

**APPENDIX A
FISCAL YEAR 2019-2020**




COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE




COUNTIES OF: LYCOMING AND CLINTON

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

LYCOMING COUNTY COMMISSIONERS

Signature	Please Print	Date
	Commissioner R. Jack McKernan, Chairman	8/21/19
	Commissioner Tony R. Mussare, Vice-Chairman	8/21/19
	Commissioner Richard Mirabito, Secretary	8/21/19

CLINTON COUNTY COMMISSIONERS

Signature	Please Print	Date
	Commissioner Robert B. Smeltz, Jr., Chairman	8/21/19
	Commissioner Jeffrey A. Snyder, Vice-Chairman	8/21/19
	Commissioner Paul W. Conklin	8/21/19

FY 2019-2020 COUNTY HUMAN SERVICES PLAN

LYCOMING AND CLINTON COUNTY

INTRODUCTION

In accordance with Act 80 of 2012, the Department of Human Services has developed the process content for counties to submit a consolidated County Human Services Plan. Lycoming and Clinton Counties agreed to again approach the development of the FY 2019-2020 Human Services Plan as a joint project.

County Human Services funds incorporated into this FY 2019-2020 Human Services Plan include:

- Mental Health Community Based-Funded Services
- Behavioral Health Services Initiative (BHSI)
- Intellectual Disabilities Community Based-Funded Services
- Act 152 Funding
- Homeless Assistance Program Funding
- Human Services Development Fund

The following distribution chart identifies the oversight entity for each of the line item allocations.

Lycoming-Clinton Joinder Board	West Branch Drug & Alcohol Abuse Commission (Lycoming and Clinton Counties)	Lycoming County	Clinton County
Mental Health Services	BHSI (Substance Abuse Services)	Homeless Assistance	Human Services Development Fund
BHSI - MH	Act 152		Homeless Assistance
Intellectual Disability Services			
Human Services Development Fund – Lycoming County			

The West Branch Drug & Alcohol Abuse Commission has also affirmed their agreement with the two county planning process for this fiscal year.

Part I - COUNTY PLANNING PROCESS

Lycoming and Clinton Counties created a planning team of Administrators and Directors from all of the program areas represented in the County Human Services Plan on a County or Joinder Board level. The list of Planning Team members is as follows:

- Keith Wagner, MH/ID/HealthChoices Administrator, Lycoming-Clinton Joinder Board
- Mark Egly, Administrator, Lycoming Children & Youth Services
- Shea Madden, Executive Director, West Branch Drug & Alcohol Abuse Commission
- Autumn Bower, Director, Clinton County Children & Youth Services
- Brittany Fischer, Lycoming United Way
- Gabriel Cabrio, Clinton County Planning Department, Grants Administrator

1. Critical stakeholders groups, including individuals and their families, consumer groups, providers of human services, and partners from other systems.

Individuals receiving services and their families as well as providers of service, consumer groups, partners from other systems and anyone else interested in participating in the human services planning process were provided with numerous opportunities to contribute to the development of the Annual Plan. Participants included members of NAMI, Peer Support Specialists and Certified Recovery Specialists, parents and other family members of service recipients, Service Provider staff, other Human Services personnel (CYS, JPO, APO), school personnel and members of law enforcement and the criminal justice system as well as medical personnel, homeless shelter personnel and service recipients.

2. How these stakeholders were provided with an opportunity for participation in the planning process, including information on outreach and engagement.

Public forums were held to discuss current services and the Annual Plan process. Stakeholders were invited to participate in these discussions, make suggestions and identify areas of concern. One meeting was held in Lycoming County (June 23, 2019) and one was held in Clinton County (May 8, 2019) with over 50 individuals participating. In addition, Plan forums and discussions were held at existing meetings including the Human Services Advisory Board, the Peer Support Providers, the NAMI Directors, the Criminal Justice Advisory Boards in each county and the Community Support Program (CSP) as well as open forums held at the Clubhouse in Lycoming County and the site-based psych rehab in Clinton County. The Plan was also reviewed at the monthly Joinder Board Meeting with the six Commissioners representing Lycoming and Clinton counties. Notices of the meeting and discussion topic were sent directly to providers of human services, partner

agencies, and consumer groups. Attendees of the Board meeting were provided the opportunity to make comment and suggestion during the meeting. The Human Services Plan was also reviewed and discussed with the Lycoming-Clinton Human Services Advisory Board at their meeting on August 7, 2019. A Public Hearing was held on August 21, 2019 at which the Plan was reviewed and attendees were provided the opportunity to provide comment. The Lycoming-Clinton Human Services Advisory Board meets quarterly, CSP meets monthly as does NAMI and HealthChoices holds monthly meetings with both MH/ID and Substance Abuse service providers. Feedback and input concerning human service needs and future direction is solicited on an ongoing basis from all of these groups.

3. List the advisory boards that were involved in the planning process.

The primary advisory board involved with the development of the Human Services Plan was the Lycoming-Clinton Human Services Advisory Board. Other Boards involved include the HealthChoices Reinvestment Advisory Board, the local chapter of NAMI Board of Directors, the Peer Support Providers Group, the CSP Board, and both the Lycoming and Clinton County Criminal Justice Advisory Boards,

4. Describe how the county intends to use funds to provide services to its residents in the least restrictive setting appropriate to their needs.

Both Lycoming and Clinton County continue to emphasize services for residents that are in the most natural and home-like setting as appropriate for the need. For example, both counties have responded to the significant increase in substance abuse prevention and treatment needs brought on by the dramatic increase in opioid abuse by focusing on the development of local services. The SCA has worked closely with the local hospitals and law enforcement to develop a 'warm hand-off' process for individuals who have experienced an overdose. Also, the SCA has partnered with the State of Pennsylvania in administering the Centers for Excellence in the bi-county as well as participating in the SAMHSA grant to expand Medication-Assisted Treatment in the region. Also, Clinton County has a very active community-based Advocates for a Drug Free Tomorrow planning group.

Each county has also recognized the increase in mental health needs among special populations such as the criminal justice system and children and adolescents. The Crisis Intervention Team, started by a grant from PCCD, completed two 40-hour trainings during the 18/19 FY with local law enforcement, probation, emergency responders and mental health professionals. Since its inception, over 80 individuals have completed the CIT program. In addition, Lycoming-Clinton MHID Program now has 3 staff trained to provide Mental Health First Aid and Question, Persuade and Refer trainings in the bi-county. In the first year, over 100 individuals have completed each training. Due to the

high demand for the trainings, the MHID Program will be adding additional trainers in the 19/20 FY.

Community-based mental health staff work within each of the county prisons. Clinton County has entered into a contract agreement with a local mental health provider to supply mental health services directly in the Clinton County Prison, while Lycoming-Clinton MH/ID Programs is providing a 40-hour a week, master's level, forensic mental health specialist in the Lycoming County Prison. The Commissioners from each county signed Stepping Up Initiative resolutions, committing to keep the mentally ill out of jail. PCCD has provided a grant to allow the bi-county mental health, substance use disorder and both prisons to develop an application that will look at data of individuals involved with the criminal justice system who also receive MH and/or SUD services to identify gaps, successes and failures.

Collaborative efforts continue between the Special Education Directors and School Administrators from the 9 school districts in the bi-county, the Intermediate Unit in Lycoming County, the mental health service providers and the MCO to improve coordination of services and care for students both in the school and the community to prevent the need for out-of-county placements. In Clinton County, the Keystone Central School District established monthly cross-system meetings with leadership from mental health services and the MCO, substance use disorder and SCA, children & youth services, juvenile probation and the president Judge to look the complex needs of students in the district and brainstorm local solutions. These efforts will continue in the 19/20 FY. There was a continued effort to serve children and adolescents in the community and limit the number of placements in out-of-county Residential Treatment Facilities begun in 2015, when the average daily census was 19. In FY 18/19 the average daily census was 10.

A need for safe, affordable, permanent housing continues to be a major issue in both counties. Cross-system collaborations to address housing needs for residents in each county are underway with an emphasis on collaborating with landlords to meet the needs locally.

5. List any substantial programmatic and/or funding changes being made as a result of last year's outcomes.

During the 18/19 FY, an emphasis was placed on trauma-informed services. The Lycoming-Clinton MHID office, along with Lycoming CYS and the BLaST Intermediate Unit 17, began working with the Sanctuary Institute to implement the Sanctuary Model of trauma-informed care across each Program. In addition, the MHID office collaborated with the SCA - West Branch D&A Abuse Commission, the HealthChoices MCO - Community Care Behavioral Health and Robert Reed from the State Attorney General's office to develop a trauma-informed community. A kick-off conference was

held in June 2019 and identified the need for greater emphasis on trauma-informed training for law enforcement and the criminal justice system.

Part II - PUBLIC HEARING NOTICE

The joint Public Hearing for all services provided by Lycoming and Clinton Counties for the FY 2019-20 Human Services Plan was conducted on August 21, 2019, pursuant to the Sunshine Act, 65 Pa.C.S 701-716.

During the Public Hearing, it was noted that Act 80 of 2012 required that a Public Hearing be held prior to submission of the FY 2019-2020 Human Services Plan. A summary sheet of the Human Services Categories and respective allocation amounts was available. The total of the 6 line items reflected in the FY 2018-19 Human Services Plan is \$7,249,658

STATE/FEDERAL FUNDS	FY 2018-2019 Allocation
Mental Health Community Based Services	\$4,526,819
Behavioral Health Services Initiative (MH)	\$208,867
Intellectual Disabilities Community Based Services	\$1,440,024
Behavioral Health Services Initiative – (Substance Abuse)	\$586,579
Act 152	\$215,235
Human Services Development Fund - Lycoming County	\$114,423
Human Services Development Fund – Clinton County	\$50,000
Homeless Assistance Program – Lycoming County	\$153,112
Homeless Assistance Program – Clinton County	\$21,437
TOTAL	\$7,316,496

Information was provided on the services proposed to be provided under the Plan. As Lycoming and Clinton Counties are not participants in the Block Grant Program, there were no material changes made to prior methodology and practice regarding anticipated expenditures.

Additional stakeholder input was received through the Human Services Advisory Board, the HealthChoices Reinvestment Advisory Committee, the Community Support Program at the Beacon Hub Drop-In Center, participants at the site-based Psych Rehab in both Lycoming and Clinton Counties, the NAMI Board, both Lycoming and Clinton County’s Criminal Justice Advisory Boards, 2 open forums held in the bi-county area (one in each county.)

Part III - CROSS-COLLABORATION OF SERVICES

EMPLOYMENT:

Lycoming-Clinton MHID Program contracts with Clinton County Community Connections in Clinton County and Community Services Group in Lycoming County to provide employment training and supports for individuals with mental illness and individuals with intellectual disabilities. Both programs collaborate with the Office of Vocational Rehabilitation to assist with job training and also offer employment opportunities that are integrated with the general public. Hope Enterprises, Inc. also offers several employment opportunities specifically for individuals with intellectual disabilities (custodial services, Affirmative Industry, job coaching and Hope Soap.) Hope has recently rebranded the employment opportunities under a new name (Max-WorX) as a first step to separating it from the 'program services' Hope Enterprises operates. Each of these employment opportunities are integrated with co-workers who do not have an intellectual disability.

LCJB HealthChoices works collaboratively with Office of Vocational Rehabilitation and peer support/certified recovery specialist providers to identify and recruit consumers for employment as peer specialists or certified recovery specialists. Once identified, OVR and HealthChoices each provide a portion of the funds needed for the consumer to attend certification training, or any of the specialized certification trainings that are offered. As partners, we've managed to fund all training costs (registration fees for two week training, lodging, meals, & mileage) for 1 new peer specialist in FY 1819 who is currently employed and providing peer support services.

In Clinton County the re-entry committee includes representatives from the Clinton County Assistance Office and Career Link. The team works ongoing to help improve the process for individuals returning to the community from incarceration in an effort to improve their chances of success with the overwhelming majority having a substance use disorder. The SCA's Certified Recovery Specialist coordinates with Career Link and makes presentations to employers in Lycoming County. Career Link has also established a list of employers willing to work with individuals returning to the community following incarceration. The SCA makes regular referrals to OVR for vocational supports and offers clients information on federal bonding in an effort to help them break down criminal record barriers to employment. The SCA has collaborated with HealthChoices to establish a recovery resource center in each county that offers computer access to sites for Career Link, local temp agencies, Indeed, Monster, and Williamsport Help Wanted. A "Felon Friendly Employer List" is posted there also.

HOUSING:

Collaboration continues as the key element for both Lycoming and Clinton Counties. The housing specialist and the mental health program specialist for the Joinder meet frequently throughout the year with various key staff and the executive directors for the public housing authorities in each county to discuss progress in grants and housing programs the Joinder has under its auspices. Additionally, the Public Housing Authorities (PHA'S) communicate areas of concern and need that case managers and the housing specialist can possibly assist them with. These collaborative efforts lead to keeping MH consumers in their PHA units in the event of crisis, hospitalization and times of lost income. Additionally, the Clinton County PHA executive director is very active with the Clinton County PHARE funding and the North Central Regional Homeless Advisory Board (RHAB) on which the Joinder housing specialist is also an active participant. The Lycoming County PHA in 2017 initiated a homeless preference for public housing units. The preference was requested to their board after a review of the success of the McKinney Grant the Joinder has been operating since 2011 for single homeless adults with a mental health disability. Additionally in Lycoming County we have been able to receive a disability preference for individuals that are disabled but not receiving SSI or SSDI that are deemed disabled through documentation in the McKinney program.

There is an 811 Program in Clinton County. Both Lycoming and Clinton Counties have private developers and housing options for low to moderate income. The Joinder Housing Specialist keeps an updated list of these options for case managers to assist consumers to review their housing choices as to where they can apply for housing in the community to best fit their circumstance and choice. There are several private landlords that will contact the Joinder Housing Specialist with open units seeking a consumer through the MH/ID Agency. These private landlords report they appreciate the supportive services that are readily available to the consumer and actively respond to the consumer if needed. The Joinder also has a small contingency fund program available to consumers that may be in need of emergency rent/utility/furnishings. These are zero percent loans to ensure that housing isn't lost in case of emergency situation and no other resources are available in the community. There is Health Choices Reinvestment monies currently for Supportive Housing services and Safe and Healthy homes.

There are several local housing options teams operating in Lycoming – Clinton Counties. There is the Regional Housing Advisory Board which meets monthly and has representation from both counties. This group has representation from all entities that deal with all homeless providers in each county. In Clinton County there is a Clinton County Housing Coalition which is a 501c3. In Lycoming County there is a Lycoming County Housing Alliance which mainly focuses on a

transitional family program, Journey House. This is 5 apartments for families experiencing homelessness.

The Lycoming County Housing Coalition meets monthly and concentrates on educating the community and private landlord sector on various options and opportunities for landlords and their properties. This year the housing coalition is focusing on community education on homelessness and poverty.

Lycoming and Clinton County are both recipients of Pennsylvania Housing Affordability and Rehabilitation Enhancement (PHARE) funding. In Clinton County for 2017 MH/ID was awarded \$7000.00 of the total \$46,000 the county received for 2017 and still distributing from this fund. Clinton County PHARE is a partnership between the county government and multiple human services agencies to provide shelter costs and/or rental assistance to the county's most vulnerable populations. The MH/ID population targeted the monies for rental assistance, security deposits and emergency needs. The 2018 PHARE grant was submitted in Clinton County in January of this year requesting a total of \$70,000. MH/ID is to receive \$9,650.00. The funds are to be utilized for rent, security deposits, application fees, extended monthly rent and essential fees. Lycoming County earmarked a portion (\$500,000) of their PHARE monies for the human service contingent to one central provider and created a Supported Housing Program (SHP) which is administered by STEP, Inc. It is designed to be an 18 month housing initiative to assist renters in danger of being evicted, home owners in danger of foreclosure, and homeless County residents to secure stable housing. Lycoming Clinton MH/ID is a referral partner agency. A documented referral partner agreement is in place with the administrative entity, STEP Inc. A Master Leasing Program was just approved in May of 2018 with the lead agency being Transitional Living Center, Inc. in Lycoming County. This Master Leasing Program is PHARE funds \$292,500 from 2015. The goal of the program is to help hard to place persons gain housing stability, such as those re-entering from prison and other institutions, persons with serious mental illness and at risk homeless individuals and families. They served 24 individuals in the past year.

Other housing and housing support services in the bi-county area include but are not limited to:

- 20 CRR beds (bi-county)
- Independent Living Support services (bi-county)
- Mobile Psychiatric Rehabilitation Services (bi-county)
- Homeless Assistance Program (HAP) monies (bi-county)
- Emergency Food and Shelter Program monies (EFSP)

- MH/ID McKinney Housing First Permanent Supported Housing Program (serves 8-14) (bi-County)
- 2 Homeless shelters in Lycoming County (Saving Grace and ARW)
- 1 Shelter/Transitional Program in Clinton County (Life Center)
- Merit House Shelter (4 bed) in Clinton County
- 1 homeless family program (Family Promise serves 14) Lycoming County
- Promise House (serves 2 homeless families) in Lycoming County
- 1 homeless transitional 5 family program (Journey House)
- Shelters for domestic violence in both Counties
- Supported housing program for women & children, Lycoming County (Liberty House) 4 units.
- 811 PRA Permanent Supportive Housing Initiative in Clinton County
- Housing Specialist through West Branch D&A for housing support
- Rapid Rehousing Funds Clinton County HUD funding (211)
- Habitat for Humanity Permanent Housing for families
- Wise Options for Women in both counties

Part IV - HUMAN SERVICES NARRATIVE

This section of the Plan includes a description of how Lycoming and Clinton County intend to use the funds to provide services to their residents in the least restrictive setting appropriate to their needs. Information is provided on how funds will be expended within the categorical allocations provided by the Department of Human Services. Services that are provided by Lycoming and Clinton County only are separated in each of the categorical program narratives.

MENTAL HEALTH SERVICES

a. Program Highlights

Please highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY 18-19.

Peer Support

Continued collaboration between OVR and HealthChoices to assist with funding peer support certification trainings has further expanded the capacity for Peer Support services in our region.

This past year, Certified Peer Specialists have continued their cooperative agreements with Adult Probation, Re-Entry and Pre-Release Services, and Mental Health Court, to provide support to justice involved adults in both counties. Peer Support providers have also increased outreach to two MHIP facilities located in our region, through monthly presentations about this service to patients and staff. As a result of this outreach, providers have recognized an increase in referrals from these facilities; moreover, Peer Support staff are being requested to assist with discharge planning, and to help patients transition successfully from MHIP, back home and to aftercare services. For the second consecutive year, Peer Support Services experienced its highest census to date, with a total of 141 adults served. OVR and HealthChoices have also committed to assisting providers and peer staff in achieving Transition Age Youth/Youth certification (TAY/Youth). One Lycoming-Clinton provider has implemented TAY/Youth Peer Support and a second provider is presently waiting for OMHSAS approval of their program description.

School Based Mental Health Services

Concentrated efforts to meet with each school district in our counties increased their awareness of the variety of mental health services available for children and families; these meetings identified perceived unmet needs of students, and resulted in the expansion of School Based Outpatient Services to all school districts in Lycoming County during FY 2018-2019. Meetings with Keystone Central School District, the sole district encompassing Clinton County, also initiated a commitment among Lycoming-Clinton MH/ID, HealthChoices, and Community Care Behavioral Health to collaborate regarding strategies for increasing access to mental health services for students and their families. Concepts presently being explored include expansion of CSBBH teams, school based intensive outpatient programs, and school-based partial hospitalization programs.

Increased Access to DBT Services

Until the current FY, only one provider of Dialectical Behavioral Therapy (an evidence based practice) with one office location in Lycoming County was available to adults and adolescents diagnosed with Borderline Personality Disorder or Posttraumatic Stress Disorder. A growing trend regarding individuals in our counties disclosing histories of trauma but having no participation in services with providers competent to provide trauma informed care was identified. These individuals also trended toward MHIP admissions and readmissions, out of home/out of school placements, and fragmented behavioral health services. When a local DBT training opportunity became available, the existing DBT provider entered into an agreement with HealthChoices to expand their DBT services to Clinton County, in return for HealthChoices' providing funding for their clinicians to attend the training. The provider officially began accepting referrals in Clinton County for adult and adolescent DBT services in March 2018. The

provider is currently meeting with the Keystone Central School District in Clinton County to promote student referrals to the program, and has established a satellite office site in the Clinton County Women’s Center to offer easy access to the program for victims of domestic and sexual violence.

b. Strengths and Needs:

Older Adults (60 and above)

STRENGTHS:

Lycoming-Clinton MH/ID and the Office of Aging have a long history of working cooperatively to meet the cross system needs of older adults in our counties. Mental Health services including Mobile Psychiatric Rehabilitation, Nurse Navigator, Wellness Nurse, Certified Peer Support, Beacon Hub Drop-in Center, Clubhouse, Clinton County Community Connections, Community Residential Rehabilitation Program, and Independent Living services are utilized by Older Adults. STEP transportation provides transportation for Older Adults, in both counties. Lycoming Clinton MH/ID, HealthChoices, Community Care, and Office of Aging are also meeting regularly, for the development of a collaborative strategy for implementation of Managed Long Term Services and Supports.

Needs:

Although mental health providers have been gradually expanding outpatient services to improve capacity for a variety of client populations, access to services could be improved for our older adults. There are a multitude of requirements to qualify for most services, and many older adults struggle with co-morbid physical health conditions which make it difficult to access services out of the home. Transportation can also be a challenge, as public transportation in Lycoming County does not travel throughout the entire county and public transportation is not yet available in Clinton County.

Adults (ages 18 and above)

STRENGTHS:

The Lycoming-Clinton MH/ID Program provided a continuum of community based services for adults with serious and persistent mental illness. In addition to state mandated services, other services provided include Mobile and Site-based Psychiatric Rehabilitation, Peer Support, Clubhouse, Community Residential Rehabilitation (CRR), Independent Living Services (ILS),

Beacon Hub Drop In Center, Community Employment and Social Rehabilitation (Clinton County Community Connections) and a Social Services Support Aid to assist Targeted Case Managers.

Reinvestment dollars are targeted for supportive housing for individuals to secure safe, affordable, permanent housing. The PHARE grant in Clinton County is used to assist mentally ill individuals who are being released from incarceration. The Lycoming County PHARE grant recently contracted with the Transitional Living Center for Master Leasing Service. This service will work with individuals who have difficulty finding housing including those recently released from incarceration who have a mental illness and/or substance abuse dependency. There is ongoing collaboration with the Criminal Justice System to divert or reduce the length of incarceration for individuals with serious mental illness. A full-time, master's level social worker was hired to work out of the Lycoming County Prison, and Certified Forensic Peer Specialist are providing support to incarcerated individuals and those participating in re-entry programs, in both counties. Access to tele-psychiatry increased for another consecutive year, which further reduced wait times for psychiatric services and behavioral health medication management services.

NEEDS:

There is a need for a 24-hour crisis walk-in and/or diversion facility. Currently, the crisis walk-in facility ends walk-in hours at 4:30 PM; there is a need to expand these hours, and also to offer diversion services to avoid inappropriate utilization of local jails and/or hospital emergency departments. The MHID Program continues to collaborate with UPMC Susquehanna Health to explore development of a Crisis Diversion Program that could be operated on the hospital's campus.

Transportation remains a problem in each county, as public transportation options are limited in each county and public transportation does not service all areas of the counties. This is a significant barrier to participation in mental health services for many adults, as only two provider agencies offer limited transportation to their programs and the majority of services are located in Lycoming County.

Transitional supports for SMI adults is also needed, to reduce the number of adults who cycle in and out of state hospitalization, inpatient treatment, and the criminal justice system.

Individuals in our counties with SMI typically experience comorbid physical health conditions, housing instability, and multiple care coordination needs; their social support networks are small, and their relationships are commonly conflictual and unstable. Formalized transitional supports could provide a safety net to SMI adults through information, linkage to resources, and assistance as part of discharge planning, during transition back into their communities, and engagement in treatment.

Transitional Age Youth (ages 18 through 26)

STRENGTHS:

Lycoming-Clinton works closely with Lycoming and Clinton County CYS Independent Living Programs to identify youth who will be transitioning to the adult mental health system. The Children's Review Teams in both Counties also work collaboratively to develop treatment plans for the youth. We have had youth utilize the Community Residential Rehabilitation Program, Independent Living Program, Clubhouse, and/or Clinton County Community Connections while in high school and beyond. Most recently, one provider has begun offering Youth/Transitional Age Youth Peer Support and a second provider is waiting for approval of their service description. The McKinney program and the PHARE grant in Clinton County have also been beneficial to assisting this population with housing. Many of these youth are also connected with OVR which assist with further education and employment.

NEEDS:

Housing and related support remains the highest need for this population. The Community Residential Rehabilitation Program is utilized, however many of these youth decide the program is too restrictive and tend to leave before they have achieved their desired goals. Youth transitioning out of Residential Treatment Facilities do not always have families willing to take them back home; they can be quite challenging to reintegrate into the community, and require intensive, consistent support.

Children (Under 18)

STRENGTHS:

The highest percentage of funding for Children's Services is managed by the Lycoming-Clinton HealthChoices Program, with significant resources devoted to Behavioral Health Rehabilitation Services. Monthly BHRS Provider meetings are held to support consistency in the application of BHRS policies, best practice, and standards. All BHRS providers in the HealthChoices network offer Functional Behavioral Analysis (FBA) and Applied Behavioral Analysis (ABA), and they communicate weekly to help one another fulfill the staffing needs of open cases. BHRS staff also participate in monthly case consultations meetings, as part of an ongoing clinical and quality improvement initiative.

Two Community and School Based Behavioral Health (CSBBH) programs continue to operate and evolve in our region. Over the past three years, CSBBH was implemented in the Keystone Central School District and the Williamsport Area School District; as more families and school

personnel became familiar with the program and its methods, the number of referrals increased and necessitated expansion for the Williamsport School District program to two additional school buildings. The positive impact and reputation of the CSBBH program model has spread beyond the initial two districts, and has resulted in surrounding school districts reaching out to HealthChoices and Community Care to learn more about how to implement this program in their districts.

School Based Outpatient providers meet regularly with their respective school districts to explore additional services (Mindfulness Based Stress Reduction activities, depression/anxiety support groups, etc.) that can be offered during the school day to reduce students' stress and anxiety.

NEEDS:

Lycoming-Clinton has a full continuum of mental health treatment services for children under the age of 18, but lacks equivalent natural and community based supports to assist families. There is limited availability of trauma informed treatment services, family-centered treatment modalities, support groups, and socialization opportunities, such as after-school and summer programs, for this population.

SPECIAL/UNDERSERVED POPULATIONS:

Individuals transitioning from State Hospitals

STRENGTHS:

Lycoming-Clinton has a designated staff position that acts as the State Hospital Liaison. All discharges from the State Hospital are developed with the individual, the liaison, the State Hospital Staff and those who participate in the Community Support Plan. We continue to work closely with Lycoming County Assistance Office to expedite the Medicaid process which has allowed for services to begin the day of discharge or shortly after. Individuals are able to go on trial visits from the state hospital to their discharge location several times prior to discharge which allows for the individual and service providers to identify what services they may need or want. During these trial visits the individuals are visiting programs such as Clubhouse, Beacon Hub, Career Link, and Clinton County Community Connections. We have been able to utilize our social services support aids to provide transportation to and from Danville along with accompanying individuals to different programs while on visits. Currently two individuals reside in the Enhanced Personal Care Boarding Homes (EPCBH).

NEEDS:

At times, discharge planning has been delayed due to wait list for the Community Residential Rehabilitation, Personal Care Boarding home, apartments, and Nursing home beds. We have

also struggled at times with scheduling psychiatric services due to the individual needing to be seen within 30 days of discharge; however the delay has only been several weeks. We have a good relationship with our service providers that offer psychiatric services which has allowed for this population to access the psychiatric services in a timelier manner when discharging from the State Hospital. Overall, Lycoming-Clinton focuses on timely and quality discharge planning prior to and during the individuals stay at the State Hospital in order to best manage the limited bed capacity for admissions at Danville State Hospital. We recently identified a caseworker who will specifically complete intakes for targeted case management services within 7 days of discharge.

Individuals with Co-Occurring Mental Health/Substance Use Disorder

STRENGTHS:

Lycoming-Clinton has added a second provider with a dual drug and alcohol and mental health license. This second provider is also pursuing approval to expand their Family Based Mental Health services and to offer Certified Peer Support and TAY/Youth Peer Support services as complimentary supports. In response to the emerging increase in clients of all ages seeking treatment for co-occurring conditions, Community Care and HealthChoices persist in coordinating local training opportunities for providers to enhance co-occurring competency. During FY 2018-2019, training opportunities included Motivational Interviewing, Medication Assisted Treatment—Stigma Reduction, Person-Centered Treatment, and the Warm-Handoff process.

NEEDS:

It is estimated that approximately 30% of all Lycoming-Clinton HealthChoices members participating in Medicaid funded mental health services have a co-occurring substance use disorder, yet mental health providers have been deficient in identifying their clients for referral to SUDs services and in coordinating care with SUDs providers. Lycoming-Clinton has a need for expansion of prevention and co-occurring counseling services that are accessible to students within local school districts. Children and adolescents struggling with SUDs are under-identified in our counties; they often are reluctant to seek services in their communities due to feelings of stigma or they are unable to access services due to transportation barriers. There is also a need for additional non-hospital detox services in Pennsylvania, and development of local resources.

Justice involved individuals

STRENGTHS:

Lycoming and Clinton Counties both have strong and well established Criminal Justice Advisory Boards (CJAB), each with a Mental Health Sub-committee. The Lycoming-Clinton Joinder Board

was last year awarded a Pennsylvania Commission on Crime and Delinquency JAG grant for Crisis Intervention Team (CIT) which will expire on June 30, 2019. The grant supports the PCCD 2016-2020 Strategic Framework objective to increase the efficacy of state and local planning efforts through interagency planning and collaboration by providing support for county (CJAB) priorities. Our research has shown that a formal commitment to community partnerships is the foundation of a successful CIT program. 80 Officers and First Responders have been trained thus far with the next training taking place in September, 2019. Lycoming Clinton MH/ID anticipates hiring a full time CIT coordinator in the summer of 2019. This position will also coordinate other mental health trainings that the agency provides to the local community. The anticipated impact associated with the CIT Training and Coordination Project includes both process/systemic outcomes and individual consumer quality of life outcomes. Our intent is to develop a larger pool of CIT trained police officers and first responders and to develop a crisis response that tracks diversion of individuals with a mental illness from the criminal justice system.

Mental Health First Aide training has and continues to be offered to both the Lycoming and Clinton county prisons' staff to increase the awareness and understanding of mental illness for line staff.

The Stepping Up Initiative was then identified as a good next step in conjunction with CIT. In January 2019 the Lycoming-Clinton Joinder Board (LCJB) has also been awarded a Pennsylvania Commission on Crime and Delinquency JAG grant for the Stepping Up Initiative to coordinate multi-agency data collection in Lycoming and Clinton Counties. This data collection will assist us to identify and develop an action plan that can be used to achieve measurable impact in local criminal justice systems and our community partners. The toll of the problem and the costs to tax payers is increasing. Although counties like Lycoming-Clinton have made significant efforts to address the problem, we are all too often thwarted by obstacles, including minimal resources, small budgets, needing better coordination between criminal justice, mental health, substance abuse treatment and other agencies. Without change, individuals with mental illnesses will continue to cycle through the criminal justice system with missed opportunities for treatment, insufficient funding and a failure to improve public safety.

The Lycoming Clinton MH/ID Program continues to strongly prioritize jail division through our Mental Health Services Forensic Unit. The unit consists of a supervisor, 3 forensic case managers, and a psychological associate 1 that is located at a local prison. The unit deals with all forensic consumers involved with probation and parole in the bi-county area, mental health courts, the 2 county prisons, supervised bail programs and pre-release as well as assists with

the CIT team. This Unit provides excellent coordination of care for jail diversion, reentry and individuals at each intercept point in the judicial system.

NEEDS:

- Lycoming-Clinton has made services for justice involved individuals a priority in the past several years. Currently there is a need for housing resources for county jail discharge planning, PHARE projects in both counties do provide additional resources. A Master Leasing Program started in May of 2018 in Lycoming County through PHARE funds whose target population is reentry has supported several of our consumers.
- There continues to be a need for an Ex-Offender Mentoring Program and Lycoming County is interested in having Clinton County join them to pursue motivational interviewing for ex-offenders.
- Sustainability for the CIT Program through community partners.
- Continue to promote the Stepping Up Initiative in both Counties.
- The State Forensic Hospitals continue to have long wait list for competency evaluations/treatment which ultimately strains our local county jail staffing and other resources.
- Continue to provide and meet mental health educational needs of the entire forensic community (probation officers, correctional officers, prison medical staff, deputies, district attorneys, public defenders)
- Increase psychiatric services in the prison to evaluate and treat inmates pharmacologically.

Veterans

STRENGTHS:

There are Veterans offices in both counties, one which offers mental health therapy to Veterans and there is a Veterans clinic in Lycoming County that offers psychiatric services. The mental health casework staff continue to attend trainings with a focus on Veterans issues. Lycoming Clinton MH/ID also actively participated on the committee to address the increasing number of veteran's involved in the criminal justice system and to establish a Veteran's court in Lycoming County (Clinton County has had a Veteran's Court for several years, although it is rarely used.) The Lycoming County Veteran's Court / Veteran Mentoring Program officially began in January 2019. The motto of the veteran's mentoring program is: *No One is Left Behind*. Mentors are paired with a Veteran to provide support as they work through the Veterans Court program. Mentors are present as an ally and friend to assist Veterans through this difficult time. The shared experiences of the Mentors and Veterans are critical in assisting the Veterans to regain control of their lives and successfully connect to and maintain treatment, leading to successful completion of the Lycoming County Veterans Court Program.

Presently MH/ID has one person who has been accepted on the Lycoming County Veteran's court. A forensic case manager is part of that participant's treatment team along with

representatives from Adult Probation, West Branch Drug and Alcohol, the Public Defender and District Attorneys' offices, a Lycoming County Prison counselor who is a veteran as well as local Veteran mentors / volunteers and representatives from the VA Center and Wilkes-Barre VA Center and Hospital.

NEEDS:

Lycoming-Clinton is identifying the scope of Veterans in need of mental health services and working with the Veteran's office and the local courts to help meet their needs.

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

STRENGTHS:

Lycoming-Clinton has recognized a growing trend of individuals of all ages, and families searching for MH services that are sensitive to the unique needs and stigma that LGBTQI individuals experience. Community based treatment providers in our counties continue to expand their clinical competency through ongoing training and consultation with PMHCA's Keystone Pride Recovery Initiative (KPRI) and local AIDS Resource Alliance. Providers are also making strides in developing policies and processes that reduce barriers to participation in treatment.

NEEDS:

As we recognize an increase in children and adolescents self-identifying as transgendered who are being admitted and readmitted to MHIP, and referred to more restrictive and out-of-home mental health services, Lycoming-Clinton will continue to work with consumers, families, and providers to develop competent and specialized community based services.

Racial/Ethnic/Linguistic Minorities

STRENGTHS:

Over the past year, Lycoming-Clinton MHID has focused on moving services out of the office setting and into community locations and neighborhoods that are culturally diverse and where individuals and families are more comfortable and transportation is less of a barrier. Outpatient mental health therapy is now provided in each school district in the bi-county including the neighborhood schools in Williamsport and Lock Haven, as well as at the community center, Firetree Place, located in center-city Williamsport. We also work closely with the church community, who help bridge the connections to specific groups who are more comfortable with the church location for services. Lycoming-Clinton contracts with an interpreter service to assist with individuals whose preferred language is not English.

NEEDS:

Although racial, ethnic and linguistic minorities make up a small percentage of the population in the bi-county, there remains a need to expand services that are inclusive, culturally diverse and eliminate barriers to treatment. Lycoming-Clinton MHID will work with partner agencies and the community to continue to focus on efforts to meet these needs.

Other (specify), if any (including Tribal groups, people living with HIV/AIDs or other chronic diseases/impairments, Traumatic Brain Injury)

STRENGTHS:

Through our HealthChoices MCO we have observed an increase in adolescents with traumatic brain injuries and as a result will continue to target this area in FY 18/19. We have identified a local psychologist who specializes in working with individuals with traumatic brain injuries and have begun a collaboration to identify the unique needs of this population.

NEEDS:

There is a need to identify the unique services that will best assist individuals with traumatic brain injuries. In collaboration with the HealthChoices MCO and a local psychologist, Lycoming-Clinton will be focusing on identifying those services and exploring ways to meet them.

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

Yes No

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

Does the county currently have any suicide prevention initiatives?

Yes No

If yes, please describe. Counties without current suicide prevention initiatives may also describe plans to implement future initiatives in the coming fiscal year. (Limit of 1 page)

Suicide Prevention Initiatives

The Lycoming and Clinton Counties believe everyone can help prevent suicide. The counties have trainers for Mental Health First Aid and Question Persuade Refer (QPR) – a suicide prevention gatekeeper training geared towards any community member. Both these programs educate individuals on the warning signs of an early onset of mental illness or crisis and to identify and appropriately respond to people at risk. The local NAMI of North Central Pennsylvania provides training resources to law enforcement and teachers for these programs. Additionally NAMI purchases educational materials as well as magnets, coasters and other materials with contact numbers for local and the national suicide prevention lifeline for help.

There is a suicide prevention task force that meets in Lycoming County. Members are from various community agencies, churches and public and private schools as well as the Coroner's office. This group focus on initiatives in the county and making sure events are publicized. There is a separate SPIRIT Group that spawned from Penn College after a SAMHSA grant that is targeting a campaign for suicide prevention to combat a growing static the county saw for men in their middle years (MINY) . This group is developing a roll out of ads and billboards to fight stigma and encourage people to seek help. The Health Improvement Coalition has a youth development task force that is working on a suicide prevention campaign entitled, Find Your Worth targeting our adolescent age and to young adult.

There is an interfaith dialogue for the middle school that occurs 6 times per year. This class often has questions and dialogue focusing on suicide prevention. The county recently had a Red, White and Blue Project Hope Gala on 5/18/2109. This was an event to raise money for education and treatment of PTSD and Suicide for First responders. Project Hope Foundation provides education, referrals and potentially cover medical co-pays for those in need of financial help. Their main priority is to eliminate reasons not to seek help.

Both Counties hold a yearly Out of the Darkness walk in September and October to raise Awareness and Funds for suicide Prevention. There was also a walk for Suicide Prevention which was a second annual in Lycoming County in April of 2019.

A recent group that is holding meetings bi-weekly is a Mental Health Awareness Faith Based Group. This group is deciding how the faith community can assist individuals with mental health issues and suicide prevention from the spiritual realm.

Lastly, the BLAST intermediate unit recently sponsored a QPR (Question, Persuade, and Refer) Instructor training on May 22, 2019 to train more QPR Gatekeeper Instructors in our area.

Just one program is not enough, it takes several strategies all working together to reduce the suicide rates in our communities. Lycoming-Clinton MH/ID is a concerned collaborative partner in these efforts.

Based on the Governor's Employment First Initiative:

1. Do you use the Individual Placement and Support (IPS) model of supported employment for individuals with Serious Mental Illness (SMI)?

Yes No

2. Do you collaborate with the local PA Office of Vocational Rehabilitation and/or Careerlink to increase employment for individuals with SMI?

Yes No

If yes to the questions above, in a sentence or two, please describe the collaboration.

There is routine and ongoing collaboration with the local OVR office regarding identification and recruitment of consumers in Lycoming and Clinton County with an interest in becoming a Certified Peer Specialist. The agencies work in partnership to financially support consumers in attending certification trainings throughout the state; registration costs, lodging, mileage, and meals for the two week training are split between OVR and the HealthChoices program, with OVR typically funding the larger portion of the costs.

c) Supportive Housing:

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

SUPPORTIVE HOUSING ACTIVITY Includes Community Hospital Integration Projects Program (CHIPPP), Reinvestment, County base funded or other projects that were planned, whether funded or not. **Include any program activity approved in FY 17-18 that is in the implementation process. Please use one row for each funding source and add rows as necessary. (Note: Data from the current year FY17-18 is not expected until next year)**

1. Capital Projects for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15-30 year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e. an apartment building or apartment complex).									
Project Name	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18 (only County MH/ID dedicated funds)	Projected \$ Amount for FY 19-20 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20	Number of Targeted BH Units	Term of Targeted BH Units (ex: 30 years)		Year Project first started

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

	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18	Projected \$ amount for FY 19-20	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20	Number of Bridge Subsidies in FY 17-18	Average Monthly Subsidy Amount in FY 17-18	Number of Individuals Transitioned to another Subsidy in FY 17-18	Year Project first started

3. Master Leasing (ML) Program for Behavioral Health	<input type="checkbox"/> Check if available in the county and complete the section.
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Leasing units from private owners and then subleasing and subsidizing these units to consumers.

	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18	Projected \$ Amount for FY 19-20	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY 17-18	Average subsidy amount in FY 17-18	Year Project first started

4. Housing Clearinghouse for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
An agency that coordinates and manages permanent supportive housing opportunities.									
	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18	Projected \$ Amount for FY 19-20	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20			Number of Staff FTEs in FY 17-18	Year Project first started

5. Housing Support Services for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
HSS are used to assist consumers in transitions to supportive housing and/or services needed to assist individuals in sustaining their housing after move-in.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18	Projected \$ Amount for FY 19-20	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20			Number of Staff FTEs in FY 17-18	Year Project first started
	McKinney Grant (HUD)	\$86,893	\$87,692	18	15			1	2011
	HealthChoices Reinvestment Funds	\$0	\$46,499	0	46			1	2016

6. Housing Contingency Funds for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings etc.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18	Projected \$ Amount for FY 19-20	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20			Average Contingency Amount per person	Year Project first started
	Clinton PHARE Grant	\$7,000	\$7,000	10	10			\$700.00	2015

7. Other: Identify the program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Project Based Operating Assistance (PBOA is a partnership program with Pennsylvania Housing Finance Agency in which the County provides operating or rental assistance to specific units then leased to eligible persons); Fairweather Lodge (FWL is an Evidenced Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness); CRR Conversion (as described in the CRR Conversion Protocol), other.									
Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18	Projected \$ Amount for FY 19-20	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20			Year Project first started	

d) Recovery-Oriented Systems Transformation:

1. Expand treatment opportunities and community supports for justice involved individuals

Narrative including action steps: For many years, Lycoming-Clinton has worked closely with community partners to improve access to behavioral health treatment for individuals during incarceration, and as an integral part of aftercare/re-entry planning to prevent recidivism and promote recovery. Although significant strides have been made, what has been put into place thus far is insufficient in providing the fundamental resources which are vital to sustaining recovery. Action steps taken this fiscal year include active recruitment, training, and hiring of Certified Peer Specialists with Forensic Peer Support certifications, and the training and hiring of Certified Recovery Specialists to work with Treatment Court and DUI Court participants. Mental Health Certified Peer Support providers and Certified Recovery Specialist providers are meeting one-on-one with individuals enrolled in re-entry services at the local day reporting center in Lycoming County, and are supporting consumers involved with Adult Probation, and treatment court programs in both counties.

Timeline:

- **Expand access to and utilization of Peer Services across the criminal justice system. (Ongoing)**

As part of a formalized referral and coordination of care process, justice system partners will agree to monthly meetings with peer providers for continuous case management, and for continuous improvement of the process.

Fiscal and Other Resources: Lycoming-Clinton plans to use Base MH funds and HealthChoices reinvestment funds to implement this priority.

Tracking Mechanism: This priority will be tracked as part of monthly Community Care oversight Meetings, quarterly HealthChoices monitoring of reinvestment plans, and CCBH utilization data.

2. Enhance Transitional Supports for SMI Adults

Narrative including actions steps: Individuals in our counties with SMI typically experience comorbid physical health conditions, housing instability, and multiple care coordination needs; their social support networks are small, and their relationships are commonly conflictual and unstable. These individuals are high utilizers of MHIP treatment, but are less likely to have family supports to help with discharge planning, engagement in aftercare, or to adhere to medications; as a result, they are at increased risk for multiple readmissions to MHIP treatment or admission to a state hospital, with longer lengths of stay. To better support SMI adults transitioning back to their community from MHIP treatment, a Care Transition Committee has been established that is composed of MHIP providers, MH and SUD OP providers, TCM supervisors, and Peer and Recovery Specialists from both counties. The Action Steps being undertaken by the Committee include a qualitative review of the current processes in place for the IP and OP providers to identify areas where additional support or new processes could be implemented; assisting providers in resolving barriers to providing pre-discharge appointments; development of educational materials for SMI individuals and their families regarding engagement in aftercare; and reducing barriers to meeting the needs of SMI individuals with co-occurring SUDs

Timeline:

- **Facilitate collaboration among MH providers to increase successful transition for SMI adults from hospitalization back to their communities. Providers will meet quarterly to strategize implementation of enhanced or new processes. (Ongoing)**

Fiscal and Other Resources: Lycoming-Clinton plans to use HealthChoices and MHID base funds for this priority, with the support of staff resources from CCBH and system partners.

Tracking Mechanism: This priority will be tracked as part of monthly HealthChoices/Community Care oversight meetings and quarterly OMHSAS monitoring of the HealthChoices program.

3. Increase access and utilization of community based mental health services for veterans.

Narrative including action steps: The rise in suicide rates among American veterans can be attributed to the fact that veterans are not receiving the mental health care that they so desperately need. In Lycoming and Clinton counties, there are many barriers to accessing services for veterans such as a lack of awareness of services, geographic distance, schedule constraints, long wait times, a strong culture around self-reliance, and stigma. Although the VET Center located in Lycoming County provides readjustment counseling, it has been our experience that most veterans are not participating in treatment available through the VA; service members, veterans, and their families are more often seeking care and support through other community based agencies. To ensure veterans have options (and are knowledgeable about their options) for effective treatment, have timely access to treatment, and are offered services that are competent in military culture, MH/ID and HealthChoices are partnering with the Veterans Multi-Services Center and the VET Center. The Action Steps for this endeavor include quarterly strategy and problem-resolution meetings; robust education, outreach, and awareness activities to service members, veterans, and their families about mental health and the resources that are available to them; strengthening community based providers' military cultural competency through training; increasing provider competencies to serve this population through supporting training regarding Motivational Interviewing, TF-CBT, and Veteran Peer Support; and expanding crisis intervention and peer support services.

Timeline:

- **Collaborate with community partners to enhance and expand supports for service members, veterans, and their families. Partners will meet quarterly to strategize and problem-solve. (Ongoing)**

Fiscal and other Resources: Lycoming-Clinton will use HealthChoices and MH/ID base funds for this priority, with the support of staff resources from CCBH and community based mental health providers.

Tracking Mechanism: Activities and outcomes related to this priority will be tracked as part of monthly HealthChoices/Community Care oversight meetings, quarterly provider meetings, and quarterly OMHSAS monitoring of the HealthChoices program.

e) Existing County Mental Health Services:

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

Services By Category	Currently Offered	Funding Source (Check all that apply)
Outpatient Mental Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Inpatient Hospitalization	<input checked="" type="checkbox"/>	<input 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
Child/Youth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family-Based Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
ACT or CTT	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children’s Evidence Based Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Crisis Services		
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 type="checkbox"/>	<input type="checkbox"/> County <input 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Emergency Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input 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 checked="" type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Community Employment/Employment Related Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Residential Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children’s Psychosocial Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Adult Developmental Training	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Facility Based Vocational Rehabilitation	<input 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 checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Housing Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Mental Health Treatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
BHRS for Children and Adolescents	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Inpatient D&A (Detoxification and Rehabilitation)	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Outpatient D&A Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Methadone Maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment

Clozapine Support Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Additional Services (Specify – add rows as needed)	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment

*HC= HealthChoices

f) Evidence Based Practices (EBP) Survey:

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Current Number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Additional Information and Comments
Assertive Community Treatment	NO							
Supportive Housing	NO							
Supported Employment	YES	150 adults	ICCD Clubhouse Model measures	Agency and accreditation entity	Annually by agency and triennially by ICCD	NO	YES	20 Adults Employed
Integrated Treatment for Co-occurring Disorders (MH/SA)	YES	450 youth and adults	N/A	N/A	N/A	Yes—SAMHSA Integrated Tx for Co-occurring DOs was used as a guide for implementation	YES	
Illness Management/ Recovery	NO							
Medication Management (MedTEAM)	NO							
Therapeutic Foster Care	NO							
Multisystemic Therapy	YES	41 youth	Blueprint Model fidelity measures	Agency	Ongoing	N/A	YES	
Functional Family Therapy	NO							
Family Psycho-Education	NO							

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

To Access SAMHSA’s EBP Toolkit:

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

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

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer/Family Satisfaction Team	Yes	540	
Compeer	No		
Fairweather Lodge	No		
MA Funded Certified Peer Specialist- Total**	Yes	141	
CPS Services for Transition Age Youth	Yes	0	Service was just recently licensed
CPS Services for Older Adults	Yes	25	
Other Funded Certified Peer Specialist- Total**	Yes	55	Provider funded Decision Support Ctr Peer Support Staff
CPS Services for Transition Age Youth	No		
CPS Services for Older Adults	No		
Dialectical Behavioral Therapy	Yes	50	
Mobile Meds	No		
Wellness Recovery Action Plan (WRAP)	Yes	100	
High Fidelity Wrap Around/Joint Planning Team	No		
Shared Decision Making	Yes	100	
Psychiatric Rehabilitation Services (including clubhouse)	Yes	297	Clubhouse, MPR-S, and Site-Based
Self-Directed Care	No		
Supported Education	No		
Treatment of Depression in Older Adults	Yes	40	EMDR certified providers
Consumer Operated Services	Yes	180	Adult MH Drop-In Center
Parent Child Interaction Therapy	Yes	25	
Sanctuary	Yes	150	
Trauma Focused Cognitive Behavioral Therapy	Yes	140	
Eye Movement Desensitization And Reprocessing (EMDR)	Yes	75	
First Episode Psychosis Coordinated Specialty Care	Yes	2	
Other (Specify)			

*Please include both County and Medicaid/HealthChoices funded services.**Include CPS services provided to all age groups in Total, including those in the age break outs for TAY and OA below

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

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

h) Certified Peer Specialist Employment Survey:

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

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

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

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

Total Number of CPSs Employed	16
Number Full Time (30 hours or more)	7
Number Part Time (Under 30 hours)	9

INTELLECTUAL DISABILITY SERVICES

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

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

With that in mind, describe the continuum of services to enrolled individuals with an intellectual disability 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 those individuals for whom base or block

grant funds have or will be expended. Appendix C should reflect only base or block grant funds except for the Administration category. Administrative expenditures should be included for both base/block grant and waiver administrative funds.

**Please note that under Person Directed Supports (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.*

Individuals Served

	<i>Estimated Individuals served in FY 18-19</i>	<i>Percent of total Individuals Served</i>	<i>Projected Individuals to be served in FY 19-20</i>	<i>Percent of total Individuals Served</i>
Supported Employment	10	1%	10	1%
Pre-Vocational	0	0	0	0
Community participation	16	2%	16	2%
Base Funded Supports Coordination	160	23%	160	22%
Residential (6400)/unlicensed	2	0	0	0
Life sharing (6500)/unlicensed	0	0	0	0
PDS/AWC	0	0	0	0
PDS/VF	0	0	0	0
Family Driven Family Support Services	21	7%	53	7%

Supported Employment: “Employment First” is the policy of all commonwealth executive branch agencies under the jurisdiction of the governor. Therefore, ODP is strongly committed to competitive integrated employment for all.

- Please describe the services that are currently available in your county such as discovery, customized employment, etc.
- Identify changes in your 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 your county is a participant.

Lycoming/Clinton Administrative Entity is committed to supporting ODPs Employment First policy as evidenced by the employment focused services available to the individuals we serve which begins with transition age youth. Employment focused services which are currently available include: a summer work program geared toward transition age youth with an evolving curriculum that adapts to local employment trends with plans to add a paid employment experience next year, a short term employment preparatory program geared toward individuals who need only minimal assistance with preparing for employment, job finding, job support, a functioning café which provides skill development for individuals interested in working in the food service industry and Advance Supported Employment for those who need extra support in gaining/maintaining employment. A recent addition to employment services offered includes the Discovery process, a person centered planning process that involves getting to know a person before supporting them in developing a plan for employment. Customized Employment is designed to personalize the employment relationship between an individual and an employer to meet each other's needs. It is customized in a way that identifies the strengths, conditions, and interests of the individual through the Discovery process. Assistance can also be provided through Benefits Counseling. Often a fear of losing benefits and transportation costs are barriers to employment for individuals. Benefits Counseling can assist in decreasing the misconceptions of working and how it will affect benefits as well as working benefits such as assistance with transportation costs. Lycoming/Clinton AE continues to improve employment opportunities by addressing barriers in our Quality Management Plan. Lycoming/Clinton currently serves 80 individuals who are gainfully employed including Waiver participants.

The Lycoming/Clinton AE has incorporated the following procedure in their Employment First Policy:

1. Lycoming/Clinton AE will invest in systems change efforts that result in increased community-based, integrated employment opportunities, including self-employment for individuals served in the ID Unit.
2. Lycoming/Clinton AE will raise the expectations of employment goals for children with a disability at an early age by encouraging/supporting Early Intervention Providers training to Work with parents and publicly funded programs to shift expectations towards this goal.
3. Promote Integrated Settings starting at a young age. Support inclusion by supporting parents and encouraging IEP teams that integrated settings is not an outcome they should expect in school or as an adult and to assist students with a disability transition into a job and to succeed as productive citizens.
4. Promote and encourage employment based outcomes as first consideration and preferred outcome for ID services.
5. Promote/Encourage Paid Work Experience. As per Executive Order 2016-03 Recommendations: "One of the best predictors of whether students with a disability will work as adults is if they get at least one paid work experience before they leave high school." Lycoming/Clinton AE will promote/encourage Providers to include paid work experiences offered through Summer Work Experience Programs for High School Students and expand work experience programs.

6. Lycoming/Clinton AE will encourage Providers to Qualify for Waiver Employment Services which includes education/certification and specialized training for employment related service staff and supporting new programs offering Increasing Pre-Employment Skill Development, Discovery/Customized Employment, and Benefits counseling in order to improve competitive-integrated employment outcomes.
7. Support: Waiver Access to High School Seniors
Comprehensive Transition Programs (CTP)
New ideas and programs such as Vanpool incentive program by PennDOT and other supporting services.
8. Lycoming/Clinton AE commits to a Leadership role in promoting Employment First. AE staff will focus on emerging needs and new practices by attending and facilitating training. Lycoming/Clinton has assigned an Employment Point Person whose role is to promote Employment First, share information and represent the AE in employment related promotions.

Supports Coordination:

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

Lycoming/Clinton AE defines Communities of Practice as groups of people who share a concern or a passion for something they do, and learn how to do it better as they interact regularly. This will require SCs to “reframe the conversation” and is a process that takes time and steady, encouraged interaction. Teams must value the role of the family, involve partners and systems beyond the traditional ID/A Providers and requires building relationships.

Lycoming/Clinton AE assists the SCOs in engaging individuals and family members in conversations about natural and community supports in several ways. Initially, the AE meets with new individuals/family members at the time of intake to provide information about the ID/A system, and the role natural/community supports play in meeting the needs of the individuals we serve. Natural/community supports are sometimes identified at the time of the initial meeting, but more importantly individuals/family members are encouraged to begin thinking about the role natural/community supports will play in their family member's lives moving forward. A review of natural/community supports also occurs when the SC meets with the family for the first time. It is then that the SC reviews the Lifecourse Framework with the individual and family. A discussion about natural/community supports also occurs at the time of the annual review, and when a new service is being requested. Lastly, our Regional Collaborative plays an important role in providing information, training and supporting each other. Support Coordinators are regularly challenged by the AE to attempt to create innovative, value driven solutions to common issues that families experience.

The AE currently assists Supports Coordinators to effectively plan for individuals on the waitlist by regularly reviewing the PUNS to assure the needs and levels reflected on the report are accurate, keeping SCs informed of vacancies in the waivers as they are projected to become available so that the SCOs can identify priorities for the vacancy, and by sharing such information as projected EPSDT age outs and high school graduates.

The AE also ensures opportunity for a Waiver or Base Funded participant to exercise choice and control in identifying needs and managing waiver services and other supports in accordance with their needs and personal preferences by ensuring this Service option is presented to individuals and families by the AE upon Intake and Waiver enrollment. In addition, SCOs will offer this option when offering Provider Choice annually and upon need for service.

The AE assists the SCO by following the AE Policy #012 Participant Directed Services and Financial Management of Services (FMS) Options: Agency with Choice ISO/Vendor Fiscal ISO and offering Technical Assistance as needed.

It is important to note that Lycoming/Clinton AE now has two Qualified SCOs in our area, which has afforded local SCO choice for all Individuals we serve.

Lifesharing and Supported Living:

- Describe how the county will support the growth of Lifesharing and Supported Living as an option.
- What are the barriers to the growth of Lifesharing/Supported Living in your county?
- What have you found to be successful in expanding these services in your county despite the barriers?
- How can ODP be of assistance to you in expanding and growing Lifesharing/Supported Living as an option in your county?

Lycoming/Clinton Administrative Entity currently does not serve anyone in Life Sharing that is not enrolled in a Waiver, however the option continues to be available. Lycoming/Clinton has developed a Life Sharing objective to attain our goal to increase the number of individuals residing in Life Sharing through strategic planning. Lycoming-Clintons' vision for Life Sharing is to provide an additional option for an Every Day Life by educating the community, consumers, and families in order to increase Life Sharing opportunities as an alternative to other living arrangements. Lycoming/Clinton values the opinions and experience of our consumers/families, providers, administrators and technical assistants who all work to provide the best possible service delivery. A committee has been developed inviting representatives from our service delivery teams including consumers/families, to identify Life Sharing strengths/weaknesses, major obstacles, current issues, and to be responsible for the implementation and update of the Strategic Plan. Lycoming/Clinton currently serves 38 individuals in Life Sharing. The tentative goal for FY 19-20 is 70 which is a 15% increase from last year. A new service option was offered to families this last FY where families could provide Life Sharing to their adult family member. Lycoming/Clinton's expectation was that this new service would significantly increase the Life Sharing service option to date there have been four families who selected this option. Lycoming/Clinton has found that locating, educating and retaining Life Sharing families is our largest barrier. Providers of Life Sharing services have moved to social media to locate, educate and share information as well as social media networking that has proven to increase the Life Sharing option. SCs have been reminding families at a minimum during Annual reviews of this option and additional families are

interested in providing Live Sharing to their family member as a result. The expectation is that Life Sharing Programs will continue to increase.

Cross Systems Communications and Training:

- Describe how the county will use funding, whether it is block grant or base, to increase the capacity of your community providers to more fully support individuals with multiple needs, especially medical needs.
- 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.
- 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 ensure individuals and families are provided with the information they need to access community resources as well as formalized services and supports through ODP.

Lycoming/Clinton MH/ID regularly meets with providers to review what services are successful and which are struggling. Base money has been, and will continue to be used to support services for individuals not in waiver. One example is using base funds being to serve dually diagnosed individuals (MH&ID) in an Independent Living program through a local provider. This program began in 17/18 and will continue in 19/20.

Lycoming/Clinton MH/ID will support effective collaboration and communication with local school districts through our involvement in the County Transition Council, and IEP Meetings. The regularity of these meetings provides an opportunity to facilitate regular collaboration and communication, and address barriers to same if problems are identified in the process.

Communication and collaboration with Lycoming Children and Youth and the Lycoming-Clinton Mental Health Program occurs on an as needed basis either in person, by phone or electronically. MH/ID shares an office with Lycoming Children and Youth, therefore communication and collaboration with that Agency is simple. Information on resources available through CYS is easy to obtain and pass on to families, and CYS representation at meetings can also be arranged quickly and easily. Because of the number of individuals shared by MH and ID, communication and collaboration occurs more formally and with more regularity. An MH/ID Supervisors meeting occurs monthly, as well as an MH/ID Administration meeting. Risk management meetings also occur on an as needed basis. Information is shared at these meetings to assure caseworkers in other service delivery systems know how to access formal ODP services, and SCs know how to access services in the other service delivery systems.

Emergency Supports:

- Describe how individuals in an emergency situation will be supported in the community (regardless of availability of county funding or waiver capacity).
- Provide details on your county's emergency response plan including:
 - Does your county reserve any base or block grant funds to meet emergency needs?

- What is your county's emergency plan in the event an individual needs emergency services, residential or otherwise, whether within or outside of normal working hours?
- Does your county provide mobile crisis?
- If your county does provide mobile crisis, 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 there training available for staff who are part of the mobile crisis team?
- If your county does not have a mobile crisis team, what is your plan to create one within your county's infrastructure?
- Please submit the county 24-hour emergency crisis plan as required under the Mental Health and Intellectual Disabilities Act of 1966.

Lycoming/Clinton Joinder Board will provide mobile 24/7 services to assure individuals will be supported in Emergency situations which can be accessed through the Agency's Emergency Services/Crisis Intervention Unit which provides coverage after the regular working hours and on weekends/holidays. A written protocol is in place specific to the ID Unit that details the steps to be taken when an Unanticipated Emergency occurs. The ID Unit will meet the needs of the individuals we serve as needed on an emergency basis through the use of Waiver, Base funding as well as the identification of natural supports. If these options are not available, the Administrative Entity will work closely with ODP's Regional Waiver Capacity Manager in order to have the Waiver capacity increase approved. To be considered as an "Unanticipated Emergency" and approved for additional Waiver capacity, the following criteria must be met:

- *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 their home.
- *An individual loses the care of a relative or caregiver without advance warning or planning.

Lycoming/Clinton Joinder's Crisis Unit complete the required C&Y training upon hire. Staff may take advantage of Professional Development Training as they deem necessary as well. Although specific experience in ID and/or Autism is not required upon hire, it is beneficial for staff to pursue training in these areas. The Administrative Entity along with the Joinder's SCO have developed a Crisis Intervention Training for ID/A Services for both the Community and the Crisis Unit. Crisis Unit staff have attended this training through the Joinder's Crisis Intervention Training (CIT) Program and the training has been presented to College Students interested in Social Services. Trainings being offered through the Bureau of Autism Services and ODP trainings continue to be offered through the website "My ODP" including Everyday Lives and our local HCQU.

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.

- Describe the county's interaction to utilize the network trainers with individuals, families, providers, and county staff.
- Describe other strategies you will utilize at the local level to provide discovery and navigation (information, education, skill building) and connecting and networking (peer support) for individuals and families.
- What kinds of support do you need from ODP to accomplish the above?
- Describe how the county will engage with the Health Care Quality Units (HCQU) to improve the quality of life for the individuals in your community.
- Describe how the county will use the data generated by the HCQU as part of the Quality Management Plan process.
- Describe how the county will engage the local Independent Monitoring for Quality (IM4Q) Program to improve the quality of life for individuals in your program.
- 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, etc.
- How can ODP assist the county's support efforts of local providers?
- Describe what risk management approaches your county will utilize to ensure a high-quality of life for individuals.
- Describe how the county will interact with individuals, families, providers, advocates and the community at large in relation to risk management activities.
- How can ODP assist the county in interacting with stakeholders in relation to risk management activities?
- Describe how you will utilize the county housing coordinator for people with autism and intellectual disability.
- Describe how the county will engage providers of service in the development of an Emergency Preparedness Plan.

Lycoming/Clinton ID Unit is participating PA's Community of Practice Initiative and are currently working with our Regional Collaborative in identifying Regional as well as County specific approaches to assisting families in connecting to people they find supportive, easily obtain information they need to support their family member, assist them in a vision for the future, charting the LifeCourse and assistance as opposed to referrals to additional agencies. Lycoming/Clinton ID Unit has identified a local team to plan events/strategies to support families and spread the message of the LifeCourse principals. We have reached out to PA Family Network to be a part of this process. A Consumer's family member has volunteered to Chair our Local Collaborative. A "Kick Off" Event was planned in collaboration with our Regional partners and occurred in the Fall of 2018. Other local level strategies are to provide discovery and navigation, connecting and networking for families through a local website, participation in Agency Risk Management meetings and Family meetings. Information, education, skill building and networking will continue at Team meetings. Lycoming/Clinton ID Unit will continue to engage the local HCQU for assessments, training and information as needed and encourage Waiver Providers to utilize this resource. Lycoming/Clinton ID Unit will be looking to ODP to provide Technical Assistance as requested.

Lycoming/Clinton's local HCQU as well as Providers participate in our County Risk Management meetings and assist the Team in identifying issues of concern through networking with Providers and IM/IM4Q/HCQU data. This is reviewed by the Team and areas that are in need of improvement are added to the County Quality

Management Plan in order to enhance the quality of life for the individuals we serve. HCSIS data reports are also utilized. Examples would be to decrease I2I abuse, increase employment opportunities, and eliminate restraints. Further identification of concerning issues can be found in the process of QA&I/AE/ Provider Monitoring as well as SC monitoring of services, health/safety and welfare.

The Administrative Entity contracts with Advocacy Alliance for the completion of the IM4Q Surveys. The IM4Q process improves the quality of the lives of the people we serve by providing an atmosphere where individuals/family can express needs or wants which they may not have had the opportunity to otherwise express. As considerations are addressed, the loop is closed for the individual being surveyed; however, these considerations can be used by other Teams to improve the lives of individuals whom have not been surveyed. The Administrative Entity reviews all considerations and trends/issues are discussed at Risk Management meeting. A plan is developed for areas of concern which is added to the Administrative Entity Quality Management Plan. In addition, the AE Quality Management Plan is shared with our Human Services Advisory Board which is comprised of parents, stakeholders and community members. It would benefit Lycoming/Clinton County to be able to review other County Quality Management Plan Objectives to assist in identifying potential issues in our own County.

Lycoming/Clinton Administrative Entity meets regularly with local Providers to ensure competency with ODP policy that relates to the services they provide. Information is shared regarding trainings available on the "MyODP" website. High risk individuals and those at risk of losing services are discussed at Provider meetings and a plan to support the individual is developed. This often involves the assistance of the HCQU as well as support from the DDTT and CSRU. ODP Communications as well as other related Training opportunities are shared with local Providers at each respective regularly scheduled Provider Meeting. These meetings include an Agenda topic of discussing Individuals who present with high level of needs. The Team discusses potential medical interventions, other service options/referrals and specific training and/or support for staff. Our local HCQU is often part of the Team. In addition, plans are being made to allow for the sharing of information/trainings/ODP Communications etc. on our local Website to reach out to Providers, Consumers, Families and the Community.

Lycoming/Clinton ID unit often works together with other Joinder programs such as Mental Health, Children/Adult TCM and Assessment Unit to coordinate individual services. One such example is affordable decent housing that is difficult to find in most Counties and our Housing Specialist is a resource the ID Unit utilizes to ensure our individuals have the opportunity to be as independent as possible and ensure community integration. The Housing Specialist works closely with the Support Coordinator and individual to assess and meet the needs of our individuals. In addition, subsidized housing as well as Pennsylvania Housing Finance Agency and their Affordable Housing Initiatives are another service utilized.

An additional service Lycoming/Clinton hopes to develop this next FY is a Dual Diagnosed Unit comprised of Case managers/Support Coordinators with experience in MH and ID. The focus of their responsibility would be to assess referred individuals, crisis intervention, referral to appropriate program to meet their needs, as well as act as a liaison between both programs.

Lycoming/Clinton County Providers are monitored by the Administrative Entity for compliance with having an Emergency Preparedness Plan as part of the AE Provider Monitoring Process. If found to not have an Emergency Preparedness Plan, the AE will engage the Provider of service by offering assistance with creation of the plan and follow-up at regularly scheduled Provider Meetings.

Participant Directed Services (PDS):

- Describe how your county will promote PDS (AWC VF/EA) services including challenges and solutions .
- Describe how the county will support the provision of training to SCO's, individuals and families on self direction.
- Are there ways that ODP can assist you in promoting/increasing self direction?

Individuals and families will be informed that Participant Directed Services is an opportunity for a Waiver participant to exercise choice and control in identifying needs and managing services and other supports in accordance with their needs and personal preferences. This Service option will be presented to individuals and families by the AE upon enrollment and Waiver enrollment, and by the SCOs at least annually.

Lycoming/Clinton AE is available to our SCOs for technical assistance in the provision of self-directed services such as providing training in relation to ODP Policy such as recruiting employees and DSP use of overtime.

Agency With Choice

- Participant or surrogate can recruit and interview Direct Support Professionals and refer prospective Direct Support Professionals to the FMS for assignment back to the participant or select Direct Support Professionals referred to them by the FMS. The FMS and participant or surrogates are joint-employers of Direct Support Professionals; the FMS is the legal employer for human resources, payroll, and quality assurance purposes; the participant or surrogate is the Managing Employer.
- The FMS is responsible for verifying that all qualified Direct Support Professionals meet the applicable provider qualification criteria for providing Waiver services, which includes conducting the required background checks.
- Participant or surrogate develops qualified Direct Support Professionals' work schedules and emergency back-up plans with assistance from the FMS, as requested.

Vendor Fiscal/Employer Agent Financial Management Services/Palco

- Participant or surrogate recruits, interviews, and hires Direct Support Professionals. Participant or surrogate is the Common Law Employer of qualified Direct Support Professionals.
- Participant or surrogate is responsible for ensuring all qualified Direct Support Professionals providing Waiver services meet applicable provider qualification criteria; the FMS assists with this function as necessary and maintains documentation of qualification.
- Participant or surrogate develops Direct Support Professionals' work schedules and emergency back-up plans.

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

- Describe how the county will enable these individuals to return to the community.

Lycoming/Clinton AE defines Community for All as a strategy which provides for the right of Individuals we serve to:

- Live independently and be included in the community.
- Have opportunities to seek employment and work in competitive and integrated settings.
- Engage in community life.
- Control personal resources.
- Obtain services in the community.

Lycoming/Clinton AE also aims to make sure individuals receiving services have free choice of where they live and what provider to choose as long as the providers is willing and qualified. The AE ensures that each individual's rights are not restricted and that services will not be allowed in settings that have the qualities of an institution.

In order to ensure the right of people with disabilities to live in the community and receive the support that they need to participate in society as equal citizens, the AE, or designated SCO representative, participates in Transition Meetings and discusses a range of services and supports such as housing (including supported housing), care in the family home, case management support, and supported employment, as well as access to mainstream services such as health care to encourage a smooth transition to the community. The AE will also monitor Waiver Capacity or request additional Capacity, if deemed necessary as well as secure Base Funding as an interim source to ensure funding upon Transition and ongoing.

Lycoming/Clinton AE takes effective and appropriate measures including natural/community supports and paid supports to facilitate Individuals full enjoyment of their rights, with choices equal to others. Lycoming/Clinton's AEHRC identifies in part, through the Incident Management system, rights related concerns and ensures promotion of Individual rights.

HOMELESS ASSISTANCE PROGRAM

LYCOMING COUNTY

The below description of the Lycoming County homelessness grant process applies to Lycoming County United Way's (LCUW) efforts to allocate Homeless Assistance Program (HAP) grant funding, which are monies used in combination with other funding to operate local homeless shelters, homelessness prevention and rapid rehousing services, case management, skills training and other avenues of that nature.

HAP is managed through the LCUW and overseen by a community HAP Board. The Board assists with identifying participating providers and monitoring service delivery. All potential candidates for HAP funding apply by answering a Request for Proposal (RFP) put out by LCUW. Allocation of funds is based on numbers of individuals served with each participating agency being required to submit monthly and quarterly reports on the categories for which funds are used. All reporting is reviewed by the Lycoming County United Way and Lycoming County Fiscal Services Offices. Quarterly meetings are held with participating agencies to ensure compliance.

Refer to the below for a detailed description of the responsibility and action taken in the HAP process:

- **Grantee:** Lycoming County United Way (LCUW)
- **Administrative Oversight:** Brittany Fischer, VP Community Impact – LCUW, prepares applications, monitors procedure and compliance, and assists with reporting to funding agencies. Mya Toon, Chief Procurement Officer - Lycoming County Fiscal Services, manages all county-directed grant funding along with review of fiscal operations.
- **Program Operator:** With HAP being managed by LCUW, Brittany Fischer oversees the operations of the program with help with an assembled Community HAP Board. Brittany oversees the functions of the program along with the allocation of funding to the awarded programs within the county.
- **Program Oversight:** A HAP board has been assembled to include members of the Lycoming County community, including representatives from HAP funded shelters and other homeless service agencies. The board meets at least two times throughout the year, but is working to begin meeting Quarterly throughout the upcoming Fiscal Year 2019-2020.
- **HAP Providers:** Staff members of the funded shelters and other homeless service agencies that work with community connections to ensure proper use of the allocated funds.
- **Fiscal Operations:** All processing of payments and accounting services are performed by LCUW's finance department. Partnering with Mya Toon at the County office, all fiscal transactions are monitored closely.
- **Reporting:** Awardees of HAP funding are required to submit monthly and quarterly reports detailing the categories of which the funds were used. All reporting is reviewed by Brittany Fischer at the LCUW office and then by Mya Toon when yearly reports are drafted and submitted from LCUW to the County Fiscal Services Office.

During FY 2019/20, LCUW expects to allocate HAP funds in the following categories:

Bridge Housing: HAP monies are used to fund this service that is referred to as, "The Bridge". "The Bridge" can assist to move individuals from being homeless into permanent housing. This is usually the next step when leaving an emergency shelter. This service provides resources to stay in a shared facility or apartment for up to 18 months for a small co-pay

depending on income. Case management services are also included to assist with independent living goals. The County evaluates the success of this component through monthly review and monitoring of submitted agency reports. There are no proposed changes to this component for FY 2019/20.

Case Management: HAP monies are used to fund this service as it is designed to assist in identifying needs and the reasons why individuals became homeless or near homeless. The focus of Case Management is to provide the tools and skills that are needed to prevent individuals from ever being in a homeless situation again. The many services include budgeting, life skills, job preparation, home management and referral to drug and alcohol services, if necessary. The County evaluates the success of this component through monthly review and monitoring of submitted agency reports. There are no proposed changes to this component for FY 2019/20.

Rental Assistance: If an individual is in danger of being evicted from their apartment or home, the Lycoming County HAP can assist with payments for rent, mortgage, security deposits and utilities. The HAP provider works with landlords to maximize the ability to stay in an individual's apartment or home, or work to find a more affordable apartment. HAP can also be used to move individuals out of shelter into an affordable apartment. The County evaluates the success of this component through monthly review and monitoring of submitted agency reports. There are no proposed changes to this component for FY 2019/20.

Emergency Shelter: HAP monies are used to fund this service if an individual is currently homeless and has no permanent residence or are a victim of domestic violence. The Emergency Shelter component provides shelter for a short period of time. During that time, case management services are also provided to assist with securing more permanent housing. The County evaluates the success of this component through monthly review and monitoring of submitted agency reports. There are no proposed changes to this component for FY 2019/20.

Innovative Supportive Housing Service: This component enables the service provider to design a supportive housing service for homeless and near homeless persons that is outside the scope of existing HAP components and addresses unique county needs. In the past, HAP monies had not been applied to this category, but during the FY of 2018/19, Innovative Support Housing Services were provided to those effected during the Government Shutdown and other events that happened throughout the FY.

HMIS Implementation: Lycoming County does not require HMIS at this time.

Projected Budget (FY 2019/20)

Figures listed below are the projected/budgeted need for the 2019/20 FY, which totals **\$200,000**. This amount was compiled after creating a summary report that showed the services provided and the total expenses applied. Based on the amount awarded for FY 2018/19, in the amount of, *\$153,112.00*, there was a difference of *\$146,500* that our community agencies were investing into Homeless Assistance. Receiving HAP monies in the form of **\$200,000** will still leave a shortage in funding, but significantly less.

Bridge Housing: We were pleased to be able to service nearly 400 individuals and families under the Bridge Housing program. Based on those numbers, which were compiled during FY 2018/19, we plan to budget \$50,000 to be spent on expenses for Bridge Housing. Our goal is to serve at least 425 individuals and families in the upcoming FY.

Case Management: Based on current request levels for housing help across all categories of homelessness and at-risk of homelessness, we anticipate case management services will be needed for more than 500 persons. This FY alone, our agencies have supported nearly 1000 adults and children through their Case Management services. We plan to apply \$55,000 toward the staff salaries and fringe benefits for hours spend on case management.

Rental Assistance: During FY 2018/19, over 500 individuals were serviced with Rental Assistance services. We are planning to apply a minimum of \$30,000.00 to be applied to Rental Assistance, including security deposits. We anticipate serving at minimum, 500 participants with under this category in the coming FY.

Emergency Shelter: We plan to apply \$40,000.00 toward Emergency Shelter operations. We expect to serve near 300 shelter residents next year.

Innovative Support Housing Services: New to our reporting this year, our agencies have serviced nearly 100 individuals through Innovative Supportive Housing during the FY of 2018/19. Moving into FY 2019/20, we anticipate spending \$25,000 and reaching number of around 100 again.

CLINTON COUNTY HOMELESS ASSISTANCE SERVICES

Continuum of Care

The following description of the Clinton County homelessness continuum of care applies to our HAP funding allocation, which contributes to the operations of our homeless shelters and case management services. Other funding sources, including the county's 2017 Emergency Solutions Grant and our 2018 PHARE grants, also contribute to these services along with homeless prevention, rapid rehousing assistance, life skills training, and so forth.

All candidates for potential HAP, ESG, and PHARE assistance can access services through the Eastern PA Continuum of Care's Connect to Home: Coordinated Entry System by calling 2-1-1 or presenting themselves at a designated access site.

- **Grantee:** Clinton County Board of Commissioners
- **Administrative Oversight:** The Clinton County Grants Administrator in the Planning Department, Gabriel Caprio, manages all county-directed grant funding to the program operator: she prepares applications, monitors procedure and compliance, reviews fiscal operations, and assists with reporting to funding agencies.
- **Program Operator:** The Clinton County Housing Coalition (CCHC), a 501 c (3) nonprofit, operates the Life Center and The Merit House, the county's two homeless shelters in the City of Lock Haven, and all of our rental assistance programs. Direct program management is by the Senior Case Manager, Keisha Conway. She oversees part-time shelter case managers and various shorter-term Lock Haven University interns, Americorps VISTA volunteers, and Experience Works volunteers.
- **Program oversight:** The Board of Directors of the CCHC is led by Jeff Rich, Director of the Clinton County Housing Authority. The CCHC board meets monthly, and annual joint meetings are held with participating agencies to ensure good communication and compliance with program rules. The CCHC Board has representatives from the County Departments of Mental Health and Intellectual Disability, Children and Youth, and Adult Probation and Parole. Other member agencies are Lock Haven University, The Salvation Army, Crossroads Counseling, Lock Haven Police Department, Veterans Multi Service Center, Keystone Central School District, and various churches.
- **Fiscal operations:** Processing of assistance payments and accounting services are performed by the financial department of the Housing Authority as a pro-bono service to the CCHC. The county Grants Administrator closely monitors fiscal transactions as they flow through the County to and from DHS (and DCED and PHFA).

- **Reporting:** The Life Center Director compiles the annual reports on the categories and amounts for which funds were used. All reporting is also reviewed by the Grants Administrator.
- **Continuum of Care Participation:** Jeff Rich is Co-Chair North Central Pennsylvania RHAB (Regional Homeless Advisory Board), and Vice President of the Eastern Pennsylvania Continuum of Care. Both Jacqueline Condor and Gabriel Caprio are also active RHAB and CoC members.
- **HMIS Implementation:** The County is an established HMIS/Client Track user for ESG program reporting. Jacqueline Condor of the CCHC is database manager, and Gabriel Caprio has the ability to generate ESG program reports.
- **Service Effectiveness:** Clinton County evaluates the effectiveness of the homelessness case management and emergency shelter services through the monthly Housing Coalition and Northern Tier RHAB Meetings where the most recent point-in-time counts and coordinated entry reports are discussed and participant progress is reviewed. The County Grants Administrator, Gabriel Caprio, also conducts annual monitoring of the Emergency Solution Grant program at the Clinton County Housing Coalition. The monitoring process looks at client eligibility, case management and follow-up, records of assistance to eligible clients, and other documentation approved with the program budget.

Recent Accomplishments

Reentry Housing Program. Our Returning Citizens Program (RCP) continues to assist inmates who are eligible for parole but lack a home plan. (We primarily use PHARE funding for this purpose). In 2019 year-to-date, 6 inmates, who were eligible for release but lacked a home plan, have participated in the program. Upon release from the Clinton County Correctional Facility, these individuals were provided housing. Through cooperative case management with Clinton County Probation, nearly 50% of participants successfully exited the program with employment and stable housing. As participants gain income, their share of the rent increases; providing program income to help sustain the program. RCP also helps participants obtain the documents necessary to gain employment; i.e., Birth Certificates and Photo ID's, and GED's. Participants are strongly encouraged to attend weekly case management sessions where they create goal plans, recognize achievements, and explore support options from many human service providers in the county.

The PREP Prepared Renter Education Program. In 2019, 14 classes were given. Classes are taught monthly, and anyone receiving HAP, PHARE or ESG rental assistance, or taking up new residence in public housing, is encouraged to attend. Six trainers (two each from the Life Center, Women's Center, and Housing Authority) take turns conducting these sessions, which have been very successful in giving renters the budgeting and tenant/landlord relationship tools they need to maintain stable housing.

The Life Center. As the County's homeless shelter, the Life Center offers emergency shelter to homeless individuals in need. The Life Center covers all living expenses, such as the shelter mortgage, utilities, maintenance, food, transportation, life skills training and support services to residents. Through these supports, residents exiting the program are better able to sustain themselves going forward. In 2019, the Life Center sheltered a total of 11 households, composed of 23 individuals.

The Merit House Men's Shelter Program. 2019 Year to Date, the Merit House has already served 16 individuals. Through intensive case management, six of these individuals were able to obtain employment or social security benefits and five moved into permanent housing. Most of these participants were in need of help with birth certificates, photo identification, and social security cards. We are currently serving four individuals.

For FY 2019-2020, we expect to deploy HAP funds in the following categories:

Case Management: To assist in identifying needs and the reasons why individuals became homeless or are at risk of homelessness. The focus of Case Management is to provide the tools and skills that are needed to prevent individuals from ever being in a homeless situation again. The many services include budgeting, life skills, job preparation, home management, renter education, and referral to drug and alcohol services, if necessary. Case management is performed by the Housing Coalition's Senior Case Manager. Case management is provided to both the Life Center and Merit House participants.

Emergency Shelter: If an individual is currently homeless and has no permanent residence or is a victim of domestic violence, the Emergency Shelter component provides shelter, for a short period of time, 30-60 days. During that time, case management services, life skills training, and "Prepared Renter Education" are also provided to assist with securing more permanent housing.

Overnight Shelter: In February of 2017, the CCHC opened a new shelter where HAP funds have also been deployed. Prior to this, Clinton County only had one full-service homeless shelter (the Life Center) and one domestic violence shelter (Hilton Safe House), but had no facility of any kind designed to serve chronically homeless persons in an emergency situation, who required just a bed and shower for the night. According to the Center for Workforce Information and Analysis, our December 2017 unemployment rate was 6.3%, with 1,200 unemployed adults; way above the 4.7% average for Pennsylvania. Affordable housing options scarce, and evictions are rising. To meet this need, the CCHC converted an existing garage on the grounds of the Life Center into a 4-bed emergency shelter, with a full bathroom, an intake and supervision office, and a staff lavatory. The CCHC secured CDBG, ESG, and private foundation funds for construction of the shelter.

The new facility is now serving chronically homeless persons in an emergency situation. CCHC is prioritizing males, but no one will be turned away if a bed is needed and available. CCHC targeted this group because they are currently not being served. The Life Center Shelter will continue to serve single adults, unaccompanied minors, and families with children, and its Single Room Occupancy Permanent Housing Program (for single women, in the top floor of the Life Center) will also continue. Those programs employ full case management, follow-up, and rapid rehousing efforts to bring clients to stability. The new facility will bring the chronically homeless within reach of these programs and case management, and give them the potential for referral to other programs that may be needed such as addiction treatment and MH/ID medical assistance.

The overnight shelter will open at 6:30pm and close the next morning at 8 am. At all other hours the shelter will be closed, and clients must leave. CCHC imposed a two-week stay limitation. Clients must not be violent, abusive, or visibly intoxicated. They will be strongly encouraged to take part in our intensive case management approach towards self-sufficiency, and to avail themselves of the life skills training, counseling, and career

services the CCHC and its partner agencies have to offer. In addition, all clients will be strongly encouraged to seek and attain employment. Prepared Renter Education is offered for those departing the shelter into any rental housing situation.

PROJECTED BUDGET

Budget figures are based on projected need for 2019-2020 fiscal year, or **\$41,577.00**

Case Management: Based on current request levels for housing help across all categories of homelessness and at-risk of homelessness, we anticipate case management services will be needed for approximately 30 households,. We request \$12,020.00 toward salaries and fringe benefits for case management.

Emergency Shelter: We are requesting \$25,400.00 toward Emergency Shelter operations. We expect to serve 90 shelter residents next year between the Life Center and the new Merit House.

Administration: We are requesting \$4,157.00, or 10% to cover the general administrative costs required for program oversight, implementation, and compliance by the county.

SUBSTANCE USE DISORDER SERVICES

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

The West Branch Drug & Alcohol Abuse Commission provides in-house case management services. The Case Management Unit (CMU), ultimately overseen by the Executive Director and secondarily by the Assistant Director, consists of a Case Management Supervisor, Case Managers and Case Manager Trainees. Treatment services are then provided by contractual agreement. The Commission also employs Certified Recovery Specialists (CRS) who are integral in the process of individuals accessing care.

Referrals to The Commission's CMU are received from a variety of sources, including but not limited to the following: self-referral, the criminal justice system, Children and Youth Services, Mental Health and Intellectual Disabilities, treatment providers, local schools, family and friends, medical professionals, etc. The Commission advertises case management services through local telephone directories, newspapers, radio advertising, web page, Facebook, and brochures at various human service agencies. The Commission has also developed and distributed cards throughout communities which it serves offering a toll-free number to call when looking for help in battling one's alcohol and other drug use. Staff also provides outreach with various human service providers to ensure community awareness of the services available.

While business hours are 8:00 a.m. to 4:30 p.m. Monday through Friday, The Commission provides 24-hour access to a Case Manager by cellular phone. The toll-free number is forwarded to this service after hours for easy client access. Individuals calling in on any other designated line to the main office after hours will be directed by the voice mail system to the appropriate cellular phone number in cases of emergency. This allows the CMU to conduct screenings as needed. In addition, Certified Recovery Specialist (CRS) staff is

available by their own on-call line. Hospitals may contact the CRS on-call staff directly or the Case Manager in order to seek services for patients presenting outside of standard business hours.

Screenings occur at the first point of client contact and emergent care needs are addressed at this time. A qualified Case Manager, Case Management Supervisor, the Assistant Director, or the Executive Director completes this process by telephone or face-to-face contact. Also at this time, clients are asked whether or not they are covered by a private medical insurance carrier or Medical Assistance. Privately insured clients are offered assistance in accessing those benefits, locating a provider and accessing services. If they should decline, they are otherwise directed to contact their carrier regarding drug and alcohol coverage and how to access it. Those covered by Medical Assistance are verified via PROMISE and seen or scheduled at that time. Individuals who report no coverage but indicate they are working full-time or receiving a steady income, such as Unemployment Compensation benefits, are asked to provide documentation of their income by the time of assessment. Clients who are reportedly unemployed or employed part-time and receiving no benefits are asked to apply for Medical Assistance. Individuals are provided access to a computer at The Commission and offered guidance in applying from its office. Those who are unable or choose not to do so are given information as to how to access it online and/or provided a paper application for completion and submission. Any of the above documentation or combination thereof, along with some form of proof of current residency, is considered sufficient for determination of eligibility for case management services and possible funding for treatment.

Once screened and determined eligible for services, clients are scheduled for an assessment with a Case Manager, the Case Management Supervisor, the Assistant Director, or Executive Director. The assessment is conducted and a referral, where appropriate, is made for the designated level of care (LOC) with a provider best suited to meet the client's specific needs. The Commission is contracted for each level of care and with a variety of treatment providers across the Commonwealth. Every effort is made to see that the client walks away with an appointment time or time of admission/transportation for treatment. The Level of Care (LOC) at which a client is best served is continually evaluated throughout his/her active involvement with the CMU.

Also among the resources with which individuals are connected are the CRS staff, both in-house and with contracted providers; Medication Assisted Treatment (i.e. buprenorphine, naltrexone, methadone, etc.); and wellness nursing, designed to couple physical health with behavioral health in a broader wellness perspective. Those interested in intervention services for their loved ones are connected with those opportunities as well.

Once engaged in services, individuals are scheduled for regular contacts for ongoing case coordination and are encouraged to contact the CMU with any questions, needs, or concerns at any time before, during, or after treatment. The same is true of Certified Recovery Specialist services.

Case Managers shall provide coordination of services to all active clients in order to provide continued support and more closely monitor clients' treatment and non-treatment needs. This should, in turn, improve client retention in treatment, prove as a catalyst for self-sufficiency, and help to sustain ongoing recovery. At the time of assessment, the information gathered from the assessment tool as well as in discussion of the service plan shall be utilized to identify needed resources. The service plan addresses needs that individuals may have in the following areas: Healthcare Coverage; Basic Needs (Food, Clothing, Transportation); Physical Health; Emotional/Mental Health; Family; Childcare; Legal Status; Education/Vocation; Life Skills; Social; and Employment.

Follow-up shall occur with whatever frequency is required to meet the individual’s needs but, at minimum, by the following schedule: upon admission to each level of care and every 60 days thereafter. The DDAP Recovery Plan in the PA WITS database shall be completed with the client at each of these contacts. As appropriate, individuals will also complete within 15 days of initiation of services a wellness/safety/crisis plan incorporating a sober support network in collaboration with their Case Manager and review these together regularly as policy dictates. Discharge planning shall begin at the first planning stages and be updated over the course of the individual’s recovery as well. All service plans shall be specific to the individual, his or her goals, to their intended outcomes, the action steps to be taken to achieve those outcomes, the person responsible and the target date. All activities shall be designed to empower the individual in developing the skills necessary to achieve and maintain self-sufficiency and appropriate supports in recovery from substance use disorders.

Please provide the following information:

1. Waiting List Information:

	# of Individuals	Wait Time (days)**
Withdrawal Management	0	0
Medically-Managed Intensive Inpatient Services	>Please, see note.	>Please, see note.
Opioid Treatment Services (OTS)	0	0
Clinically-Managed, High-Intensity Residential Services	0	0
Partial Hospitalization Program (PHP) Services	0	0
Outpatient Services	0	0

**Use average weekly wait time

>Medically managed intensive inpatient services are incredibly difficult to access. Once approved, there is an estimated 7-10 day average waiting period. However, in addition to this, there are lengthy periods of exchange of information (largely due to lack of response from the provider and additional requests along the way) in order for the provider to make a determination. Clearly the process adds significantly to the wait time. Often then individuals are ultimately denied for admission anyway. In addition are the geographical challenges and the fact that, if accepted, these providers do not offer transportation to those residing in our communities.

2. Overdose Survivors’ Data: Please describe the SCA plan for offering overdose survivors direct referral to treatment 24/7 in your county. Please indicate if a specific model is used and provide the following data.

DDAP defines an overdose as a situation in which an individual is in a state requiring emergency medical intervention as a result of the use of drugs or alcohol. Specific examples may be seen in the ICD-10 diagnosis codes for substance overdose or poisoning. The Commission recognizes the increased risks and unique opportunities presented by an overdose situation. As a result, individuals referred by a hospital following an overdose will be:

- seen face-to-face by a Certified Recovery Specialist (CRS) within 15-30 minutes of notification whenever possible,
- screened and assessed by Case Management staff in accordance with policy,
- served with urgency as emergent care cases, and
- offered immediate admission to treatment at the appropriate level of care (if the appropriate level of care is not immediately available, interim services will be provided).

In an effort to streamline priority access to quality services, The Commission maintains and reviews annually its contact listing of contracted local treatment facilities and distributes said listing to the local hospital facilities. Outreach is conducted as well to offer face-to-face meetings with appropriate staff at the physical healthcare provider to ensure engagement and investment in the process.

Certified Recovery Specialist (CRS) staff is on-call 24/7/365 to present at the Emergency Department (E.D.) to meet with overdose survivors, engage, and facilitate agreed upon services, whether inpatient treatment via a Case Manager, outpatient services, Medication Assisted Treatment, and/or CRS follow-up services.

While business hours are 8:00 a.m. to 4:30 p.m. Monday through Friday, The Commission provides 24-hour access to a CRS and a Case Manager by cellular phone (DDAP's SCA Model). The toll-free number is forwarded to Case Management on call after hours for easy client access. Individuals calling in on any other designated line to the main office after hours will be directed by the voice mail system to the appropriate cellular phone number in cases of emergency. This allows the CMU to conduct screenings as needed. The physical healthcare providers above are provided with both the toll free number and the direct cell phone numbers for after-hours referrals. Every effort is made to have a CRS made available on site at the hospital upon referral. As opportunities present, The Commission also has made Case Management staff available for face-to-face contact during business hours.

Screening may be conducted by phone or in person. A Case Manager/Case Manager Trainee, Case Management Supervisor, the Assistant Director, or the Executive Director is assigned to be available at all times to conduct screenings. No treatment limitations shall apply.

In the event that the community suffers a deluge of overdoses in a defined period of time, perhaps due to the presence of a particularly potent or tainted substance, The Commission is dedicated to doing everything in its power to sustain life, offer support, and ensure connections to available resources in the very moment they are needed most.

West Branch Drug & Alcohol Abuse Commission will offer the presence of staff at the hospital to help triage, screen and refer and offer support to victims. Such representatives may include one or a combination of any of the following:

- Executive Director
- Assistant Director
- Case Management Supervisor
- Case Manager(s)
- Certified Recovery Specialist(s)

Commission on-call/screening staff member(s) will call the affected emergency department(s) every two hours to inquire after needs and offer support. Management will also make direct contact with the Medical Director and/or social work staff at the affected emergency department(s).

Information will be made available to the hospital regarding Commission services, Narcan availability, signs & symptoms of overdose, Narcan administration along with resuscitation, and resources for treatment & recovery support as well as for family and loved ones.

The Commission will work with partnering treatment and service or support providers to:

- place detox beds on hold for these overdose victims
- make inpatient provider staff available to facilitate immediate admissions
- make other CRS staff available to support, advocate for, and coach overdose victims toward available resources and recovery
- make outpatient provider staff available to build upon existing relationships with overdose victims toward warm handoff
- coordinate with Community Care Behavioral Health Organization to make high risk care manager(s) or other clinically trained staff available
- provide social media support and information regarding available resources (to include other supportive entities such as Saving Lives for Zachary and Recovery Community Connections).

Supports will be offered to family and loved ones as well via:

- listening ears
- connection to mutual support programs for them (i.e. Al-Anon, Nar-Anon, GRASP, etc.)
- connection to therapeutic supports
- recovery resource center materials and space
- ARISE model continuing care and intervention (in circumstances where the victim remains reluctant to seek treatment and recovery despite other efforts to intervene).

The Commission will continually meet and communicate with partners in the ongoing effort to prevent and respond to such incidences.

The data in the first three (3) cells below reflects only those individuals presenting to the emergency department with an opioid overdose from April 2018 through June 2018. The SCA's lengthy and extensive efforts to establish warm handoff services only really began to come to fruition in April of last year. Consequently, the data is a poor reflection of the service as it now stands more than a year later. The exception, having been secured from the county coroners, is the number of deaths which are a reflection of calendar year 2018 and not specific to any particular substance. This number is down significantly from 42 deaths the year prior.

# of Overdose Survivors	# Referred to Treatment	# Refused Treatment	# of Deaths from Overdoses
29	4	11	29

Also, as the Department of Drug & Alcohol Programs operates on a July 1 to June 30 fiscal year and has focused its data gathering on the specific criteria noted above, the table does not represent the most recent data nor the breadth of services offered by The Commission. For the month of May 2019 alone, for example,

the hospitals coordinated with the SCA on a record total of 95 cases. Of these were: 9 opioid overdose cases, 2 of them facilitated at the E.D. (one of which was scheduled with Medication Assisted Treatment, or MAT, from there), 6 from acute care, and 1 on the psychiatric ward; 3 more presenting with overdose but from substances other than opioids. Of the 95 total reported: 25 (26%) presented with opioid use disorders; 36 were E.D. referrals, 54 acute care, and 5 were on the psychiatric unit. Alcohol represented the largest percentage of cases (53%) – 50 in all. Other presenting substances included methamphetamine, cocaine, marijuana and over-the-counter substances. Collectively, there were 6 individuals admitted directly to inpatient substance use disorder treatment, 2 new referrals to MAT, 2 already engaged in MAT, and 1 individual detained.

Those that are not admitted directly to an inpatient facility are still offered and/or accepted/received MAT or consultation for such, other treatment, case management and/or CRS outreach and follow-up services. Of all 95 individuals seen, only 4 (4%) refused services altogether. Since our in-house tracking system is our most comprehensive and reliable source for this data, it will parallel the Warm Handoff data.

3. Levels of Care (LOC): Please provide the following information for your contracted providers.

LOC ASAM Criteria	# of Providers	# of Providers Located In-County	# of Co-Occurring/Enhanced Programs
4 WM	>Please, see note.	0	>Please, see note.
4	2	0	>Please, see note.
3.7 WM	>Please, see note.	0	>Please, see note.
3.7	12	0	>Please, see note.
3.5	24	0	>Please, see note.
3.1	7	0	>Please, see note.
2.5	>Please, see note.	>Please, see note.	>Please, see note.
2.1	>Please, see note.	>Please, see note.	>Please, see note.
1	>Please, see note.	>Please, see note.	>Please, see note.

>DDAP has not yet received the information from all contracted treatment providers in order to be able to make designations for all inpatient programs; therefore some of our contracted providers are not represented here. No designations have officially been announced yet for withdrawal management, co-occurring enhanced, or level 1, 2.1, or 2.5 services. As currently identified, we are contracted with five (5) providers for partial hospitalization services, three (3) of which are in-county, and four (4) and six (6) providers for intensive outpatient and outpatient respectively – all of which are in-county.

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

It has been noted that we lack access to medically managed intensive inpatient services. More facilities are needed. Having one in closer proximity to Lycoming and Clinton Counties would improve access both in overcoming transportation barriers and in opportunity to develop a stronger professional relationship with the provider.

The primary need among current treatment providers is for consulting psychiatrists. Provider feedback is that there simply aren't enough psychiatrists to meet the recruitment needs. With the growing demand for co-occurring care, the community would benefit greatly from having more than one option for psychiatry among its outpatient substance use disorder treatment providers. This helps to centralize care and minimize the loss of individuals to the barrier of having to fragment services across multiple providers. Also lacking locally are qualified staff to serve the specialized needs of the LGBTQI community and those with gambling disorders.

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

The Commission has been designated as the Centralized Coordinating Entity (CCE) for Clinton County and has made distributions to the adult probation office, county correctional facility, Lock Haven University police and health services, Sugar Valley Fire Company, Lock Haven City Police Department, Clinton County Sherriff's Department, Clinton County Courtrooms, and Goodwill Hose Company in collaboration with the Central Mountain High School as well as supplying its own office. Out of The Commission's own supply we have provided Narcan to the Renovo Police Department and others also.

The Lycoming County CCE has distributed Narcan to a total of 21 entities. Among these were four (4) police departments, four (4) ambulance/EMS providers, the County Coroner's Office, District Attorney's Detectives, County Bail Release Program, Pre-Release Center, County Prison, Juvenile Probation Office, Domestic Relations Office, five (5) treatment providers, and the SCA.

The Department of Health has held free distribution days in both counties as well. In general, however, it presents as difficult for community members to access. UPMC has received a grant to offer it for free, though the process for this remains uncertain.

The Commission is currently participating in an endeavor through a committee of the Criminal Justice Advisory Board in Clinton County, and in partnership with UPMC Susquehanna, to provide webinar training to pharmacy and medical staff in Clinton and Lycoming Counties regarding overdose and the use of and protocols for Narcan distribution. In August 2018 a workshop was provided to local employers as well. This Addiction in the Workplace program addressed, among other things, the use of Narcan and recommendations that employers consider establishing a policy to have it on site if they did not already. One of the community's largest employers pointedly sought input regarding policy development following that workshop.

- 6. County Warm Handoff Process:** Please provide a brief overview of the current warm handoff protocols established by the county.

A Certified Recovery Specialist and Case Manager Services Agreement with UPMC Susquehanna has been executed that retains The Commission to provide Screening, Brief Intervention and Referral to Treatment (SBIRT) services as an independent contractor. Originating with their Williamsport Hospital campus, UPMC is also the parent company of two (2) of the other four (4) hospitals with emergency departments in the bi-county area and services have been extended across campuses. The Commission was invited to participate in the Opioid Stewardship Committee at its Lock Haven campus. An invitation was extended as well for them to participate in the Clinton County Criminal Justice Advisory Board's (CJAB's) Substance Abuse Committee in partnership with the Pittsburgh Program Evaluation and Research Unit (PERU) and its PA Opioid Overdose Reduction Technical Assistance Center. Of the two (2) remaining hospitals: there have been limited patient

encounters at one, though they have contacted The Commission about expanding the service; and the other transfers such patients.

The Commission is also honored to be in partnership with DDAP and UPMC/WPIC in providing expanded Medication Assisted Treatment (MAT) services under the grant recently awarded by SAMHSA. A Project Manager has been hired to coordinate this venture. These community-based efforts and expanded CRS services are utilized in the warm hand-off process to ensure swifter access to MAT as appropriate. UPMC's Williamsport location has made a physician available to the warm handoff process for MAT assessment and facilitation, and local MAT providers have worked with us to facilitate expedited appointments for such cases. Inductions from the E.D. can thus be continued and maintained seamlessly with local, participating outpatient providers.

In addition to the noted protocols with regard to the 24/7 direct referral to treatment for overdose cases, The Commission has provided these services to a much broader audience. While state efforts have been focused on opioid overdoses in the E.D., The Commission has been serving multiple settings within its hospitals (e.g. acute care, intensive care, labor and delivery, psychiatric floor, etc.), wherever the need presents. In addition, there are no limitations imposed with regard to the substance(s) involved. In fact, our statistics indicate that those presenting primarily as a result of alcohol hover around the 45%-50% mark. Heroin and opioids have approached 40%. In each case, as appropriate, every effort is made to facilitate door-to-door treatment. At times this does mean inpatient treatment. In other cases it may mean MAT, community-based treatment services, and/or continued CRS contacts.

Step 1: CRS receives call on One Talk – One Talk is a service through Verizon Wireless in which a hunt group has been created to ring all CRS staff in order of on call schedule to ensure calls are answered 100% of the time. The CRS on call schedule has one primary CRS on per week. If this person is unavailable it will go to the next CRS in the sequence and so on. On call schedule is created by MAT Coordinator/CRS Supervisor.

Step 2: CRS responds to call – At this time, CRS will present to physical health department/community based agency/location within the community and provide Screening Brief Intervention and Referral to Treatment (SBIRT). They will complete AUDIT/DAST tool(s) as appropriate to the patient substance or alcohol use.

Step 3: CRS on call checks the electronic health record to see if the individual has an open case with The Commission.

Step 4: CRS will stay with client to determine plan – CRS will consult with internal case management staff, MAT Coordinator, or supervisor to assist with determination of level of care. Consult Division of Addiction Medicine for MAT options. Obtain consents that include medical facilities referred to, and criminal justice as needed.

Step 5: Treatment referrals based on consultation in Step 4 and offers to continue CRS services through The Commission

- Referral to inpatient treatment
 - i. During business hours: CRS calls the office and screener/first available case manager starts process for placement and CRS initiates completion of screening paperwork.
 - ii. After business hours: CRS calls on call case manager and case manager starts process for placement

- Referral to outpatient treatment
 - i. During business hours: CRS makes referral to outpatient agency and case management as needed
 - ii. After business hours: CRS makes referral to outpatient agency and case management as needed
- Refusal of treatment:
 - i. CRS offers on call contact information and adhesive cell phone wallet.

Step 6: CRS will follow until placement is completed – capacity determined by CRS

Step 7: If client accepts ongoing CRS services:

- a. Schedule initial appointment in the office or in the community
- b. Complete all necessary CRS paperwork
- c. Electronic Health Record

Warm Handoff Data:

Number of Individuals Served	29
Number Entering Treatment	4
Number Completing Treatment	3

Beyond this protocol are Case Management staff working on a daily basis with overdose survivors who may never receive Narcan or professional medical intervention and find their way to the SCA by some other means altogether. Such individuals are treated as emergent cases just as though they came via the E.D. and served accordingly as outlined in the above description of substance use disorder service delivery 24/7/365.

Please identify Challenges with Warm Handoff Process Implementation:

Initially, HIPAA caused concern for the local hospitals and the process was very slow to initiate. In addition, four (4) of the five (5) hospitals in our area have been undergoing a change in ownership, policy, and staff responsibilities. However, referrals have been expanding across campuses and continued efforts have been made to curry the relationship with the fourth. The fifth is a very small local hospital that, while “participating,” transfers all such cases to one (1) of two (2) of the UPMC Susquehanna campuses noted. It can present a challenge also, at present, to reach one of our hospitals within the time frame The Commission would like due to its geographical location and that of the residences of the CRS staff we currently employ. The Commission has been mindful of this in its hiring practices but the quality of the potential hire remains the foremost concern and holds precedence.

HUMAN SERVICES DEVELOPMENT FUND/HUMAN SERVICES AND SUPPORTS

LYCOMING COUNTY

For each of these categories (Adult Services, Aging Services, Children and Youth Services, Generic Services and Specialized Services), please use the fields and dropdowns to describe how the county intends to utilize HSDF funds on allowable expenditures (please refer to the HSDF Instructions and Requirements for more detail).

Dropdown menu may be viewed by clicking on "please choose an item."

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

Adult Services: Please provide the following:

Program Name: Confer Home Health Services

Description of Services: Confer Home Health Services provides Adult Homemaker services by certified home health aides to approximately 10 to 14 functionally disabled, income eligible adults in the county. Services provided support the individual's ability to live independently in their own home when no other family exists or is available to provide needed assistance in performing essential daily living tasks. Approximately 50% of the adults served are receiving personal care on an ongoing basis and 50% are receiving home help on an ongoing basis. Home Help services provided to eligible adults include shopping assistance, laundry assistance and house cleaning necessary to maintain the person's health and safety. Some cases begin as emergency cases due to the loss of a family member or other person who provided similar support.

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

Program Name: Favors Forward

Description of Services: Favors Forward is a private not for profit organization dedicated to providing information and referral services; connecting those in need with available community services and supports. In addition to connecting residents in need with existing human/social services the agency also maintains an extensive network of informal supports not always available through the traditional social services networks.

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.

Aging Services: Please provide the following:

Program Name:

Description of Services:

Service Category: Please choose an item.

Children and Youth Services: Please provide the following:

Program Name: Firetree Place

Description of Services: This HSDF allocation supports the provision of Life Skills educational opportunities for approximately 70 at-risk children and youth as a component of Firetree's after school, summer and weekend programs. The program is designed to keep at-risk children engaged in positive pro-social activities and develop the skills needed to be successful in life. Life skills provided include education on gangs, drugs, alcohol and tobacco prevention/awareness, self-esteem/self-worth, personal safety, suicide prevention, nutrition and healthy eating, diversity, positive peer relations/conflict resolution and community awareness.

Service Category: Life Skills Education - Practical education/training to the child and family, in or outside of the home, in skills needed to perform the activities of daily living, including child care and parenting education, home management and related functions.

Program Name: Jersey Shore Summer Recreation Program

Description of Services: Life Skills educational services are provided to approximately 150 at-risk youth in the Jersey Shore Borough and surrounding area of Lycoming County as part of an organized summer recreation program. Life Skills educational topics covered during this summer program include drug, alcohol and tobacco prevention/awareness, self-esteem/self-worth/self care, personal safety, nutrition and healthy eating, diversity, positive peer relations/conflict resolution and community awareness.

Service Category: Life Skills Education - Practical education/training to the child and family, in or outside of the home, in skills needed to perform the activities of daily living, including child care and parenting education, home management and related functions.

Program Name: Project Coffeehouse – Montgomery Summer Alive Program

Description of Services: Life Skills educational services are provided to approximately 200 youth in the greater Montgomery Borough area of Lycoming County as part of an organized summer recreation program. Life Skills educational topics covered during this summer program include self-esteem/self-worth, personal safety, nutrition and healthy eating, diversity, positive peer relations/conflict resolution and community awareness. Youth also participate in the growing, care, harvest and preparation of local vegetables grown and prepared on-site in an outdoor kitchen.

Service Category: Life Skills Education - Practical education/training to the child and family, in or outside of the home, in skills needed to perform the activities of daily living, including child care and parenting education, home management and related functions.

Generic Services: Please provide the following:

Program Name:

Description of Services:

Service Category: Please choose an item.

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

Adult Aging CYS SUD MH ID HAP

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

Program Name:

Description of Services:

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.

Other HSDF Expenditures – Non-Block Grant Counties Only

If you plan 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	Social Rehabilitation Services
Intellectual Disabilities	
Homeless Assistance	Emergency Shelter
Substance Use Disorder	

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

Mental Health:

Social Rehabilitation Services: This service is designed to supplement the Community Mental Health Base Funds to provide payment for Social Rehabilitation Services to 64 individuals who are in need of socialization services and do not have any other means to pay for the service. Social Rehabilitation provides daily, structured and unstructured activities for adults with mental illnesses. The activities occur both in a facility and in the community. HSDF funds allocated for social rehabilitation services are passed on to the Lycoming-Clinton MHID program which contracts with Community Services Group to provide social rehabilitation services to Lycoming County residents.

Homeless Assistance:

Emergency Shelter: HSDF funds allocated for emergency shelter will be passed on to the Lycoming County United Way which serves as the coordinating entity administering Lycoming County’s Homeless Assistance Program funding. The American Rescue Workers and YWCA’s Liberty House shelter program are contracted providers of this service, providing temporary shelter while working to transition to more stable housing.

HUMAN SERVICES DEVELOPMENT FUND/HUMAN SERVICES AND SUPPORTS

CLINTON COUNTY

County Planning Team and Needs Assessment

Clinton County
 Autumn Bower, Assistant Director, Clinton County Children & Youth Services
 Gabriel Caprio, Clinton County Planning Department

Clinton County has always used our HSDF allocation to support programs and services that impact the people of our county by filling in some of the gaps in funding or service delivery. Some of the funding can fall under both adult services and specialized services. We have chosen to itemize them under specialized services because they pay for specific portions of services provided to some adults within the county.

Total Clients Served through Clinton County - 2306

Adult Services:

Program Name/Description: Confer Home Health

Description of Services: Specializes in the Home Health discipline. Provides Homemaker services to adult clients with debilitating physical conditions including, the terminal ill, in Clinton County. These services include a variety of needs, from help getting out of bed, medication reminders, personal care, hospice care and also Alzheimer support for patients and families (note – hospice and Alzheimer support do not involve providing any medical services, but rather homemaker supports to the individual and the family.) Home Health can be the difference from staying at home verses going to assisted living.

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

Generic Services:

Adult Aging CYS SUD MH ID HAP

Program Name/Description: Clinton County Community Connections

Description of Services: Funds are used to assist in the cost of providing transportation for intellectually, developmentally and physically disabled adults, 18 and older. Community Connections transports their clients from their Group Home to a variety of program activities such as: Community Habilitation, Supported Employment, Family Living and Mental Health services. The cost of maintenance, insurance and fuel for the vehicles can amount to \$50,000 or more for one year.

Service Category: Transportation - Activities which enable individuals to travel to and from community facilities to receive social and medical service, or otherwise promote independent living. The service is provided only if there are no other appropriate resources.

Adult Aging CYS SUD MH ID HAP

Specialized Services:

Program Name/Description: Infant Development Program – Early Intervention Program

Description of Services: Funds are used to support staff who provide developmental screenings, support and therapy to preschool children as well as home program plans for parents to effectively advocate for their children.

Program Name/Description: Infant Development Program – Perinatal Program

Description of Services: This program provides services to pregnant women/teens to ensure bonding, proper infant care and nutrition of the child and education to address positive parenting. Approximately 45 families will benefit from this support.

Program Name/Description: Ross Library

Description of Services: Funds are used to provide basic literacy skills and promote language and developmental skills for the children of Clinton County. Approximately 1700 children, through the use of a library van and partnering with day care facilities and other youth organizations, will benefit from this funding.

Due to the retirement of E. Robert Lollo, who handled the Administration portion of the services and the elimination of Hope Enterprises, no longer providing services in Clinton County, there will be adjustments in the amount of funding for each of the 5 remaining services.

DESCRIPTIONS OF CRISIS INTERVENION SERVICES

A. TELEPHONE CRISIS SERVICE

The telephone crisis service is a twenty-four (24) hour a day, seven (7) day per week service available to all residents, consumers and their families in Lycoming and Clinton Counties. The crisis telephone service screens incoming calls and provides counseling, consultation and referral to individuals who exhibit an acute problem of disturbed thought, emotional distress, behavior, mood or social relationships. Services are also available to callers who represent or seek assistance for individuals who are exhibiting these problems.

The Units have staff available to respond to incoming calls. For the most part, these calls are answered directly by assigned staff between the hours of 8:00 a.m. and 12:00 p.m. Calls received at other times, or in the case of significant volume, are directly received by a contracted answered service and promptly forwarded to the assigned staff.

Staff are responsible for triaging calls, helping the caller to resolve or find ways of dealing with their mental health emergency, and providing referrals to appropriate services needed to continue resolution of crises. The staff use intervention strategies that include active listening, reframing and problem resolution skills to promote ways of relieving stress related to the current emergency. Staff are able to discuss concerns with mental health consumers and those seeking help on their behalf. They will maintain information and referral resources available for community based services and supports. A copy of resource materials available for staff is included in Appendix 8 and 9.

B. WALK-IN CRISIS INTERVENTION

Walk-in crisis intervention is available to consumers and family members between the hours of 8:00 a.m. and 5:00 p.m. Monday through Friday. Staff are able to accommodate consumers who present to the Williamsport or Lock Haven office with a mental health emergency during these regular office hours. Face-to-face services after hours will be provided through mobile crisis intervention services at an appropriate community location. If the consumer has an open case, every effort will be made for the consumer to be seen by his/her primary case manager. If this is not possible, or if the consumer is unknown, the emergency services staff will provide the necessary services.

The purpose of a walk-in consultation will be to gather information about the current emergency, complete a mental health assessment and provide recommendations as to the nature of needed follow-up, up to and including the filing of a petition for involuntary commitment. Staff will provide crisis intervention, crisis counseling and assistance with referral to community resources as indicated.

C. MOBILE CRISIS INTERVENTION

Mobile Crisis Intervention is a mobile outreach service that is available 24/7 to residents of both counties. The services may be provided at a consumer's home or other community locations

where the crisis is occurring. Consumers needing mobile crisis services are generally initially identified through a contact with telephone crisis staff when the initial assessment indicates the need for this level of response. The nature of the call, description of exhibited behavior and previous consumer contacts will determine the approach to service delivery.

Mobile crisis services include crisis intervention, assessment, counseling, resolution assistance and follow up for individuals who exhibit an acute problem of disturbed thought, emotional distress, behavior, mood or social relationships. Services are provided individually or team delivered, depending on the nature of the initial assessment. Situations where mobile crisis services can be delivered individually include hospital emergency rooms, police stations, group homes, public agencies, restaurants, locations where other professionals are present or other public areas in the community. Locations for team delivered services include home visits or outreach contacts at non-public buildings and areas, or agencies. Police or law enforcement representatives may also accompany staff on mobile crisis contacts if necessary based on the situation.

LYCOMING-CLINTON SUPPORTS COORDINATION ORGANIZATION

200 EAST STREET
SHARWELL BUILDING
WILLIAMSPORT, PA 17701-6613
570-326-7895 OR 1-800-525-7938
FAX: 570-326-1348

8 NORTH GROVE STREET
SUITE A
LOCK HAVEN, PA 17745-3547
570-748-2262 OR 1-800-525-7938
FAX: 570-326-1348

KEITH WAGNER
Administrator

DAWN HARER
SCO Director

AMBER DREESE
SCO Supervisor

BRANDON PECK
SCO Supervisor

CHRISTINA FRAME
SCO Supervisor

Name Of Policy: Crisis Intervention/24 Hour Response System


Policy Number: SCO-008

Purpose: The Lycoming-Clinton Supports Coordination Organization has developed this policy to assure that a consistent process is in place to handle crisis situations 24 hours a day, 7 days a week.


Effective Date: 7/1/2011

Revised: 7/1/2019

Required Signatures:



Keith Wagner
MH/ID Administrator



Dawn Harer
SCO Director

Policy: The Lycoming-Clinton Supports Coordination Organization, as per the Office of Developmental Programs, has developed the following policy and procedure to ensure that a 24 hour response system is in place to assure the health, safety and welfare of consumers.

Procedure: In an effort to assure timely and necessary crisis intervention services after work hours and on weekends the following practices have been put in place.

- Lycoming-Clinton Supports Coordination (SCO) Unit has a Letter of Agreement with our Agency's Crisis Unit. This is updated on an annual basis.
- Crisis Unit will provide intervention services from 4:30 p.m. to 8:00 a.m. Monday through Friday and 24 hour coverage on weekends and holidays.
- Crisis Unit will respond to requests for emergency or crisis services by providing an initial screening/assessment to determine the most appropriate level of intervention.

- Crisis Unit will provide information and referral resources for community based services and supports.
- Crisis Unit will provide, if necessary, mobile crisis intervention services in the community for individuals exhibiting acute levels of need.
- Crisis Unit will respond to and assess emergency situations and incidents and assure the health, safety and welfare of the individual.
- Crisis Unit, in the event of an emergency situation, will contact the SCO Director, Dawn Harer, or MH/ID Administrator, Keith Wagner.
- Crisis Unit will document all contacts in the CPR Web Data System, and forward a summary of the contact to the SCO Supervisor and Supports Coordinator via email for review and follow up by the Supports Coordination Organization.
- Crisis Unit, when indicated, will consult with the appropriate SCO Supervisor and Supports Coordinator for case consultation and disposition when necessary.
- Supports Coordinator will contact the consumer during the same business day to assess the situation and assure health, safety and welfare.

Proof of Publication

STATE OF PENNSYLVANIA } SS
CLINTON COUNTY

Before me, a Notary in and for the County aforesaid, personally appeared Robert O. Rolley, Jr. who being duly sworn according to law, doth depose and say that he is Publisher of The Lock Haven Express, a general newspaper established on the First Day of March 1882, and published at Lock Haven, in Clinton County, Pennsylvania, and that the advertisement of which a copy is attached hereto, was published in the regular editions and issues of said newspaper on the following date(s) August 122019

And in all respects as ordered; and that the affiant is not interested in the subject matter of the notice and that all of the allegations of the statement as to the time, place and character of publication are true.

.....Publisher

Sworn and subscribed before me this 13 day of August.....A.D. 2019


.....
Notary Public

My Commission expires

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Danielle Miller, Notary Public
Lock Haven City, Clinton County
My commission expires December 27, 2020

PUBLIC HEARING NOTICE
In accordance with State Regulations, Lycoming and Clinton Counties will conduct a Public Hearing for the County Human Services Plan (Non Block Grant) for Fiscal Years 2019-2020.
Wednesday, August 21, 2019
4:00 p.m.
Sharwell Building
200 East Street
Williamsport, PA 17701
If you are unable to attend, please feel welcome to provide any written comments directly to the Administrator, Lycoming-Clinton MH/ID Program, Sharwell Building, 200 East Street, Williamsport, PA, 17701.

LEGAL NOTICES

PUBLIC HEARING NOTICE

In accordance with State Regulations, Lycoming and Clinton Counties will conduct a Public Hearing for the County Human Services Plan (Non Block Grant) for Fiscal Years 2019-2020.

Wednesday,
August 21, 2019
4:00 p.m.
Sharwell Building
200 East Street
Williamsport, PA 17701

If you are unable to attend, please feel welcome to provide any written comments directly to the Administrator,

Lycoming-Clinton MH/ID Program, Sharwell Building, 200 East Street, Williamsport, PA, 17701.

**APPENDIX C-2 : NON-BLOCK GRANT COUNTIES
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED**

County: LYCOMING-CLINTON	1.	2.	3.	4.	5.
	ESTIMATED INDIVIDUALS SERVED	DHS ALLOCATION (STATE & FEDERAL)	PLANNED EXPENDITURES (STATE & FEDERAL)	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES					
ACT and CTT	-		\$ -	\$ -	\$ -
Administrative Management	376		\$ 159,354	\$ 5,183	\$ 575
Administrator's Office			\$ 190,133	\$ 22,515	\$ 46,497
Adult Developmental Training			\$ -	\$ -	\$ -
Children's Evidence-Based Practices			\$ -	\$ -	\$ -
Children's Psychosocial Rehabilitation			\$ -	\$ -	\$ -
Community Employment	15		\$ 24,948	\$ 2,772	\$ -
Community Residential Services	60		\$ 1,977,571	\$ 11,149	\$ -
Community Services	75		\$ 232,730	\$ 16,456	\$ 40,000
Consumer-Driven Services					\$ -
Emergency Services	200		\$ 131,902	\$ 6,787	\$ -
Facility Based Vocational Rehabilitation					\$ -
Family Based Mental Health Services					\$ -
Family Support Services	10		\$ 131,511	\$ 12,699	\$ 100
Housing Support Services	50		\$ 175,963	\$ 12,658	\$ 100
Mental Health Crisis Intervention	956		\$ 610,706	\$ -	\$ 294,702
Other					\$ -
Outpatient	56		\$ 1,600	\$ 200	\$ 22,000
Partial Hospitalization	15		\$ 10,000	\$ -	
Peer Support Services					\$ -
Psychiatric Inpatient Hospitalization					\$ -
Psychiatric Rehabilitation	60		\$ 90,000	\$ -	
Social Rehabilitation Services	50		\$ 208,342	\$ 1,120	
Targeted Case Management	840		\$ 354	\$ -	\$ 2,333,020
Transitional and Community Integration	107		\$ 823,995	\$ -	\$ 89,020
TOTAL MENTAL HEALTH SERVICES	2,870	\$ 4,735,686	\$ 4,769,109	\$ 91,539	\$ 2,826,014

* Includes \$33,423 in HSDf

INTELLECTUAL DISABILITIES SERVICES

Administrator's Office			\$ 776,552	\$ 20,659	\$ 1,299
Case Management	615		\$ 214,575	\$ 18,048	\$ 1,275,480
Community-Based Services	126		\$ 438,897	\$ 42,972	\$ 18,928
Community Residential Services			\$ -		
Other	3		\$ 10,000	\$ 1,000	
TOTAL INTELLECTUAL DISABILITIES SERVICES	744	\$ 1,440,024	\$ 1,440,024	\$ 82,679	\$ 1,295,707

**APPENDIX C-2 : NON-BLOCK GRANT COUNTIES
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED**

County: LYCOMING-CLINTON	1.	2.	3.	4.	5.
	ESTIMATED INDIVIDUALS SERVED	DHS ALLOCATION (STATE & FEDERAL)	PLANNED EXPENDITURES (STATE & FEDERAL)	COUNTY MATCH	OTHER PLANNED EXPENDITURES

HOMELESS ASSISTANCE SERVICES - LYCOMING

Bridge Housing	270		\$ 43,112		
Case Management	430		\$ 45,000		
Rental Assistance	210		\$ 20,000		
Emergency Shelter	200		\$ 33,000		
Innovative Supportive Housing Services	25		\$ 12,000		
Administration					
TOTAL HOMELESS ASSISTANCE SERVICES	1,135	\$ 153,112	\$ 153,112		\$ -

SUBSTANCE USE DISORDER SERVICES

Act 152 Inpatient Non-Hospital	150		\$ 182,953		
Act 152 Administration			\$ 32,285		
BHSI Administration			\$ 73,076		
BHSI Case/Care Management	400		\$ 242,000		
BHSI Inpatient Hospital					
BHSI Inpatient Non-Hospital	19		\$ 100,000		
BHSI Medication Assisted Therapy	9		\$ 30,000		
BHSI Other Intervention	10		\$ 10,000		
BHSI Outpatient/IOP	304		\$ 122,000		
BHSI Partial Hospitalization	21		\$ 7,000		
BHSI Recovery Support Services	4		\$ 2,500		
TOTAL SUBSTANCE USE DISORDER SERVICES	917	\$ 801,814	\$ 801,814	\$ -	\$ -

HUMAN SERVICES DEVELOPMENT FUND - LYCOMING

Adult Services	250		\$ 23,000		
Aging Services					
Children and Youth Services	450		\$ 33,000		
Generic Services					
Specialized Services					
Interagency Coordination					
Administration					
TOTAL HUMAN SERVICES DEVELOPMENT FUND	700	\$ 114,423	\$ 56,000		\$ -

If HSDF funds are being transferred to other categoricals, please list the **categorical, cost center, amount, and client count** for all funding moved into other categoricals below:

\$58,423 of Lycoming's \$114,423 HSDF allocation will be transferred to other categoricals as follows: Mental Health, Social Rehab = \$33,423 serving an estimated 64 individuals; Homeless Assistance, Emergency Shelter = \$25,000 serving an estimated 80 individuals.

GRAND TOTAL	6,366	\$ 7,245,059	\$ 7,220,059	\$ 174,218	\$ 4,121,721
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**APPENDIX C-2 : NON-BLOCK GRANT COUNTIES
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED**

County: LYCOMING-CLINTON	1.	2.	3.	4.	5.
	ESTIMATED INDIVIDUALS SERVED	DHS ALLOCATION (STATE & FEDERAL)	PLANNED EXPENDITURES (STATE & FEDERAL)	COUNTY MATCH	OTHER PLANNED EXPENDITURES

HOMELESS ASSISTANCE SERVICES - CLINTON

Bridge Housing					
Case Management	67		\$ 6,157		
Rental Assistance	9		\$ 1,666		
Emergency Shelter	58		\$ 13,614		
Innovative Supportive Housing Services					
Administration					

TOTAL HOMELESS ASSISTANCE SERVICES	134	\$ 21,437	\$ 21,437		\$ -
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HUMAN SERVICES DEVELOPMENT FUND - CLINTON

Adult Services	11		\$ 13,150		
Aging Services					
Children and Youth Services					
Generic Services	107		\$ 10,750		
Specialized Services	2,188		\$ 26,100		
Interagency Coordination					
Administration					

TOTAL HUMAN SERVICES DEVELOPMENT FUND	2,306	\$ 50,000	\$ 50,000		\$ -
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If HSDF funds are being transferred to other categoricals, please list the **categorical, cost center, amount, and client count** for all funding moved into other categoricals below:

GRAND TOTAL	2,440	\$ 71,437	\$ 103,722	\$ -	\$ -
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