projects Program funding (CHIPP)
- Reinvestment
- County Base funded
- Other funded and unfunded, planned housing projects

- i. Please identify the following for all housing projects operationalized in SFY 22-23 and 23-24 in each of the tables below:

- Project Name
- Year of Implementation
- Funding Source(s)

- ii. Next, enter amounts expended for the previous state fiscal year (SFY 22-23), as well as projected amounts for SFY 23-24. If this data isn't available because it's a new program implemented in SFY 23-24, do not enter any collected data.

- Please note: Data from projects initiated and reported in the chart for SFY 23-24 will be collected in next year's planning documents.

1. Capital Projects for Behavioral Health				Check box <input checked="" type="checkbox"/> 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 SFY 22-23 (only County MH/ID dedicated funds)	5. Projected Amount for SFY 23-24 (only County MH/ID dedicated funds)	6. Actual or Estimated Number Served in SFY 22-23	7. Projected Number to be Served in SFY 23-24	8. Number of Targeted BH Units	9. Term of Targeted BH Units (e.g., 30 years)
Enola Chapel	2008	LIHTC, HOME	0	0	6	6	6	30 years
		FHB	0					
		Health Choices Reinvestment (HC-R)	0					
Townhomes at Factory Square	2018	LIHTC	0	0	8-PBV	3-811 units	3-811 units	30 Years
		PBV	0					
Flats at Factory Square	2019	LIHTC	0	0	8-PBV	3-811 units	3-811 units	30 Years
		PBV	0					
Permanent Supportive Housing	2008	SHP, Continuum	0	0	26	81	84	Annual Award

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		of Care (CoC)							
Shelter Plus Care	2011	CoC	0	0	26	42	42		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	5	0		30 Years
Citrus Grove	2024	HC-R  PBV	\$190,994	0	0	2 – 811 units  8 PBV	2 – 811 units  8 PBV		30 Years
Harbour Village	2024	HC-R  PBV	\$190,994	0	0	2 – 811 units  8 PBV	2 – 811 units  8 PBV		30 Years
Totals			\$381,988	0	100	185	188		
Notes:	CU MH- Health Choices Reinvestment Funds were used to assist in financing 2 projects in combination with PHFA Tax Credit funds, a Penn HOMES loan, County HOME funds, and private loans/donations. These 2 new 40-unit projects offer 2 units in each dedicated to individuals with mental illness. These units will provide permanent integrated housing opportunities. A total of 4 persons can be served in the 4 units.								

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<b>2. Bridge Rental Subsidy Program for Behavioral Health</b>				Check box <input checked="" type="checkbox"/> if available in the county and complete the section.					
Short-term tenant-based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.									
<b>1. Project Name</b>	<b>2. Year of Implementation</b>	<b>3. Funding Sources by Type (include grants, federal, state &amp; local sources)</b>	<b>4. Total \$ Amount for SFY 22-23</b>	<b>5. Projected \$ Amount for SFY 23-24</b>	<b>6. Actual or Estimated Number Served in SFY 22-23</b>	<b>7. Projected Number to be Served in SFY 23-24</b>	<b>8. Number of Bridge Subsidies in SFY</b>	<b>9. Average Monthly Subsidy Amount in SFY 22-23</b>	<b>10. Number of Individuals Transitioned to another Subsidy in SFY 22-23</b>
Cumb. Co. Rapid Rehousing Program	2005	Federal	\$156,244	\$156,244	72	72	30	\$900	4
Perry County Rapid Rehousing Program	2021	State	\$190,217	\$190,217	48	48	24	\$800	3
Emergency Solutions Grant Rapid Rehousing Program*	2020	State	\$55,000	\$ 50,000	12	6	0	\$500	0
<b>Totals</b>			\$401,461	\$396,461	132	126	54	\$2200	7
<b>Notes:</b>	*ESG RRH 10/7/21-4/6/2023  Proposed BH-MCO CABHC Reinvestment Plan- Bridge housing subsidy for individuals who are in transition from MH residential services 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. A total of 55 persons can be served in this program.								

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<b>3. Master Leasing (ML) Program for Behavioral Health</b>				Check box <input type="checkbox"/> if available in the county and complete the section.					
Leasing units from private owners and then subleasing and subsidizing these units to consumers. N/A									
1. Project Name	2. Year of Implementation	3. Funding Source by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 22-23	5. Projected \$ Amount for SFY 23-24	6. Actual or Estimated Number Served in SFY 22-23	7. Projected Number to be Served in SFY 23-24	8. Number of Owners/ Projects Currently Leasing	9. Number of Units Assisted with Master Leasing in SFY 22-23	10. Average Subsidy Amount in SFY 22-23
Notes: N/A- Service not provided in Cumberland or Perry County									

<b>4. Housing Clearinghouse for Behavioral Health</b>				Check box <input checked="" type="checkbox"/> 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 SFY 22-23	5. Projected \$ Amount for SFY 23-24	6. Actual or Estimated Number Served in SFY 22-23		7. Projected Number to be Served in SFY 23-24	8. Number of Staff FTEs in SFY 22-23	
Housing Locator	2023	HOME-ARP	\$75,000	\$75,000	72		72	.5 FTE	
Totals			\$75,000	\$75,000	72		72		
Notes:									

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<b>5. Housing Support Services (HSS) for Behavioral Health</b>				Check box <input checked="" type="checkbox"/> if available in the county and complete the section.				
HSS are used to assist consumers in transitions to supportive housing or services needed to assist individuals in sustaining their housing after move-in.								
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 22-23	5. Projected \$ Amount for SFY 23-24	6. Actual or Estimated Number Served in SFY 22-23		7. Projected Number to be Served in SFY 23-24	8. Number of Staff FTEs in SFY 22-23
Supportive Living-2 providers	2000	County Based Funding	\$934,859	\$701,265	117		110	8 FTE
CCHRA Homeless & Special Needs Case Management Staff	2001	County Based Funding	\$116,437	\$116,000	100		100	2.5 FTE
Totals			\$1,051,296	\$817,265	217		210	10.5 FTE
Notes:								

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



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<b>7. Other: Identify the Program for Behavioral Health</b>				Check box <input checked="" type="checkbox"/> if available in the county and complete the section.			
<p><b>Project Based Operating Assistance (PBOA)</b> 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; <b>Fairweather Lodge (FWL)</b> 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; <b>CRR Conversion</b> (as described in the CRR Conversion Protocol), <b>other</b>.</p>							
<b>1. Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)</b>	<b>2. Year of Implementation</b>	<b>3. Funding Sources by Type (include grants, federal, state &amp; local sources)</b>	<b>4. Total \$ Amount for SFY 22-23</b>	<b>5. Projected \$ Amount for SFY 23-24</b>	<b>6. Actual or Estimated Number Served in SFY 22-23</b>		<b>7. Projected Number to be Served in SFY 23-24</b>
Fairweather Lodges- 3 sites  2 Lodge Coordinators	2007	Housing Choice Vouchers	Not Available	Not Available	13		14 Slots Available**
		County Base Funds*	\$117,065	\$117,065			
Long Term Structured Residence	2020	CHIPP, Olmstead, Reinvestment, County Base Funds	\$1,823,925	\$1,823,925	20		16 Slots Available
Totals			\$1,940,990	\$1,940,990	33		30
Notes:	<p>*County Base Funds pay for the 2 Lodge Coordinators' salaries.</p> <p>** 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 itself.</p>						

**e) 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*

<b>County MH Office CPS Single Point of Contact (SPOC)</b>	Name: Robin Tolan
	Email: ratolan@cumberlandcountypa.gov
	Phone number: 717-240-6320
<b>Total Number of CPSs Employed **</b>	<b>4 + (1) ACT/CTT + (1) Warmline</b>
<b>Average number of individuals served (ex: 15 persons per peer, per week)</b>	<b>10 – 15 persons per peer, per week</b>
<b>Number of CPS working full-time (30 hours or more)</b>	<b>1</b>
<b>Number of CPS working part-time (under 30 hours)</b>	<b>3</b>
<b>Hourly Wage (low and high), seek data from providers as needed</b>	<b>14.28-17.43</b>
<b>Benefits, such as health insurance, leave days, etc. (Yes or No), seek data from providers as needed</b>	<b>Yes, for FT only</b>
<b>Number of New Peers Trained in CY 2022</b>	<b>2</b>

\*\* 2 Additional Peer Support Providers were added via HealthChoices Managed Care to serve Cumberland and Perry Counties, but this specific staffing information is not available at this time from these agencies. The information above represents the county-funded contract provider.

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**f) Existing County Mental Health Services:**

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

<b>Services by Category</b>	<b>Currently Offered</b>	<b>Funding Source (Check all that apply)</b>
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 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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Walk-in Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Residential Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis In-Home Support Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Emergency Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
**Outpatient Drug & Alcohol Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
**Methadone Maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Clozapine Support Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
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 Dept, not MH.

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**g) 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 implement - ation guide? (Y/N)	7. Is staff specificall-ly trained to implement the EBP? (Y/N)	8. Additional Information and Comments
Assertive Community Treatment	Y	35	TMACT	CABHC	Quarterly	Y	Y	Modified ACT program - follows CTT guidelines
Supportive Housing	Y	117	None Available	N/A	N/A	N/A	N/A	Vague guidelines, but no toolkit exists
Supported Employment	Y	63	SAMHSA EPB toolkit	Agency	Every 3 years	Y	Y	Include # Employed = 56
Integrated Treatment for Co-occurring Disorders (Mental Health/SUD)	Y	Not Tracked	None Available	N/A	N/A	N/A	N/A	3 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	2	Approved Service Description	PerformCare monitors model via QA activities	Every 3 years	N	Y	CRR-ITP
Multisystemic Therapy	Y	33	MST Services, Inc	MST Services, Inc	Quarterly	Unknown	Y	Also provided through CYS/JPO Needs Based Funding
Functional Family Therapy	Y	18	FFT Guidelines	Provider & FFT Consultant	Annually	Y	Y	
Family Psycho-Education	Y	Not Tracked	None	N/A	N/A	N	N/A	NAMI C-P Family to Family; Peer to Peer; Family Support Group; Other trainings in the community

**CUMBERLAND COUNTY HUMAN SERVICES BLOCK GRANT PLAN 2023-2024**

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

<b>Recovery-Oriented and Promising Practices</b>	<b>1. Service Provided (Yes/No)</b>	<b>2. Current Number Served (Approximate)</b>	<b>3. Additional Information and Comments</b>
Consumer/Family Satisfaction Team	Y	1220	HealthChoices Managed Care Contract
Compeer	N	N/A	
Fairweather Lodge	Y	14 slots	3 Lodges
MA Funded Certified Peer Specialist (CPS)- Total**	Y	55	
CPS Services for Transition Age Youth (TAY)	Y	6	
CPS Services for Older Adults (OAs)	Y	2	
Other Funded CPS- Total**	Y	21	County Funded CPS + Numerous in embedded soc Rehab and Supported Apartment Programs whose contact is not
CPS Services for TAY	Y	1	
CPS Services for OAs	Y	0	Contract with County Office of Aging – no referrals
Dialectical Behavioral Therapy	Y	Unknown, Not Tracked	Many therapists provide this therapy as an OP service, but the specific modality is not
Mobile Medication	Y	44	Mobile Psychiatric Nursing
Wellness Recovery Action Plan (WRAP)	Y	Unknown, Not Tracked	WRAP is offered in all services, but the completion of a WRAP is not tracked
High Fidelity Wrap Around	N	N/A	CASSP offers joint planning teams
Shared Decision Making	Y	36	Common Ground via Peer Support at Merakey
Psychiatric Rehabilitation Services (including clubhouse)	Y	138	1 Psych Rehab agency provides service in 4 locations across 2 counties
Self-Directed Care	Y	36	Same as Common Ground – shared decision-making
Supported Education	N	5	Offered via CAPSTONE program only – see below
Treatment of Depression in OAs	Y	200	Psychiatrist & Social Worker with Geriatric specialty
Consumer-Operated Services	Y	N/A	Community Support Program (CSP)
Parent Child Interaction Therapy	Y	0	
Sanctuary	N	Unknown	C-P residents have access to residential providers outside of our counties that are
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	5	via CAPSTONE with Dauphin County's SAMHSA grant for FEP

**CUMBERLAND COUNTY HUMAN SERVICES BLOCK GRANT PLAN 2023-2024**

**i) Involuntary Mental Health Treatment:**

1. *During CY 2022, did the County/Joinder offer Assisted Outpatient Treatment (AOT) Services under PA Act 106 of 2018?*

*No, chose to opt-out for all of CY 2022*

*Yes, AOT services were provided from: \_\_\_\_\_ to \_\_\_\_\_ after a request was made to rescind the opt-out statement*

*Yes, AOT services were available for all of CY 2022*

2. *If the County/Joinder chose to provide AOT, list all outpatient services that were provided in the County/Joinder for all or a portion of CY 2022 (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 CY 2022:*

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 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. **Involuntary Outpatient Treatment (IOT) services column:** *if no one has been served in the last year, enter 0.*

b. *Row V fill in the administrative costs of AOT and IOT*

	<b>AOT</b>	<b>IOT</b>
I. Number of individuals subject to involuntary treatment in CY 2022	N/A	52
II. Number of involuntary inpatient hospitalizations following an IOT or AOT for CY 2022	N/A	3
III. Number of AOT modification hearings in CY 2022	N/A	
IV. Number of 180-day extended orders in CY 2022	N/A	43
V. Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY 2022	N/A	\$250,000

**CUMBERLAND COUNTY HUMAN SERVICES BLOCK GRANT PLAN 2023-2024**

**j) Consolidated Community Reporting Initiative 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 an individual. 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 evaluate the validity through edits and audits in PROMISe, timeliness, and completeness through routine monitoring reports based on submitted encounter data.*

<b>File</b>	<b>Description</b>	<b>Data Format/Transfer Mode</b>	<b>Due Date</b>	<b>Reporting Document</b>
837 Health Care Claim: Professional Encounters v5010	Data submitted for each time an individual has an encounter with a provider. Format/data based on HIPAA compliant 837P format	ASCII files via SFTP	Due within 90 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 2022 been reported to the state as an encounter? Yes No*

While 95% of pseudo-claims have been submitted successfully, there are several base-funded services that are not enrolled or validated, and we continue to try to work with the provider to achieve this. It would also be helpful if the county program could have access to this information related to provider enrollment in order to support providers in completing the enrollment process appropriately. In addition, some county-funded services are not trackable via consumer data if the people being served are not open in HCSIS – such as information and referral situations which is a BSU requirement and regulatory expectation.

## CUMBERLAND COUNTY HUMAN SERVICES BLOCK GRANT PLAN 2023-2024

**k) Provide a brief narrative as to the services that would be expanded or new programs that would be implemented with increased base funding:**

Our Cumberland and Perry counties' MH joinder currently is operating with a projected \$3 Million Deficit! FY 22-23 we finished with a \$2.5 Million deficit! Please note, this is not due to poor fiscal management. It is due to attempting to stabilize the community which has been significantly impacted by COVID, then a staffing crisis which continues to undermine successful treatment and rehabilitative supports. We are thankful for our Boards of Commissioners who are interested, concerned and supportive of our county-based mental health supports. Cumberland County is the Fastest Growing County in the State. What would we do with more resources?

- Develop a fully functional crisis stabilization and mobile teams capabilities, with longer term stabilization/respite
- Hire 1 or 2 additional staff in MH Office. Our administrative costs are less than 7%. We have a very small and exhausted team
- Develop database to track CIT calls with law enforcement which includes tracking people open/identified in county systems and outcomes (hospital, jail, treatment, etc.)
- Expand residential services for individuals with SMI (Personal Care, Supportive Living)
- Expand work with redevelopment authority to create affordable housing options for community
- Expand treatment services at jails and social work
- Expand services (preventative) for children and adolescents
- Expand support to reentry task force and returning members to our communities
- Expand administrative case management (caseload sizes need to be decreased so people receive quality/effective services)
- Complete market analysis on salaries for workforce
- Develop standing residency program to increase number of psychiatric physicians to meet community needs
- Create database to track Stepping Up Initiative (Innovator County)
- Use data system to analyze recidivism at the jail; measure of reduction of people with SMI at the jails
- Increase EBP (*evidence-based practices*) of support groups (suicide loss, family support groups)
- Create stronger preventative trauma awareness training for families
- Focus on cultural awareness training for underserved populations
- Develop/use social emotional curriculums including teaching coping mechanisms
- Evaluate the satisfaction of people with services
- Expand student assistance so staff feels that program is manageable
- Expand ACT (*Assertive Community Team*) to be full team



## CUMBERLAND COUNTY HUMAN SERVICES BLOCK GRANT PLAN 2023-2024

### 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 use disorder prevention, intervention, treatment, case management, and recovery support services for Cumberland and Perry Counties' 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 SUD 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 SUD 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, periodic 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 SUD treatment services for Cumberland and Perry Counties' 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 SUD case management, treatment, and recovery support services.

Although limited Commission funding has not been an obstacle to accessing SUD 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.

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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.

*Please provide the following Waiting List information for FY 22-23:*

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 weekly number of individuals

\*\*Average weekly wait time per person

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 three 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.

However, 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 an inpatient 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

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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. Occasionally, a given provider has reached the point where they were temporarily unable to accept new admissions. The outpatient staffing situation has improved slightly, but it remains 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 SUD therapists who can work with adolescents and their parents, and for therapists who 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.

### **2. Overdose Survivors' Data:** *Please describe below the SCA plan for offering overdose survivors direct referral to treatment for FY 22-23.*

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 alcohol or other drugs.

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

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as an overdose can be traumatic for them, 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 2020-21, 2021-22, and 2022-23 fiscal years:

	<b># of Overdose Survivors</b>	<b># Referred to Treatment</b>	<b>Referral Methods</b>	<b># Refused Treatment</b>
FY 2020-21	28	27	Case Management to Treatment Provider	0
FY 2021-22	36	36	Case Management to Treatment Provider	1
FY 2022-23	36	36	Case Management to Treatment Provider	1

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

As required by the DDAP Case Management and Clinical Services Manual, the Commission’s network of providers covers the full continuum of licensed substance use disorder 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 the Commission’s contracted providers are also approved Medical Assistance providers in the network of PerformCare, our regional HealthChoices behavioral health managed care organization.

<b>LOC ASAM Criteria</b>	<b># of Providers</b>	<b># of Providers Located In-County</b>	<b># of Co-Occurring/Enhanced Programs</b>
4 WM	2	0	1
4	2	0	1
3.7 WM	21	0	0
3.7	9	0	4
3.5	32	0	15
3.1	9	0	0
2.5	4	0	0
2.1	4	4	2
1	9	8	3

There are no licensed inpatient SUD treatment providers located within Cumberland or Perry Counties that accept public-funded clients. As a result, the Commission has never focused its inpatient non-hospital

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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 available beds, 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.

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

We expect 2023-24 to be a challenging year for Commission-funded SUD treatment services. Throughout the COVID-19 pandemic the requirement for Medical Assistance (MA) recipients to reenroll was suspended. Anyone who had become eligible for MA since March 2020 was exempt from the usual redetermination requirement. This changed with the termination of the federal public health emergency for COVID-19. As of April 1, 2023, on a rolling basis current MA recipients are being required to renew their coverage by providing updated information. We anticipate that a significant number of Cumberland and Perry Counties' residents will no longer be eligible for MA. This will increase the demand for SCA-funded SUD treatment services.

With the ongoing opioid health crisis, a top local priority continues to be expanded access to different forms of medication-assisted treatment for opioid use disorders. During the 2018-19 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 2022-23 fiscal year. Our plan is to continue this increased funding level for methadone services for 2023-24, 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 Capital Area regional 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 2023-24 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 Treatment Staff, The RASE Project Recovery Support 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

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Support Staff, Prime Care Medical Services, Perry County Probation, and Hamilton Health Center's Newport Clinic (an Opioid Use Disorder Center of Excellence and Vivitrol provider).

These PCCD County Jail Vivitrol Grants were originally for a two-year period ending June 30, 2021. Due to the impact of COVID-19 on jail populations, there was a significant balance of unused grant funds for both Counties. We were able to secure no-cost extensions that allowed both programs to continue through June 30, 2023. However, funds for the Cumberland County Prison Vivitrol Program were depleted as of January 2023. Since the program has demonstrated positive outcomes, the Cumberland County Commissioners have elected to continue the program through the 2023 calendar year using some of the County's opioid settlement funds.

The Perry County Commissioners have made a similar decision. As of July 1, 2023, the Perry County Prison Vivitrol Program was continued using some of Perry County's opioid settlement funds. The Commissioners have allocated enough funds to continue the program through December 31, 2024.

Both county jails are faced with a new challenge. Recent lawsuits have determined that if an offender who is admitted to prison is currently receiving any of the three forms of FDA-approved of medication-assisted treatment (MAT) for opioid use disorders (naltrexone or Vivitrol, buprenorphine or Suboxone, or methadone), it is the prison's responsibility to continue the inmate on that same form of MAT during their incarceration. Since inmates are not eligible for Medical Assistance or commercial insurance benefits, County Commissioners are understandably perceiving this new requirement as an additional unfunded mandate. The situation may become even more complicated. There is a current lawsuit in Pennsylvania that seeks to make prisons also responsible for starting offenders with opioid use disorders on MAT upon their admission to prison.

Cumberland and Perry Counties have addressed part of this new mandate by committing a portion of their opioid settlement funds to continue their respective prison Vivitrol programs. Both county prisons are in the process of determining the additional cost for accommodating buprenorphine and methadone. County Commissioners are planning to commit additional opioid settlement funds to cover these new expenses.

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. The need for additional expansion of local SUD inpatient treatment options will continue to be assessed as future reinvestment funds become available.

There have also been 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 and Roxbury Outpatient 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

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for Perry Human Services and PA Counseling Services Carlisle to embed a Certified Recovery Specialist Program as a complement to their outpatient SUD treatment services. A new reinvestment project slated to be implemented in 2023-24 is specialized training for SUD outpatient providers to implement the evidence-based strategy of Contingency Management with adults.

In recent years the Commission has taken steps to help address the outpatient treatment capacity issue noted above. We have added two additional providers – Mazzitti & Sullivan and PA Counseling Services Carlisle – to our SCA-funded outpatient provider network. We have also increased our SCA outpatient rates to help providers address the challenges of staff recruitment and retention.

The Commission has also added the White Deer Run York partial hospitalization program for adults and the Huntington Creek Recovery Center non-hospital detox and rehab services for adolescents 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.

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

Listed in the table below is overdose fatality data from the Cumberland and Perry County Coroners for calendar years 2014 through 2022. In Cumberland County we saw a significant decrease (46.5 percent) in overdose deaths from 2017 to 2019. However, data from 2020 revealed 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. Between 2020 and 2022 there was another noteworthy reduction (42.6 percent) in overdose deaths in Cumberland County as COVID-19 restrictions eased. However, the 2022 total of 39 fatalities is unacceptable, and it indicates there's more work to be done. The Cumberland County Coroner reports that since 2020 most of these overdose deaths have been 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. As in 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. There was a slight decline in Perry County overdose fatalities from 2021 to 2022 (15 to 13), but like Cumberland County there is still much work to be done. The Perry County Coroner also reports that most of the overdose fatalities since 2020 are linked to fentanyl.

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<b>Drug Overdose Fatalities</b>									
	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
<b>Cumberland County</b>	35	41	66	86	52	46	68	51	39
<b>Perry County</b>	6	3	10	12	16	10	15	15	13

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 and the State Police 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 with this type of medical emergency, 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 (spray Narcan) kits have been made available for free 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 free 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



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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 2022-23 school year, Commission student assistance staff assisted school nurses in obtaining updated supplies of spray Narcan to replace expired products.

Our SCA has 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 keep 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 many workshops at various locations throughout Cumberland and Perry Counties. The cost for providing the training 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 resumed offering in-person naloxone workshops in 2022.

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 has worked with Penn State Health Life Lion, as our Central Coordinating Entity, to ensure that additional naloxone is available to both county jails whenever their supplies are exhausted or expired.

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

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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 use disorder 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 SUD treatment. The outreach worker explains the range of SUD 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. JFT staff work with all patients they encounter regardless of insurance status or county of residence.

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 recent COVID-19 pandemic all four hospitals continued to utilize the service and welcome JFT workers into their emergency rooms for in-person intervention work.

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 55-month period from December 2018 through the end of June 2023.

### Warm Handoff Data:

# of Individuals Contacted	1,219
# of Individuals who Entered Treatment	727
# of individuals who have Completed Treatment	unknown

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### 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.*

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

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

*\*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 Intellectual and Developmental Disabilities Services believes that individuals with disabilities should be able to receive the services and supports they need in their home communities. Cumberland-Perry 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 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 QA&I 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 and the Alliance for Nonprofit Resources, Inc. (ANR) 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.

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Cumberland/Perry IDD’s PUNS Waiting List as of June 30, 2023, indicates that we have 125 individuals in the Emergency category, 59 individuals in the Critical category and 82 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 still have some individuals waiting for services because our providers are not able to provide these services due to the direct care staffing crisis that providers are still experiencing.

The 2021-2024 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 IDD staff. These team members worked together to develop our quality management goals for 2021-2024. Cumberland-Perry’s 2021-2024 quality management goals are as follows:

1. Increase the number of individuals who are living in either an Unlicensed Residential or Supported Living home by 10%.
2. Increase Lifesharing opportunities for individuals by 10%.
3. Increase the 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 22-23</i>	<i>Percent of total Individuals Served</i>	<i>Estimated Individuals to be served in FY 23-24</i>	<i>Percent of total Individuals Served</i>
Supported Employment	14	13%	22	20%
Pre-Vocational	0	-	0	-
Community Participation	9	9%	14	13%
Base Funded Supports Coordination	105	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	57	54%	60	55%

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### 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. We are in the process of adding three department internship sites for 2024 in order to increase the internship options for the interns. 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. In 2023, our sixth class of four individuals completed the program with two individuals finding a competitive job in the community before or shortly after graduation. Currently, we are preparing for our seventh class to begin in September 2023.

As of June 2023, 187 or 24% of the working age individuals registered with us are working competitively with 84 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 2023, 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

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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.

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 last year.

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.

In 2023, 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 healthy relationships. A large vendor area was also available to those who attended the Transition Fair. Almost 200 students, parents, teachers, school aides and providers attended the fair. It was a great success! We received a lot of positive feedback about our Transition Fair. This was our first year doing a face-to-face transition event again since the pandemic caused us to have to cancel our in-person fair in 2020.

A new Community Participation Support program opened in Cumberland County in January 2023. Vista, a provider of Autism services located in Hershey, PA, opened a new Community Participation Support program. 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. Seventeen (17) individuals are participating in this program. 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.

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Lastly, ten (10) years ago, post-secondary education opportunities did not exist for individuals with intellectual and developmental disabilities. Cumberland-Perry IDD Services decided to join 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 liberal arts focused 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 have joined the DREAM Partnership and 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. The DREAM Partnership continues to grow each year.

### SUPPORTS COORDINATION

Cumberland-Perry has 105 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 process 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. The SCO is expanding use of the LifeCourse to all SC's and interested teams. 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.

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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 2022, the SCO received another commendable score of 100%!

### LIFESHARING AND SUPPORTED LIVING

Our Lifesharing programs have had their “ups and downs.” We currently have six (6) 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. 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, a number of years ago, our family advisory group advocated strongly for the provision of more independent living/apartment-type living opportunities as a more cost-effective residential option. Individuals 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. Twenty-five (25) individuals have graduated from the Pathways Academy to date and have been successfully living in their own apartments with supports in the community. A new Pathways class will begin in September 2023.



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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 seventeen (17) individuals who are living in Supported Living apartments and an additional thirteen (13) individuals living in unlicensed residential settings.

In July of 2023, we implemented a new Quality Management goal to increase independent living opportunities for individuals. The ability of providers to use assistive technology and remote supports to provide services that allows the individual to become more independent, in turn, allows providers the flexibility needed to increase independent living services for additional individuals who would like to live independently in the community.

To assist with ensuring the safety of individuals with intellectual disabilities who want to live independently in the community, we offer an array of independent living technologies that 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 2023-2024 fiscal year.

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.

### **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.

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We refer to this group as our Complex Case Team. Currently, Cumberland/Perry's Complex Case Team is participating in a discussion facilitated by the Pennsylvania Department of Human Services (DHS) regarding children, youth, and young adults with complex needs and their families to improve the services provided by all family and youth serving systems across PA. This group is working to identify strengths and gaps in our current system of care for youth with complex needs, identify root cause issues with gaps, and develop recommendations for strengthening those gap areas to reduce silos and meet the needs of youth 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 have worked together to offer trainings for providers, families, MH staff, and IDD staff on dual diagnosis and trauma-informed care topics. Cumberland/Perry IDD Services also identified dual diagnosis training for our residential providers as one of our Quality Management goals for 2023. However, providers were not able to send their staff to these trainings because of the staffing crisis. Thus, we have replaced this goal for this coming year and plan to re-establish this training goal for our providers at a later date.

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, a staff person from Children & Youth, MH and IDD (our "Team of 3" as we refer to them) 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. Our "Team of 3" meets monthly as well as on an as-needed basis. The "Team of 3" also meet with the Directors from CYS,

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MH and IDD on a quarterly basis to keep the communication lines open and share any issues that have come up.

### 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 renovated one of their community homes that they closed during the pandemic into a home that has been specifically designed for individuals with dementia. They partnered with the Cumberland County Housing Authority and our office to do this. This home has a fully accessible bathroom as well as a fully accessible kitchen. It has an open floor plan with appropriate lighting and color contrasts to aid in supporting individuals with ID who also have dementia. Technology has also been 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. This provider is currently considering renovating a second community home in this same manner.

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 met 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. During the pandemic our Aging/IDD County Team did not meet, but we hope to be able to resume meeting again in 2023-2024. Our Aging and IDD departments will continue to fund the trainings and other activities of this workgroup.

### Collaboration with Local School Districts

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

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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, our office typically receives three to four 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

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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 two (2) emergency situations. In each 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 these emergency situations at the onset until waiver capacity became available.

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

### **ADMINISTRATIVE FUNDING**

#### Working with Individuals and Families

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

Supporting Families Initiative – Cumberland-Perry, Dauphin, Lebanon, and Lancaster Counties' 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 Counties' IDD programs held a similar event for the families in their geographical area. Cumberland-Perry IDD Services supports the PA Family Network and has asked them to share the Supporting Families throughout the Lifespan information to our MH/IDD Advisory Board, our Early Intervention staff and families, and our IDD staff and families. 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 - Eighteen (18) 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 was 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.

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Over the past sixteen (16) years, the purpose of the IDD Task Force 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. This strategy was 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 (family members and other stakeholders) 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) was instrumental in helping us identify areas of our service delivery system that need to be improved; family members are great teachers. This advisory group met the first Wednesday evening of each month. During the pandemic, this group met virtually several times. Currently, this group is not meeting. We plan to reconvene our consumer/family/provider advisory group in the future. 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 Counties' IDD Services expanded the Early Intervention "Community Links" website, [www.community-links.net](http://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. 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. Another provider operates an overnight respite location in western Cumberland County.

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Cumberland/Perry IDD services also supports individuals and families by offering an array of summer camps and therapeutic activities for them to choose to participate in.

### 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 2022-2023, there were 59 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 health care and intellectual disabilities/Autism. 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 HCQU 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

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was restricted. The HCQU regularly provides training on a variety of health-related topics to providers and County staff at the bi-monthly Cumberland/Perry/Dauphin Provider Forums.

### 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 with higher level needs. 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 four 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 IDD Services implemented a new Quality Management goal that focused on developing a complex care curriculum for residential providers. This curriculum would have allowed residential providers to receive training in Dual Diagnosis, Trauma Informed Care and Autism. These intensive trainings would have allowed our residential providers to become more confident and capable of providing care to individuals with complex needs. These types of services are definitely needed in our counties as providers who are qualified and willing to serve complex individuals are very difficult to find in our counties, and we end up having to send individuals with complex needs out of county for services. This goal was discontinued in July of 2023 due to lack of participation by providers. While we still feel this is a very worthwhile goal, we realize that our providers are continuing to experience a severe staffing crisis and do not have the ability to participate in extra training (above and beyond the required annual training that a provider must provide for their staff) at this time. We will continue to provide information on these trainings to providers and will revisit this goal at a later date.



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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 have 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 also maintains 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 is also available to assist other individuals who are transitioning into independent living.

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More specifically, this special funding program is available to individuals transitioning to independent living 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 these individuals.

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

In addition, ID/Autism staff 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.

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### COMMUNITY FOR ALL

For individuals residing in a nursing home who wish to return to the community to live, we utilized our Nursing Home Transitions Team (a sub-committee of our Aging/IDD County Team) to assist the individuals with this transition process prior to the pandemic. Our Nursing Home Transitions Team included 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 worked diligently to put supports in place so that aging individuals with ID/Autism who are living independently in the community could continue to do so. Our Nursing Home Transitions Team has not been active since the pandemic. We are looking forward to the Nursing Home Transitions Team becoming active again in the coming year.

Cumberland-Perry has approximately 23 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/other ICF, 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.

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### **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 significant findings with financial or contractual requirements.

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- *Please describe any proposed changes to bridge housing services for FY 23-24.*

Aging and Community Services has no substantial change to services planned at this time. However, if there are decreases in our allocations or continued level funding, 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 23-24.*

Aging and Community Services has no substantial change to services planned at this time. However, if there are decreases in our allocations or continued level funding, 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

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- 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 23-24.*

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

### **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.

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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 23-24.*

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

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### **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 23-24.*

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

### **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 Cumberland County Housing and Redevelopment, the Rental Assistance Program, and Case Management through the Rental Assistance Program.



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### 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 (\$1,000 for FY 23/24)

*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 (\$646 for FY 23/24)

*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 (\$645 for FY 23/24)

*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 (\$645 for FY 23/24)

*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 (\$645 for FY 23/24)

*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.

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**Aging Services:** *Please provide the following:*

*Program Name:* Home Delivered Meals (\$645 for FY 23/24)

*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 for FY 23/24)

*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 for FY 23/24)

*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 (\$132,613 for FY 23/24; \$71,250 is 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.

## CUMBERLAND COUNTY HUMAN SERVICES BLOCK GRANT PLAN 2023-2024

### **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 relationships and initiated relationships within the following groups to encourage cross-system collaboration within the human services system: ACT 33 Core Team, Basics Steering Committee, Community CARES Shelter, Community Partners for Change (Landlord Engagement Action Team Co-chair), Carlisle, Shippensburg, and West Shore Emergency Needs groups, Christ Among Neighbors, Cumberland County HRA - HCV, Cumberland County CASSP Core Team, Cumberland/Perry Domestic Violence, Family Promise Shelter, Help Ministries, Maranatha, New Hope Ministries, Neighbors in Christ, New Life Community Church, Merakey, Project Share, PA 211 CONTACT Helpline, POSC Core Team, Salvation Army, Safe Harbour, Samaritan Fellowship, Todd Baird Lindsey Foundation, and Tri County Community Action. 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, Rental Assistance, Housing and Redevelopment Authority, Planning Commission, and Mental Health.

**CUMBERLAND COUNTY HUMAN SERVICES BLOCK GRANT PLAN 2023-2024**

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

County:	1.	2.	3.	4.	5.	6.
<b>CUMBERLAND</b>	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
<b>MENTAL HEALTH SERVICES - CUMBERLAND &amp; PERRY COUNTIES</b>						
ACT and CTT	9		\$ 47,879			
Administrative Management	980		\$ 843,721		\$ 76,812	
Administrator's Office			\$ 433,407		\$ 48,156	\$ 204,582
Adult Developmental Training						
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment	60		\$ 159,022		\$ 17,669	
Community Residential Services	111		\$ 1,988,246		\$ 214,143	\$ 4,136,459
Community Services	1,468		\$ 1,147,264		\$ 127,474	\$ 85,140
Consumer-Driven Services	95		\$ 163,860			
Emergency Services	147		\$ 57,773		\$ 6,419	
Facility Based Vocational Rehabilitation						
Family Based Mental Health Services						
Family Support Services	85		\$ 222,580		\$ 24,731	
Housing Support Services	115		\$ 897,901		\$ 67,664	
Mental Health Crisis Intervention	3,532		\$ 2,527,266			
Other						
Outpatient	9		\$ 164,105		\$ 16,304	
Partial Hospitalization	1		\$ 10,000			
Peer Support Services	23		\$ 43,537			
Psychiatric Inpatient Hospitalization						
Psychiatric Rehabilitation	29		\$ 302,112			
Social Rehabilitation Services	209		\$ 625,979		\$ 58,887	
Targeted Case Management	76		\$ 606,205			
Transitional and Community Integration	46		\$ 161,780			
<b>TOTAL MENTAL HEALTH SERVICES</b>	<b>6,995</b>	<b>\$ 10,402,637</b>	<b>\$ 10,402,637</b>	<b>\$ -</b>	<b>\$ 658,259</b>	<b>\$ 4,426,181</b>

**INTELLECTUAL DISABILITIES SERVICES - CUMBERLAND & PERRY COUNTIES**

Administrator's Office			\$ 1,153,753	\$ 145,586	\$ 128,195	\$ 548,989
Case Management	110		\$ 404,982		\$ 44,998	
Community-Based Services	97		\$ 539,514	\$ 108,928	\$ 59,990	
Community Residential Services	4		\$ 788,604	\$ 52,090		
Other						
<b>TOTAL INTELLECTUAL DISABILITIES SERVICES</b>	<b>211</b>	<b>\$ 2,886,853</b>	<b>\$ 2,886,853</b>	<b>\$ 306,604</b>	<b>\$ 233,183</b>	<b>\$ 548,989</b>

**CUMBERLAND COUNTY HUMAN SERVICES BLOCK GRANT PLAN 2023-2024**

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

County:	1.	2.	3.	4.	5.	6.
<b>CUMBERLAND</b>	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
<b>HOMELESS ASSISTANCE SERVICES</b>						
Bridge Housing	16		\$ 40,000			
Case Management	2,593		\$ 179,444			\$ 3,061
Rental Assistance	87		\$ 30,508			\$ 500
Emergency Shelter	669		\$ 21,000			
Innovative Supportive Housing Services						
Administration			\$ 30,106			\$ 9,618
<b>TOTAL HOMELESS ASSISTANCE SERVICES</b>	<b>3,365</b>	<b>\$ 301,058</b>	<b>\$ 301,058</b>		<b>\$ -</b>	<b>\$ 13,179</b>
<b>SUBSTANCE USE DISORDER SERVICES - CUMBERLAND &amp; PERRY COUNTIES</b>						
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			
<b>TOTAL SUBSTANCE USE DISORDER SERVICES</b>	<b>160</b>	<b>\$ 497,635</b>	<b>\$ 497,635</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>HUMAN SERVICES DEVELOPMENT FUND</b>						
Adult Services	4		\$ 1,000			
Aging Services	410		\$ 3,226			
Children and Youth Services	-					
Generic Services	2,955		\$ 10,000			
Specialized Services	184		\$ 77,217			\$ 55,397
Interagency Coordination			\$ 24,825			
Administration			\$ 12,919			\$ 31,773
<b>TOTAL HUMAN SERVICES DEVELOPMENT FUND</b>	<b>3,553</b>	<b>\$ 129,187</b>	<b>\$ 129,187</b>		<b>\$ -</b>	<b>\$ 87,170</b>
<b>GRAND TOTAL</b>	<b>14,284</b>	<b>\$ 14,217,370</b>	<b>\$ 14,217,370</b>	<b>\$ 306,604</b>	<b>\$ 891,442</b>	<b>\$ 5,075,519</b>