

Appendix B

County Human Services Plan Template

The County Human Services Plan (Plan) is to be submitted using the template outlined below. It is to be submitted in conjunction with Appendices A and C (C-1 or C-2, as applicable) to the Department of Human Services (DHS) as instructed in the Bulletin 2026-01.

INTRODUCTION

This Human Services Block Grant (HSBG) plan is submitted on behalf of the Cumberland County Board of Commissioners and incorporates program and planning information 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, individuals with lived experience, family members, other County Human Services, and Commissioners evaluating current services, need areas, and strategies for best how 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 been approved by the Boards of Commissioners from both Cumberland and Perry Counties.

PART I: COUNTY PLANNING PROCESS (Limit of 3 pages)

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 routinely participate 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 individuals with lived experience 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 Teams
- Cumberland County Community Opiate Overdose Prevention Coalition
- Cumberland-Perry Drug and Alcohol Provider Meetings

- Cumberland County Community Needs meetings (Carlisle and West Shore)
- Shippensburg Community Resource Coalition (SCRC)
- Perry County Family Partnership Board meetings
- Perry County Health Coalition
- Housing Coalition of Cumberland County [formerly Local Housing Options Team (LHOT)] meetings
- NAMI Cumberland and Perry Counties, PA discussions
- 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
- Cumberland County Re-Entry Coalition
- Criminal Justice Advisory Board (CJAB) (Cumberland and Perry Counties)
- Regional Crisis Intervention Teams (CIT) Collaborative meeting
- CIT Steering Committee meetings
- Cumberland & Perry MH.IDD Advisory Board meetings
- UPMC – HUG Meetings
- Plan of Safe Care meetings in Cumberland and Perry Counties
- Child Advocacy Center (CAC) Board meetings
- Pennsylvania Council of Chief Juvenile Probation Officers (PCCJPO) Behavioral Health Subcommittee Meeting
- Judges' Round Tables in both Cumberland and Perry counties
- CAIU # 15 Local Task Force
- Perry County Elder Abuse Task Force
- Cumberland County Aging and Community Services MDT
- Multidisciplinary Interagency Teams – Cumberland & Perry
- Social Emotional Learning Committee
- Early Intervention Committee
- Local Education Task Force

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.

Information is discussed and gathered through the numerous committees and community meetings previously mentioned. Many of these meetings are open forums. The involvement of

individuals with lived experience, family members, and providers is strongly encouraged through notifications via newsletters, emails, listservs, and social media. Many program committees include stakeholders as well to ensure voice and participation by those with lived experience 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 can attend in person or virtually.

The **MH.IDD Advisory Board** is guided by the mental health procedures act of 1966. The advisory board is comprised of individuals from the community who represent various professional disciplines including faith community, social work, education, aging, employment, and medical field, including a nurse and a psychiatrist, as well as family members of individuals receiving IDD and/or MH services and individuals with lived experience. Meetings are convened using a hybrid format to promote transparency and invite greater awareness and participation from the community. This year the Boards of Commissioners approved a proposed change to the bylaws. Meetings are now held every other month. These meetings are subject to the Sunshine Act and are public meetings. Additionally, recordings of the meetings are published on social media to maximize public awareness.

The **Cumberland-Perry Drug and Alcohol Commission Community Advisory Board** is comprised of eight representatives from Cumberland County and seven representatives from Perry County all appointed by their corresponding boards of commissioners. The Drug and Alcohol Commission Community Advisory Board meetings occur every other month and 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 representatives, 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.

All County-managed human service programs place significant value and strong 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. The County intends to use allocated funds to provide services to 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: individuals and families accessing 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, individuals with physical disabilities and those with co-occurring needs as well. 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 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 the individuals and families receiving services. 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 continues to sustain significant population growth, similar or greater than other counties in the central and southeastern tier of the state. After years of collaborative work to provide education across many stakeholder groups regarding the need for adequate base funding for mental health services, \$650,000 in program cuts were needed during FY24-25 to attempt to balance the MH budget. Effective July 1, 2025, an additional \$1.2 million in program cuts were instituted with an additional \$800,000 projected needing cut for FY26-27. The concern is the negative impact these cuts will have on the individuals served, their families, contracted service providers, their parts of the human services system, and the community as a whole. The priority for funding is to sustain the current infrastructure of community-based services as much as possible. County staff, providers, and stakeholders continue to have discussions on measures to take to decrease costs while maintaining needed services, despite the lack of any substantial budget increases.

The Regional Emergency Behavioral Health Crisis Walk in Center and mobile crisis program opened in December of 2024 as a newly licensed crisis program to serve Cumberland, Perry, and Dauphin Counties. One goal of the crisis walk-in center is to provide accessible services to more effectively meet the needs of our community which also reduces the reliance of emergency department for individuals experiencing a behavioral health crisis. Unfortunately, due to a lack of funding, the youth (14-17) stabilization unit was closed June 2, 2026. Youth are still able to receive services through the walk-in center from 7AM – 7PM. Mobile crisis' hours of operation were reduced from 24/7 to 7:00AM – 12:30AM operating with a two-shift model. Each shift is

staffed by one team with the shifts overlapping based on utilization review. Without an increase in funding coming from both the state and other revenue sources the future of the walk-in center is uncertain.

In late 2023, Cumberland & Perry counties' MH Office was notified that we had a successful proposal to develop a Regional Long Term Structured Residence (LTSR) with neighboring Franklin & Fulton Counties' MH Program. Funds for this project have been annualized, however there is no cost-of-living adjustment (COLA) as part of the allocation. Due to various DEP regulations this project has yet to break ground, and the building costs are anticipated to be higher than originally projected. There is awareness that in a few years, new programs will operate with deficits due to the lack of COLA on appropriations. The builder is hoping to break ground in June 2026 with a projected completion around January 2027.

PART II: PUBLIC HEARING NOTICE

Two (2) public hearings are required for counties participating in the Human Services Block Grant. One (1) public hearing is needed for non-block grant counties.

1. Proof of publication;
 - a. Please attach a copy of the actual newspaper advertisement(s) for the public hearing(s).
 - b. When was the ad published?
 - c. When was the second ad published (if applicable)?

*If other media options were utilized, such as social media, internet, etc., for the public hearing announcement, please attach a copy(screenshot) of the notice, along with the date(s) posted.
2. Please submit a summary and/or sign-in sheet of each public hearing.

NOTE: The public hearing notice for counties participating in local collaborative arrangements (LCA) should be made known to residents of all counties. Please ensure that the notice is publicized in each county participating in the LCA.

Announcements

Request for Proposals – Perry County
Prison Inmate Health Care Services

Request for Qualifications –
Engineering and Architectural
Services

Public Meeting Recordings – June 8,
2026

Scam Jam June 11, 2026

Poll Worker Vacancies

Election Board Meeting Schedule

Human Services Block Grant Plans

Landex Record Alert

Homeless & At Risk Veterans Health
Clinic

Discover Perry County Pennsylvania

2026/2027 Human Services Development Fund – Public Hearing

Public Hearing

A public hearing will be held at the Veterans Memorial Building – 25 W. Main Street, New Bloomfield PA 17068 on Monday, June 15, 2026 at 10:00 a.m. for the purpose of public input for distribution of FY 2026/2027 Human Services Development Funds. Requests must comply with the rules and regulations of the funding source. Contact Shannon Hines, Chief Clerk, at 717-582-5110 regarding eligibility requirements.

DRAFT

AFFP

A public hearing will be held

Affidavit of Publication

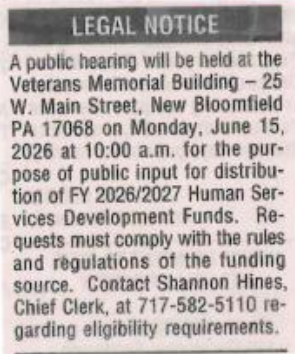
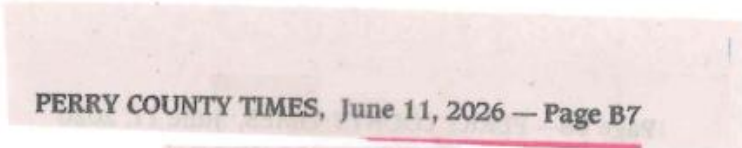
STATE OF
COMMONWEALTH OF PENNSYLVANIA }
COUNTY OF PERRY }

SS

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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:
June 10, 2026, June 11, 2026



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

SIGNED:

Curtis L. Dreibelbis

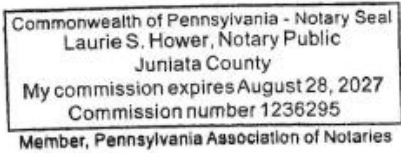
Publisher

Subscribed to and sworn to me this 11th day of June 2026.

Laurie S. Hower

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

My commission expires: August 28, 2027



00004815 00235700

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

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; identify partners and agencies involved in the provision of services; and provide any updates to the county's collaborative efforts and any new efforts planned for the coming year. (Limit of 4 pages)

1. Employment:

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 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 community.

Cumberland County Aging and Community Services, C-P Mental Health, a provider identified through C-P Mental Health, and CC Housing and Redevelopment Authority collaborated to create 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. The home has been built and a family identified in Middlesex Township. 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.

The Housing Coalition of Cumberland County includes a broad group of community stakeholders who 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.” The coalition has created a Housing Roadmap to help identify steps in seeking housing and barriers to address.

HealthChoices reinvestment funds were allocated for a Bridge Housing program that began in FY 23-24. Aimed at supporting individuals with severe mental illness during the transition from mental health residential programs, including Community Residential Rehabilitation (CRR), Long Term Structured Residence (LTSR), and Specialized Community Residence (SCR) Programs to independent living, this program provided bridge funding until Housing Choice Vouchers were fully put into place. All individuals entering CRR are expected to complete a housing application in anticipation of eventual independent living. This program ended May 2026 and helped assist ten (10) individuals over a three (3) year timeframe transitioning from various residential programs into their own apartment.

A Social Determinants of Health (SDoH) initiative was also implemented within the behavioral health system using Reinvestment funds, in conjunction with CABHC. Housing, utilities, and transportation have been identified as the primary concerns for which staff are providing support. These funds have allowed many individuals and families to avoid eviction or the loss of utilities and remain within their homes in their communities.

An online version of the Prepared Renters Program (PREP) is available 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.

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

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.

The Mental Health Office instituted 6-month budgets for providers, anticipating a continued struggle to have enough funds to adequately serve our growing community. Concurrently, the state budget was very delayed with final approval occurring on November 12, 2025, 135 days late, thus creating additional work for county leadership, finance team, and the mental health program staff.

a) Program Highlights: *(Limit of 6 pages)*

Please highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY 25-26.

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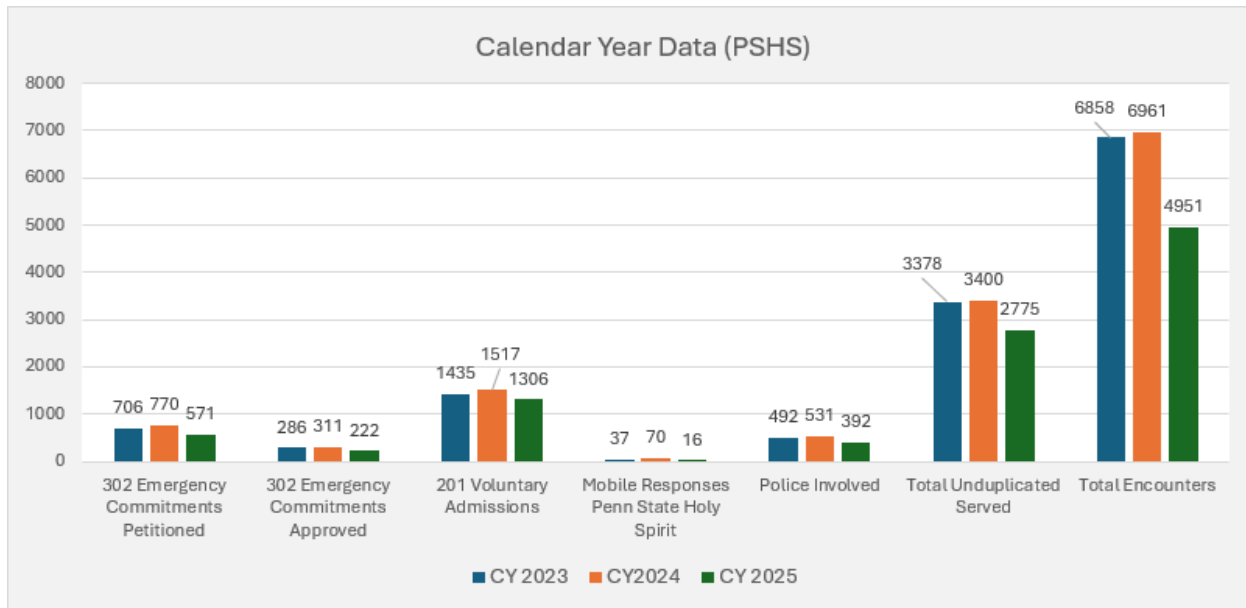
- Despite the county no longer funding the **Community Support Program (CSP)** our counties have successfully maintained strong stakeholder participation in our community support program. The dedication and interest in maintaining strong community infrastructure is admirable. Monthly CSP meetings still occur. Each month, the county provides updates on services, budget, and important opportunities occurring in our community. Additionally, our CSP hosted the largest mental health awareness walk in May of 2026, with over 250 people in attendance, including 5 of the 6 county commissioners from our joinder as well as staff from OMHSAS. Each year we hear stories of hope and recovery that help all of us be reminded of “our why.”
- **American Rescue Plan Act (ARPA)** funding grants were awarded via 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. Most grants ended in December of 2024, except for a grant with Penn State Hershey Medical Center to provide a Psychiatric Residency Program. The goal is to increase the number of psychiatric physicians in our central Pennsylvania region. This important project will end in December of 2026, with 8 new psychiatrists successfully completing the program.
- **Crisis Intervention Team (CIT)** development continues as we work to establish a robust CIT program to provide quality crisis response. The CIT Program is a local partnership between law enforcement, mental health providers, crisis intervention, local NAMI chapters and other human service agencies and community stakeholders designed to improve the outcomes of police interactions with people living with mental illness who are experiencing a behavioral health crisis. The CIT program continued to grow in 2025 and evolve to strengthen the partnerships between first responders, including 911, law enforcement, and the community mental health system including crisis intervention, with the support of individuals with lived experience and family members. Two, 40-hour CIT trainings were provided for law enforcement and other stakeholders on how to better respond to people experiencing a behavioral health crisis.

Two CIT trainings are held annually with 48 additional individuals being trained this past year including local Law Enforcement Officers, Crisis Intervention staff, Certified Recovery Specialists, Certified Peer Specialists, and Advocates. To date, there have been a total of 266 professionals trained through Cumberland-Perry Counties' CIT Program. The next training is scheduled for September 21-25, 2026, and currently at its cap of 24 individuals.

Additionally, all of Cumberland County's Public Safety call-takers received the CIT Support Training for 911. This training will be provided as needed due to turnover and new hires. This past year there were two trainings held encompassing attendees from Dauphin, York, Adams, Franklin, Cumberland, and Perry Counties. Cumberland County is one of a few counties providing this training. It was decided to open it up to the surrounding counties due to their regionalization.

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 HealthChoices Community Support funds.

- **Regional Crisis Walk-in Center** – The Emergency Behavioral Health Crisis Walk in Center is located on South Cameron St, Harrisburg and serves 3 counties – Cumberland, Dauphin, and Perry. Connections Health Solutions provides walk in crisis intervention services, urgent behavioral health care, mobile crisis, and up to 23 hours of stabilization time to best support individuals in our region. Much work has occurred with 911, 988, all police jurisdictions, including state police, the courts, and numerous community stakeholders to provide education regarding the new service and how it is different from the existing crisis programs. The Connections Crisis program helps our counties to align with the SAMHSA best practice guidelines for crisis intervention services. Continued prioritization is required to address long-term sustainable funding, and the acknowledgement of the need for crisis regulations. ARPA funds were used to cover operational costs through 2025. Operational funds are provided through an Alternative Payment Arrangement (APA) which has been approved by OMHSAS to help offset expenses for individuals covered under the behavioral HealthChoices program. As Connections continues to negotiate with other 3rd party insurers, the Department of Human Services (OMHSAS) has approved HealthChoices reinvestment funds to cover operational expenses until a fee for service model can be fully realized. As an outcome of this project, there has been a noted decrease in involuntary commitments by approximately 40% in Cumberland and Perry counties.



- 988 Live** – significant expansion within the local 988 provider – 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. Since 2022, “988” calls are answered locally by Cumberland and Perry Counties’ Crisis Program which expedites response in potentially time-critical situations and allows for more local knowledge for effective call resolution. Due to the loss of a 988 provider, Adams, York, and Dauphin counties have been added to our primary call answer region as well. Conversations continue in order to strengthen support of the 988-call center network and ensure sustainable funding, since little funding accompanied the expansion with these additional counties. Call volume continues to rise. In May of 2025, 912 calls were routed to our call center with a 97.5% answer rate. In May of 2026, 1131 calls were routed to our call center with a 96% answer rate, thus showing a 24% increase in call volume for the region for the same month. There has been exceptional work with both 911 and the Connections Emergency Behavioral Health Crisis mobile team to develop protocols to best respond to community crisis events. Protocols have been established so our region is aligned and using the same processes.
- System-wide advocacy for improved funding** has continued to be a priority in our counties. The Cumberland and Perry Counties’ Mental Health Office and Stakeholders have provided leadership, intentional education, and advocacy in our communities. This year stakeholder groups, both local and statewide, have formed to continue to provide education and advocacy regarding the importance of strong local community supports for individuals with lived experience of mental illness to provide ecosystems that support personal recovery. Numerous stakeholders have partnered to communicate directly with local legislators. Population growth and service utilization continue to outpace additional revenues received.

b) Strengths and Needs by Populations: (Limit of 8 pages #1-11 below)

Please identify the strengths and needs of the county/joiner service system specific to each of the following target populations served by the behavioral health system. When completing this assessment, consider any health disparities impacting each population. Additional information

regarding health disparities is available at <https://www.samhsa.gov/resource/tta/national-network-eliminate-disparities-behavioral-health-nned>.

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 in addressing the needs of this population. MH staff participate in both the Regional (Cumberland) **LINK meetings** as well as the Perry County LINK meetings and offer community resources as needed to support older adults to maintain independent living as long as possible.
- A representative from Cumberland-Perry Mental Health participates in the **Cumberland County Aging and Community Services (CCACS) Elder Abuse Multidisciplinary Team (MDT)** which convened for the first time on May 21, 2026. The MDT brings professionals together from across disciplines and systems to respond to complex cases of elder abuse. Those responding to elder abuse often operate in silos, unaware of parallel investigations and unable to access the knowledge and resources needed to respond effectively. Professionals working in isolation are often hampered by the limits of their own expertise and authority. Thus, gaps in care or service duplication often occur. In contrast, MDTs are a powerful person-centered, highly coordinated intervention. Members carefully consider each older victim's situation and individual strengths, needs and preferences when creating a response.
- 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.
- **Specialized Community Residences (SCR)** have continued to support cooccurring (SMI & physical health needs) individuals in the community. Licensed as personal care homes with specially MH trained staff, these three SCRs are at capacity. New Visions, Inc., provides this service for all three locations. The need for this type of living environment is significant, especially as the population continues to age and develop additional medical needs. The physical health needs of these residents continue to increase and require additional medical focus. This service is paid for by county-base funds.
- **Elder Cottage Housing Opportunity (ECHO)** is a small temporary cottage placed on the property of a family member or friend. Cumberland County Aging & Community Services was awarded a grant to have an ECHO in partnership with New Visions, the PA Department of Aging, PHARE grant through PA Housing Finance Agency, and PA Association of Area Agencies on Aging. ECHO allows an individual to maintain his/her independence but have nearby supports as a housing solution and alternative to placement in a personal care home or nursing facility or living with the family. This home is in the process of being used for the first time since its inception.
- **Needs:** Cumberland County remains the fastest growing county in the state. Continued growth in the aging population has also been noted as well as an increase in suicide rates.

Needs for this population continue to expand, but the availability of services has not. Staffing in Human Services is a significant need, and the aging population continues to be tremendously impacted by this service gap.

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 dual eligible [Medicare and Medical Assistance (MA)] individuals, those having Medicare without MA have significant difficulty 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.

- **Telehealth** continues to be a challenge especially for this population who may not be digitally literate. Complaints from older adults about the quality and satisfaction with telehealth services have also been noted, with stated preference to be seen in person. In addition, internet accessibility is a challenge in the rural areas of our counties.

2. Adults (ages 18 to 59)

- Strengths: **Certified Peer Specialist (CPS)** services embedded in several community programs as well as 2 stand-alone CPS units (provided by Merakey-Stevens Center and PeerStar) are available in our counties. These services are paid for by HealthChoices.

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. Only Medicaid eligible individuals can obtain this service.

In addition, three **Social Rehabilitation** providers (Merakey-Stevens Center, Aurora Social Rehabilitation Services, and New Visions) operate programs at four sites throughout Cumberland and Perry counties. Social Rehab is focused on recovery and community connectedness. This service is paid for 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. While we do not track who completes a WRAP, it is a highly valuable service for those individuals who choose to participate.

Four (4) **Fairweather Lodges** operated by New Visions are located in Newport, Shippensburg, Newville, and Carlisle. The Lodges do not receive any county funding and are sustained through the rents collected from each tenant.

As previously mentioned, three (3) **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 SCRs

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 with county-base funds.

Supportive Living services are provided to over 60 individuals by New Visions and Merakey-Stevens Center to aid in maintaining their housing in the community. This service is paid for solely by county-base funds. The number of individuals being served will decrease in FY 26-27 due to Merakey-Stevens Center's supported living program sustaining a cut of two case managers which will go into effect by June 30, 2026.

Supported Apartments offer 20 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 allowed many individuals to leave higher, more intensive, and restrictive levels of service, such as the State Hospital, EAC, or LTSR, and maintain within this community setting.

Cumberland-Perry Counties' Mental Health was awarded \$100,000 in managed care reinvestment funds from CABHC which was used as "**Bridge Funding**". These funds were used to assist individuals with a primary SMI diagnosis and transitioning from a residential program to independent living. The individual must have applied and deemed eligible for a Housing Choice Voucher. The individual was given priority on the voucher waiting list. It still took months for the individual to receive his/her voucher, but the "Bridge Funding" paid the HUD portion of the rent. The MH office works closely with CCHRA and provides funding to support individuals using a "housing first" approach. CCHRA had encountered a shortfall with HUD funding and vouchers have not been able to be disbursed since September 2024, so these funds did not support as many individuals as initially anticipated. Cumberland County's HUD list was closed September 1, 2025, with over 3,000 individuals waiting for a voucher. With the uncertainty of the federal budget and the status of HUD, it was decided to not accept any additional individuals into the program following the transition of the last individual in May 2026. Over \$19,000 was returned to CABHC upon closure.

Social determinants of health (SDoH) supports are critical in supporting individuals and families and helping them to live successfully in the community. As the recent pandemic and economic concerns have greatly impacted folks financially, reinvestment funds from CABHC were identified to support these needs for those with mental health or substance use disorders. These funds have successfully addressed needs in the areas of housing, utilities, transportation, childcare, food insecurity, employment, clothing and financial strain for some individuals and families. This service ended in March 2026, and funds returned to CAHBC to help cover HealthChoices' deficit.

The **Forensic MH Team** comprised of one Forensic case manager (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.

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 an SMI who have acquired legal charges. 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 case managers, judge, assistant district attorney, public defender, deputy sheriff, probation/parole officer, prison treatment staff, forensic liaison coordinator, and treatment court coordinator. These partnerships strive 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 faithfully meet with the goal of providing community education and awareness to decrease suicides in our counties. Initiatives are based on the task force priorities of “Providing Support, Education and Outreach”. The task force participated in numerous community engagement events this past year and distributed information about suicide prevention. Our CASSP staff have also supported this work by working to engage schools in our suicide prevention efforts.
- **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, 142 community members received QPR training including Cumberland County staff, Cumberland County Prison Staff, Law Enforcement Officers, and college internship students. Cumberland County’s Human Resources Department is working in strong collaboration with the MH office to ensure county personnel have access to QPR training.

An EMT now trains EMS personnel, and a police officer provides QPR training 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.

While the number of individuals trained in QPR has decreased, it is important to remember that these efforts are led by volunteers who willingly offer their time and skill to train others. Despite these efforts, our communities’ rates of suicide remain unacceptably high. More information is provided in section (c) Recovery Oriented Systems Transformation 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 allows individuals to be successful to live in a community setting, thereby diverting from more intensive, restrictive, and costly services, and promoting opportunities for personal growth and community engagement.

- **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 county funded 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 individuals' eligibility by HealthChoices/MA and county-base funds.

Physical Health-Behavioral Health connections:

- **Community Health Workers** for all age populations are available 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 transportation and insurance funding/co-pay. The most difficult barrier is lack of trust. Those folks who are homeless often live in their cars or in local formal and informal campgrounds.
- **UPMC Carlisle HUG meetings** – brings together physical healthcare workers, behavioral health workers, and other community organizations to discuss specific individuals' needs and identify potential referrals and supports during a monthly meeting.

All 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: Effective January 1, 2025, the following programs endured cuts: Consumer Satisfaction Services (CSP), New Visions Lodge coordinator position, New Visions Supported Living, New Visions Residential Shippensburg, Holy Spirit SAP-Teenline, Holy Spirit Outpatient Med Management Clinic, Holy Spirit Hospital Partial, Merakey Outpatient Med Management Clinic, Merakey Warmline, and Merkey Psych Rehab.

For FY 25-26, effective July 1, 2025, an additional \$1,237,211 was cut. These cuts were Penn State Health Holy Spirit Teenline (closure), Penn State Health Holy Spirit Crisis (Carlisle closure), Stevens Supported Employment (closure), New Visions Social Rehabilitation (1

position), CCHRA-supported housing (50% of contract), New Visions Supported Living Program (2 positions), Perry County Prison (50% of position funded by MH), and Stevens Certified Peer Specialist (Medicaid funded only). To date Cumberland-Perry Mental Health has cut a total of \$1,994,467 in programming.

Additional cuts are projected necessary for FY 26-27 due to lack of county funding. Cumberland-Perry Mental Health selected to reduce staff/positions with the goal of keeping from closing entire programs. A provider had a resignation within their supported living program, and we asked them not to fill the position and transition another supported living specialist to psych rehab. We also cut an administrative assistant with the same provider. How these losses will negatively impact residents receiving services will be realized during FY 26-27.

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 16+ years, especially the ability to quickly accommodate presenting needs. Transitions from higher level intensive services are problematic when the community services needed do not exist or are at capacity. People waiting for **12 – 20 weeks for a psychiatric evaluation** are ending up at Crisis Intervention and some are hospitalized psychiatrically. Since the regional crisis walk in center opened, there has been a noted decrease in involuntary commitments. This is very positive and promising. 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 transitioning to community supports since aftercare services are not readily available.

Community residential programs continue to be at capacity due to limited **access to affordable housing**. Significant decreases have occurred with the Housing Choice Vouchers due to changes in the Federal Budget. The lack of affordable housing impedes the ability of individuals to locate and maintain independent housing in the community. Since the onset of COVID-19, rents in Cumberland County have surged with the county's average rent climbing to roughly \$1,650, according to HUD.

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** (employed 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. CABHC maintains the data collection for this reinvestment program and their timeframes are captured during the calendar year. Last year, January 2025- December 2025, a total of 32 members were served and so far this year, January 2026 – April 2026 a total of 16 members have been served.

Involvement in the **First Episode Psychosis Program: CAPSTONE** via the SAMHSA grant with Dauphin County is a benefit to this 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 Case Management, and Dauphin YWCA providing Supported Employment services supports young adults aged 16 – 30. Currently twelve (12) 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 this transitional age population. **Community Employment Supports** such as Equus Work Force Solutions and CareerLink are utilized to support youth to find jobs and become productive citizens, which is paramount as opposed to allowing young adults to become entrenched in the public welfare system with SSI and publicly funded services.

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

Over the past year, efforts have been made to expand the Peer Support Specialist program to include services for the transition age population starting at the age of 14. Cumberland/Perry County increased provider capacity from 1 to 3, however one provider subsequently closed due to not receiving enough referrals. In Fiscal Year 2025-2026, service utilization increased

significantly, with 21 adolescents ages 14-17 and 21 young adults ages 18-20 receiving services (a total of 42 members served) whereas last year a total of 2 members were served.

During this fiscal year, concerted efforts were made to increase awareness of and access to Peer Support Specialist services for youth in transition. Information regarding this resource was shared regularly at the Children's Provider Meetings, and discussions focused on expanding outreach and marketing efforts to individuals being discharged from residential level of care. Clinical Care Managers were encouraged to present this support as a viable discharge resource for eligible youth and young adults.

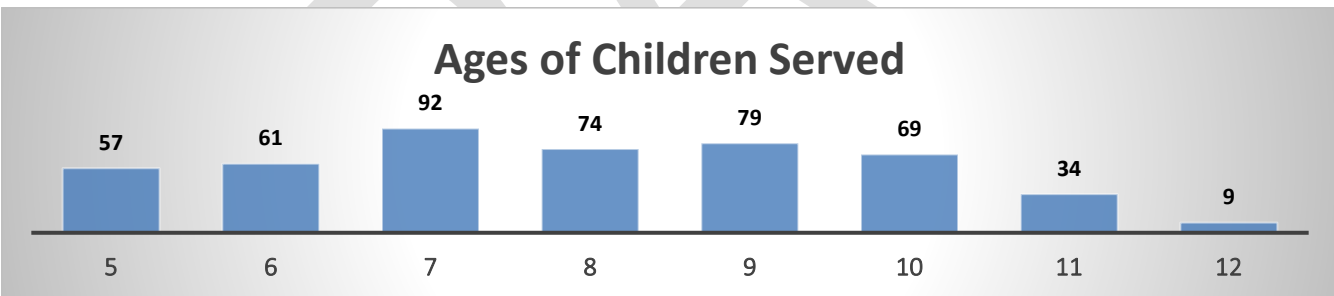
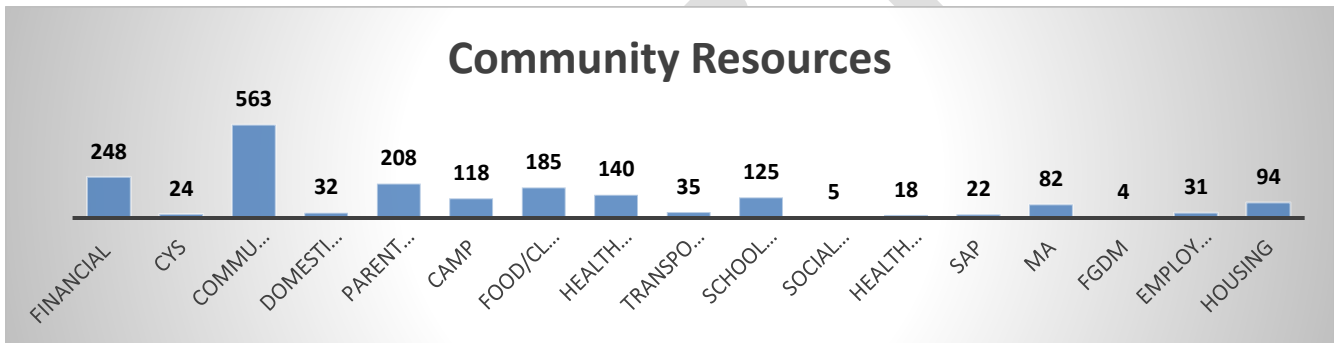
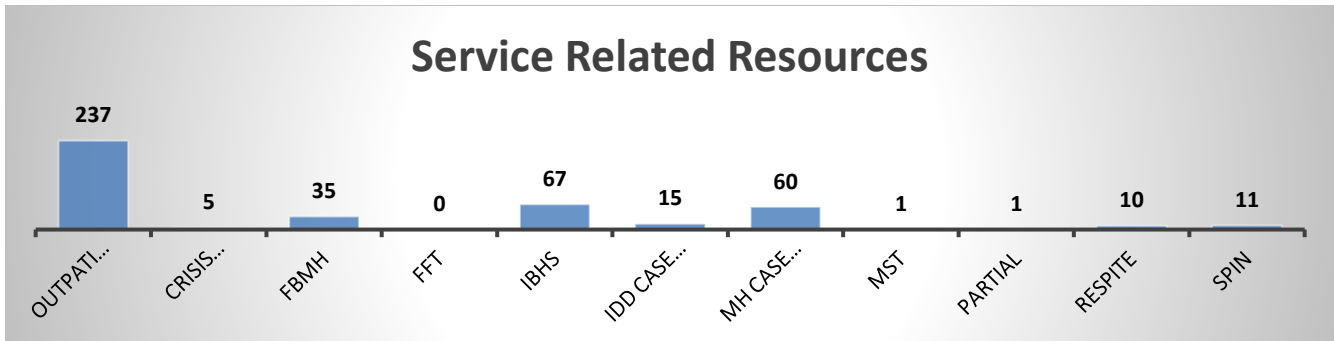
Planning to meet the needs of these youth is difficult, often due to loss of connections and normalizing experiences that children would typically attain within the family setting. Expansion of transition age programs to consider and/or include **short-term residential options** is needed to improve 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.

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 in Lancaster County, allows more opportunity for family engagement and effective family reintegration. Community Services Group implemented this program with the first admission on November 30th, 2023. It should be noted that the program had a suspension of referrals in August 2024 due to concerns regarding safety and quality of treatment. At that time, following a comprehensive review, a committee was established to evaluate all new potential admissions and slowly allow the provider to accept 1 member at a time. This permitted the provider the time they needed to address treatment practices accordingly. A soft reopening began in April of 2025, during which one Cumberland County member was served in this fiscal year. During this fiscal year, Cumberland/Perry County had **one** member participate in this treatment program.

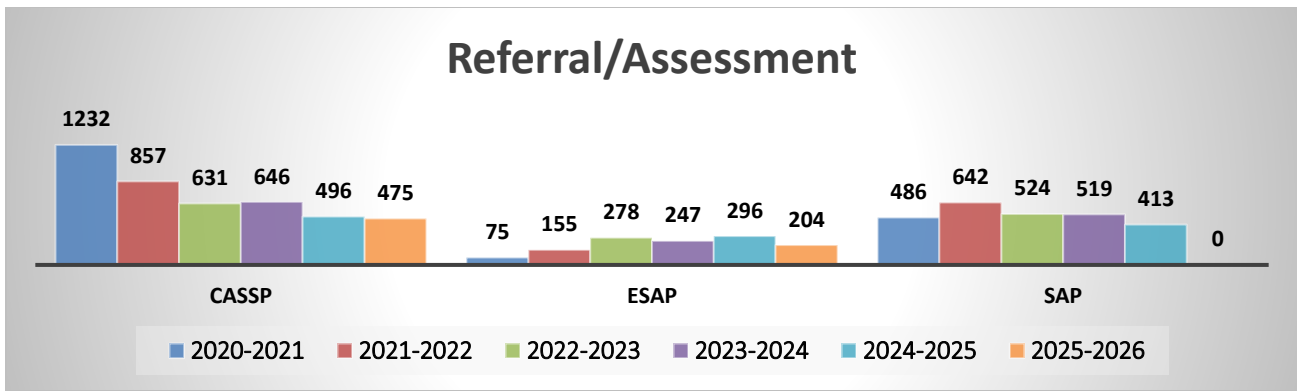
- 4. Children (under age 18)** - Please describe your county's efforts to support children, youth, and families through home and community-based services. Please be specific in describing how you believe these efforts will decrease Psychiatric Residential Treatment Facility utilization.
- Strengths: Most 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 Child and Adolescent Service System Program (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 to promote resiliency and build natural supports. This service provided support to 636 students and their families during 2025-2026 school year, a 11% decline of referrals when compared to last school year.

Of the 636 students served during the school year, 475 cases were actively opened within the program. The remaining 161 were consultation cases, where staff supported school districts with resources and assistance, though the cases were not formally opened within the department.

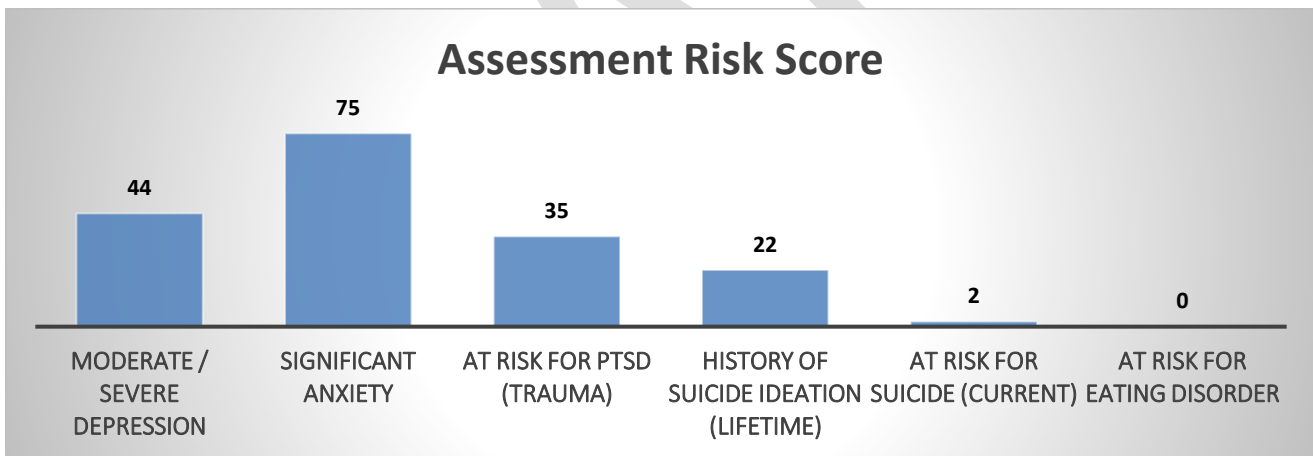


In addition, our office has been supporting the growth of Elementary Student Assistance Program (ESAP) to help bolster preventative and supportive services in the Elementary School Buildings in our counties. It should be noted that this program is an educational unfunded mandate that highly suggests that ESAP teams should be operating in all public-school buildings K-12. ESAP is currently operating in all elementary schools throughout Cumberland and Perry Counties. This school year, referrals for ESAP **decreased** (296 cases to 204) and referrals for CASSP Elementary **decreased** by 4% (496 to 475 cases). It should be noted that the same staff cover both ESAP and CASSP Elementary Programs (providing a dual role within their elementary buildings). When combining both programs (ESAP and CASSP), there was a 14% **decrease** in referrals this year.



Behavioral Health-Works - a data tracking software system implemented **2 years ago** for CASSP, ESAP, and SAP has been beneficial. This web-based program enhanced our practices with providing stronger assessments, which aligns well with the MTSS process. It measures the student’s critical needs and risk factors, as well as their strengths. BH works provides the opportunity to analyze and 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 significant score, indicating high anxiety as well as moderate to severe depression.



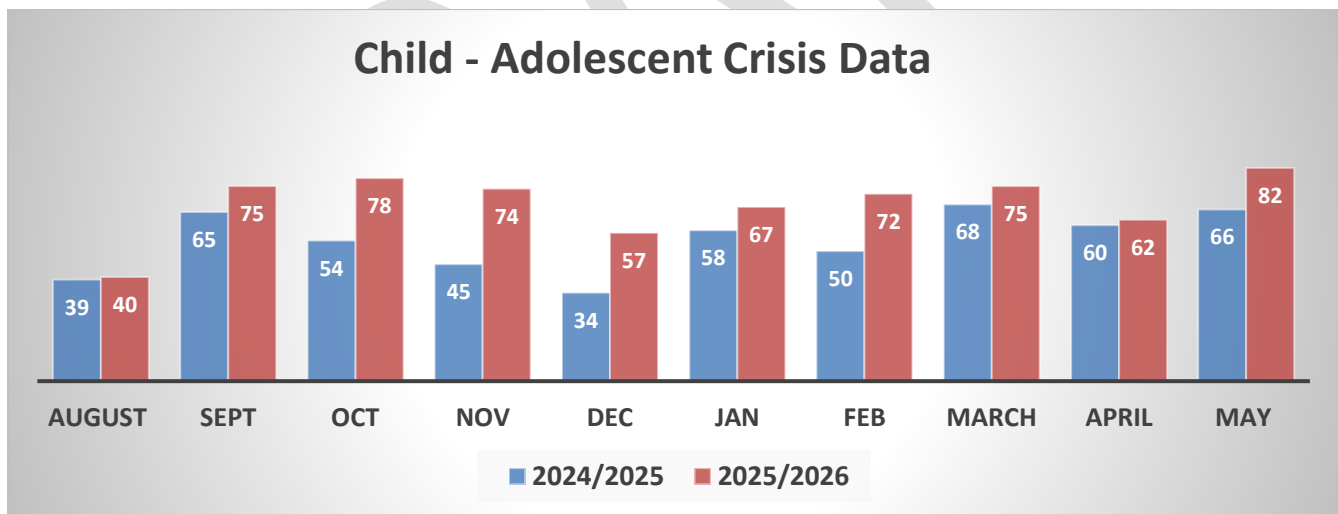
Assessment results identified the number of students who met established thresholds for potential mental health concerns requiring further evaluation or support. A total of 44 students screened positive for **moderate to severe depression**, 75 students for **significant anxiety**, and 35 students were identified as **at risk for trauma-related symptoms** consistent with PTSD. In addition, 22 students reported a lifetime history of **suicidal ideation**, and 2 students were identified as currently **at risk for suicide**. These results reflect screening indicators and are not diagnostic; rather, they are used to inform appropriate follow-up, intervention planning, and allocation of school-based support services.

Mental health risk categories showed **decreases**, when compared to last school years data, including moderate to severe depression, significant anxiety, trauma-related risk, and suicidal ideation. At-risk eating disorder screenings decreased from 3 to 0. However, when considering the lower number of total screenings completed this year, several categories

represent a **higher proportion** of students screening positive compared to the previous year. Overall, while fewer students were screened and fewer total positive cases were identified, some risk indicators represent a larger share of the screened population this year

Schools often serve as the focal point of identification for children in need of specialized support, making them a critical partner in early intervention efforts. The decision to **cease** SAP funding for **secondary** school-based MH prevention stands in contrast to these best practices. While it was made due to budgetary constraints, it does not align with the evidence-based direction emphasized in the training, which underscores the central role of schools and identifying and addressing mental health needs earlier.

Crisis service utilization, for children and adolescents, **increased significantly during the 2025–2026 school year** compared to the same period in **2024–2025**. The Crisis Walk-In Center opened in January 2025; however, the data presented below reflects all crisis service locations combined across the system, Connections and Penn State Holy Spirit. During the **2025–2026** school year (August- June), following the discontinuation of secondary Student Assistance Program (SAP) services for grades 7–12, crisis service utilization significantly exceeded with a **26.5% overall increase** across the ten-month period (**539 visits 24/25 and 682 25/26**). Growth was consistent across all months, with particularly strong gains during the late fall and winter months (**October–February**). While a direct relationship cannot be determined from the available data, the timing of increased crisis service utilization alongside the reduction of school-based preventive services indicates a trend that warrants continued monitoring and longer-term analysis.



Data reflect total entries, not unique individuals, and may include visits across multiple crisis locations. Individuals ages 18 to 21 enrolled in school are captured in children's data at one crisis location but not the other

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**.

Throughout the fiscal year, the CASSP coordinator provided a variety of **trainings and educational presentations** to behavioral health, early intervention, educational, and community-based service providers. Topics included trauma informed approaches to

supporting children and families, fostering resilience through community resources, school avoidance and behavior responses, and strategies for caregiver self-care. Training was delivered to ABA clinicians, early intervention staff and providers, school personnel, social workers, behavioral health clinicians, and crisis service staff. Additionally, resource materials were developed and disseminated to support stakeholders and connecting children and families with appropriate community-based services and supports.

Cumberland and Perry County **Plan of Safe Care (POSC)** is required by federal and state law under **Act 54**. POSC consists of a cross-system committee who meet to provide support for infants that are born affected by substance use or withdrawal from symptoms that result from prenatal drug exposure or Fetal Alcohol Syndrome Disorder (FASD). The plan is to improve the safety, early childhood development and well-being of the infant and their caregivers. The plans are individualized and multigenerational with the intention of connecting the infant and family to multidisciplinary resources and supports. The Cumberland County Plan of Safe Care Team partners to ensure that infants born affected by substances and their caregivers receive needed treatment which begins with early identification through appropriate screening and assessments. This year, more than 10 meetings were held for both counties which is a **significant increase** from the previous year.

The multidisciplinary teams (MDT) consist of staff from:

- Children & Youth
- Early Intervention
- Drug and Alcohol
- Mental Health
- Nurse Family Partnership
- Maternal Assistance Program – Penn State Health-Holy Spirit
- PA State Health Nurse
- Tri-County Community Action

The CASSP Coordinator attended **12 Cumberland and Perry County Multidisciplinary Investigative Team (MDIT) meetings**, which bring together multiple systems to support children and youth (CYS) and law enforcement in the investigation of child abuse cases and determine when child protective service cases require Law enforcement involvement. General Protective Service (GPS) cases may also be reviewed when law enforcement participation is warranted. The state requires joint CYs and law enforcement cases to be reviewed by multidisciplinary team members to obtain insights and information from various disciplines involved with the child, family, and other stakeholders. The purpose of the MDIT process is to strengthen communication and collaboration among local and state agencies, enhanced coordination of services, and improve outcomes for children, family, providers, and community members. The CASSP coordinator is responsible for reviewing and analyzing information presented during case discussions, seeking clarification as needed, and identifying appropriate resources, supports, and service recommendations for children, families, and other involved parties. When appropriate, resources and support are also identified for staff who may be impacted by secondary or vicarious trauma resulting from involvement in these cases.

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. Last year our HealthChoices program opened the opportunity for outpatient (traditional and school based) attend free training to become certified in **Attachment Family Based Therapy (AFBT)**. Attachment-Based Family Therapy (ABFT) training has been ongoing since September 2023 with the goal of strengthening outpatient master's-level clinicians in the delivery of treatment for adolescents ages 12–18 experiencing mental health conditions such as depression, suicidal ideation, self-harm, past suicide attempts, and significant trauma. ABFT is typically delivered over a 16-week treatment model, with ongoing evaluation and review occurring during monthly treatment planning meetings.

Reinvestment funds were used to fully cover training and certification costs for up to 30 licensed clinicians. As of April 2026, eight clinicians have successfully passed the Level II examination, and two clinicians have achieved full Level III certification. It was also reported that several clinicians and agencies withdrew from the training process, citing financial constraints, despite reimbursement being available.

Parent-Child Interactional Therapy (PCIT) is a program that serves children 2-7 years old and their families. Community Services Group (CSG), Stine TLC Clinic, Laurel Life and Newport Counseling provide this service within our counties and surroundings areas. Parent-Child Interaction Therapy (PCIT) continues to face significant workforce and access challenges following the COVID-19 pandemic. Several providers have discontinued the modality, leaving only two active providers serving the region from locations in Perry and Dauphin Counties. The distance to these providers remains a transportation barrier for many families. During this reporting period, **three** children participated in PCIT. Utilization data are based on Medical Assistance claims and do not capture services funded through private insurance.

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. Community Residential Rehabilitation–Intensive Treatment Program (CRR-ITP) is designed to provide intensive, family-focused treatment in a home-like setting with the goal of family reunification. Access to this level of care has become **increasingly limited due** to provider and recruitment challenges. In 2024, Merakey **discontinued** the service after experiencing low referral volumes, open treatment beds, and ongoing difficulties recruiting treatment families. Community Services Group (CSG) was approved as an additional provider in fall 2024; however, the program was unable to become operational as participating families existed the program before services could begin. As a result, treatment home availability remains a **significant barrier**, limiting access to this level of care and often resulting in youth being referred to more restrictive settings, such as Residential Treatment Facilities (RTFs), to address their behavioral health needs. As a result, treatment home availability remains a **significant barrier**, limiting access to this level of care and potentially contributing to the use of more restrictive treatment settings when clinically appropriate community-based alternatives are unavailable. **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 Behavioral Health and during this reporting period, **54 members** were served. **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 is provided in the families homes and is an alternative to out-of-home treatment/placement. FFT served **6 members** this reporting period.

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 Cumberland county, once per month in Perry county, and more frequently if needed. During this fiscal year, 13 CASSP core team meetings were held for Cumberland County families, and 2 meetings for Perry County families. Family Group Conferences are also utilized as additional support for youth and their families in developing a family-centered plan that best supports their needs. These plans are created by family members and natural supports for the family. In addition, the CASSP Coordinator and/or the Cross-System Coordinator provide training for staff in various mental health and community programs regarding children's mental health as previously mentioned.

To improve access to community support, the CASSP Coordinator developed several resource guides (which are updated routinely each year) for families and service providers. A **comprehensive community resource guide** was created to assist crisis staff in connecting families to supports when inpatient hospitalization is not indicated. The guide includes free and community-based resources related to parenting, peer support, medical and educational services, domestic violence, grief and loss, adoption, crisis intervention, LGBTQ+ supports, and other family needs.

In addition, an **outpatient provider directory** was developed and regularly updated to include insurance acceptance, telehealth and in-person availability, populations served, and provider specialties. This resource was distributed to the local Mental Health Department, Base Service Units, case managers, and crisis staff.

The CASSP Coordinator developed a **Physical Health Resource Guide** outlining Medical Assistance coverage, benefits, and available supports. The guide highlights the connection between physical and behavioral health and has been distributed to crisis services, behavioral health providers, Aging, Early Intervention, and Children and Youth agencies.

In addition, a **CHIP Resource Guide** was created this year to assist families and providers in understanding available benefits and accessing services more efficiently. During the development of this guide, it became evident that many CHIP plans offer coverage for mental health, drug and alcohol, and autism-related services that may not be widely understood by families or providers. Historically, families often sought to transition from CHIP to Medical Assistance coverage to access intensive community-based behavioral health services. Further review of CHIP benefits revealed that while many plans cover services such as in-home behavioral health treatment, Targeted Case Management (TCM), and Residential Treatment, the structure and requirements of these services differ from those funded through Medical Assistance. For example, CHIP-funded TCM services may require a licensed social worker to serve as the case manager, whereas Medical Assistance-funded TCM services can

be provided by individuals with a bachelor's degree. This distinction may create access challenges, as recruiting and retaining licensed social workers is often more difficult than staffing bachelor's-level case management positions. As a result, service availability may be impacted despite coverage existing within the insurance benefit.

The CASSP Coordinator sits on the **Child Fatality Team for Cumberland County**. This reestablished team had existed in the past but was inactive for several years. Recently the Cumberland County District Attorney revitalized the group to resume regular meetings. The primary purpose of this committee is to investigate and analyze child deaths deemed preventable. Its main role is to preview these cases, identify any patterns of reoccurring themes, and develop and implement strategies to prevent similar tragedies within the community. The team that attends these meetings is comprised of various stakeholders such as Children and Youth (CYS), law enforcement, Intellectual Developmental Disabilities (IDD), medical practitioners, etc. The committee is in its early stages of development and has not yet identified factors warranting recommendations for policy, practice, or community intervention changes.

The Cross-System coordinator works with CYC 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 provides consultation and attends CYC staff meetings, school attendance and independent living work groups, and court hearings as appropriate to provide the perspective of and resources from the children's MH system. They also meet with all newly hired CYC staff each month to provide an overview of how her position supports CYC staff. Drop-In-office hours were developed for JPO staff as an additional way to collaborate on case needs. This position also takes the lead with **complex case reviews** with CYC and IDD in discussions to strengthen the support available to address these needs. Meetings are held monthly to review a list of identified complex cases and problem solve presenting needs and future planning. This past year, a total of **14 cases** were discussed. Identified themes from this team include **transition age youth** requiring ongoing support, **dual diagnosis population (MH & IDD/A)** and their difficulty accessing services, and **exposure to substances** in utero. Quarterly meetings are also held with the MH, IDD, and CYC administrators to report trends and identify macro-level solutions to assist complex cases. The Cross Systems Coordinator also attended the PA Child Welfare Reform Initiative Stakeholder workshop lead by the state to provide feedback on prevention and postvention support for individuals and families. The Cross Systems Coordinator and IDD AE assisted CYC with reviewing and implementing a process for CYC GAL's to offer and implement a Healthcare Power of Attorney, as an alternate option to guardianship, for transition age youth with complex needs.

Additionally, the Cross-Systems Coordinator and IDD Administrative Entity (AE) created a list of consumers who are dually open in case management and ensure this list is periodically updated to assist with **increased coordination** and **collaboration**. The Cross Systems Coordinator and AE also updated training sheets for CYC, IDD Supports Coordination staff, and MH BSU/TCM staff to learn about MH and IDD/A case management and dual diagnosis individuals- serving children to adults. Several **cross-system training** courses were offered to CYC, MH CM and IDD/A SCs throughout the year on this topic. These trainings break down simple descriptions between what level of case management is most appropriate for children and adults 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 and how to effectively communicate and collaborate on a shared case. An additional training was developed specific to all newly hired MH CM and IDD SC's on how to best support individuals with dual diagnoses, local resources to consider as support, and how to collaborate when an individual is dually open in both systems. A total of **7 SC's and 13 MH CM's** completed the training this fiscal year.

The Cross Systems Coordinator has taken the lead in continuing to hold ongoing internal county meetings to develop an action plan to further enhance training, collaboration and processing case management referrals for children and adults with dual (MH/IDD-A) diagnoses. This included the Cross Systems Coordinator meeting with PerformCare clinical staff to develop **training** specific to **dual diagnoses** and **clinical insight** to support case managers working with this population. A finalized training was created and offered by PerformCare psychologist advisor and clinical care manager staff titled **Selected Developmental Disabilities and Dual Diagnoses: Implications for Case Management and Treatment Priorities**. Participants included 7 county staff, 17 Support Coordinators, and 7 MH case managers. A guide for local county intake staff was created to assist with determining how to process incoming referrals for individuals with dual diagnoses. All county intake staff received in person training on how to utilize the guide for efficiency. Additionally, the Cross Systems Coordinator set up a county wide presentation for local case managers to learn more about the PerformCare funded program Mobile MH.ID offered by Community Services Group (CSG) that can support dual diagnosis adults (IDD and MH). The Cross Systems Coordinator met with PA ASERT director to explore resources, support and suggestions on how to better support individuals diagnosed with Autism and MH. An informational session training was shared with county case managers to participate in learning how to utilize ASERT website in case coordination. To better support complex case youth, the Cross Systems Coordinator attended training offered by a PerformCare psychologist advisor titled **Surviving Puberty with Teens Who Have Autism or an Intellectual Disability**.

The Cross-Systems coordinator also developed a **summer camp resource guide** to assist stakeholders and families in locating and connecting children to pro social activities that foster individual strengths and **community engagement**. The cross systems coordinator provided continued ongoing training support for children's mental health case managers at the Base Service Unit, covering topics such as county programming, the structure of the children's mental health system, and the role expectations for serving families and collaborating across systems. These efforts represent an ongoing commitment to strengthening county systems and providing.

Respite was provided through Youth Advocate Program brokerage through Reinvestment funds from our Managed Care partners. This reinvestment was ended during this year due to lack of funding.

- **Needs: Adequate funding** Continues to be a significant area of need within the children's behavioral health system. Many critical prevention, early intervention, and School-based supports are not reimbursed through medical assistance or commercial insurance, leaving counties to identify alternative funding sources to sustain these services.

One example is the Student Assistance Program (SAP), a school-based prevention and early intervention program designed to identify and support students experiencing mental health, substance abuse, and other barriers to learning. Although SAP is mandated within Pennsylvania schools, dedicated funding is not provided for program implementation. Since 1986, the County Mental Health office has served as the primary funder of these services.

Due to ongoing fiscal constraints and budget limitations, the County Mental Health office was no longer able to sustain funding for SAP services in secondary schools during the last fiscal year. The loss of County Funding created a significant transition challenge for school districts, many of which were required to secure alternative providers within the limited time frame. The absence of a longer transition period and established replacement funding mechanisms resulted in operational disruptions and challenges in maintaining continuity of services for students. Currently, it is too early to determine the full impact of the loss of county funded SAP services on student outcomes in the broader behavioral health system. Our office will continue to **monitor** key indicators to better understand the effects of this change overtime period while no direct correlation can be currently established, it is noteworthy that **crisis walk-in** contacts have **increased** during the current fiscal year compared to the previous year as mentioned above. Continued monitoring and analysis will be necessary to assess whether changes in access to prevention and early intervention services are contributing to the increased utilization of higher levels of care.

Throughout the year, school districts expressed concerns regarding the transition process and the quality and consistency of services available through new providers. Districts have continued to communicate the value of SAP services and have expressed interest in exploring future opportunities for the county mental health office to help address this surface gap should funding become available. This experience highlights the ongoing need for sustainable funding streams to support prevention and early intervention services that are critical to identifying youth needs before they escalate to a higher level of care.

In addition, there seems to be a **consistent 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, paired with insurance barriers, 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 in 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

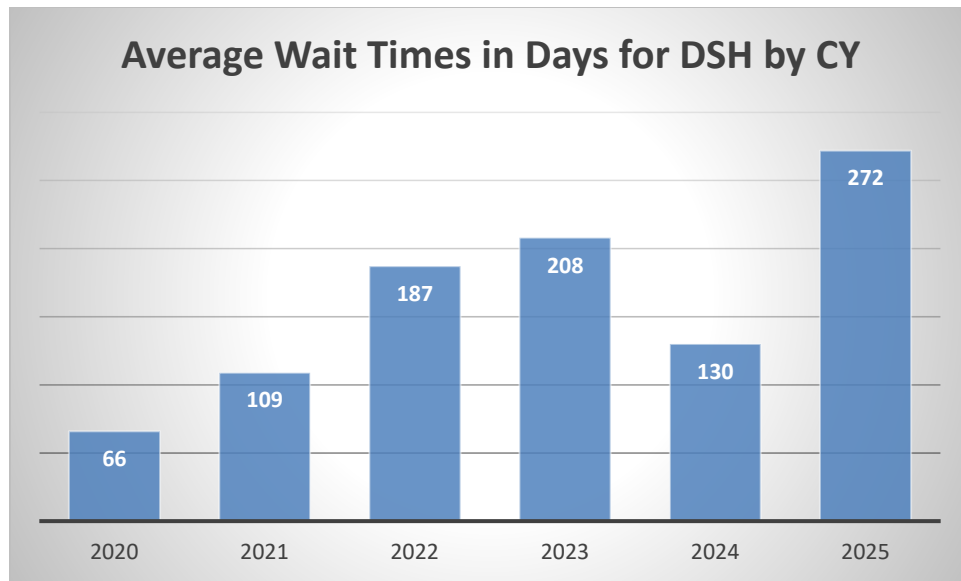
available and diversions from state hospital via community services. A well-documented community integration philosophy is a main tenant of our Mission and purpose.

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 with transition to the community.

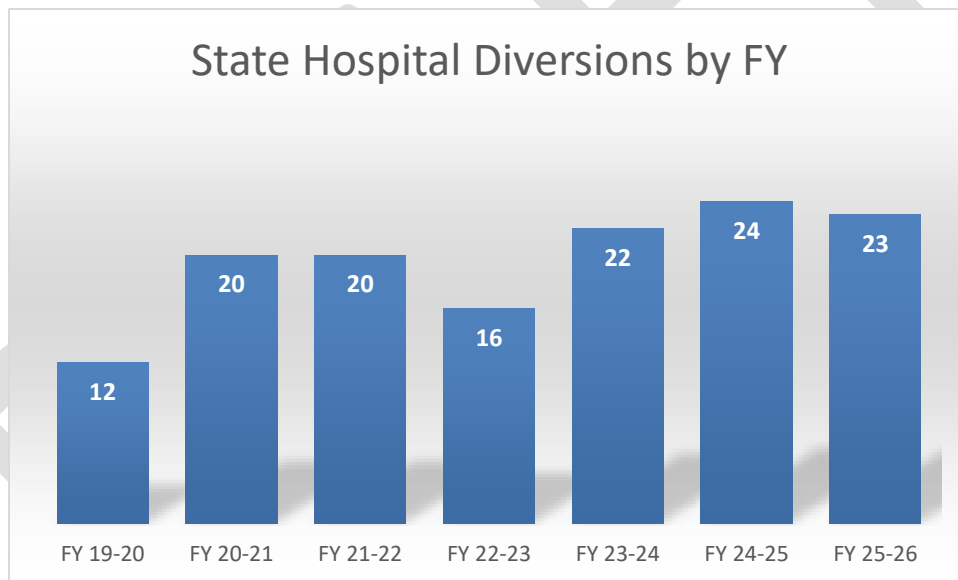
Individuals approaching discharge from the state hospital have a **Community Support Plan (CSP)** in place. Individuals being discharged from the state hospital are connected with the support and treatment services recommended in the CSP prior to their discharge. Upon discharge from the state hospital, 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: We are currently under our "bedcap" by one (1) with 14 Cumberland and Perry individuals receiving treatment at Danville State Hospital.

We had three (3) state hospital admissions in 2025, but more on the waiting list. This is one (1) less than 2024 and attributed to an increased wait time. One individual waited over a year to be admitted to Danville State Hospital. Currently, there are four (4) individuals from Cumberland or Perry County on the state hospital's waiting list. For the first half of 2026, there have been three (3) admissions with an average wait time of 299 days. This is a 10% increase in wait times compared to the previous year, as noted in the chart below. Extended state hospital wait times are difficult for the person as well as increased cost to the system. The behavioral HealthChoices program has expended millions of dollars to cover the cost of individuals receiving community inpatient treatment while waiting for a state hospital bed to become available.



Through the utilization of our 10 Extended Acute Unit (EAU) beds, we were able to divert 23 individuals from the state hospital in FY 25-26.



The combination of **need for higher levels of care and limited financial resources** has created a lack of flexibility within the county mental health system. Discharge plans from the state hospital often indicate significant personal care needs thus necessitating a specialized community residence (SCR). Our **SCRs are at capacity** with no ability to expand. 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 **Long-Term Structured Residence (LTSR)** licensed October 2020 has consistently been at capacity which highlights the need for additional LTSR beds. 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 was approved for a regional, 16-bed LTSR with Franklin-Fulton Counties MH Program. The 16-bed facility is being built using forensic American Civil Liberties Union (ACLU) lawsuit 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. The regional LTSR is anticipated to begin build late June 2026 due to delays with zoning, permits, and endangered wildlife.

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 referrals. Furthermore, as providers limit participation in Medicare, recipients must travel further to receive the services needed. 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 have an impact on an individual's discharge. 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 our local providers have long wait lists or are not accepting new patients with one highly utilized provider having closed this past fiscal year. Primary Care Physicians (PCP's) are often not willing to prescribe anti-psychotic and neuroleptic medications creating another barrier for discharge planning. Also, with the aging population, finding a **geriatric psychiatrist** is challenging.

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. Several local providers 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 the needs of those individuals with frequent intensive treatment needs that often include substance use in addition to mental health.

All our mental health programs have frequent **contact with substance use disorder providers** and/or the C-P Drug and Alcohol Commission when the need is identified. Specifically mental health residential providers will work with individuals 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. The “Substance Use & Harm Reduction Training Experience” on June 29, from 8:30 am – 12:30 pm hosted by the Derry Township Police Department was shared with providers. In addition, applicable trainings via Drexel University Behavioral Health Education are shared as available educational opportunities to support work with this population.

- 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 individuals and providers since the efficacy of psychiatric medications can be negatively impacted by its use. Some psychiatry providers have refused to treat individuals who utilize medical marijuana.

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

- Strengths: Cumberland County has a well-organized **CJAB** that meets monthly. Additionally, this group has applied for a Strategic Planning Grant to set the organization’s direction and determine initiatives of the CJAB moving forward. In October of 2025, a retreat of stakeholders met to complete a Criminal Justice Advisory Board strategic plan to identify our areas of highest need. We as a county have prioritized three key areas and created committees that will meet bi-monthly to work toward these goals. We must integrate service delivery for criminal justice involved individuals experiencing SMI and/or SUDs. And we need access to relevant data to advocate appropriate programmatic funding.
 1. **Stepping Up:** Updating our Sequential Intercept Model Map is an action step in our strategic plan. The plan also challenges us to increase crisis training and diversionary programs, and better support individuals with SMI and SUD when they become incarcerated.
 2. **Data:** Improve criminal justice data collection, consolidation, and analysis to track trends and improve service delivery.

3. **Reentry:** Helping individual reenter the community with appropriate supports is vital to avoid relapse in mental health or substance use challenges, and recidivism.

Cumberland County applied for an in-kind grant through the SAMSHA Gains Center to provide a Sequential Intercept Model (SIM) Mapping Workshop. We were notified in February that we were chosen as a recipient of this grant. The SIM was held on May 27th and May 28th at the Cumberland County Courthouse. Cumberland County last had a SIM ten years ago. Since that time all the goals that had been created have been achieved. SAMSHA Gains Center will be sending a rough copy of the SIM in 4-6 weeks for review.

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. Perry County has recently started a CJAB and Cumberland and Perry Counties' Mental Health and Drug and Alcohol Departments attend.

According to the U.S. Department of Justice's Bureau of Justice Statistics, close to 67% of released prisoners are re-arrested within three years in the US. During those 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 offenders' 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 has 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.

In May of 2024, Cumberland/Perry MH added the position of **Forensic Liaison**. This position serves as a specialist for Mental Health program activities having a leadership role in liaising with the criminal justice system. The Forensic Liaison problem is solved with the courts, jails, and collaborates with staff and providers. This position oversees development and maintenance of data driven solutions reducing the number of individuals with serious mental illness who are incarcerated. It is noteworthy that this position is 100% funded through funds appropriated to serve the forensic population awarded in late 2023 from OMHSAS.

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 to treatment services and use that data to inform local policies and practices. This year, our focus has been on capturing good data to measure progress of the Stepping Up initiative. In January of 2025 data collection started focusing on the 4 key measures. Cumberland County’s Forensic Liaison has compiled a base-line year of data for Cumberland County prison, capturing the number of incarcerated individuals with serious mental illness. On average, 81 individuals, or 22.73% of the prison population, live with a serious mental illness. Their average length of stay is 81.7 days, and 81% of these individuals are connected to mental health care prior to reentry. The Forensic Liaison is also tracking how many incarcerated individuals receive county-funded mental health support. The table below shows the Serious Mentally Ill (SMI) population at the Cumberland County Prison.

2025-26	Daily Censu	SMI Censu	SMI %
June	369	76	20.60%
July	360	91	25.30%
August	361	96	26.60%
September	366	100	27.30%
October	372	98	26.30%
November	372	84	22.50%
December	353	70	19.80%
January	352	67	19.00%
February	329	53	16.00%
March	344	55	15.98%
April	364	58	15.90%
May	347	51	14.70%
YEAR average	357	75	20.83%

The **Regional Long Term Structured Residence (LTSR)** with neighboring Franklin and Fulton Counties will strengthen the diversionary service options for individuals with serious mental illness who are not competent to stand trial and not restorable. New Visions was the selected provider. The Regional LTSR currently has a completion date of January 2027.

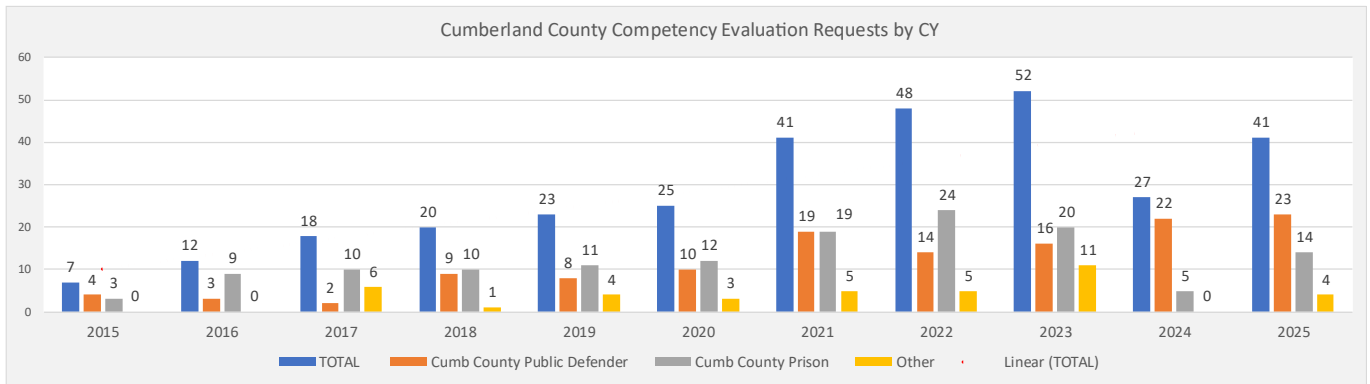
The **Forensic MH Team and TOMS mental health court** have been effective components in supporting individuals with mental illness and criminal charges navigate the criminal justice system. **TOMS Court** has been a strength within Cumberland County. Since inception in 2017, 98 participants have entered the program with 64 individuals successfully graduating from the program. It is estimated that 15,946 prison bed days have not been utilized for a potential cost savings of \$2,077,829.74. Current recidivism rates for graduates with DUI/drug offenses, misdemeanors or felonies within 24 months is at 5.7%. The recidivism rate for non-drug/DUI offenses, misdemeanors and felonies within 24 months of graduation is 5.08%. Currently there are 21 active participants in TOMS Court. In addition, the TOMS court team is in the beginning stages of establishing an advisory board of community stakeholders and has a long-term goal of accreditation.

The **Regional Crisis Walk in Center** provides diversionary opportunities for Law Enforcement when an individual is struggling with their mental illness. Opened in December of 2024, the Walk in Center and Mobile Crisis team serves Cumberland, Perry and Dauphin Counties.

The **Cumberland County Threat Assessment/Threat Management team** has been established by the County as a multi-agency county-based team, comprised of law enforcement, educational resources, social and community support resources, and representatives from the county's mental health program office, to proactively identify individuals on the pathway to violence. Training was hosted a few years ago with the FBI, Education, Probation, JPO, prison, DA's staff, and other stakeholder groups. County MH program staff (CASSP, SAP, Administrator), participated in the training, however, OMHSAS was not part of the leadership of the training. This team collaborates with the Cumberland County DA's office, Cumberland County Children and Youth Agency, Cumberland/Perry Counties' Mental Health, Cumberland County Juvenile Probation and local school districts. The team will also provide cross county collaboration with other county threat assessment teams when an individual has charges in multiple counties, is in the process of moving residence to a new county or consistently spends time in locations that neighbor Cumberland County.

- 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 chart below shows the increase in competency restoration requests since 2015. This increase we believe is significant and speaks to unmet need in our community. It is interesting to note that in 2024, there were fewer competency evaluations completed. We believe this highlights the ongoing difficulties is retaining a qualified workforce to complete the work to serve individuals who have become justice system involved.



As previously stated, to address the needs of forensic individuals and transition folks from Danville State Hospital, Torrance State Hospital, and Cumberland and Perry Counties' Prisons, Cumberland-Perry Counties' MH Office, jointly with Franklin-Fulton Counties' MH Office, submitted a proposal and were approved for a regional, 16-bed LTSR. Using forensic monies allocated by OMHSAS, the Regional LTSR will prioritize those individuals with forensic involvement/history - specifically individuals who have been deemed incompetent to stand trial, non-restorable. This **Regional LTSR** is expected to be operational by January 2027.

8. Veterans - counties are encouraged to collaboratively work with the Veterans' Administration and the PA Department of Military and Veterans' Affairs (DMVA) and county directors of Veterans' Affairs (found at the site):
<https://www.pa.gov/agencies/dmva/pennsylvania-veterans/county-director-of-veterans-affairs.html>

- 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 individuals' needs. Veterans have access to all services and supports that anyone else with a severe mental illness has in our communities. The **Newville Lodge** gives priority to veterans with a mental illness. Perry Housing Partnership also provides a **Veterans Housing program** in Perry County for those veterans who are homeless but is not specific to those with mental illness. Several of our residential programs provide transportation for veterans to the Veterans services at Camp Hill VA, Lebanon VAMC, and Martinsburg WV VAMC. Support Groups are also available through the Carlisle Army War College and the VA Clinics. In addition, during Mental Illness Awareness Week, our counties have supported presentations by veterans regarding the impact of mental illness. Providers are made aware of additional training opportunities as they arise.
- Needs: Service individuals have had very different life experiences, especially 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 waiting times for individuals needing these services.

9. Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI)

- Strengths: LGBTQI individuals have access to the same services and supports as anyone else with an SMI in our communities. We do encourage and expect providers to obtain training in **cultural competence** to improve the provision of services to individuals who identify as LGBTQI. Cultural Competency training has been provided through our managed care entity. LGBTQIA+ Fundamentals training was offered for staff supporting transition age youth and was well attended. Information regarding available training opportunities is shared with all providers. Community support groups for Queer and Trans People of Color and Transgender and non-binary are available through the LGBT Center of Central PA & GLO for county residents. PerformCare, our managed care provider, offers trainings in **Diversity, Equity, and Inclusion (DEI)** and providers are encouraged to participate. Information on these trainings is provided to our service provider network.

Our CASSP Coordinator continues to **share resources** with various system stakeholders (including 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. 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 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 culturally competent services. BC-Harrisburg provided access to their Bhutanese-Nepali Health Provider Cultural Training series to support better understanding and services provision with the population. Providers are expected to obtain **interpreter services as needed** to communicate with all individuals 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. 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)

- Strengths: The **dual diagnosis complex case team** was developed within our county and consists 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 have 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 appropriate skills-training and prevention strategies for youth, young adults, and families. This needs to include instruction regarding activities of daily living, employment, education, and interpersonal skills. While these could be areas a psychiatric rehab program would focus on, many individuals with these dual diagnoses do not meet SMI criteria, and may also have limitations related to IDD, autism, and lack of family support. Funding and joint planning and development from all the involved systems is necessary.

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

- i. *Previous Year List:*
 - Provide a brief summary of the progress made on your FY 25-26 plan ROST priorities:
 - i. Priority 1: **Maintain and monitor current services and supports due to potential budget deficits**

The budget deficit continues to be a primary topic in all human services and community meetings within the counties as the significant effect of no additional

Mental Health funding will negatively impact other services within the counties severely with increased needs for those other services – law enforcement, children and youth services, incarceration, hospitalization, etc.

Meetings were also held with our county base funded contracted providers to review the current delivery system and identify any potential areas to reduce costs that would have minimal harmful effect on the individuals being served.

In the past, one-time funds had been used from OMHSAS and HealthChoices to help offset deficits. Unfortunately, all assistance has been exhausted. Despite already having made \$1.9 million in program cuts over the past 2 years, additional cuts are projected for FY 26-27.

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

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. Utilizing federal COVID-CMHSBG funds, the proposal was fully approved and funded for over \$13 million dollars to be fully expended by September of 2025. The Emergency Behavioral Health Crisis Walk in Center and accompanying mobile teams, operated by Connections Health Solutions, opened in phases from December of 2024 through mid-January 2025. Monitoring the Walk in Center and its progress remains an important priority for our region. This monitoring includes weekly meetings with key stakeholders to review operating procedures, data, service delivery, to ensure timely resolution of concerns and consistent communication among stakeholders.

Priority 3: Expansion of services to support the forensic population with serious mental illness (SMI)

As previously mentioned, Cumberland County is part of the National Stepping Up initiative and has been identified as an Innovator County. In May 2024, using funds from an approved OMHSAS forensic project, Cumberland-Perry Counties' Mental Health hired a new Forensic Liaison position who continues to build a network of partnerships that will provide opportunities to strengthen service delivery for those who are justice system involved with a mental illness. In 2025 a year of baseline data was established on the 4 key measures. A Stepping Up Committee was established through the CJAB that meets quarterly to further this initiative. Goals were established which included a Sequential Intercept Map (SIM). Cumberland County applied and received a grant from SAMSHA Gains Center, and the SIM was completed in May of 2026. Cumberland County is currently awaiting the draft of the completed SIM. The goals created from the SIM will be the foundation for the Forensic Liaison moving forward. The collection of data around incarcerated individuals with an SMI and noting a reduction of individuals with SMI in the jail will justify advancing this initiative.

Crisis Intervention Team (CIT) Program continues as we work to align with standards and fidelity to obtain certification with CIT International. As part of CIT Certification, we continue to work on strengthening partnerships across the community and aligning with SAMSHA's best practices for crisis.

As part of the earlier mentioned OMHSAS approved forensic project, New Visions, Inc. was awarded a contract to develop a Regional LTSR with Franklin and Fulton Counties. Property has been secured in Shippensburg, PA; however, the projected date of completion has shifted significantly from June 2026 to January 2027. This will be a 16-bed facility with a bed split of eight (8) and eight (8). Priority will be given to those individuals with a forensic history and/or deemed incompetent to stand trial, non-restorable.

ii. *Coming Year List:*

- 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 26-27 at current funding levels.
- For each coming year (FY 26-27) ROST priority, please provide:
 - a. A brief narrative description of the priority including action steps for the current fiscal year.
 - b. A timeline to accomplish the ROST priority including approximate dates for progress steps and priority completion in the upcoming fiscal year.
 - Timelines which list only a fiscal or calendar year for completion are not acceptable and will be returned for revision.
 - c. Information on the fiscal and other resources needed to implement the priority. How much the county plans to utilize from state allocations, county funds, grants, HealthChoices, reinvestment funds, other funding and any non-financial resources.
 - d. A plan mechanism for tracking implementation of the priorities.
 - Example: spreadsheet/table listing who, when and outputs/outcomes

1. (Identify Priority)

Maintain and monitor current services and supports due to potential budget deficits

Continuing from prior year New Priority

- a. Narrative including action steps: Our county MH office continues to struggle to meet the needs of our community. The expenses of operations continue to exceed any increase in allocation. Cumberland County continues to sustain significant population growth greater than other counties in the central and southeastern tier of the state. In FY 24-25 \$650,000 in program cuts were made. Effective July 1, 2025, an additional 1.2 million in program cuts were instituted. We are anticipating an additional \$200,000 in program cuts will be necessary to balance the budget. The obvious concern is how these cuts will negatively impact on the individuals served, their families, contracted service providers, their parts of the human services system, and the community. The priority for funding is to sustain the current infrastructure of community-based services as much as possible. County staff, providers, and stakeholders continue to have discussions on measures to take to decrease

costs while maintaining the services needed, despite the lack of any substantial budget increases.

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 to make this mission a reality.

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.

- b. Timeline (provide a quarterly breakdown of priority; activities, goals, and deliverables): This is an annual goal and ongoing priority. Analysis of fiscal resource and program utilization will continue to occur monthly. The ability to monitor data has continued to improve with the implementation of CPR-Web and other data tracking tools. MH staff reviews monthly claims submissions to determine utilization and any re-allocation necessary during the year. Residential and Crisis Intervention staff meetings occur monthly. As they are the highest budget cost center items, this information is considered in review of allocation needs. Trend analysis occurs monthly in those monthly and other internal meetings. The annual budget for subsequent years will consider this information as well.
- c. Fiscal and Other Resources: Current County base funding of positions, services, and supports are utilized. As previously stated, the current provider budget requests exceed our previous year's allocation. Fiscal discussions will continue with both commissioners' offices as well as OMHSAS.
- 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 twice per month and discusses those trends and findings, and develops 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.

2. (Identify Priority)

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: As previously mentioned 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 individuals' needs to connect them to treatment services, and use that data to inform local policies and practices. In May of 2024, Cumberland & Perry Counties' Mental Health Office added a new Forensic

Liaison position. This position has enabled us to progress this initiative. In collaboration with the Cumberland County prison, data collection has commenced, and we will review our progress toward our goal of reducing the number of individuals with SMI in prison. The Crisis Intervention Team (CIT) Program continues as we work to align with standards and fidelity to obtain certification. While CIT programs are known for CIT-trained officers, successful programs also focus on improving the crisis response system, advocating for needed services, and strengthening partnerships across the community.

- b. Timeline (provide a quarterly breakdown of priority; activities, goals, and deliverables): We have a continued goal of providing 2 CIT trainings per year (May and September). These trainings continue to be evaluated and changed under the guidance of CIT International and quarterly steering committee meetings.

The Forensic Liaison will review monthly data collection around the 4 Key measures and continue to move the Stepping Up initiative forward by determining trends based on analysis.

- c. Fiscal and Other Resources: The Forensic Liaison position was included with the proposal for the regional LTSR. The start-up and annualized funding provided by OMHSAS with the goal of serving those individuals who are justice system involved, both in prison and the community, with SMI.

Cumberland/Perry MH continues to use “Community Support Funds” through CABHC to provide the two annual CIT trainings. Without these funds we would struggle to fund this important initiative.

- d. Tracking Mechanism (example: quarterly and annual goals met; deliverables provided): Data is collected on CIT trainings and the number of CIT trained individuals is tracked. Data will be tracked in collaboration with the Cumberland County prison monthly to allow analysis of trends and needs. An app has been developed and pushed out to the community through our district attorney’s office. The initial purpose is to aid law enforcement’s awareness of individuals in our community with various conditions. The desire is this app will also be utilized for CIT data and outcomes.

3. (Identify Priority)

Expansion of services to support the forensic population with serious mental illness (SMI)

- Continuing from prior year New Priority

- a. Narrative including action steps: As previously mentioned 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 individuals’ needs to connect them to treatment services, and use that data to inform local policies and practices. In May of 2024, Cumberland & Perry Counties’ Mental Health Office added a new Forensic Liaison

position. This position has enabled us to progress this initiative. In collaboration with the Cumberland County prison, there is now a year of baseline data collected. Data collection for year two has commenced and we will review our progress toward our goal of reducing the number of individuals with SMI in prison. The Crisis Intervention Team (CIT) Program continues as we work to align with standards and fidelity to obtain certification. While CIT programs are known for CIT-trained officers, successful programs also focus on improving the crisis response system, advocating for needed services, and strengthening partnerships across the community.

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Data is collected on the 4 key Stepping Up measures. The Forensic Liaison has an Excel spreadsheet that is updated daily using the information from Cumberland County’s OMS System, CPR-Web, ACA and USJS.

d) Strengths and Needs by Service Type: (#1-7 below)

1. Describe telehealth services in your county (limit of 1 page):

- 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 individual’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 individuals 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.

- c. *What are the obstacles the county encounter in the deployment of telehealth services? (limited access to reliable internet, digital literacy, privacy concerns, and cultural and language barriers).*

Older individuals tend to struggle with technology and not everyone has access to broadband and places with public access tend not to be private. Also, individuals' preference for mode of service is face-to-face.

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

Yes No

If yes, please describe how this is occurring. If no, indicate any plans to embed TIC in FY 26-27. (Limit of 1 page)

Due to lack of funding, Trauma Informed Care initiatives are limited to those available trainings supported and provided by our managed care partners and any other community entity offering such trainings. CIT Trainings with law enforcement include de-escalation and much discussion regarding trauma and being trauma informed.

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

Yes No

If yes, please describe the CLC training being used, including training content/topics covered, frequency with which training is offered, and vendor utilized (if applicable). If no, counties may include descriptions of plans to implement CLC trainings in FY 26-27. *(Limit of 1 page)*

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 in a mental health crisis.

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

Yes No

If yes, please describe the DEI efforts undertaken. If no, indicate any plans to implement DEI efforts in FY 26-27. *(Limit of 1 page)*

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. Information on these trainings is provided to our service provider network. Staff share information with providers, families, and individuals about available support groups as well as trainings to address specific needs related to DEI as they become available.

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

Yes No

If yes, please describe the initiatives and any age-specific initiatives. If no, counties may describe plans to implement future initiatives in the coming fiscal year. *(Limit of 1 page)*

The Cumberland and Perry Counties' Suicide Prevention Taskforce PULSE (Preventing Unnecessary Loss through Suicide Education) which started in 2016 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 is comprised of Crisis Intervention, persons with lived experience, Veterans, family members, loss survivors, and some participation with attempt survivors.

Currently two Survivors of Suicide (SOS) support groups are held twice monthly, year-round, one in Harrisburg and one in New Cumberland. Meetings are open to all family members and friends, age 18+, who have lost a loved one to suicide.

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 and 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 8 trainers with diverse backgrounds. We are grateful for the partnership with Cumberland County Human Resources, who co-facilitate trainings with the Cumberland-Perry MH office that is open to all Cumberland County personnel. We have developed an excellent working relationship with the first responder community, and an EMT and a two (2) police officers assist to train each of these disciplines in QPR. CIT has suicide prevention as a core element of the 40-hour CIT training for law enforcement. We are pleased with both the energy and the support from all our facilitators.

During the last fiscal year, 142 members of our community have received QPR training including Cumberland County staff, Law Enforcement Officers, and multiple Emergency Management Services (EMS) partners. As a function of these partnerships, through June 30, 2026, a total of 1,433 individuals have become QPR trained since 2016.

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.

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

The Employment First Act (Act of Jun. 19, 2018, P.L. 229, No 36 Cl. 35 EMPLOYMENT FIRST ACT ENACTMENT, 2018) requires county agencies to provide services to support competitive integrated employment for individuals with disabilities who are eligible to work under federal or state law. For further information on the Employment First Act, see [Employment-First-Act-three-year-plan.pdf \(pa.gov\)](#)

- a. Please provide the following information for your County MH Office Employment Specialist single point of contact (SPOC).
 - Name: Annie B. Oiler
 - Email address: aboiler@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](#):
 - Yes No

Please complete the following table for all supported employment services provided to **only** individuals with a diagnosis of Serious Mental Illness (SMI), defined as persons age 18 and over, who currently or at any time during the past year, have had a diagnosable mental, behavioral or emotional disorder that is listed in the current DSM that has resulted in functional impairment, which substantially interfere with or limits one more major life activities.

Previous Year: FY 25-26 County Supported Employment Data for ONLY Individuals with Serious Mental Illness		
<ul style="list-style-type: none"> • Please complete all rows and columns below • If data is available, but no individuals were served in a category, list as zero (0) • Only if no data available for a category, list as N/A and provide a brief narrative explanation. <i>Include additional information for each population served in the Notes section. (For example, 50% of the Asian population served speaks English as a Second Language, or number served for ages 14-21 includes juvenile justice population).</i> 		
Data Categories	County MH Office Response	Notes
i. Total Number Served		
ii. # served ages 14 up to 21		
iii. # served ages 21 up to 65		

iv. # of male individuals served		
v. # of female individuals served		
vi. # of non-binary individuals served		
vii. # of Non-Hispanic White served		
viii. # of Hispanic and Latino served		
ix. # of Black or African American served		
x. # of Asian served		
xi. # of Native Americans and Alaska Natives served		
xii. # of Native Hawaiians and Pacific Islanders served		
xiii. # of multiracial (two or more races) individuals served		
xiv. # of individuals served who have more than one disability		
xv. # of individuals served working part-time (30 hrs. or less per wk.)		
xvi. # of individuals served working full-time (over 30 hrs. per wk.)		
xvii. # of individuals served with lowest hourly wage (i.e.: minimum wage)		
xviii. # of individuals served with highest hourly wage		
xix. # of individuals served who are receiving employer offered benefits (i.e., insurance, retirement, paid leave)		

7. Supportive Housing:

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

Name: Annie Oiler
Email address: aboiler@cumberlandcountypa.gov
Phone number: 717-240-6320

- b. Please indicate if the county **Mental Health office** follows the **SAMHSA Permanent Supportive Housing Evidence-Based Practices** toolkit:

Yes No

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.

- c. **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 25-26 and 26-27 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 25-26), as well as projected amounts for SFY 26-27. If this data isn't available because it's a new program implemented in SFY 26-27, do not enter any collected data.
 - Please note: Data from projects initiated and reported in the chart for SFY 26-27 will be collected in next year's planning documents.

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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 25-26 (only County MH/ID dedicated funds)	5. Projected Amount for SFY 26-27 (only County MH/ID dedicated funds)	6. Actual or Estimated Number Served in SFY 25-26	7. Projected Number to be Served in SFY 26-27	8. Number of Targeted BH United	9. Term of Targeted BH Units (e.g., 30 years)
Enola Chapel	2008	LIHTC, HOME	0	0	6	6	6	30 Years
Townhomes at Factory Square	2018	LIHTC	0	0	8-PBV	3-811 units	3-811 units	30 Years
		PBV				8-PBV	8-PBV	
Flats at Factory Square	2019	LIHTC	0	0	8-PBV	3-811 units	3-811 units	30 Years
		PBV				8-PBV	8-PBV	
Permanent Supportive	2008	SHP, Continuum	0	0	40	40	40	Annual Award
	2011							

Housing (PSHC)	2024	of Care (CoC)							
Brethren House	2009	HC-R	0	0	5	5	5		30 Years
Shepherd's Crossing	2015	HC-R	0	0	7	7	7		30 Years
Warren House	2007, 2017-PBV units established	PBV	0	0	4	4	4		15 Years
Citrus Grove	2023	HC-R PBV	2	2	2	2-811 units 2 PBV	2-811 Units 2-PBV		20 Years
Harbour Village	2024	HC-R PBV	2	2	0	2-811 Units 2 PBV	2-811 Units 2 PBV		20 Years
Totals			4	4	85	92	92		
Notes:									

2. Bridge Rental Subsidy Program for Behavioral Health					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.									
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal,	4. Total \$ Amount for SFY 25-26	5. Projected \$ Amount for SFY 26-27	6. Actual or Estimated Number Served in SFY 25-26	7. Projected Number to be Served in SFY 26-27	8. Number of Bridge Subsidies in SFY 25-26	9. Average Monthly Subsidy Amount in SFY 25-26	10. Number of Individuals Transitioned to another

		state & local sources)							Subsidy in SFY 25-26
Rapid Rehousing C-P-L (Cumberland and Perry)	2005	Federal	\$193,186	\$208,542	5	10	10	\$1,159.00	1
Perry County Rapid Rehousing Program	2001	Federal	\$213,641						
Housing Support Funds (AKA Bridge Funding)	2024	HC-R			5	0	8	\$790.00	7
Totals									
Notes:									

4. Housing Clearinghouse for Behavioral Health				Check box <input 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 25-26	5. Projected \$ Amount for SFY 26-27	6. Actual or Estimated Number Served in SFY 25-26	7. Projected Number to be Served in SFY 26-27	8. Number of Staff FTEs in SFY 25-26
Totals							
Notes:							

5. Housing Support Services (HSS) for Behavioral Health				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 25-26	5. Projected \$ Amount for SFY 26-27	6. Actual or Estimated Number Served in SFY 25-26		7. Projected Number to be Served in SFY 26-27	8. Number of Staff FTEs in SFY 25-26
Supported Living – 2 Providers								
CCHRA Homeless and Special Needs Case Management Staff	2001	County Base Funding	\$82,863	\$197,901	115		110	2.5 FTE
Totals								
Notes:								

6. Housing Contingency Funds for Behavioral Health				Check box <input type="checkbox"/> if available in the county and complete the section.			
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings, and other allowable costs.							
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 25-26	5. Projected \$ Amount for SFY 26-27	6. Actual or Estimated Number Served in SFY 25-26	7. Projected Number to be Served in SFY 26-27	8. Average Contingency Amount per person
Totals							
Notes:							

7. Other: Identify the Program for Behavioral Health	Check box <input type="checkbox"/> if available in the county and complete the section.
<p>Project Based Operating Assistance (PBOA) is a partnership program with the Pennsylvania Housing Finance Agency in which the county provides operating or rental assistance to specific units then leased to eligible persons; Fairweather Lodge (FWL) is an Evidenced-Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness; CRR Conversion (as described in the CRR Conversion Protocol), other.</p>	

1. Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 25-26	5. Projected \$ Amount for SFY 26-27	6. Actual or Estimated Number Served in SFY 25-26			7. Projected Number to be Served in SFY 26-27
Totals								
Notes:								

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e) Certified Peer Specialist Employment Survey:

Certified Peer Specialist (CPS) is defined as:

An individual with lived mental health recovery experience who has received the Department approved peer services training and certified by the Pennsylvania Certification Board.

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
- Crisis

County MH Office CPS Single Point of Contact (SPOC)	Name: Annie B. Oiler
	Email: aboiler@cumberlandcountypa.gov
	Phone number: 717-240-6320
Total Number of CPSs Employed	5
Average number of individuals served (ex: 15 persons per peer, per week)	30 peers per week
Number of CPS working full-time (30 hours or more)	1
Number of CPS working part-time (under 30 hours)	4
Hourly Wage (low and high), seek data from providers as needed	15.50 and 18.25 (FT)
Benefits, such as health insurance, leave days, etc. (Yes or No), seek data from providers as needed	For full time only: Health insurance, dental, vision, PTO, HAS/FSA
Number of New Peers Trained in CY 2025	0

f) Existing County Mental Health Services

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

Services by Category	Currently Offered	Funding Source (Check all that apply)
Outpatient Mental Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Inpatient Hospitalization	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input 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 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 type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Consumer-Driven Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" 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

g) Evidence-Based Practices (EBP) Survey

Please include both county and HealthChoices funded services.

(Below: if answering Yes (Y) to **#1. Service available**, please answer questions #2-7)

DRAFT

Evidenced-Based Practice	1. Is the service available in the County/ Joinder? (Y/N)	2. Current number served in the County/ Joinder (Approx.)	3. What fidelity measure is used?	4. Who measures fidelity? (agency, county, MCO, or state)	5. How often is fidelity measured?	6. Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	7. Is staff specifically trained to implement the EBP? (Y/N)	8. Additional Information and Comments
Assertive Community Treatment	Y	29	TMACT	Agency	Annually	N	N	N/A
Supportive Housing	Y	82	N/A	N/A	N/A	N/A	N/A	N/A
Supported Employment	N	N/A	N/A	N/A	N/A	N/A	N/A	Include # Employed
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		OMHSAS/OC YF Licensing	State	Annually			
Multisystemic Therapy	Y	52	Propriety of Developer	Agency/Private Company	Annually			
Functional Family Therapy	Y	6		Agency	Annually			

Family Psycho-Education	Y	Not fully tracked	None	N/A	N/A	N	N/A	Various support groups & trainings in the community: NAMI C-P also provides Family-to-Family; Peer-to-Peer; Family & Peer Support Groups

SAMHSA’s EBP toolkits: https://www.samhsa.gov/libraries/evidence-based-practices-resource-center?f%5B0%5D=resource_type%3A20361

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

- Please include both county and HealthChoices funded services.
- Include CPS services provided to all age groups in total, including those in the age break outs for TAY and OAs.

(Below: if answering yes to #1. **service provided**, please answer questions #2 and 3)



Recovery-Oriented and Promising Practices	1. Service Provided (Yes/No)	2. Current Number Served (Approximate)	3. Additional Information and Comments
Consumer/Family Satisfaction Team	Y		HealthChoices Managed Care Contract
Compeer	N	N/A	
Fairweather Lodge	Y	14 Slots	4 Lodges
MA Funded Certified Peer Specialist (CPS)- Total**	Y		
CPS Services for Transition Age Youth (TAY)	Y		
CPS Services for Older Adults (OAs)	Y		
Other Funded CPS- Total**	N		
CPS Services for TAY	N		
CPS Services for OAs	N		
Dialectical Behavioral Therapy	Y	Not Tracked	Many Therapists provide this therapy as an OP service, but the specific modality is not tracked
Mobile Medication	Y		Mobile Psychiatric Nursing
Wellness Recovery Action Plan (WRAP)	Y	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		Common Ground via Peer Support at Merakey
Psychiatric Rehabilitation Services (including clubhouse)	Y		1 Psych Rehab agency provides service in 4 locations across 2 counties
Self-Directed Care	Y		Same as Common Ground – shared decision making
Supported Education	Y		Offered via CAPSTONE only
Treatment of Depression in OAs	Y		Psychiatrist & Social Worker with Geriatric specialty
Consumer-Operated Services	Y	N/A	Community Support Program (CSP)
Parent Child Interaction Therapy	Y		
Sanctuary	N		C-P residents have access to residential providers outside of our counties that are sanctuary certified
Trauma-Focused Cognitive Behavioral Therapy	Y	Not Tracked	
Eye Movement Desensitization and Reprocessing (EMDR)	Y	Not Tracked	
First Episode Psychosis Coordinated Specialty Care	Y		Via CAPSTONE with Dauphin County's SAMHSA grant for FEP

i) Involuntary Mental Health Treatment

1. During CY 2025, 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 2025

- 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 2025

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 2025 (check all that apply):

- Community psychiatric supportive treatment
- ACT
- Medications
- Individual or group therapy
- Peer support services
- Financial services
- Housing or supervised living arrangements
 - Alcohol or substance abuse treatment when the treatment is for a co-occurring condition for a person with a primary diagnosis of mental illness
- Other, please specify: _____

3. If the County/Joinder chose to opt-out of providing AOT services for all or a portion of CY 2025:

- 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

	AOT	IOT
I. Number of individuals subject to involuntary treatment in CY 2025	N/A	
II. Number of involuntary inpatient hospitalizations following an IOT or AOT for CY 2025	N/A	
III. Number of AOT modification hearings in CY 2025	N/A	
IV. Number of 180-day extended orders in CY 2025	N/A	
V. Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY 2025	N/A	\$60,943

i) 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. (Pennsylvania General Assembly, (1966). *Mental Health and Intellectual Disability Act of 1966*, P.L. 96, No. 6 Section 305. <http://www.legis.state.pa.us/wu01/li/li/us/pdf/1966/3/006..pdf>)

File	Description	Data Format/Transfer Mode	Due Date	Reporting Document
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 2025 been reported to the state as an encounter? Yes No

k) Categorical State Base Funding (to be completed by ALL counties)

Please provide a brief narrative as to the services that would be expanded or new programs that would be implemented with increased base funding:

l) Categorical State Funding-FY 26-27 [ONLY to be completed by counties not participating in the Human Services Block Grant (i.e. Non-Block Grant)]

If an allocation is expected in the following categoricals for FY 26-27, please describe the services to be rendered with these funds, estimates of number of individuals served, and plans to use any carryover funds, if approved, from FY 25-26:

Respite services:

Consumer Drop-In Centers:

Direct Care Worker Recruitment & Retention:

Forensic ACLU Projects:

Children's Funds Non-Categorical:

Children's Base (100% categorical):

Student Assistance Program:

m) Federal Grant Funding (to be completed by all counties, where appropriate). Please limit response to no more than one page for each question.

- **CMHSBG – Non-Categorical (70167):** Please describe the services to be rendered with these funds for the expected FY 26-27 allocation:
- **CMHSBG – General Training (70167):** Please describe the plans to use any carryover funds from FY 25-26:
- **Social Service Block Grant (70135):** Please describe the services to be rendered with these funds for the expected FY 26-27 allocation:
- **KEEP EMPOWERING YOUTH - PARTNERS, PROVIDERS, LIVED EXPERIENCE KEY-PPLE (71022)** - Please describe the project milestones you expect to achieve with these funds and plans to use any carryover funds from FY 25-26.

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

The following sections should be used to describe the entire substance use service system available to all county residents *regardless* of funding sources.

Please provide the following contact information for the individual who is filling out the information in this section:

Name: Brenda J. Iliff, MA, CADC, LADC	Title: Executive Director
Entity (Single County Authority (SCA) or other county agency): SCA	
Email address: bjiliff-lawver@cumberlandcountypa.gov	
Phone number: 717-240-6300	

Please provide the following information for FY 25-26:

The **Cumberland-Perry Drug and Alcohol Commission** (the Commission) has the lead responsibility for planning and administering a continuum of substance use prevention, intervention, treatment, case management, and recovery support services for all eligible Cumberland and Perry County residents. Through 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.

A 2025 Needs Assessment for the area identified priorities in substance use. Focus on prevention for youth is vaping, marijuana use and alcohol use. High risk factors for the community are laws and norms favorable toward substance use, low perceived risk of substance use, friend's use of drugs, poor family management and support.

The Cumberland-Perry Drug and Alcohol Commission provides Prevention, Student Assistance Programming, and casemanagment services for adults.

- 1. Wait List Information:** Please complete the table below for fiscal year 25-26. If the average weekly wait time (days) for placement does not adhere to placement as referenced in the Department of Drug and Alcohol Programs (DDAP's) Case Management & Clinical Services (CMCS) Manual for withdrawal management (within 24 hours) or all others (within 14 days after LOCA completion), a narrative explanation should be provided.

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 was due in large part to the positive impact of Medical Assistance (MA) Expansion. In recent years, the lack of staffing for providers has impacted waiting and treatment availability lists the most.

Since MA Expansion has been implemented Commission funding has been available for all levels of SUD care throughout the full fiscal year. In 2025 the proposal to eliminate MA Eligibility and decrease Medical Assistance at the Federal level is a major concern. In Cumberland County over 10,000 are on Medicaid because of Medicaid Expansion. With the potential Medicaid reductions, it's estimated that over 4500 would lose Medicaid from Cumberland County. Perry County has over 1800 on it because of Medicaid expansion. Almost 800 people are expected to lose their Medicaid with the proposed changes. (6/2025) As the funder of the last resort, the Commission is expecting an increased demand for services.

Since 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.

The limited capacity of treatment providers has been an issue for people receiving services. Currently, we do not have actual waiting lists for clients at any level of care. The Commission has contracted with many different providers for residential services throughout the state, which helps. This has resulted in rarely having to wait for a bed due to the multiple options available.

LOC American Society of Addiction Medicine (ASAM) 3rd Edition Criteria	Services	Average Weekly Number of Individuals*	Average Weekly Wait Time (days)
4 WM	Inpatient Withdrawal Management	0	0-3
4	Medically Managed Intensive Inpatient	0	1-7
3.7 WM	Medically Monitored Inpatient WM	0	
3.7	Medically Monitored Intensive Inpatient	0	
3.5	Clinically Managed High Intensity Residential	0	1-5
3.1	Clinically Managed Low Intensity Residential	0	
2.5	Partial Hospitalization Program	0	1-5
2 WM	Ambulatory Withdrawal Management with Extended On-Site Monitoring	0	
2.1	Intensive Outpatient	0	
1 WM	Ambulatory Withdrawal Management without Extended On-Site Monitoring	0	
1	Outpatient	0	1-10
Other	Specify	0	1-5

*Average weekly number of individuals for FY 25-26

**Average weekly wait time (days) for placement in FY 25-26

a. What is the source of the data reported in the table above?

The waiting times listed in the chart below are general estimations based on our Case Management Unit's experience. It should be considered that the reason for a wait time is

not always due to bed availability within our provider network. Clients for various reasons may need a bed date arranged far in advance, so that an admission date matches up with a court sentencing date or a prison release date.

The detox beds estimate of 0 to 3-days can be misleading. Most times, we find that we can get a person into detox immediately (same day). If a bed at one facility is not available, the case manager will move to another provider. Over the years access to detox services has improved. This is due to three factors. First, there has been an increase in the number of non-hospital detox beds throughout the state and within south-central Pennsylvania. Second, the Commission has increased the number of providers for residential that we contract with. Third, an increase in access to Medication Assisted Treatment (MAT) services has eliminated the need for some individuals with opioid use disorders their treatment and recovery with a detox.

Access to hospital-based services (medically managed intensive inpatient) is our most significant capacity issue. Our SCA does maintain detox and rehab contracts with Eagleville Hospital and Avenues Recovery Medical Center. Fortunately, it is a small percentage of our SCA-funded clients who require hospital-based care. At times, 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 some of the Commission's 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. Some outpatient centers when down staff are not able to make the requirement of seeing a client within seven days.

Another concern is the decrease in outpatient providers in the Cumberland and Perry Area. Perry County only has one substance use provider that contracts with the SCA. In 2025 two local outpatient providers closed in Cumberland County. One was a Methadone clinic and the other had IOP and OP groups.

The Commission provides monitoring to all outpatient providers yearly and seeks funding opportunities to support increasing training and services to be provided within the county. Three outpatient providers have been able in the past couple years to add Certified Recovery Specialists to their clinics through CABHC reinvestment funds to support client ongoing care needs.

2. **Overdose Survivors' Data:** Please identify which model (SCA Agency, Contracted Provider, Certified Recovery Specialist (CRS), Treatment Provider, Hospital Staff, or other DDAP models, as identified in DDAP's CMCS Manual) the county uses to offer overdose survivors direct referral to treatment for FY 25-26.

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 as a priority population for admission to SCA-funded substance use disorder 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: The client is referred by medical personnel or local emergency room staff or 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.

It is the philosophy of the Commission that the client’s own perception and self-report that they experienced an overdose is what is most important. Overdose experience can be used therapeutically as motivation to embrace treatment and recovery goals.

Overdose deaths have gone down in Cumberland and Perry County. This coincides with national data that overdose deaths decreased by almost 27% in 2024. Theories why fentanyl deaths are plummeting are numerous including increased, widespread access to naloxone, less potent fentanyl, cocktails of street drugs appear less dangerous, better public health service including access to MAT, the lessening impact of social isolation due to COVID, people are savvier with harm reduction and using street drugs more skillfully and using test strips. Of the overdose deaths, Fentanyl locally still causes most of the deaths, however other drugs are playing a more and more significant role. Alcohol deaths by overdose are not measured in the data.

The number of overdose survivors significantly dropped in 2024 at the Commission. This could be that clients are not reporting an overdose or minimizing it. Some people don’t count it as an overdose if they are revived but don’t go to a hospital. It could also be that more people are overdosing on stimulants like national data suggests but not counting it as an overdose as it is not as clear on the symptoms of overdose for stimulants and naloxone wasn’t used.

Presented below is data for 2022-23, 2023-24 and 2024-25 fiscal years:

Referral Model(s)	# of Overdose survivors*	# Referred to Treatment	# Refused Treatment
FY 22-23	36	36	1
FY 23-24	51	49	0
FY 24-25	16	16	0

*An overdose, as defined in DDAP’s Case Management & Clinical Services Manual, is a situation in which an individual is in a state requiring emergency medical intervention as a result of the use of drugs or alcohol.

a. What is the source of the data reported in the table above?

The information presented above is drawn from the SCA’s case management records for clients receiving services.

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

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, Clinically Managed Low-Intensity Residential Services (Halfway House), Withdrawal Management, Clinically Managed Medium-Intensity Residential Services, Clinically Managed High-Intensity Residential Services, Medically Monitored Intensive Inpatient Services, Medically Monitored High-Intensity Inpatient Services, and Medically Managed Intensive Inpatient Services. All our contracted treatment providers accommodate medication-assisted treatment. Two of our outpatient contractors provide methadone maintenance services. 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.

LOC American Society of Addiction Medicine (ASAM) 3rd Edition Criteria	# of Providers	# of Providers Located In-County	# of Co-Occurring/enhanced Programs
4 WM	2	0	1
4	2	0	1
3.7 WM	20 (One is Adol)	0	0
3.7	3	0	3
3.5	31 (Three are Adol)	0	5
3.1	9	0	0
2.5 WM	2	0	0
2.1	4	4	0
1 WM			
1	8	6	0 (Two provide adol services)
Other			

There are no licensed inpatient SUD treatment providers located within Cumberland or Perry Counties that accept public-funded clients. As a result, the Commission contracts with multiple providers around the state. This gives us a couple of 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.

Two outpatient providers closed early 2025. The Commission is working with other providers to support increasing services including encouraging an IOP in Perry County. One provider added virtual IOP group, so other providers are encouraged to refer clients there for group services and maintain the client locally for individual services.

- a. What is the source of the data reported in the table above?

The data above is drawn from the contracts the SCA maintains with providers, including the specific services and rates outlined in those agreements.

4. **Treatment Services Needed in County:** Please provide a brief overview of the current services needed in the county for FY 26-27 in sections a, b, and c below.
- a. Provide a brief overview of the current services needed in the county to afford access to appropriate clinical treatment services:
 - b. Provide an overview of any expansion or enhancement plans for existing or new providers to meet the current treatment needs within the county:
 - c. Provide an overview of any use of HealthChoices reinvestment funds to develop new services during the reporting year:

Fiscal year 2024-2025 was challenging for Commission-funded SUD treatment services. As of April 1, 2023, on a rolling basis current MA recipients were required to renew their coverage by providing updated information and reapplying yearly. By April 2024 more than 10,000 Cumberland and Perry County residents were no longer eligible for MA. This has increased the demand for SCA-funded SUD treatment services and strained the capacity of our capped funding.

Since 2018-19 fiscal year with federal funding support, medication-assisted treatment (MAT) continues to expand in accessibility in both Cumberland and Perry Counties. The Opioid Trust fund supports continued funding for MAT within the community that is not dependent on Federal and State funds.

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 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 type of MAT during their incarceration. Since inmates are not currently eligible for Medical Assistance or commercial insurance benefits, County Commissioners are understandably perceiving this new requirement as an additional unfunded mandate. Both the Cumberland County Prison and the Perry County Prison provide MAT maintenance services to inmates who meet criteria and Cumberland County Prison also offers MAT induction (starting an inmate on MAT who does not come into the prison on MAT).

Both Cumberland and Perry Counties receive and use funds from the Pennsylvania Opioid Misuse and Addiction Abatement Trust to help offset the cost of these programs. Both Counties had already been operating prison Vivitrol programs with PCCD grant funding. When the grant funding expired, the programs continued with settlement funding. Both programs also include Certified Recovery Support services for program participants while in prison and upon discharge. Both Counties also allocated opioid settlement funds to cover the cost of continuing inmates on the other two forms of MAT for opioid use disorders – buprenorphine and methadone – while in county prison. Recovery support services during and after incarceration are also included with these costs.

All the Commission's inpatient contracts cover the cost of MAT medication provided during a client's treatment episode. In addition, the Commission has contracts with Positive Recovery Solutions and Hamilton Health to cover the cost of Vivitrol injections for uninsured county residents. Finally, the Commission maintains contracts with two

methadone providers. Previously there were three providers but one provider in Mechanicsburg closed in 2024. Methadone providers recently started providing buprenorphine services for uninsured county residents. Both providers are contracted to deliver methadone to the prisons for people on methadone there. A third methadone provider will be contracted with in 2025.

In recent years the Commission has taken steps to help address the outpatient treatment capacity issue noted above. We have also increased our SCA outpatient rates to help providers address the challenges of staff recruitment and retention.

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.

There have been three recent drug and alcohol related reinvestment projects for our Capital Area Behavioral HealthChoices program involving outpatient services in our two-county area. The first project has provided seed money for Perry Human Services, PA Counseling Services Carlisle, and Gaudenzia West Shore to embed a Certified Recovery Specialist recovery support program as a complement to their outpatient SUD treatment services. A second reinvestment project implemented in 2023-24 provided specialized training for Gaudenzia West Shore Outpatient to implement the evidence-based strategy of Contingency Management with adults. Monitoring of both programs is in place and early results suggest that both influence keeping people in treatment and recovery longer. In May 2025 a third reinvestment project was started through the Harbor in Shippensburg. Anchored Recovery Services provides two peer recovery specialists to the Cumberland and Perry County communities. This service plans to move into other counties to support people in recovery. Services started in April 2025 with this new program. Due to a budget deficit with CABHC in 2024 and another anticipated in 2025, no new reinvestment projects for the community have been funded.

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

Listed in the table below is overdose fatality data from the Cumberland and Perry County Coroners for the ten-year period of 2014 through 2024. The Cumberland County Coroner reports that since 2020 most of these overdose deaths have been linked to fentanyl. There are other drugs involved that cause overdose. Like national data the stimulants and hallucinogens are rising in overdose deaths. Alcohol is not tracked as overdose death in Cumberland and Perry County.

Drug Overdose Fatalities											
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Cumberland County	35	41	66	86	52	46	68	51	39	39	28
Perry County	6	3	10	12	16	10	15	15	13	4	5

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. There is only one local police department in Perry County, in Marysville. 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.

The Perry County Emergency Management Agency has also taken a leading role in the implementation of a new program that will ensure first responders will have naloxone leave behind bags that include information on where to obtain help, and offer local EMS agencies additional training on SUD, compassion fatigue, and enhancing communication skills when interacting with individuals or their families who have experienced an opioid overdose. This new program is being funded through the Opioid Trust.

With the support of both sets of County Commissioners, the Commission assumed the responsibility of receiving and distributing free naloxone in mid-May 2024 as a newly branded "Recognized Entity" for our two-county area. Since taking over these duties over 1500 boxes of 4 mg intranasal naloxone have been handed out to a variety of individuals and organizations within the two counties.

The Commission has also widely publicized the option for any individual to obtain naloxone from their pharmacy using the PA Physician General's standing order. The Commission has also provided technical assistance to local school districts looking to implement naloxone policies and access naloxone supplies. During the 2023-24 school year, Commission student assistance staff assisted school nurses in obtaining updated supplies of spray Narcan to replace expired products. In 2025, Cumberland County enacted a policy in which individuals working in Human Services departments can receive training and carry naloxone, and placed naloxone in all county buildings. The Commission also contracts with the RASE Project which uses Certified Recovery Specialists to provide Naloxone training and distribution of harm reduction supplies to the community.

6. **County Warm Handoff Process:** Please provide a brief overview of the current warm handoff protocols established by the county including challenges and program successes. Protocols include offering 24/7 direct referrals to treatment services for individuals who experienced an overdose or have been hospitalized.

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. They provide services on a 24/7 basis for the four hospital emergency departments located within our two-county service area. JFT began providing warm handoff services in mid-December 2018. They currently serve at UPMC Pinnacle Carlisle Hospital, and UPMC Pinnacle West Hospital. Penn State Health Holy Spirit Medical Center, and Penn State Health Hampden Medical Center. This initiative continues to be very well received by patients and hospital staff. JFT has built positive working relationships with the emergency department personnel.

JFT utilizes Certified Recovery Specialists (CRSs) to provide outreach services to individuals and family members. The service was initially designed as an intervention for overdose survivors. However, at the request of the hospitals the program has been expanded to include anyone who presents at the emergency room with any type of substance use disorder issue.

Once a patient with a drug or alcohol related issue is medically stabilized, emergency room personnel encourage them 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 call JFT's on-call system and an outreach worker is dispatched.

The JFT outreach worker meets with the patient in the emergency room or throughout the hospital and uses motivational interviewing techniques to encourage him or her to pursue SUD treatment. The JFT staff can refer people directly to treatment and provide many referrals a year. They also collaborate with the Commission. JFT staff work with all patients they encounter regardless of insurance status or county of residence.

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 66-month period from December 2018 through the end of May 2025.

a. Warm Handoff Data: FY 25-26

# of Individuals Contacted	# of Individuals who Entered Treatment	# of Individuals who Completed Treatment
1,917	1,172	Unknown

1. What is the source of the data reported in the table above?

The Data comes from a Contracted provider for the Warm Hand Off Programs. Prior to October 1, 2025, the contractor for Warm Hand Off Services was Just for Today Recovery and Veteran's Services. From November 1, 2025, on the contractor is A New Tomorrow. Both are based in Lemoyne, VA. A New Tomorrow hired the JFT staff, so processes and measures stayed the same.

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 joinder an extensive selection of quality services and supports. These services/supports include supports coordination services, community residential services, supported employment/job training services, adult developmental services, family support services, transportation services and recreation/socialization services.

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

Services and supports also 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 one of the Supports Coordination Organizations (SCO) for IDD services in Cumberland and Perry counties. The AE is comprised of the IDD director and five program specialists. Three 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 Specialist, the Waiver Capacity Manager, the Complex Case Specialist and the Public Relations Specialist. 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 (18) supports coordinators.

Cumberland/Perry IDD's PUNS Waiting List as of April 27, 2026 indicates that we have 90 individuals in the Emergency category, 101 individuals in the Critical category and 78 individuals in the Planning

category. The most frequently requested services by our consumers per PUNS data are Supported Employment, In Home and Community Supports and Transportation.

The 2024-2027 Quality Management Plan for Cumberland and Perry Counties supports the principles of Self Determination and Everyday Lives. Our Quality Management Team includes individuals with IDD, family members, providers, community advocates, and County staff. These team members worked together to develop our quality management goals for 2024-2027.

Cumberland-Perry's 2024-2027 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 the number of individuals who are competitively employed by 5%.
3. Decrease the number of restraints of individuals by 20%.

Individuals Served

	<i>Estimated Number of Individuals served in FY 25-26</i>	<i>Percent of total Number of Individuals Served</i>	<i>Projected Number of Individuals to be Served in FY 26-27</i>	<i>Percent of total Number of Individuals Served</i>
Supported Employment	14	12%	18	
Pre-Vocational	1	1%	1	1%
Community participation	1	1%	1	1%
Base-Funded Supports Coordination	115	100%	120	100%
Residential (6400)/unlicensed	3	3%	4	3%
Lifesharing (6500)/unlicensed	0	-	0	-
PDS/AWC	0	-	0	-
PDS/VF	0	-	0	-
Family Driven Family Support Services	28	24%	35	29%
Assistive Technology	0	-	0	-
Remote Supports	0	-	0	-

Supported Employment: "Employment First" is the policy of all Commonwealth executive branch agencies under the jurisdiction of the governor. ODP is strongly committed to competitive integrated employment for all.

- Please describe the services that are currently available in the county such as discovery, customized employment, and other services.
- Please identify changes in the county practices that are proposed for the current year that will support growth in this area and ways that ODP may assist the county in establishing employment growth activities.
- Please add specifics regarding the Employment Pilot if the county is a participant.

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 focuses 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 a 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 Tax Assessment Office, the Commissioners' Office/Mailroom, the Treasurer's Office, the Children and Youth Office, the County transportation department, Drug and Alcohol Department and the library. Goodwill Keystone Area provides classroom instruction and job coaching. Individuals interested in attending the Project SEARCH program are chosen to participate following a face-to-face interview and a skills assessment.

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. Our seventh class of five individuals graduated from the program in May of 2024 with two of the five having a competitive job upon graduation and two additional individuals gaining a competitive job after graduation. Our eighth class of three interns graduated from the program in May of 2025. One individual was employed in a competitive job upon graduation, another gained employment soon after while the other individual is actively seeking a competitive job in their communities. Our ninth class of four interns will begin the program in September of 2025 and will graduate in May 2026.

As of June 30, 2025, 232 or 25% of the working age individuals registered with us are working competitively with 94 of these individuals receiving some type of employment support services to maintain their jobs. Another 44 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 2025, we continued to see a significant increase in the number of students graduating from high school who chose competitive employment instead of a day program. Today, seventy-five percent (75%) of our graduates are looking at an employment outcome. Ten years ago, only twenty-five percent (25%) of our graduates were looking at an employment outcome. Supports coordinators continue to discuss competitive employment with individuals and families as being the first option for all individuals with intellectual disabilities/Autism. Job coaching/job finding supports will be provided for those individuals who choose to pursue competitive employment. Supports coordinators also discuss discovery and customized employment options with individuals and families when discussing competitive employment.

The SCO currently has "Employment" success stories, issues, and conversation starters as a standing agenda item for every staff meeting.

Over the past years, as part of Disability Employment Awareness Month, we have recognized local employers in Cumberland County who embrace employing individuals with intellectual disabilities/Autism. Some of those employers have been Syncreon, Carlisle Family YMCA, Giant Food Stores, various school district food service departments, Anile's Ristorante & Pizzeria, Target, and Mount Asbury Retreat Center. During the luncheon, these employers were each presented with a Certificate of Special Recognition for earning the Business Champion Award for their commitment to hiring individuals with intellectual disabilities/Autism in Cumberland County. Cumberland-Perry IDD views employment as a priority for individuals with intellectual disabilities/Autism and works with area businesses to assist those with special needs in finding employment. For the past few years, Cumberland/Perry has not been able to host the Business Champions recognition event in October as we have done in prior years. However, we were pleased to bring the Business Champions event back in February of 2026. 13 businesses from

Cumberland, Perry and Dauphin County were honored and the attendance of the event was close to 100 people. Commissioners from both Cumberland and Perry Counties attended the event.

Supports coordinators continue to participate in training 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 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.

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 \$120 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. A new option to utilize ride sharing providers paid through an individual's waiver has been helpful to individuals. 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 2025, a large Transition Fair held at Penn State- Middletown 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, IDD Waivers, OVR Services, supported living, social media safety, 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. In 2026, our Transition Fair was cancelled due to inclement weather and was rescheduled for May 27, 2026. At the time of this writing, we do not have the final attendance numbers available for this report.

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. This program is at capacity and currently has a waiting list. 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.

Lastly, twelve 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. 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 and most recently, Messiah University in Cumberland County began offering a program.

Supports Coordination:

- Please describe how the county will assist the supports coordination organization (SCO) to engage individuals and families to explore the communities of practice/supporting families model using the life course tools to link individuals to resources available in the community.
- Please describe how the county will assist supports coordinators to effectively engage and plan for individuals on the waiting list.
- Please describe the collaborative efforts the county will utilize to assist SCOs with promoting self-direction.

Cumberland-Perry has 115 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 nursing homes.

Cumberland-Perry has three (3) SCOs for families to choose from now for Supports Coordination services - the Cumberland-Perry SCO; the Center for Community Resources SCO (CCR); and the Expert Community Care Management SCO (ECCM).

The Cumberland-Perry SCO is located in Carlisle, PA. During initial and annual meetings with families, Supports Coordinators use the LifeCourse Planning Portfolio to support individuals and families to develop a vision for their life and to discuss the supports that can help them reach their goals. The Supports Coordinators engage the individual and their family in conversations to explore natural supports that are available to anyone in the community. All SCO staff have had training on the Lifecourse Framework and Person-Centered Planning so that they can have these conversations with individuals and families starting from an early age.

The Cumberland-Perry IDD Program recognizes that client advocacy is a major part of the Supports Coordinator's role within the service system. 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 and residential options. The SCO Quality Management plan has goals that focus on competitive employment and independent living, and there continues to be progress across those areas.

Cumberland-Perry SCO has developed first year and annual training plans for the Supports Coordinators that support working with individuals with complex needs across the lifespan. SCO staff are strengthening their person-centered planning skills by becoming credentialed as Lifecourse Ambassadors, Enabling Technology Navigators, or by completing ODP's Dual Diagnosis curriculum. These trainings help staff more effectively integrate technology into supports, particularly for individuals with complex needs.

Supports Coordinators work proactively to identify any supports needs and address health or safety risks, while also supporting individuals to live an everyday life. The Supports Coordination staff are available to discuss problem areas and assist in facilitating a resolution to the individual/family's concern.

The Center for Community Resources SCO (CCR) began offering supports coordination services to Cumberland and Perry County individuals in September 2024. CCR's main office is located in Butler, PA. CCR has supervisory staff and SCs in our geographical area who support Cumberland and Perry County individuals. CCR has been in operation for over 20 years. CCR uses a person-centered approach and team process to assist individuals and their families develop a service plan. CCR assists in the selection of qualified providers and then monitors the services that are being provided to make sure that the chosen providers and the service plan are meeting the individual's needs. CCR strives to meet the individual's needs in the least restrictive manner by promoting employment, supported/independent living opportunities, remote services and assistive technology whenever it is possible to do so. CCR also promotes the LifeCourse principles to the individuals and families and engages with the individual and families in the use of the LifeCourse tools. CCR also responds to and assesses emergency situations to ensure appropriate actions are taken to protect the individual's health and welfare.

The Expert Community Care Management SCO (ECCM) is our newest SCO in Cumberland and Perry counties. ECCM began working in Cumberland and Perry counties in June 2024. ECCM's main office is located in Erie, PA. ECCM has an office in Harrisburg, PA, and supervisory staff and SCs in our geographical area who can support our Cumberland and Perry County individuals. ECCM strives to help individuals achieve a more meaningful and productive life. Following the Everyday Lives approach, ECCM supports coordinators help individuals navigate their way through a system designed to meet their needs in a community setting, often in their own homes. Supports coordinators work with individuals and families to identify desired life goals and then work to find service providers to achieve these outcomes. ECCM creates an annual service plan to monitor progress to those goals and ensure that clients are receiving the best quality service.

Cumberland-Perry IDD Services is excited to be able to provide choice in supports coordination services to individuals with intellectual disabilities and Autism in our two counties.

Lifesharing and Supported Living:

- Please describe how the county will support the growth of Lifesharing and Supported Living as an option.
- Please describe the barriers to the growth of Lifesharing and Supported Living in the county.
- Please describe the actions the county found to be successful in expanding Lifesharing and Supported Living in the county despite the barriers.
- Please explain how ODP can be of assistance to the county in expanding and growing Lifesharing and Supported Living as an option in the county.

Our Lifesharing programs have had their "ups and downs." We currently have nine (9) individuals living in a Lifesharing home which is an increase of four from last year, 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-eight (28) individuals have graduated from the Pathways Academy to date and have been successfully living in their own apartments with supports in the community. A new Pathways class began in September 2025.

In addition, we currently have six providers who offer Supported Living services to individuals with IDD. We have a total of twenty-two (22) individuals who are living in Supported Living apartments and an additional nine (9) individuals living in unlicensed residential settings.

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:

- Please describe how the county will use funding, whether it is HSBG or Base funding, to increase the capacity of the county's community providers to more fully support individuals with multisystem needs, and complex medical needs.
- Please describe how the county will support effective communication and collaboration with local school districts in order to engage individuals and families at an early age and promote the life course/supporting families paradigm.
- Please describe how the county will communicate and collaborate with local children and youth agencies, the Area Agency on Aging, and the mental health system to enable individuals and

families to access community resources, as well as formalized services and supports through ODP.

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 Capacity Building Institute and who now serves as our Complex Case Specialist. Her responsibilities include participating in the County Complex Case Team of 3 and the State-led Complex Case Team meetings, 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 replaced this goal 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, 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 100 to 110 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.

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 were able to resume meeting again in 2025 And our Lunch and Learn trainings began again in April of 2025 with a session on End-of-Life Planning and Guardianship. A session on Mental Health in the Aging Population is scheduled for June of 2025. We had additional sessions on Social Security, Mental Health and Older Adults and Guardianship since our last plan. 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 quarter throughout the year. Our Employment First initiative focuses on educating individuals and families, the schools, and employers about the need to start the planning process for transition from high school into adult services early on during the transition process and not wait until the senior year. Transition Coordinators from our local school districts are also included on the planning teams for the educational workshops that we have for students and their families to come and learn about transition from high school into adult services, competitive employment, independent living, and post-secondary education. In addition, transition coordinators are included on the planning team for the annual Transition Fair that is held for students who are graduating and their families.

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

Staff from Cumberland-Perry IDD Services attend the local school districts' Transition Coordinators' meetings held once a month at the Capital Area Intermediate Unit. Our staff also assist with the planning of the Buskey 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:

- Please describe how individuals in an emergency situation will be supported in the community (regardless of availability of county funding or waiver capacity).
- Please provide details on the county's emergency response plan including:
 - Does the county reserve any base or HSBG funds to meet emergency needs?
 - What is the county's emergency plan in the event an individual needs emergency services, residential or otherwise, whether within or outside of normal working hours?
 - Does the county provide mobile crisis services?
 - If the county does provide mobile crisis services, have the staff been trained to work with individuals who have an ID and/or autism diagnosis?

- Do staff who work as part of the mobile crisis team have a background in ID and/or autism?
- Is training available for staff who are part of the mobile crisis team?
- If the county does not have a mobile crisis team, what is the county's plan to create one within the county's infrastructure?
- Please submit the county 24-hour emergency crisis plan as required under the Mental Health and Intellectual Disabilities Act of 1966.

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.

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:

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

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

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

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: ODP has engaged the PA Family Network to provide support and training in the community. The PA Family Network will be providing individuals who are person-centered trainers.

- Please describe the county's interaction with PA Family Network to utilize the network trainers with individuals, families, providers, and county staff.
- Please describe other strategies the county will utilize at the local level to provide discovery and navigation services (information, education, skill building) and connecting and networking services (peer support) for individuals and families.
- Please describe the kinds of support the county needs from ODP to accomplish the above.
- Please describe how the county will engage with the Health Care Quality Units (HCQUs) to improve the quality of life for individuals in the county's program. The function of the HCQUs is to enhance the health and wellness of individuals with an intellectual disability or autism through collaboration with providers, counties, Supports Coordinators/Targeted Support Managers and health care providers, as outlined in ODP Bulletin 00-18-03, Health Care Quality Units.
- Please describe how the county will use the data generated by the HCQU as part of the Quality Management Plan process.
- Please describe how the county will engage the local Independent Monitoring for Quality (IM4Q) Program to improve the quality of life for individuals and families. The IM4Q provides ODP with data on the quality of services to consumers, as required in the county's Administrative Entity Operating Agreement.
- Please describe how the county will support local providers to increase their competency and capacity to support individuals who present with higher levels of need related to aging, physical health, behavioral health, communication, and other reasons.
- Please describe how ODP can assist the county's support efforts of local providers.
- Please describe what risk management approaches the county will utilize to ensure a high quality of life for individuals and families.
- Please describe how the county will interact with individuals, families, providers, advocates and the community at large in relation to risk management activities.
- Please describe how ODP can assist the county in interacting with stakeholders in relation to risk management activities.
- Please describe how the county will utilize the county housing coordinator for people with autism and intellectual disabilities.
- Please describe how the county will engage providers of service in the development of an Emergency Preparedness Plan.

Working with Individuals and Families

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

Supporting Families Initiative

Cumberland-Perry, Dauphin, Lebanon, and Lancaster County IDD programs are working together as one of the Regional Collaboratives and were awarded one of the regional

grants from the Department of Human Services when it launched its Supporting Families Initiative in January 2017. In October 2017, Cumberland-Perry and Dauphin convened an event that brought together key family leaders from Cumberland, Dauphin and Perry counties to help us identify the community and system resources that families in this area of Central PA feel they need in order to support their family member throughout the lifespan. Family members served as the conveners and note takers for this event. An independent consultant served as the facilitator. The PA Family Network provided information to individuals and families on Supporting Families throughout the Lifespan during a morning session. Cumberland-Perry and Dauphin then offered informational/discussion sessions for individuals with disabilities and their families on the topics that were generated at this event. Lebanon and Lancaster County IDD programs held a similar event for the families in their geographical area. Cumberland-Perry IDD Services 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 Family Advisory Task Force

Over twenty (20) years ago, Cumberland-Perry Intellectual and Developmental Disabilities Services convened an IDD Family Advisory Task Force to study the increasing lack of available living arrangements for adults with intellectual disabilities in Cumberland-Perry Counties. The IDD Family Advisory Task Force was comprised of parents, service providers, advocates, and community service organizations. The initial purpose of the Family Advisory 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.

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.

Our consumer/family/provider advisory group (IDD Family Advisory 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. This group is currently not meeting, but there is a 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 County IDD Services expanded the Early Intervention "Community Links" website, www.community-links.net, which is an informational/community participation-type website, to include a school-age portal and an adult portal. The Community Links website contains many, many resources for families who are looking for community supports, formal government supports, and education about a myriad of topics.

As we talk with consumers and families about the supports that they need, it has become clear to us that most families want to keep their sons or daughters or loved ones with them in their home as long as possible. But, in order to do this, families need assistance. Respite care was discussed numerous times in our conversations with consumers and families.

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.

Cumberland/Perry IDD services also support 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 2025-2026, there were 56 independent surveys completed by The Advocacy Alliance , 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 ensure 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 training 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 training 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 training 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.

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.

Cumberland/Perry AE began individualized provider meetings in late 2025. This was a move away from the more generalized larger group meetings. Meetings are held approximately every 3-4 months and have resulted in excellent communication and the ability of more individualized technical assistance. These meetings have been very well received.

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 timelier 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. 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.

IDD staff participate in the Housing Coalition of Cumberland County(formerly the Community Partnership for Change Team and previous to that the Local Housing Options Team) to work with human service providers to address issues related to housing and homelessness.

In addition, IDD 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):

- Please describe how the county will promote PDS (AWC, VF/EA) including challenges and solutions.
- Please describe how the county will support the provision of training to SCOs, individuals and families on self-direction.
- Are there ways that ODP can assist the county in promoting or increasing self-direction?

The Cumberland-Perry Supports Coordination Organization (SCO) promotes PDS services to individuals and families when they meet with individuals and families to do the ISP. The SCO also suggests PDS services to individuals and families who need to "stretch" their budgets as the Person/Family Directed Support Waiver and Community Living Waiver both have caps.

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

Community for All: ODP has provided the county with the data regarding the number of individuals receiving services in congregate settings.

- Please describe how the county will enable individuals in congregate settings to return to the community.

For individuals residing in a nursing home who wish to return to the community to live, we utilize our Nursing Home Transitions Team (a sub-committee of our Aging/IDD County Team) to assist the individuals with this transition process prior to the pandemic. Our Nursing Home Transitions Team includes representatives from the Cumberland-Perry IDD office, the Cumberland- Perry SCO organization, the Cumberland County Office of Aging, and an advocacy organization. Our Nursing Home Transition Team also works diligently to put supports in place so that aging individuals with ID/Autism who are living independently in the community can continue to do so. 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 18 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.

Technology: ODP supports the use of assistive technology and remote supports in order for individuals to achieve their goals and live more independently.

- Please describe how the county will enable individuals to access technology as a means to support greater independence.

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 allow 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.

Our Pathways Academy program began using technology in the Pathways home back in 2014 when the program began. The Pathways home utilizes independent living technology throughout the house... sensors on the doors, sensors on the stove, water sensors in the bathrooms, medication dispensers, use of iPads to communicate with staff, etc.

In addition, 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, GIS devices, environmental controls, and medication dispensers all monitored via a secure website. With 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 2025-2026 fiscal year. Some providers are currently credentialing their staff in the use of independent living technology so that they can expand the use of independent living technology in their supported living programs.

HOMELESS ASSISTANCE PROGRAM SERVICES

DHS encourages Homeless Assistance Program (HAP) partners to participate in their Continuum of Care (CoC). Continuums of Care are regional or local planning bodies that coordinate housing and services funding for families and individuals experiencing homelessness. 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".

Additionally, Blue Mountain Escape provides a Bridge housing program to help clients achieve independent and self-sufficient residence. It is dedicated to creating an environment that encourages sobriety and healthy living, while assisting with housing, employment opportunities, mentoring and fellowship.

- 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.

- Please describe any proposed changes to bridge housing services for FY 26-27.

There are no proposed changes to bridge housing at this time. However, if there are decreases in our allocations or continued level funding, we would determine where budgetary cuts would be necessary.

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

Case Management:

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

Case management services are offered through our Homeless Assistance Program (HAP) through Maranatha and our Rental Assistance Program. Case management services may include self-sufficiency goal planning for housing as well as related services. Sustainability planning, budgeting skills, monthly goal planning, job preparation, 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 26-27.

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.

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

Rental Assistance:

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

Rental Assistance Program activities include but are not limited to:

- Intake and assessment
- Goal setting - sustainability planning
- Budgeting
- Case Management
- Development of a client-centered service plan
- Regular Case Management Meetings to follow up to track client's progress in completing self-directed and program 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 due to below living wage incomes, debt, and medical concerns.

- 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 them 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 26-27.

Aging and Community Services recently increased maximum allowance to \$2,000 for individuals and \$3,000 for families. However, if there are decreases in our allocations or continued level funding, we would determine where budgetary cuts would be necessary. The need for increased funding for rental assistance and case management is evident.

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

Emergency Shelter:

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

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

Community C.A.R.E.S. (previously Carlisle CARES) provides temporary over-night shelter at local legion on a rotating basis throughout the year. Homeless get a cot and are housed from 9PM to 6AM. No case management services are given to shelter only status. If a client wants case management services, they must register through the CARES Resource Center and get on a waiting list. This is also the walk-in location for the 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.

An 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 26-27.

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.

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

Innovative Supportive Housing Services:

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

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

Additionally, Cumberland County Aging & Community Services was awarded a grant to have an Elder Cottage Housing Opportunity (ECHO) in partnership with New Visions, the PA Department of Aging, PHARE grant through PA Housing Finance Agency, and PA Association of Area Agencies on Aging. Applications continue to be received and reviewed.

- 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 26-27.

None planned at this time. Funding, consumer feedback, and assessment of needs within the county may impact how services are delivered. Success of the first ECHO cottage may result in applying for additional funding for more cottages.

- If other housing supports services are not offered, please provide an explanation of why services are not offered. N/A

Homeless Management Information Systems:

DHS encourages counties and HAP partners to participate in their Continuum of Care (CoC) and for eligible providers to collect and track client-level data and services in their CoC's Homeless Management Information System (HMIS). HMIS tracks and analyzes the characteristics and service needs of people at-risk or experiencing homelessness.

Please describe the county's utilization of HMIS to include how HAP providers enter data and enrollments into HMIS for any or all components of the program.

- If the HAP provider does not utilize HMIS, describe how the provider collects client-level data and data on the provision of housing services. Is this data provided to the CoC that coordinates housing and services funding for families and individuals experiencing homelessness?

The Rental Assistance Program, Case Management through Rental Assistance, and all county shelters, excluding the Domestic Violence Shelter for Cumberland and Perry County, are using the HMIS system. In addition, the Cumberland County Housing and Redevelopment Authority and New Hope Ministries utilize HMIS.

- Describe any change the county has identified in the service needs of families or individuals experiencing homelessness over the past program year.

The need for increased rental assistance maximums due to increase in rent and costs of daily living. There has been a significant increase in phone calls and applications for rental assistance. The level of need in the community is critical.

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. (Please refer to the HSDF Instructions and Requirements for more detail.)

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

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

Aging Services: Please provide the following:

Program Name: Transportation (\$100)

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 (\$100)

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 Assistance Service- 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 a non-agency provider.

Aging Services: Please provide the following:

Program Name: Care Management (\$100)

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: Intake/Investigation (\$100)

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

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

Aging Services: Please provide the following:

Program Name: Home Delivered Meals (\$100)

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: Information & Referral (\$4,860)

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 servicing Pennsylvania residents of Cumberland and surrounding Counties.

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

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

Adult Aging CYS SUD MH ID HAP

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

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, ASQ's/developmental screenings, parenting skills building, behavioral techniques modeling, community information and referrals. The immediate unique needs of the family are addressed while assuring a safe and secure home environment. Topics discussed with families include, post-partum depression, parenting education, child development, sibling rivalry, healthy baby medical care and immunizations, care of a sick child, nutrition, children's health insurance, toy safety, family planning, budgeting, drug and alcohol use, transportation, and domestic violence, abuse, and neglect.

Interagency Coordination: (Limit of 1 page)

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

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

Services are improved through the process of communication and collaboration with multiple agencies, both County and non-county and through interagency projects and workgroups. A portion of the coordination funds supports the salary of the Homeless Assistance Program Supervisor. The Homeless Assistance Program supervisor/staff have active relationships and initiated relationships within the following groups to encourage cross-system collaboration within the human services system: ACT 33 Core Team, Community CARES Shelter, Housing Coalition of Cumberland County (Landlord Engagement Action Team), Carlisle, Shippensburg, and West Shore Emergency Needs groups, Christ Among Neighbors, Neighbors in Christ, Salvation Army of the Greater Harrisburg Area, Family Promise of South Central PA, New Visions, RASE Project, JFT Recovery, One80 Ministries, Project Lamplight, Cumberland County HRA- HCV, Cumberland County CASSP Core Team, Cumberland/Perry Domestic Violence, Family Promise Shelter, Help Ministries, Maranatha, New Hope Ministries, New Life Community Church, Merakey, Project Share, PA 211 CONTACT Helpline, POSC Core Team, Salvation Army of Carlisle, Safe Harbour, Blue Mountain Escape, Samaritan Fellowship, Todd Baird Lindsey Foundation, Tri County Community Action, United Way, Cumberland County MH/IDD/EI, and Cumberland County Reentry Coalition. There is communication and open working relationships with all organizations in the 2025 Cumberland County Guide to Human Services. Additionally, in 2025, HAP has partnership agreements with Cumberland County Reentry Coalition and Housing Coalition of Cumberland County Landlord Engagement Program.

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. This is done in partnership with New Visions (a MH provider), the PA Department of Aging, PHARE grant through PA Housing Finance Agency, and PA Association of Area Agencies on Aging.

Other HSDF Expenditures – Non-Block Grant Counties Only

If the county plans to utilize HSDF funds for Mental Health, Intellectual Disabilities, Homeless Assistance, or Substance Use Disorder services, please provide a brief description of the use and complete the chart below.

Only HSDF-allowable cost centers are included in the dropdowns.

Category	Allowable Cost Center Utilized
Mental Health	
Intellectual Disabilities	
Homeless Assistance	
Substance Use Disorder	

Note: Please refer to Planned Expenditures directions at the top of Appendix C-2 for reporting instructions (applicable to non-block grant counties only).

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

Directions:	Using this format, please provide the county plan for allocated human services expenditures and proposed numbers of individuals to be served in each of the eligible categories.
1. ESTIMATED INDIVIDUALS SERVED	Please provide an estimate in each cost center of the number of individuals to be served. An estimate must be entered for each cost center with associated expenditures.
2. HSBG ALLOCATION (STATE & FEDERAL)	Please enter the county's total state and federal DHS allocation for each program area (MH, ID, HAP, SUD, and HSDF).
3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	Please enter the county's planned expenditures for HSBG funds in the applicable cost centers. The Grand Totals for HSBG Planned Expenditures and HSBG Allocation must equal.
4. NON-BLOCK GRANT EXPENDITURES	Please enter the county's planned expenditures (MH, ID, and SUD only) that are <u>not</u> associated with HSBG funds in the applicable cost centers. <i>This does not include Act 152 funding or SUD funding received from the Department of Drug and Alcohol Programs.</i>
5. COUNTY MATCH	Please enter the county's planned match amount in the applicable cost centers.
6. OTHER PLANNED EXPENDITURES	Please enter in the applicable cost centers, the county's planned expenditures not included in the DHS allocation (such as grants, reinvestment, and other non-DHS funding). Completion of this column is optional.
<p>Please use FY 25-26 primary allocations, less any one-time funding and less any federal Medicaid reimbursements. If the county received a supplemental CHIPP/forensic allocation during FY 25-26, include the annualized amount in the FY 26-27 budget. If you would like to include the federal Medicaid reimbursements for more accurate budgeting, please include those amounts in column 6, "Other Planned Expenditures."</p> <p>DHS will request your county to submit a revised budget if, based on the budget enacted by the General Assembly, the allocations for FY 26-27 are significantly different than FY 25-26. In addition, the county should notify DHS and submit a rebudget form via email when funds of 10% or more are moved between program categoricals, (i.e., moving funds from MH Inpatient into ID Community Services).</p>	



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

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

MENTAL HEALTH SERVICES

ACT and CTT	8		\$ 137,844			
Administrative Management	1,635		\$ 842,197		\$ 93,577	
Administrator's Office			\$ 531,152		\$ 59,017	\$ 232,620
Community Employment and Employment Related						
Community Participation Support						
Community Residential Services	104		\$ 5,342,885	\$ 605,000	\$ 794,229	
Community Services	910		\$ 628,927		\$ 69,881	\$ 66,262
Consumer-Driven Services						
Family Based Mental Health Services	2		\$ 20,575			
Family Support Services	84		\$ 148,289		\$ 16,477	
First Episode Psychosis Services						
Housing Support Services	120		\$ 609,686		\$ 35,640	
Intensive Behavioral Health Services						
Mental Health Crisis Intervention	7,192		\$ 1,024,899	\$ 796,126		
Mental Health Procedures Act Commitments	183		\$ 49,623		\$ 5,514	
Other						
Outpatient	5		\$ 5,552		\$ 617	
Partial Hospitalization	1		\$ 2,000			
Peer Support Services						
PATH						
Psychiatric Inpatient Hospitalization						
Psychiatric Rehabilitation						
Social Rehabilitation Services	209		\$ 696,316		\$ 66,702	
Student Assistance Program Services						
Targeted Case Management	123		\$ 322,865			
Transitional and Community Integration	44		\$ 81,113			
TOTAL MENTAL HEALTH SERVICES	10,620	\$ 10,443,923	\$ 10,443,923	\$ 1,401,126	\$ 1,141,654	\$ 298,882

INTELLECTUAL DISABILITIES SERVICES

Administrator's Office			\$ 1,128,031	\$ 230,200	\$ 14,001	\$ 561,129
Case Management	88		\$ 428,003		\$ 23,983	
Community-Based Services	49		\$ 703,121		\$ 68,581	
Community Residential Services	5		\$ 918,503			
Other						
TOTAL INTELLECTUAL DISABILITIES SERVICES	142	\$ 3,177,658	\$ 3,177,658	\$ 230,200	\$ 106,565	\$ 561,129

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

County:	1.	2.	3.	4.	5.	6.
Cumberland	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
<i>HOMELESS ASSISTANCE SERVICES</i>						
Bridge Housing	26		\$ 50,000			
Case Management	4,848		\$ 182,074			
Rental Assistance	91		\$ 72,125			\$ 500
Emergency Shelter	489		\$ 40,000			
Innovative Supportive Housing Services						
Administration			\$ 38,244			\$ 5,952
TOTAL HOMELESS ASSISTANCE SERVICES	5,454	\$ 382,443	\$ 382,443		\$ -	\$ 6,452
<i>SUBSTANCE USE DISORDER SERVICES</i>						
Case/Care Management	10		\$ 29,426			
Inpatient Hospital						
Inpatient Non-Hospital	71		\$ 256,561			
Medication Assisted Therapy	7		\$ 45,000			
Other Intervention	15		\$ 7,000			
Outpatient/Intensive Outpatient	20		\$ 46,000			
Partial Hospitalization	1		\$ 2,500			
Prevention	30		\$ 30,000			
Recovery Support Services	20		\$ 57,148			
Administration			\$ 24,000			
TOTAL SUBSTANCE USE DISORDER SERVICES	174	\$ 497,635	\$ 497,635	\$ -	\$ -	\$ -
<i>HUMAN SERVICES DEVELOPMENT FUND</i>						
Adult Services						
Aging Services	115		\$ 9,862			
Children and Youth Services						
Generic Services	16,147		\$ 5,000			
Specialized Services	64		\$ 75,765			\$ 69,535
Interagency Coordination			\$ 25,642			
Administration			\$ 12,918			\$ 42,665
TOTAL HUMAN SERVICES DEVELOPMENT FUND	16,326	\$ 129,187	\$ 129,187		\$ -	\$ 112,200
GRAND TOTAL	32,716	\$ 14,630,846	\$ 14,630,846	\$ 1,631,326	\$ 1,248,219	\$ 978,663