

**COUNTY HUMAN SERVICES PLAN
FY 2024-2025**

Carbon-Monroe-Pike

Mental Health and Developmental Services

Drug and Alcohol Commission

Carbon County Homeless Assistance Program

Carbon County Human Service Development Fund

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Fiscal Year 2024-2025

COUNTY HUMAN SERVICES PLAN
ASSURANCE OF COMPLIANCE

COUNTY OF: **CARBON**

- A. The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith.
- B. The County assures, in compliance with Act 153 of 2016, that the County Human Services Plan submitted herewith has been developed based upon the County officials' determination of County need, formulated after an opportunity for public comment in the County.
- C. The County assures, in compliance with Section 1404B(5) of Act 153 of 2016, that it and its providers will maintain the eligibility records and other records necessary to support the expenditure reports submitted to the Department of Human Services.
- D. The County hereby expressly, and as a condition precedent to the receipt of state and federal funds, assures that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; and the Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (relating to contract compliance):
 - 1. The County does not and will not discriminate against any person because of race, color, religious creed, ancestry, origin, age, sex, gender identity, sexual orientation, or disability in providing services or employment; or in its relationship with other providers; or in providing access to services and employment for individuals with disabilities.
 - 2. The County will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signature(s)</i>	<i>Please Print Name(s)</i>	
_____	_____	Date: _____
_____	_____	Date: _____
_____	_____	Date: _____




Appendix A
Fiscal Year 2024-2025

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COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signature(s)</i>	<i>Please Print Name(s)</i>	
	MICHAEL J. SOFRANKO	Date: 8-15-24
	WAYNE E. NOTHSTEIN	Date: 8-15-24
	ROCKY C. AHNER	Date: 8-15-24

Appendix B County Human Service Plan

Introduction

Part 1. County Planning Process

Carbon, Monroe, and Pike Counties are pleased to submit the Fiscal Year 2024-2025 County Human Service Plan. Our three counties are diverse, inclusive, collaborative and creative. We have a long history of cross system and cross county collaboration.

- 1) The team in CMP is made up for critical stakeholders including individuals we serve, families, various providers, educational advocates, self-advocates, peers, hospital staff, elected officials, local business leaders, community-based organizations, community members, our behavioral health managed care organization, and human service staff.
- 2) Planning is a continuous activity in our three counties. There are multiple cross county and cross system planning teams that meet on a regular basis. Membership of these groups include the critical stakeholders mentioned above. Participants of these groups provide valuable input into county planning through their attendance at Pike Autism Support Services, Pocono Autism Support, Best Buddies, Provider Meetings with CCBH, MH, DS, D&A, The Judge's Round Table Meetings, County Commissioner Meetings, System of Care Leadership Team Meetings, Consumer Support Program Meetings, The Quality Assurance Consumer Advisory Panel with Developmental Services, The Member and Family Advisory Committee through the Behavioral Health Managed Care Organization, The Criminal Justice Advisory Board, Information is also collected by the Consumer and Family Satisfaction Team Surveys that are completed annually. Over the past year we have formed additional community meetings including the Overdose Fatality Review Teams, Suicide Fatality Review Teams, and Carbon County Task Force on Homelessness. We have a Youth Suicide Prevention Task Force and two Veteran Suicide Prevention Task Forces (Carbon and Monroe).

We publicize these meetings in printed media including newspapers, flyers, social media, and word of mouth. Agency staff make announcements at public meetings, and case managers share the information. We utilize email, list serves, newsletters, and social media to advertise as well. We also utilize any County Wide Needs Assessments that are completed and the Community Needs Assessments that the local Hospitals complete to determine needs and gaps in services.

The County Human Service Plan Team met on November 9, 2023, March 14, April 18, May 16, and for the Public Hearing on July 22, 2024. These meetings were mostly virtual, but some people attended in person. We promoted these meetings publicly and shared the location and virtual link.

Please see attached agendas, attendance sheets, and minutes from those meetings. This process continues to meet our needs and assists with coordination of services, cross-system training, relationship building, and development of new initiatives. Our team members have agreed to move our meeting schedule to a quarterly schedule, with all of the other collaborative meetings happening throughout the counties, with many of the same attendees, it is a more efficient use of time.

Regular members of this team include leadership from the Area Agency on Aging, The Office of Children and Youth, Drug and Alcohol Single County Authority, and the Office of Mental Health and Developmental Services. In addition, representatives from the Monroe County Grants Office, The

Carbon County Action Committee, Pike County Humans Service Development Office, Pocono Mountains United Way, and Street to Feet Outreach Center. Community members and providers are also part of this planning team.

- 3) Advisory Boards involved in the planning process include: The Carbon-Monroe- Pike Mental Health and Developmental Services Advisory Board; Monroe County Children and Youth Advisory Board; Carbon County Children and Youth Advisory Board; Pike County Children and Youth Advisory Board; Monroe County Area Agency on Aging Advisory Board; Carbon County Area Agency on Aging Advisory Board; Pike County Area Agency on Aging Advisory Board; Carbon Monroe-Pike Drug and Alcohol Board; United Way Governance Board; Community Care Behavioral Health Provider Advisory Committee; and the Community Care Behavioral Health Member Advisory Committee.
- 4) Counties will use funds allocated from the state based on the needs identified during the planning process and on services developed from previous years of planning. All funded services and activities align with the mission and vision statements of the human service agencies. Individual agency priorities are described in detail in the following sections of the plan. Common issues that the team agreed to address include Safe and Affordable Housing, Transportation, Employment, and Systemic Racial and Gender Equity.

Our three counties remain focused on utilizing funds to provide services that are community oriented and least restrictive. We believe that the individuals that we serve should be as independent and self-sufficient as possible. We utilize the interagency process to ensure that the individuals and families are involved in the planning and determine the direction of the team focus. The team meets to review the strengths and needs; highlight what has been tried and what was successful in the past; highlight personal medicine that has been or may be effective; discuss what possible services and supports can be implemented to assist the individual and family; and create timelines and contingency plans. These teams also discuss natural support within the families and communities that may have a positive influence and reduce the need for formal supports.

Additionally, we use case management, peer, and recovery specialist services to help link those we serve with natural support and to educate them on things that will assist in making them become more self-reliant. By focusing on the issues highlighted above we support people within the community in an effort to help those we serve remain in or return to the least restrictive setting.

- 5) Our team strives to make the most of the categorical funding that we receive from the state in our allocations through the Governor's Budget and through special funding opportunities. We strive to maintain effective programs that we have in our counties and to develop new, evidence-based programs whenever the opportunity arises. We are working with Wayne and surrounding counties to develop an Emergency Behavioral Health and Stabilization Center using Community Mental Health Services Block Grant Funds. These funds are also being utilized to continue our expanded Mobile Crisis Services, and our Carbon County Express Care Walk-In Behavioral Health Center.

We continue to focus on the areas of Transportation, Employment, and Safe-Affordable Housing and Equity.

In the past year we have used Reinvestment Funding to address the area of Transportation. We are working with the United Way to implement a transportation service for individuals who are discharged from an inpatient behavioral health setting. This service will be available in all three counties to assist the members with transportation to their first Behavioral Health Outpatient Community Based

Services. As we see the success of this program, we may look to expand it. We have made some progress in these areas.

Our county agencies continue to collaborate and think creatively to meet the needs of our communities, yet we proceed with great caution.

Without sufficient funding of our organizations, we see limited opportunities to expand services and supports within our counties. While we are grateful for the increase in the Governor's focus on decreasing the waiting list in the realm of Intellectual Disabilities, and his 20 million Dollar Investment in Mental Health Funding, this level of funding only serves to solidify a portion of our ongoing services. It does not allow us to maintain programs that were developed with one time funding. It certainly does not give us the opportunity to create new programs or to expand programming.

We will continue our flexibility, creativity, and collaboration to meet the needs of our communities to the best of our abilities.

PART II: PUBLIC HEARING NOTICE

A public hearing to receive comments on the Human Service Non-Block Grant Plan was held on July 22, 2024 via virtual meeting. Public notices with instructions on how to join the meeting were published in all three counties. A recording of the meeting was immediately available on CMP's web site following the meeting.

The hearing was held for the Carbon and Monroe County HSDF and HAP programs in conjunction with the Carbon-Monroe-Pike MH/DS and Drug and Alcohol programs. Included in this plan as an attachment are the agenda, minutes, attendance record, minutes, and proofs of publication for the Public Hearing.

Carbon County is submitting its plan with the joinders from Carbon-Monroe-Pike MH/DS and Drug and Alcohol programs to meet the requirement that one county of a joinder must submit their plans with the joinder.

Part II: Public Hearing Notice

Agenda

Meeting Minutes

Attendance Sheet

Proofs of Publication

PUBLIC HEARING
FY 2024-2025 HUMAN SERVICE PLAN



Carbon-Monroe-Pike

July 22, 2024
2:30 PM

To join the Public Hearing: log into **Microsoft Teams**. Meeting ID: 298 104 348 725 Passcode: mHees2 or **dial in by phone** +1 570-599-6548, Phone conference ID: 357 278 87# United States, Scranton.

AGENDA

- I. Introductions and Overview**

- II. Goals of Planning Team**
 - A. Employment**
 - B. Housing**
 - C. Transportation**
 - D. Systemic Racial and Gender Equity**
 - E. Recovery Simulation**

- III. Summary of Plan by Agency**

- IV. Public/Stakeholder Input and Discussion**

- V. Wrap Up**

**CARBON-MONROE-PIKE DHS HUMAN
SERVICE PLAN PUBLIC HEARING**

MINUTES July 22, 2024

INTRODUCTIONS AND OVERVIEW

Tina Clymer, Administrator of Carbon-Monroe-Pike Mental Health, and Developmental Services convened the public hearing on this date at 2:32 p.m. via virtual and in-person meeting to announce and receive feedback on the FY 2024-2025 Department of Human Services' Human Service Plan for Carbon, Monroe, and Pike Counties.

Team members present were Tina Clymer, Jamie Drake, Jennifer Williams, Sara von Prime Kimberly Solt, Jared Soto, Michael Tukeva, Kwanza Smith, Jahida Nieves, Robert Ruiz, Mary Claire Megargle, Susan Zeigler, Mary Yoder, and Diana Alvey. Visitors in attendance were Diana Rampersad, Dawn Rentas, Kathleen Peterson, and Robin Paul.

Public notices with instructions on how to attend the meeting were published in local newspapers: Times News (Carbon County), Pocono Record (Monroe County), and Pike County Dispatch (Pike County). The announcement was posted on CMP MH/DS' website, Carbon County's website and Community Calendar, Monroe County's website, and Pike County's website. In addition, the information was widely disseminated via e-newsletter, email, and telephone contact by various program office staff and the Human Service Planning Team. An audio and video recording of the public hearing was posted to CMP MH/DS' website following the meeting.

Tina Clymer opened the meeting; thanked everyone for their attendance; explained the purpose of the Public Hearing; and announced that the meeting is being recorded and will be available to view on CMP MH/DS' website.

Ms. Clymer announced the overview, purpose, and methods of the County Human Service Plan; the process and purpose of the team; and the purpose of the Public Hearing.

GOALS OF PLANNING TEAM

Ms. Clymer states the agenda is laid out to outline our purpose. Our purpose today, although we meet on a regular basis with our regular teams, which is always open to the public; anyone who wants to be part of that is welcome, but today is our Public Hearing. We are required to do a public hearing in order to submit our human service plans, our topics, and our goals that we have laid out for this year; actually, they've been our goals for several years include, employment, housing, transportation, systemic racial and gender equity, and recovery simulations. Those goals have been standard. Honestly, the housing and transportation have been goals for the 29 years that I've been employed with this agency and continue to be because they're both areas of need for the people that we serve throughout our system and our general public, and in our communities. I'm hopeful that someday will be able to take those off our top goals. We have made progress. There are a lot more housing opportunities available in our communities, but still not nearly enough for the population that we serve. Typically, how we address those goals is; we go around to our different agencies, and they talk about the goals and barriers that

they have that we're going to be highlighting within the Human Service plan that we submit to the Secretary of Human Services.

Employment Ms. Drake of Drug & Alcohol Reports, employment is typically working with our case management staff. Nothing new really there, same kind of things that we do in terms of meeting with clients help them find out what needs that works for them.

Housing – Ms. Drake of Drug & Alcohol Reports, we're currently trying to work on a project department county to bring in an emergency shelter as well as outreach and transitional housing, it is very grassroots at this point. But last winter, we spent both ourselves and MHDS, spent time at a warming shelter where we realized how big the problem actually was in Carbon County.

And so, with that, it has kind of took form to try to come up with some solutions, that's when you get very long-range project obviously to start from ground up with but they're working on a 501C-3 for the company because the services down there that are currently existing, the beds are full with long waiting lists, like Family Promise, if they can get in there. That will be an ongoing project that we continue to work with.

Transportation Ms. Drake of Drug & Alcohol Reports, echoing Tina Clymer, for my 29 years here, it's always been the top issue that we deal with. I do believe there will be reduced use in telehealth that has helped that issue somewhat in terms of when we clients that cannot make it or the switch to Teams with clients has helped that process a little bit.

Systemic Racial and Gender Equity Ms. Drake of Drug & Alcohol Reports I'm currently serving in Pennsylvania, through Department of Drug and Alcohol programs, they started a pilot in Northeastern Pennsylvania of an "Equity Coalition". We're meeting monthly and developing some goals to work on as far as that most of them will survive surrounding around training and workforce opportunities for people. That's ongoing.

Recovery Simulation – Ms. Drake of Drug & Alcohol Reports recovery simulation is our kind of important thing. We continue to do simulations locally. It also has blossomed. We get many calls from people for us to come all over the place to do these simulations, which as long as they pay our expenses to come, we've been trying to help people out with that. We recently did 125 Children & Youth workers in Tioga County and were there for a day. Our past two, we did 60 residents at Lehigh Valley Hospital and the nursing students in Northampton County Community College here in Monroe County. We are scheduled on September 30th to go to Hickory, North Carolina.

Found technology by all kinds of folks. We have been contacted by West Virginia, who has the highest overdose rate in the United States. We're also working on the dates with them. We are taking that on the road to provide technical assistance to people. They provide volunteers and we go a core group of us go and facilitate into that. It really has been an incredibly good response as we have lots of pre- and post-dates being worked. Correcting in terms of the effectiveness overweighs and people realize what all our folks go through, how they're treated in the systems and how we can better help people. We really are finding that our best populations to do this with are students who are going to go out to the healthcare field, or prior to the start where we hopefully can change some perceptions and develop more support for all of our folks.

With that, we're including things around drug and alcohol, mental health, and reentry so that it's all encompassed into one simulation.

SUMMARY OF PLAN BY AGENCY

Some of the human service agencies report independently in the plan on their successes, barriers, and challenges for the upcoming year.

Drug and Alcohol Commission. Ms. Drakes provides some highlights. We're projecting surveying with the dollars, 822 members for year one. We've seen in the last couple of years, is that our costs for purchase services have increased, providers have asked for increased rates every year. Our rates have become almost better than MA rates at this point. We find we have to be staying on providers to make sure they're applying for MA for people because it is more cost beneficial to not at this stage. We just need to make sure that that process is still happening. You know, they've had no big waiting lists for any services whatsoever.

Last year we had our overdose survivor material. We have 41 individuals that were overdose survivors and only twelve of those were referred to treatment because 28 refused treatment and those are basically warm handoff from the hospitals as well as some contacts from the Monroe County Detectives Office. We anticipate that's going to increase this year because the lending program in Monroe County has really taken off. That's the law enforcement treatment initiative. We're seeing more referrals coming from that. No changes in our providers and treatment services needed in the county.

Basically, we highlighted a lot in the plan for us. One of our major barriers we're seeing is that we're flooding with monies for opiate and now stimulants, but alcohol has not seen any increase in funding in forever and we continue to see alcohol as being one of our primary drugs of choice in our counties. That is a challenge and yet we have expanded through the Attorney General settlement dollars. It's been only our only way to really expand any services because that's the only increase in any of our allocation. Without any further increases, that's been difficult.

Through that, we did expand to have any certified recovery specialist who works with the Monroe County District Attorney's Office on that Levy program and does our overdose outreach which started in the last quarter of this fiscal year. We project services in this new year that is going to either increase more in the number of people that we're dealing with.

We are currently for the new Year also exploring being able to add a counselor that will be working out of the Monroe County Correctional Facility in conjunction with a medication Assisted treatment program that is being established. And here again that comes with the AG dollars and will continue to look for additional contracts for women and children inpatient.

During the last fiscal year, our two functional units became outpatient gambling providers. As we see, this is a need that we're going to be seeing increased rates of the amount of online betting that is going on. that we thought we needed to start pursuing that.

The next area is about Narcan and how we distribute it in the county, and it's being done through all our ambulances, fire departments, public safety, and gated communities. We work with our resorts, we work with campgrounds, school districts. We gave out 500 kits at Pocono Raceway on race day. That's going really well. We have a high demand. We are the coordinating entity in Monroe-Pike counties and now also able to do it in Carbon as well, and in the new year we're also adding wound kits to that because of Xylazine being on street creating wounds. The state has sent us wound kits for people to be able to treat

those wounds as they come up and we have been able to provide resources again, only through the ability with the AG dollars to do social media newsletters, billboards, training videos, all part of the we fight Fentanyl campaign. To get the word out and educate people around the availability of Narcan. warrant last year is warm handoff and the number of Warren Hunt individuals contacted last year was 81. 20 of those entered treatment, and thirteen of those completed treatments.

Mental Health. Some of the programs highlight the continuing priorities for the mental health part of the plan. Children's services. We've worked with the systems of care, CCBH and HealthChoices to enhance support and services in school districts across our three counties, enhancing outpatient mental health treatment, school based behavioral health supports. We partnered with Children & Youth and a provider to implement IY (Incredible Years) in Monroe County, with hopes of moving to Carbon and Pike, if it's successful. CMP works with the systems of care to seek funding for youth peers and family peers. We are hopeful to participate, if we get approval, for the Garrett Lee Teen Project to implement CAMS, which is a (collaborative assessment and management suicidality) Our CASSP coordinators are on the SAP teams. We continued to try to do assessments and participate in SAP team meetings.

Another area is safe and affordable housing. We had this goal as our priority highlight for an exceedingly long time as well, continuing to try to support our residential providers. This past year, we were able to help them increase their starting wage for direct service workers to \$17.00 an hour and we are always trying to support them and help train them in the housing first model.

Psychiatry time is another big priority for us, and we have been trying to combat that in several ways. It's a barrier across the state, but things like first episode psychosis, telehealth practices, increasing our mobile services and increasing medical mobile. We developed walk-ins in Carbon are in trying to develop one in Wayne County. Those are all ways that we've been trying to increase access to Psychiatry time.

Community outreach is another highlight and priority for us. We've done a lot of awareness trying to get the word out. We do things like commercials, billboards, items and try to attend as many events as we can trying to get the information out. We also specialize a little bit of our commercials for the first episode's psychosis this year and for incredible years.

Another area is training and professional development. We continue to provide mental health first aid and QPR, in addition to that we have more staff trained in some new suicide prevention strategies which are safeTalk and Asist, we continue to try to roll those out. We also trained almost all of our case managers in WRAP (Wellness Recovery Action Planning) and we developed a suicide fatality review team in Monroe County and is being developed in Pike and Carbon to reduce suicides that happen in the counties and see if here are things that we can implement in the counties to prevent future suicides.

Following is Forensics. We have helped to implement the Criminal Justice Advisory Board back in Monroe County since COVID, so that's a big one for us and it's going very well.

There's a lot of projects that are coming out of that and we are continuing to work on the stepping up initiative with all three of our county correctional facilities, trying to keep people with mental illness out of jail or get them out of jail as quickly as possible as they are in there.

We also worked with the Monroe County District Attorney's Office to enhance our CIT program by having a CIT law enforcement lead through the District Attorney's Office in Monroe County. That individual also serves Carbon and Pike counties. Then, we have a goal of increasing our 40- hour CIT training and our responses to the data sheets and all three counties that are submitted by the police departments.

A couple of other things that kind of fall in many of the areas is our CHIP, which is keeping people out of the state hospital through diversion and for bringing them back to the community as quickly and as appropriate. We've been under bedcap all year, so that's a nice goal for us and also our targeted case management program, their behavioral health home plus, which works on blood pressure, diabetes and tobacco cessation has been doing really well and met all the benchmarks for this year for their bonus.

Intellectual Disabilities. The RDS goal is being able to manage emergencies before we can secure waiver funding from ODP and then also work collaboratively with other county entities. And this is mainly regarding residential placement within our joinder, because that is one of our biggest challenges currently.

Our goal is to continue to bring awareness to employers so that more of our individuals with an intellectual disability or autism can be employed. Currently, we do have one of the highest in the state where our individuals are working.

And as I said, our biggest challenge currently is placing complex individuals in residential services that would be able to meet their needs.

There's a lot of changes within the DS system, The Office of Developmental Programs, ODP one change is performance-based contracting which is for our residential providers and the hope of that program is to grow the residential programs so that providers will be able to take on more complex individuals; in general, more individuals. Providers will be grouped into three different tiers depending on their performance standards. that is set to start next year 2025 and not, and then another change would be multiyear growth strategy which is set to eliminate the wait list for adults and with an intellectual disability and another step is to have each county manager budgets. There's more to come on that, and it's just in the beginning stages of their planning.

Currently we serve 1109 individuals throughout the joinder that's including all the funding streams.

HAP AND HSDF (CARBON). Kimberly Solt Reports on behalf of Kimberly Miller, concerning the HAP plan for fiscal year 24-25, there are no changes anticipated for the homeless assistance program operations because of limited funding. Prior prioritization for HAP funding remains with the provisions of homeless and near homeless related rental assistance in case management services. \$20,759 is being targeted for half rental assistance to assist 23 eligible homeless or near homeless families or 60 persons and secure or retain stable affordable housing. Rental assistance may include assistance with security deposits, first month rent, utility deposits and or monthly payment with an established program limit. \$6000, has been targeted for half case management services to assist 31 eligible families and \$600.00 is targeted for county HAP administrative cost.

There is one proposed change to the 24-25 HSDF plan because the current overall need for shelter assistance far exceeds the maximum allowable days permitted via this grant, the county is not targeting any of it. 24-25 HSDF allocation for your emergency shelter under the HSDF, emergency shelter allocation its reallocation of funds for these services.

However, you considered should the need for the maximum allowable 10 or fewer days of assistance resurface.

Also, the elimination of the Carbon County Housing Authority homeless priority has further challenged the area's need for extended assistance to help offset some of the costs of these extended shelter needs. The Carbon County Action Committee for Human Services is allocating funds of its 2024 Community Services Block Grant fund for Family Promise of Carbon County emergency shelter assistance through 12/31/2024. Otherwise, based on the counties current base was funded HSDF allocation, \$6500 as in targeted for generic CHUR minor home repair services to assist 15 homeowners resolve, their minor safety and or handicap accessible problems. 42,500 has been targeted for generic housing related services, planning, case management services to assist 75 households or 175 persons resolve their various housing related crisis. \$400.00 has been targeted for interagency coordination activities, and \$600.00 has been targeted for County HSDF administrative costs.

HAP AND HSDF (MONROE) Jahida Nieves Reports, HAP Monroe County has stayed the same for the fiscal year of 2024-2025, which is for Family Promise, PATH, RHD Safe Monroe, and Salvation Army. The funding for 2024-2025 has stayed the same and the same thing goes for our HSDF funding due to allocation not enough funding going out to the counties, we can just give the same amount that was allocated last year, to our agencies.

Transportation and Human Development. Robert Ruiz reports for Pike County, everything remains the same. Same news as the other counties, nothing new to report.

Pocono Mountains United Way. Michael Tukeva Reports that housing remains a significant issue that that we've been leaning into both in the here and now as well as long term strategy. We have some programming around eviction, mediation, and a housing locator program. But then we're also employing one team member that is dedicated just on long term affordable housing solutions, and that looks like you have attracting developers and helping them navigate the channels of local restrictions and understanding what is available from a state and federal tax credit program. The multi prong approach in that respect that is going well. We have one project underway that I was happy to see, you know, submit it to the state.

So, you know, we're excited about some senior housing that we'll be able to bring into the community. We've also done a ton of work around advocacy in that space, and the Visitors Bureau has been an amazing partner as well as some local media sources where we have an entire series being developed and being taped for airing around what affordable housing actually means and how it's really an ecosystem that housing has an impact on many of the topics that we're even mentioned today, housing effects, education, node effects, employment, and criminal justice, you know, you name it right, so, uh, there were we're happy that we're bringing more light to those topics.

Area Agency on Aging. Susan Zeigler Reports on the Aging front, there's a lot of things going on. Our massive thing right now is with the budget, we have seen no increase in our block grant budget. It's going to be the same as what it was last year, and with the loss of the AARPA funding, this will be a tough year for aging. Probably going to see waiting lists get longer for the elderly. Also with the four-year plan, there's a lot of that we had to do for starting in September, and I know here in Carbon one of my goals is to start an Elder Abuse Taskforce and Carbon County and investigate domiciliary care possibly here in the county. We'll see how far we get with the amount of money that they gave me.

Aging your way in PA that did receive some funds, there's going to be a lot of changes. It's going to be collaborative. Between a lot of different offices to produce a plan on how we can improve how someone as they grow older in Pennsylvania can age their way in Pennsylvania.

And as far as our staffing here at the office, we're currently down a Senior Center operator for a PEN Kidder Senior Center. And I feel like a broken record, but we're down at PS supervisor, which we are still putting out. If anybody knows anybody who could be interested.

Megargle, Mary Claire echoes Ms. Zeigler, covered at all the governor's budget did include a new division being developed at the Department of Aging for Alzheimer's and related Dementia disorders, which you know were enthusiastically looking forward to seeing what they're going to be producing. The way of plans for services for that population, it's growing and growing, and we certainly need the response.

Carbon County Office of Public Defender. Mr. Soto Nothing to report other than having a possible discussion with our MH Deputy to discuss, stepping up, we had a consult last week about trying to improve our data collection efforts for future initiatives. We're getting technical assistance through them right now. And the consultant that they work with, we are trying to find out a little bit more about what we must do to kind of coordinate getting data. I know there's certain sets that between the jail, county mental health, county drug and alcohol that we all kind of collect and how we can kind of just use that data to kind of identify priorities. I mean see like at least certain county then too we have a new grant coordinator through the Commissioner's office, Val. Suggested once we ease a little bit further with this then do how we could kind of use maybe some of those data points or identify some of those needs to kind of apply for future funding through to county. As I find out a little bit more about this, I'll reach out to everybody then.

CMP MH/DS Tina Clymer adds, I think the biggest challenge for all of us. but the common thread that we've heard is funding. We have a lot of great ideas. A lot of initiatives that we want to do, a lot of things that are being put on our plate to do without additional funding. One thing that wasn't mentioned was the SAMSA vision for crisis that Pennsylvania is adopting and expecting counties to live up to are the walk-in centers that Ms. Williams mentioned, are part of that. But other than one time funding that we've received, there's not the ongoing funding to support those things that we've developed. That is a challenge for us and something that we are trying to figure out is how to continue to keep the programs we've developed and developed to the standard that the state and federal government wants us to be at, without additional funding. We certainly are appreciative of the \$20 million that the governor has in the budget for this current fiscal year. We are yet to be informed of what that actually means in dollars for individual counties, but we are confident that it will only allow us to maintain some of the programs that we currently have because provider costs have skyrocketed over the last few years and out of \$20 million and our county gets approximately \$300,000 here, give or take, and that basically just covers increases of ongoing services that we have. We're not able to expand or develop new programs with that level of funding. And this year, I'm told there's a different formula being used to distribute the money to counties. I'm not sure what we will or won't get in our budget. We're all kind of in the same boat with that and folks are struggling increasingly each year and we're all trying to patch things together to make sure people get what they need in the community. Mr. Tukeya, you referred to how housing and how it affects everything in people's lives, that's true, though social determinants of health and people, is basic needs right are really at the core of people aren't going to address their drug and alcohol issues, their mental health issues, and folks with ID are often not able to meet their basic needs without help.

Without all those things in place, it's hard to address higher level issues with individuals who don't have a safe place to live, don't have food coming in, don't have a way to get to work to maintain their employment. Those are all things that are primary for all of us, is looking at those social determinants and help. We'll continue to work on those as our goals.

We will continue our meetings for next year as we plan for the next Human Service plan. But our group has agreed to change our meetings from a monthly status to a quarterly status. The reason for that for those of you who are not part of those meetings, is that we all and when you read the plan, the introduction outlines about 40 interagency meetings that go on throughout the counties. They're all planning meetings; we don't want to duplicate what's already going on in counties.

We'll have quarterly meetings to pull together all the things that are happening on a regular basis, and all three of the counties and then, we'll do the public hearing as well. We will post those meetings as we plan them, and we'll go from there.

PUBLIC/STAKEHOLDER INPUT AND DISCUSSION

Yoder, Mary executive director for Senator Rosemary Brown's local government committee in Harrisburg wanted to come and take all this in and get some more orientation from my perspective and just thank you all for all the work that you continue to do.

WRAP UP

Ms. Clymer will share the guidelines for the plan when the state releases them. She asked the team to let her know of any information or events that should be included in this year's plan.

Meeting adjourned at 3:12 p.m.

Respectfully submitted by Diana Alvey, Secretary.

HUMAN SERVICE PLANNING TEAM
Public Hearing – July 22, 2024

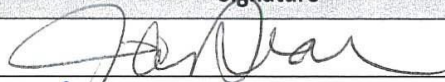

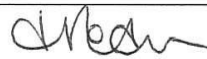
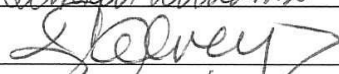
Confirmed Attendance

Name	Affiliation	YES	NO
Matthew Brady Executive Director	Monroe/Pike Co. Assistance Office		X
Tina Clymer, MS, LPC Administrator	CMP Mental Health and Developmental Services	X	
Diana Alvey Administrative Assistant	CMP Mental Health and Developmental Services	X	
Jamie Drake Executive Director	CMP Drug and Alcohol Commission	X	
Jill Geissing Administrator	Carbon Co. Children and Youth Services		X
Marianne Grabarits County Casework Supervisor	Carbon Co. Children and Youth Services		X
Adelaide Grace Administrator	Monroe Co. Children & Youth Services		X
Tyiesha Hinton, PhD Director, ERAP Program	Pocono Mountains United Way		X
Mary Claire Megargle Administrator	Monroe Co. Area Agency on Aging	X	
Rob Mikulski Assistant Director	CMP Drug and Alcohol Commission		X
Kimberley Miller Executive Director	Carbon Co Action Committee for Human Services		X
Leslie Perryman, LSW, CPRP Program Director	RHD Crossroads Community Services Street2Feet Outreach Center		X
Robert Ruiz, MBA, CPRP Director	Transportation and Human Development Pike Co. Human Development Office	X	
Robin Soares Executive Director	Pike Co. Area Agency on Aging		X
Kimberly Solt Accountant	Carbon Co. Area Agency on Aging	X	
Jared Soto Social Worker	Carbon Co. Office of Public Defender	X	
Kwanza Smith Grants Manager	Monroe Co. Office of Fiscal Affairs	X	
Jahaida Nieves	Monroe Co. Office of Fiscal Affairs	X	
Michael Tukeva President/CEO	Pocono Mountains United Way	X	
Sara von Prime DS Deputy Administrator	CMP Mental Health and Developmental Services	X	
Jana Welkey	Carbon Co Action Committee for Human Services		X
Jennifer Williams MH Deputy Administrator	CMP Mental Health and Developmental Services	VJW	
Susan Zeigler Director	Carbon Co. Area Agency on Aging	X	
Jay Sanchez Primary Counselor	Monroe Co. Counseling Services		X

Carbon-Monroe-Pike

Human Service Planning Team

Date: **Monday, July 22, 2024**
 Time: **2:00 – 3:30 pm**
 Location: **Virtual, Teams Meeting**

	Print Name	Signature	Agency
1.	James Drake		CMP D/A
2.	Lina Clymer		CMP MH/DS
3.	Dawn Ru	Dawn Ru	CMP MH/DS
4.	Robin Paul	Robin D. Paul	CMP MH/DS
5.	Diana Rampersad		
6.	K Peterson		CMP MH/DS
7.	Jennifer Williams	Jennifer Williams	CMP MH/DS
8.	Diana Alvey		CMP MH/DS
9.	Mary Yoder	Virtual	Executive Director for Senator Rosemary Brown Local government committee, Hamsburg
10.			
11.			
12.			
13.			
14.			
15.			

Diana Alvey

From: Diana Alvey
Sent: Tuesday, July 9, 2024 12:12 PM
To: All Staff
Subject: Correction to FY date of Our Public Hearing, July 22, 2024

The incorrect FY date was typed in the email below & has since been corrected to reflect (FY 2024-24 to FY 2024-25*)

Thank you!

Diana Alvey

From: Diana Alvey
Sent: Tuesday, July 9, 2024 8:57 AM
To: All Staff <AllStaff@cmpmhds.org>
Subject: Our Public Hearing, July 22, 2024

Good morning,

As required by the Department of Human Services, we will host a Public Hearing on Monday **July 22, 2024, at 2:30pm** to announce and receive comments on our **FY 2024-25** County Human Service Plan. You are invited to attend.

Here is the meeting information:

Microsoft Teams Meeting ID: 298 104 348 725 Passcode: mHees2
Dial in by phone +1 570-599-6548,,35727887# United States, Scranton Phone conference ID: 357 278 87#

Please reach out with any questions.

Thank you,

Diana Alvey

Carbon-Monroe-Pike | Administrative Assistant
Mental Health & Developmental Services
724 Phillip Street Suite# 202
Stroudsburg, PA 18360
(570)-420-1900 Ext. 3364



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Carbon-Monroe-Pike Mental Health and Developmental Services

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Jul 09, 2024

Public Notice – Public Hearing July 22, 2024

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View the recording of the County Human Services Plan Meeting held on 6/8/23.

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Phone: (570) 421-2901

Carbon: 428 South 7th Street, Suite 2, Lehighton, PA 18235

Monroe: 732 Phillips Street, Stroudsburg, PA 18360

FAQs

CMP MH/DS

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Public Notice – Public Hearing July 22, 2024

Carbon-Monroe-Pike Mental Health and Developmental Services; Carbon-Monroe-Pike Drug and Alcohol Commission; Carbon County Homeless Assistance Program; Carbon County Human Service Development Fund; and Monroe County Homeless Assistance Program and Human Service Development Fund will hold a Public Hearing to present and receive comments on the FY 2024-25 County Human Service Plan on Monday, July 22, 2024 at 2:30 p.m.

To join this meeting from your computer, tablet or smartphone, please sign into **Microsoft Teams** Meeting ID: 298 104 348 725 Passcode: mHees2 or **dial in by phone** [+1 570-599-6548](tel:+15705996548), Phone conference ID: 357 278 87# United States, Scranton.

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AFFIDAVIT OF PUBLICATION

Diana Alvey
Accounts Payable
Carbon Monroe Pike Mh/Ds
724 Phillips ST
Suite 202
Stroudsburg PA 18360-2242

STATE OF PENNSYLVANIA, COUNTY OF MONROE

The Pocono Record, a newspaper printed and published in the city of Stroudsburg, and of general circulation in the County of Monroe, State of Pennsylvania, and personal knowledge of the facts herein state and that the notice hereto annexed was Published in said newspapers in the issues dated on:

07/14/2024

and that the fees charged are legal.
Sworn to and subscribed before on 07/14/2024

Legal Clerk

Notary, State of WI, County of Brown

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State of Wisconsin

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PUBLIC HEARING

Carbon-Monroe-Pike Mental Health and Developmental Services; Carbon-Monroe-Pike Drug and Alcohol Commission; Carbon County Homeless Assistance Program; Carbon County Human Service Development Fund; and Monroe County Homeless Assistance Program and Human Service Development Fund will hold a Public Hearing to present and receive comments on the FY 2024-25 County Human Service Plan on Monday, July 22, 2024 at 2:30 p.m.

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CARBON-MONROE-PIKE
MH/DS
Tina L. Clymer, MS, LPC
Administrator

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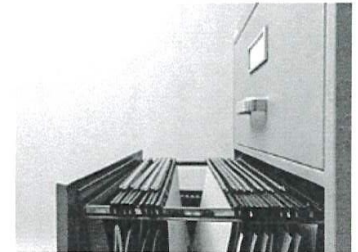
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nty Courthouse and Monroe County
 ve Center will be closed on
2, 2024 - Labor Day



The Monroe County Commissioners together with the
 Judiciary are proceeding with plans to renovate, modernize
 and build an addition to the County Courthouse.



The purpose of the legislation was to provide gr
 to public information, provide for an appeal proc
 access is denied and to impose penalties.

4 County Meetings and Holiday Schedule

What is the latest news on the renovation?

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- 03/18/2024 - Pennsylvania Homeowner Assistance Fund
- 06/11/2024 - First Public Hearing Notice for 2024 Community Deve
 Block Grant Program
- 07/05/2024 - Final Strategic Gun Safety Plan
- 07/05/2024 - Community Partnership for Gun Safety Strategic Plan
- 07/11/2024 - Public Hearing on FY2024-25 County Human Service

Monroe County Highlights

Commonwealth of Pennsylvania } ss.
County of Pike

**PUBLIC NOTICE
PUBLIC HEARING**
Carbon-Monroe-Pike Mental Health and Developmental Services; Carbon-Monroe-Pike Drug and Alcohol Commission; Carbon County Homeless Assistance Program; Carbon County Human Service Development Fund; and Monroe County Homeless Assistance Program and Human Service Development Fund will hold a Public Hearing to present and receive comments on the FY 2024-25 County Human Service Plan on Monday, July 22, 2024 at 2:30 p.m. To join this meeting from your computer, tablet or smartphone, please sign into **Microsoft Teams Meeting ID: 298 104 348 725** Passcode: mHees2 or **Dial in by phone +1 570-699-6548**. Phone conference ID: 357 278.

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CARBON-MONROE-PIKE MH/DS
Tina L. Clymer, MS, LPC
Administrator
51B(67)

Sue Doty-Lloyd
being duly sworn, according to law, deposes and says that she is the Publisher of the "Pike County Dispatch," a weekly newspaper of general circulation established in the year 1826 and published at No. 105 West Catharine Street, in the Borough of Milford, County and State aforesaid; and that a printed notice, an exact copy of which is hereto annexed, was published in said newspaper one time(s), to wit, in its issues of July 11

A.D. 2024 and the affidavit further states that she is not interested in the subject matter of this notice or advertisement and that all of the allegations of the statement as to time, place and character of publication are true.

Pike County Dispatch

Kelli Doro
Kelli Doro, Attorney-In-Fact
Sue Doty-Lloyd, Principal

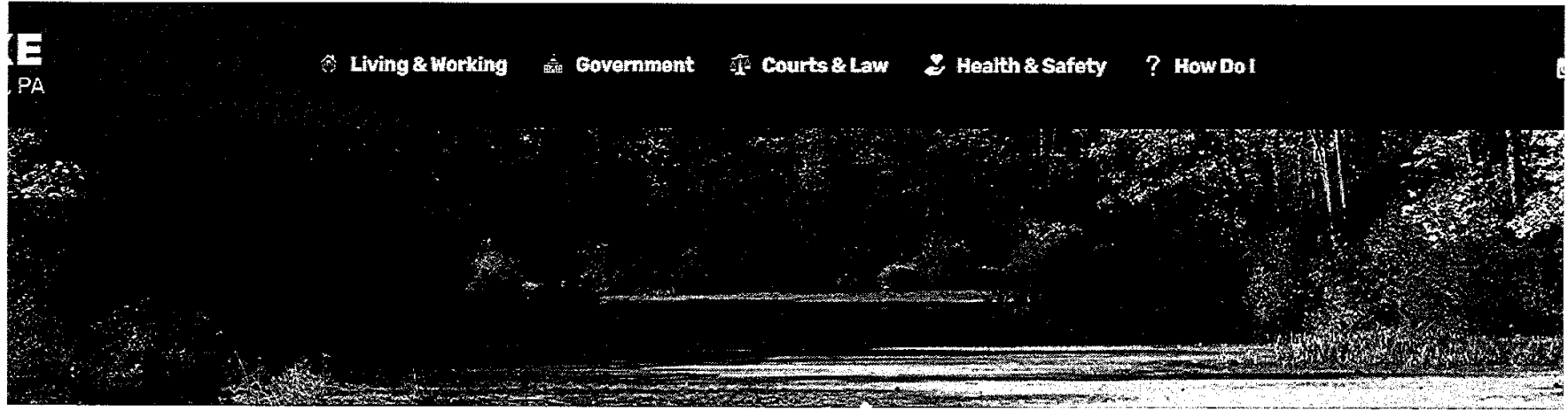
Sworn to and subscribed to before me this 11 day
of July A.D. 2024
Christina Battipaglia
Commission Expires 2/23/27

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Christina Battipaglia, Notary Public
Pike County
My commission expires February 23, 2025
Commission number 1305771
Member, Pennsylvania Association of Notaries

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Public Hearing Notice - FY 2024-25 County Human Service Plan

PUBLIC HEARING

Carbon-Monroe-Pike Mental Health and Developmental Services; Carbon-Monroe-Pike Drug and Alcohol Commission; Carbon County Homeless Assistance Program; Carbon County Human Service Development Fund; and Monroe County Homeless Assistance Program and Human Service Development Fund will hold a Public Hearing to present and receive comments on the FY 2024-25 County Human Service Plan on **Monday, July 22, 2024 at 2:30 p.m.**

To join this meeting from your computer, tablet or smartphone, please sign into **Microsoft Teams** Meeting ID: 298 104 348 725 Passcode: mHees2 or dial in by phone +1 570-599-6548, Phone conference ID: 357 278 87# United States, Scranton.

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Contact the Area Agency on Aging

Administrator: Susan Zeigler
Carbon County Area Agency on Aging
401 Delaware Avenue, 3rd Floor
Pottersville, PA 18071

Phone: (800) 441-1315
Fax: (510) 824-7836
Email: aging2@prd.net
Office Hours: 8:00 a.m. - 4:30 p.m.
Intake Worker Same
Additional Contacts: As Above

For after hours, call 1-800-441-1315 press "1" to be connected to Communications Center and ask for the Aging on-call worker

PUBLIC HEARING - June 8th, 2023 at 2:30 p.m.

Carbon-Monroe-Pike Mental Health and Developmental Services; Carbon-Monroe-Pike Drug and Alcohol Commission; Carbon County Homeless Assistance Program; Carbon County Human Service Development Fund; and Monroe County Homeless Assistance Program and Human Service Development Fund will hold a Public Hearing to present and receive comments on the FY 2023-24 County Human Service Plan on Thursday, June 8, 2023 at 2:30 p.m.

To join this meeting from your computer, tablet, or smartphone, please use the following URL: <https://meet.goto.com/682845893>. You can also dial in using your phone by calling: 1-866-899-4679 or 1-571-317-3116, access code 682-845-893.

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CARBON-MONROE-PIKE M-H/DS

Tira L. Clymer, MS, LPC

Administrator

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- Section Header:**

Public Hearing - County Human Service Plan FY 2024-25
- Text:** P.J.B.L.C HEARING
- Text:** Carbon-Monroe-Pike Mental Health and Developmental Services; Carbon-Monroe-Pike Drug and Alcohol Commission; Carbon County Homeless Assistance Program; Carbon County Human Service Development Fund; and Monroe County Homeless Assistance Program and Human Service Development Fund will hold a Public Hearing to present and receive comments on the FY 2024-25 County Human Service Plan on Monday, July 22, 2024, at 2:30 p.m.
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- Text:** Tina L. Clymer, MS, LPC
- Text:** Administrator
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Public Hearing - County Human Service Plan
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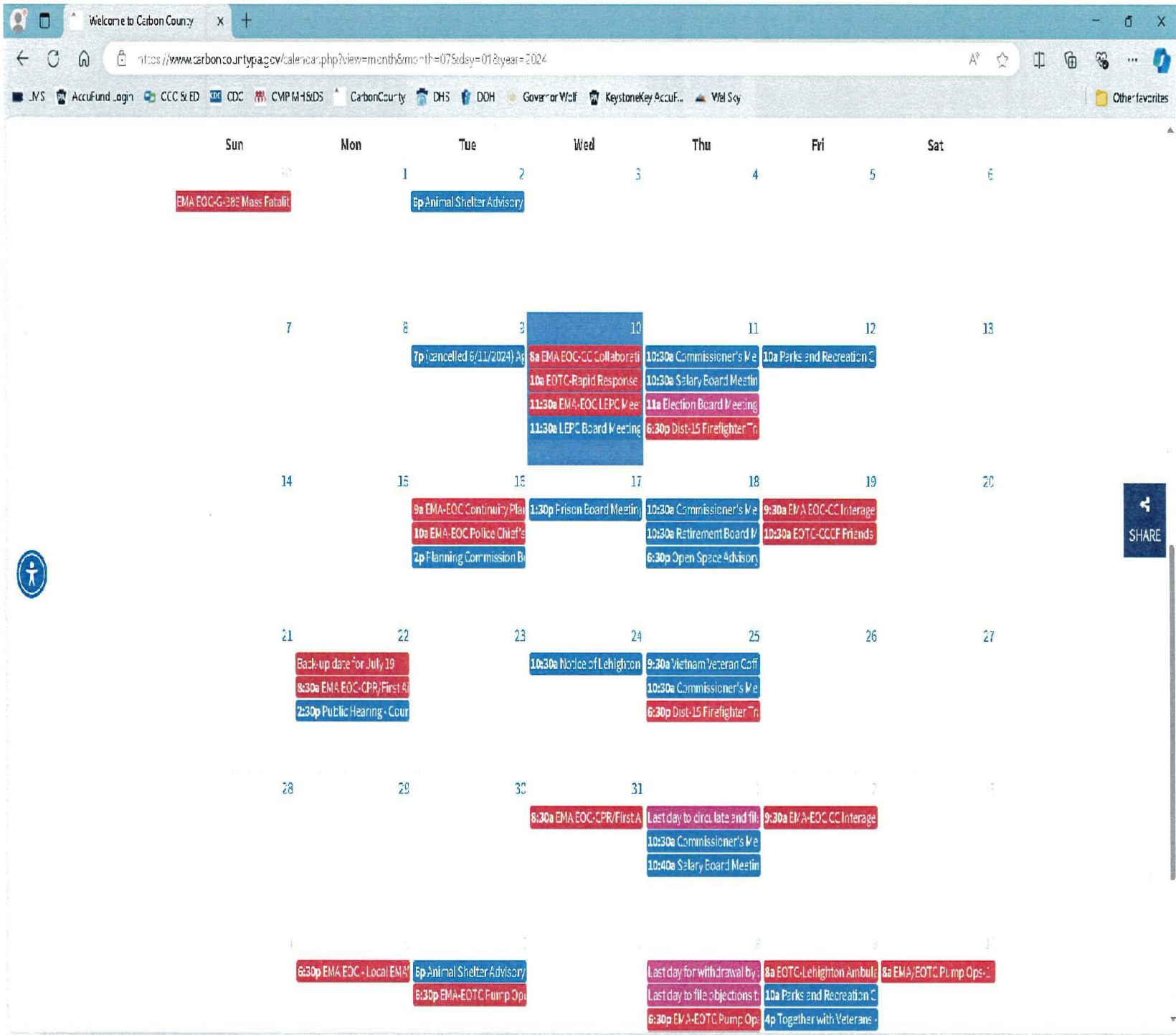
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CARBON-MONROE-PIKE MH/DS

Tina L. Clymer, MS, LPC
Administrator

ICS Close



Appendix B

Part III: CROSS-COLLABORATION OF SERVICES

The Social Determinants of Health are paramount in assisting the individuals we serve. Whole person health is of utmost importance. We believe that these needs are interdependent and to progress in recovery of any type (physically or behaviorally) we must address them. Organizations in our counties strive to address these determinants as effectively as possible. The two areas outlined below are two of the goals identified by our Human Service Planning Team. They are areas of great interest and concern to our organizations.

Employment:

As indicated in Part I, Employment is one of the top priorities for the CMP Human Service Planning Team. We utilize and leverage various resources and funding sources to maximize services for individuals preparing for; seeking; maintaining employment; and moving toward greater economic security with career advancement for higher wages and benefits. The skills and competencies required for employment often make the difference between success and failure in preparation for employment or when trying to retain a job.

County agencies connect a wide spectrum of individuals in age, ability, and culture with employment programs. Most case management programs assist participants with establishing employment and/or educational goals. These programs assess educational/employment needs and make referrals to training programs and institutions of higher learning. The menu of training options offers a safe and stimulating environment for individuals striving to enter the workforce. Pre-vocational training assists individuals with reaching a greater level of self-sufficiency and independence in work environments and creates opportunities for job shadowing, placement, supported employment, and school-to-work transition.

Our counties collaborate with the Office of Vocational Rehabilitation and County Employment Offices along with local employment providers to administer services to those we serve. We rely heavily on the case management entities and Recovery Specialists within our agencies and in provider agencies to make connections and linkages. When individuals served by multiple agencies are involved, we utilize the Interagency Planning Process. This ensures collaborative planning with individuals and families.

Some of the agencies used for education and employment include Carbon County Community College, Northampton Community College (Pike and Monroe Counties) Adult Literacy and Continuing Education Program. These programs include certificate programs for GED, Hospitality, Community Health Worker, and Commercial Driver's License. We also collaborate with CareerLink, PoconoInfo, PathStone, AARP's Senior Community Service Employment Program (SCSEP), and Local SCSEP Programs not through AARP, and Work Force Development Services.

We strive to overcome barriers including transportation to improve our ability to help those we serve become employed, maintain employment and to advance with their current employer. There are presently a large number of employment opportunities within our communities. Local restaurants, resorts, water parks, retail stores, grocery stores, and transport industries are hiring and having difficulty finding staff. We hope to leverage the need for staff to partner with the community to assist the individuals we serve with obtaining employment.

Housing:

The counties utilize and leverage various resources and funding sources to maximize services and close gaps for individuals and families to achieve safe and affordable housing. The coordination and implementation of programs spans the continuum of outreach, shelter, transitional housing, and rapid rehousing. Structured plans are developed that include homelessness prevention to help individuals and families remain in their home or receive housing relocation stabilization services to prevent moving into a shelter. Partners coordinate case management and housing assistance services to avoid duplication; help individuals and families determine goals; and develop one plan across various agencies so that we are all working toward a common goal.

Carbon, Monroe, and Pike Counties each present different challenges with regard to housing that is both safe and affordable. CMP MH/DS has a staff position of Housing Coordinator. This individual, along with many housing providers from the area participate in the Local housing Options Team and the Regional Housing Options Team. The Housing Coordinator works closely with the Action Committee in Carbon County and the Housing Authority Representatives for each of the counties to maximize the Mainstream Vouchers available; the limited Section I Vouchers; the public housing availability; and other housing opportunities within our counties. These group members also collaborate closely with Resources for Human Development's Street 2 Feet group, CrossRoads, Peaceful Knights, Family Promise, The Salvation Army, Senior Housing Opportunities, Self Determination Housing Programs, The Pocono Mountains United Way, and numerous Case Management and Recovery Specialist entities throughout our counties to maximize limited resources. The groups are involved with coordinated entry and a clearinghouse for available housing. Drug and Alcohol has a case manager that is on site at Street 2 Feet once a week and MH/DS performs intakes on site at this location upon request. The Children and Youth agencies in Carbon and Monroe Counties have a housing initiative grant for preventing placement of children by offering one-time payments to assist with overdue rent, mortgage, or utilities. The county has dedicated Reinvestment Funds to create a Flexible Housing Fund that serves the same type of function. Community Care Behavioral Health and CMP Health Choices has partnered with The Pocono Mountain United Way to be the Community Based Organization (CBO) and has targeted housing in Carbon, Monroe, and Pike Counties as the primary focus. As a group, we combine efforts and share information to link those we serve to the limited resources that are available.

Agencies utilize interagency planning to link those we serve to supports through Emergency Shelter Assistance, faith-based assistance, and assistance programs such as LIHEAP, Rent Rebate, CHORE, Minor Home Repair Assistance, Weatherization, Furnace Repair, and Fuel Assistance. There have been many additional funds made available through CARES and ARP to assist individuals and families impacted by Covid-19 maintain their living situation or find housing.

The Local Housing Options Team and regional Housing Options team discuss opportunities to generate and leverage new funding opportunities. One example of this leveraging is to use HDSF for Generic Housing Related Case Management Services, which enables the county and Action Committee to utilize a portion of HDSF Supported Housing Related Case Management and CSGB and HAP Rental Assistance funds as match in its annual Emergency Solutions Grant application.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

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

Carbon-Monroe-Pike Mental Health and Developmental Services (CMP) intends to continue providing an array of services to meet the mental health needs of youth and adults residing in our three counties. Our priority areas are determined by ongoing, monthly meetings of the CSP and Mental Health Planning Groups; results of the CFST surveys; and trends in service requests. Creative planning with the community, providers, Health Choices, Community Care Behavioral Health (CCBH), and our sister human service agencies, complimented by multiple CHIPPP Projects including the ASH Closure, several Forensic Projects, and the most recent CMHSBG projects funding have allowed us to build a strong continuum of mental health supports and services.

Over the course of the year, our staff has continued to be highly involved with organizations throughout all three counties. This community collaboration includes the Judges' Round Tables, Suicide Prevention Coalition, Lehigh Valley Health Network Pocono, St. Luke's Health Network, The Interagency Councils for all three counties, Child Advocacy Center Advisory Board, AHEC Advisory Board, Monroe County Victim of Crime Organization and Violence Against Woman Association, Family Promise Advisory Board, Reality Tour Advisory Group, Street to Feet Homelessness Advisory Committee, LHOT, Opiate Tasks Forces in all three counties, veterans focused initiatives, the Carbon and Pike County Re-entry Coalitions, Overdose Fatality Review Team, Suicide Fatality Review Team and many more.

We maximize our opportunities by applying for and utilizing HSDP Funding, HUD Funding, CMHSBG Funding and specific funding related to COVID-19 impacts. We are continually looking for other appropriate grant opportunities to expand our services and resources. We have reached out to and are working with grant writers and organizations to find grants that will help to support our initiatives and programs. Although we do what we can to find and take advantage of grant funding, we are concerned that our Mental Health system is experiencing a great deal of financial and work force strain. The 2012 funding cut and subsequent level funding until 2023 has created such stress that we had to close one adult CRR, two drop-in centers and our warm line in FY 19/20. We have been able to re-implement the warm line services and have been able to re-open a CRR through OMHSAS CMHSBG funding. We have not been able to re-establish Drop In Centers at this point. We continue to do everything we can to prevent system collapse and to cover deficits from our residential providers. We converted a CRR into an RTF-A which is an all-inclusive service and funded by CCBH. This addressed a need. However, we are currently experiencing a need for more CRR beds and this has created a bottleneck in our residential continuum. This has become even harder with the work force struggles that CMP and all of our providers are having. It is creating a backup and over burdening the employees and resources that we do have.

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

Please highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY 23-24.

We successfully completed the ninth year of our Behavioral Health Home Plus Initiative. This is a Pay for Performance Program (P4P) Initiative and we are continuing to be involved in this program for FY 24/25. The Wellness Nurse continues to work collaboratively with our Targeted Case Management Department (TCM) to promote wellness and integrated care for the consumers that we serve. The BHHP program monitors all adult consumers for smoking cessation, high blood pressure and risk for diabetes. This is an ongoing effort for us to integrate Behavioral Health with Physical

Health. We are fortunate to report many success stories through this program. The BHHP Initiative also provides automated blood pressure cuffs, portion control containers, pill packs, medication logs, and health logs. We also provide toolkits for smoking cessation, healthy eating, physical activity, taking medications effectively, stress reduction, medical care/screening and improving sleep. A peer specialist continues to participate on our wellness Quality Improvement Team (QIT). In 2023, we started offering tobacco cessation counseling, delivered by certified counselors, to our TCM consumers who are motivated to quit smoking.

CMP has ongoing meetings with both hospital systems, St. Luke's Health Network and Lehigh Valley Health Network to coordinate and address Physical Health/Behavioral Health coordination, especially between the emergency departments and community-based services, behavioral health services and the inpatient mental health units and the behavioral health provider network. We also use this coordination and our communications to make sure we are addressing all of the social determinants of health of the individuals we serve. We have included law enforcement and our crisis providers in many of these meetings in order to examine our crisis services and create a plan to enhance them while focusing on crisis prevention and linkage to services. This year we started a warm handoff program with both our health networks. The networks send us a referral for individuals who have attempted suicide and we provide case management, follow up and linkage to resources and services after their discharge.

Our Forensic Case Management Department (FCM) continues to excel and create positive outcomes. The department currently has 8 Forensic Case Management positions, a Forensic Coordinator, and a Forensic Case Management Supervisor. The regional forensic residential treatment facility developed from the ACLU funds opened in June 2022. This program currently funded through Health Choices funding and CMP will have the resources to county fund one individual if necessary. Our 8 CMP beds have been filled since the program ramped up and we consistently have one or two referrals waiting. We received CMHSBG funds to educate, train and implement an Assistive Outpatient Treatment program; however, our judicial partners were not ready to implement this program at this time. There is some conversation on revisiting this program in the near future.

We continue to participate in Criminal Justice Advisory Board Meetings working with our justice partners to try to divert individuals with mental illness from the justice system and at the same time trying to make sure that these individuals get the resources and services they need while involved in the justice system. We continue to work with our three county correctional facilities and the PA Department of corrections to developing comprehensive re-entry plans encompassing all of the social determinants of health and coordination with our local justice partners to promote access to care and reduce recidivism. Carbon, Monroe, and Pike County Correctional Facilities continue holding Treatment Team Meetings with mental health, D&A, legal and other stakeholders to discuss inmate concerns, upcoming hearings, and releases for successful access and planning while incarcerated and for re-entry. Two of our three counties are involved in The Stepping Up Initiative and our Forensic Coordinator continues to be our liaison to these projects. This coordinator continues to follow up, promote and monitor the action plans there came out of the Sequential Intercept Mappings that we held in each county in FY 2023/2024. The Carbon County FCM's and our Forensic Coordinator are part of the Veteran's Court and Drug Treatment Court that meets once a week and discusses diversion and re-entry for individuals.

Our Community Outreach Coordinator is also our MH Awareness Coordinator, CIT Coordinator, and our Emergency Behavioral Health Coordinator formerly known as our DCORT (Disaster Coordination Outreach & Referral Team) Coordinator. For our CIT Program the majority of the police departments

submit crisis data sheets on individuals with mental health concerns that are involved with the officers and our team then follows up with resources, services and provide crisis prevention strategies. We partnered with the Monroe County District Attorney's Office and created a Law Enforcement CIT Coordinator position to cover all three of our counties. This coordinator has already been a very positive force to help communicate and collaborate with our police departments. We have been collaborating and working with probation and parole, both county and state and are working on creating better relationships with our other emergency responders including 911, ambulance and fire response. Our EBH Team currently has 15 members from all three of our counties and this coordinator is participating in a work group on Emergency Behavioral Health with the PA Association of County Administrators. We continue to respond to the community with information, support, and referrals after disasters. Disasters can be weather related situations, vehicle accidents, shootings, suicides, etc.

Mental Health Awareness continues to be a very important highlight for our counties. CMP MH/DS continues to promote awareness, information, and events on our agency Facebook page and on our website. We also send out information and updates to our list serves that we have created. Any individual can sign up to receive informational emails from us. These emails contain information pertaining to mental health information, events, and the system in general. CMP MH/DS partners with the Systems of Care and the Suicide Prevention Coalition to develop and promote public service announcements and Mental Health Awareness commercials that are broadcast on local cable television, streaming services, and social media. We also collaborate to host a Green Light Campaign for mental health awareness for the fifth year. Many sister agencies, county offices, schools, correctional facilities, and businesses all lit up green for Mental Health Awareness Month. In addition, we decorated our county main streets with green ribbons and displayed mental health awareness signs and banners in all three counties. We displayed MH resource contacts on static and electronic billboards throughout all three counties; we delivered mental health related posters, yard signs, fact sheets, and pins to many businesses and agencies; and we are promoting Stop the Stigma Rubber Duck on social media.

CMP MH/DS has a CHIPP (Community Hospital Integration Project Program) Department that consists of a Coordinator, and a Case Manager to assist individuals referred to Clark Summit State Hospital and those discharged from the state hospital. These positions focus on individuals who are in Clark Summit State Hospital and work on developing comprehensive Community Service Plans to develop the resources, services, and supports needed in the community for successful discharges. CHIPP works closely with housing and forensics to meet the needs of our specialized populations and to create diversions to lower levels of care when recommended and appropriate. This department is based on utilizing the CSP principles, which encompass the social determinants of health to assist people in their recovery process. We have been focusing on what is needed in the community to divert from and discharge individuals from Clark Summit State Hospital to decrease our bed utilization and increase capacity in the community to help these individuals live as independently as possible. We utilize a hospital based EAC in the St. Luke's Health Network which is outside our counties and we also utilize our community based EAC which has five CMP beds. This department is the lead for our access and monitoring of the EIM (Enterprise Incident Management) process. We have enhanced our monitoring of EIM and are checking incidents for accuracy to be able to offer guidance and feedback to our providers. We contract with a provider for incident management, the CHIPP Coordinator is the liaison to this process, and the systems utilized in this process.

Our CASSP (Child and Adolescent Service System Program) Coordinators who are liaisons to the child serving systems have been working with CCBH and Health Choices to monitor, coordinate, and

strengthen our least restrictive philosophy. The coordinators are involved in several system meetings to provide input, suggestions, and support regarding families and youth in our communities. We hold CASSP Team Meetings in each county to create and enhance our relationships with all child-serving systems including education, child welfare, juvenile justice, drug and alcohol, behavioral health, early intervention, and developmental services. It is helpful to create these relationships so we can problem solve, discuss barriers, promote teamwork, collaborate, and work on producing least restrictive, recovery focused options for our youth and families that we work with in all of these systems. These coordinators also participate in complex case meetings with CMP Health Choices, and CCBH, which are held for each county. When we are unable to come up with resources or options for youth who have complex needs, these coordinators complete the Complex Case Youth Referral and work with OMHSAS on reviewing the situation and trying to create appropriate plans. Our CASSP Coordinators also have meetings and provide mental health assessments for our schools as part of their Student Assistance Programs (SAP). They provide the team with mental health resources, information, training, and suggestions for general and individual situations.

Our SOC (Systems of Care) Coordinator holds monthly Leadership Team Meetings to share updates, challenges, and successes about services, supports, and resources for youth, families, and community members. These partners have identified several priorities for the upcoming fiscal year. They include trauma-informed initiatives, youth suicide prevention, youth, and family peers, collaborating with OCYS and JPO to increase community support, cross-training, and building stronger relationships. Our efforts to accomplish this include various trainings offered to county employees, mental health professionals, high school students, family members, and the general public. PREPaRE is a school safety and crisis model offered to school professionals. QPR (Question, Persuade, Refer), Mental Health First Aid, and Youth Mental Health First Aid provide a basic understanding of signs and symptoms of mental illness and crisis and how to assist until a professional takes over or the crisis has ended. We continue our commitment to being trauma responsive and offer 10 different sessions of training in a series addressing impacts through topics including basic understanding, culture, racism, social media, grief, and vicarious trauma. System of Care is engaged with all three Offices of Children, Youth and Families, and Juvenile Probation Departments. Each county has a Children's Roundtable that continues to work collectively on student school attendance improvement strategies and decreasing dependency. The first goal is to provide community outreach through events that include resource fairs, school backpack supply giveaways, open house meetings, and networking. Service providers using evidence-based models will be sought to address needs that have been identified through data such as PAYS (Pennsylvania Youth Survey) and SAP (Student Assistance Program). CMP PAYS data shows higher than the state average for depressive mood, self-harm, suicidal thoughts, and attempts. They also score higher than the state average for High Depressive Symptoms combined with alcohol and/or marijuana use, except for Pike County students reporting marijuana use was under the state average. CMP MH/DS, CCBH and the Monroe County Children & Youth rolled out the evidence-based model, "The Incredible Years" with hopes to expand into Carbon and Pike in the near future. During this last fiscal year CMP MH/DS and the SOC participated in a project with the Garrett Lee Smith team for youth suicide prevention. The accomplishments from this project include the formation of a Youth Suicide Prevention Task Force, Collaboration with the Project AWARE grant through CLIU #21, review of school district practices for identifying students at risk of suicide and their intervention strategies and developing a list of objectives to complete. Over the next year, each county will hold a student-led Youth Suicide Prevention Summit. We will also work with crisis, schools, hospitals, parents, and providers to develop a clearer communication process for aftercare. Lastly, we have committed to a second GLS project implementing CAMS (Collaborative Assessment and Management of Suicidality) upon grant approval. In addition to these projects, funds are being sought to create both Youth Peer and Family Peer support. Upon service development, family and

youth peers will play pivotal roles in increasing caregiver education and networking and creating a non-clinical youth drop-in center program. The current System of Care teams are exploring options for both projects.

Professional development and education of our staff, community, and providers to fight stigma, promote recovery, and embrace equity are a priority for us. We try to make sure that all staff are informed and trained on the CSP Principles and that they include all of the social determinants of health when working with individuals. This highlight has been burdened with significant staff vacancies and position transitions. While we still do, our best to provide education and professional development this has really become a challenge when we are just trying to retain staff and work on recruitment. We currently have 15 trainers certified to train Mental Health First Aid (MHFA) and 25 trainers certified to facilitate Question Persuade Refer (QPR). QPR is a suicide prevention training that we continue to offer to our schools, providers, sister agencies, and our community. MHFA is broken down into two main types: adult and youth trainings. The adult training has several curriculums designed to train different populations which are: higher education; public safety; military members, veterans, and their families; and older adults. We have trainers certified to teach both the adult and youth, and trainers' who are certified in all of the adult curriculums. This year we hosted ASIST and safeTALK train the trainer trainings. We now have 3 staff trained to deliver ASIST and 9 staff trained to deliver safeTALK. Our plan is to train all of our staff in these suicide prevention curriculums for our staff and some other county staff. In addition to this, we recently partnered with the District Attorney's Office and developed and implemented a Suicide Fatality Review Team in Monroe County and are currently working to do the same in Carbon and Pike Counties. Through the Systems Of Care and other community partners we bring training opportunities to our staff and our providers that include trauma training and awareness; Coach Approach to Adaptive Leadership; Adaptive Leadership for System Change, Urgency of Awareness, Housing First, and Harm Reduction Trainings to name a few. CMP MH/DS has required our staff to attend and participate in The Urgency of Awareness Training and selected staff to participate in a "Deeper Dive" of The Urgency of Awareness.

We continue to assist Carbon, Monroe and Pike County residents try to find safe and affordable housing opportunities. We work with providers to offer an array of residential opportunities for individuals with a mental illness. CMP encourages our residential providers to use the housing first model and look at all of the domains of an individual's life, collaborate with our MH/DS staff and consider the social determinants of health when working with individuals. Our Housing Coordinator maintains a spreadsheet with all of the individuals in our residences and keeps a list of all referrals and their status. We continue to look for strategies to best utilize our current residential options and we look for opportunities to increase our resources. We have recently opened a regional RTFA for our forensic population; opened a three bed supported living residence; and we converted a CRR into a RTFA. We had a reinvestment plan with CMP HC for Flex Funds to help with residential needs; however, we now have a Housing re-investment, which addresses the social determinants of health by offering contingency funds and rental assistance. We also have a Supportive Housing re-investment plan that provides contingency funds, rental assistance, and master leasing options to CMP residents. We have a transition age youth supported living project which provides rental assistance to this special population. We collaborate with the Monroe County Housing Authority to support non-elderly persons with disabilities transitioning out of institutional and other segregated settings, at serious risk of institutionalization, homeless, or at risk of becoming homeless. We also collaborate with both the Monroe County Housing Authority and the Carbon County Housing Authority to offer mainstream housing vouchers for individuals with mental illness. We are a part of many housing and homeless related committees to address housing issues and we collaborate with other community partners for centralized referrals so that we can better utilize opportunities available

to individuals. Our array of residential services run at capacity most of the time along with a wait list of around 90 referrals. We are in great need of more community and mental health residential options. Our CRR beds have been at capacity with wait lists as we have individuals who are ready for discharge from higher levels of care and do not have any openings.

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

Please identify the strengths and needs of the county/joiner service system specific to each of the following target populations served by the behavioral health system. When completing this assessment, consider any health disparities impacting each population. Additional information regarding health disparities is available at <https://www.samhsa.gov/health-disparities>.

1. Older Adults (ages 60 and above)

- Strengths:
 - CMP MH/DS continues to collaborate with the Office of Aging in providing cross training and appropriate services to older adults through our Administrative, Forensic, and Targeted Case Management Departments. We also assist with cross system trainings for our staff.
 - We continue to collaborate with the Office of Aging to assist with finding appropriate Medicare Supplement Plans and to navigate power of attorney issues.
 - The CMP MH/DS continues to collaborate with nursing homes in our communities to build working relationships and offer Mental Health First Aid and QPR Trainings. Progress has been minimal, but the efforts continue. We continue to make sure the SHARE program is an option when appropriate. We will partner with CCBH as they meet with the local Nursing Homes and will offer the opportunities mentioned above.
 - We have current copies of the Memorandum of Understanding for each county Area Agency on Aging. We have worked collaboratively to meet the needs of numerous older adults living in the community. Staff from CMP MH/DS sit on the local Older Adult Task Force and have been invited to The Older Adult Behavioral Health Strategic Planning Summit: Improving Access to Mental Health and Substance Use Disorder Services for Older Adults in PA.
 - St. Luke's Health Systems has an Older Adult Psychiatric Unit at their site in Carbon County.
 - Our Assertive Community Treatment Teams and our Case Management Services serve older adults and work with our community hospitals, crisis, and mental health service provider to tailor the bridge between organic medical needs and mental health recovery, integrating physical health and behavioral health and addressing the other domains of the social determinants of health.
 - The SCA has increased education to this population on safe storage and disposal of unused medications. In addition, due to the rural nature of our counties, availability of individual drug disposal bags for this population has been a good thing and this will likely continue. This population does not have the means to get to drop box locations, and has a large amount of unused medication.
 - The Pike County Re-Entry Committee, of which CMP is a participant, has a subcommittee to assist with resources and services for the aging population with mental health concerns for diversion and re-entry plans.
 - CMP Case Managers have worked collaboratively with the Office of Aging to obtain independence waivers for individuals.

- We have worked with our providers to improve access to outpatient services for individuals who have Medicare.
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- Needs:
 - We have made little to no progress in being able to influence nursing homes to accept individuals with Mental Illnesses.
 - Early identification of the aging population with serious mental illness could be improved to prevent reactionary planning. We continue to work on developing a system with The Area Agency on Aging that would identify individuals who need mental health supports prior to hospitalization or crisis.
 - Some training in Mental Health First Aid has been provided to personal care homes in the past, but staff in these facilities continue to need additional training focusing on what is developmentally appropriate for the aging population and how aging is affected by mental illness.
 - Outpatient providers either are not accepting new individuals with Medicare or have long wait lists for them.
 - Development of some types of support groups and resources for families dealing with an eldering family member with both organic and mental health concerns.
 - Transportation, affordable housing, and socialization are lacking in many areas within our joinder.

2. Adults (ages 18 to 59)

- Strengths:
 - The wide array of residential services for CHIPP and Base-funded individuals remains a strength in our counties. It includes residential services, including rent subsidy, Master Leasing, supported independent living apartments, supported independent living programs, CRR, Specialized Personal Care Homes, and Residential Treatment Facility for Adults.
 - Supportive mental health services such as outpatient, partial, case management, ACT, certified peer specialist, psychiatric rehabilitation, social rehabilitation, supported employment, mobile crisis, medical mobile, crisis residential, extended acute care, residential treatment facility and a First Episode Psychosis program (ages 15-25) are available in the community.
 - A warm handoff protocol has been established between CMP MH/DS and our local hospitals to provide support and check-ins following an attempted suicide.
 - There has been some expansion of access to mental health services with the hospital systems in Carbon and Monroe expanding their services and building capacity.
 - Community Care Behavioral Health, our Health Choices Department, and local providers have partnered with us to continue to support and expand availability of Tele-psychiatry, when appropriate.
 - All services in CMP, especially those for adults focus on helping individuals and families meet Mental Health goals, and to identify and meet goals related to all the social determinants of health, including, but not limited to housing, medical, vocational and educational, economic stability, social, wellness, and community connectedness.
 - CMP MH/DS continues to train staff in MHFA, QPR, safeTALK, ASIST and WRAP.
 - We have been able to offer yoga and dance that was developed to address mental health.

- We worked with a provider to offer Peer Specialist Training.
- We expanded our relationship with Northeast PA AHEC (Area Health Education Center) to provide education to improve health and wellness with our consumers.
- Needs:
 - Safe, affordable housing remains one of the highest needs within our three communities. This is especially true for individuals living on SSI (Disability) and those who have no income. The amount that they receive monthly, often around \$914.00, will not cover rent in a one- bedroom apartment in any of our counties. The Fair Market Rent for a one-bedroom apartment in Carbon County is \$1102, Monroe County is \$993, and Pike County is \$1088. The rental market is much higher than the surrounding counties in the northeast.
 - CMP's residential providers are struggling to sustain their programs and are dealing with significant work force concerns. We previously met with them to try to come up with some creative ideas of reorganization and restructure to help so that we would not have to cut programs or lose beds, but this is becoming nearly impossible. As daily expenses rise for providers and county agencies, level funding for ten years calculates an overall loss for these programs. Rental costs, cost of living salary increases, health care costs, utility costs and other costs related to inflation and cost of living continue to rise. These are non-Medicaid funded services that support the social determinants of health, and we fear that level funding will lead to additional loss of services.
 - Transportation continues to be a barrier and is complicated by the limited housing market. Monroe and Carbon Counties both have public transportation; however, many of the individuals we serve do not live on bus routes. They are often dependent on Shared Ride, but this is unreliable and can take a full day for an hour-long appointment. Pike County has no public transportation. This has often been a barrier for individuals to follow through with their treatment plans and for them to access community activities that are part of their personal medicine in their wellness-recovery plan. Having telehealth continue as an option for situations will help for some of these situations.
 - Despite our additions of Tele-psychiatry, access to a psychiatrist is a challenge. It is very difficult to recruit and maintain a psychiatrist in our three counties. We often lose them to bordering states or the Lehigh Valley.
 - We have difficulty finding employment opportunities for individuals with serious mental illnesses. We need to focus on transitioning youth so that we can intervene with employment concepts earlier in a person's recovery. We have attended some meetings and are collaborating to see how we can work on this issue.
 - Medicare's requirements continue to limit the access that their members have to therapists and psychiatrists. In fact, this issue continues to get worse. We have less providers who have Medicare qualified staff and those that do are not taking new referrals.
 - We need increased availability of evidence-based practices/promising practices such as Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, and Trauma Informed Systems of Care.
 - CMP MH/DS has struggled with staff retention and finding new staff to fulfill our case management departments. Individuals remain unserved and/or underserved when they cannot be referred to appropriate services.

- 3. Transition age Youth (ages 18-26)-** Counties are encouraged to include services and supports assisting this population with independent living/housing, employment, and post-secondary education/training.
- **Strengths:**
 - Because of a reinvestment plan from seven years ago, a provider developed a Supported Independent Living Program for Transition Age Youth. This program provides supported living in apartments throughout the community. The youth are given the option to participate in a Transition Age Psychiatric Rehabilitation Program that is also open to youth in the community.
 - Targeted Case Management is available for youth. TCM will help link individuals to OVR for vocational and educational opportunities. They will assist youth to access public or mental health residential options depending on their situations.
 - CASSP Coordinators are highly involved with Transition Age Youth who have a history of multiple agency involvement. They assist in the transition from the children's system to the adult system. The CASSP Coordinator will help link individuals to OVR for vocational and educational opportunities and will assist with linkages to residential resources. We have internal monthly meetings highlighting and focusing on transitional age individuals and planning for their needs.
 - The PA Care Partnership and our counties have implemented a System of Care (SOC) designed around the Partnership's Expansion and Sustainability Initiative to improve the behavioral outcomes for children and youth (birth-21) with serious emotional disturbances, and their families who may be involved with multiple systems including Child Welfare, Juvenile Justice, Behavioral Health, Intellectual Disabilities, and/or Education. This is an effort to establish and enhance an effective and sustainable system of care.
 - CMP partnered with Wayne County to implement the First Episode Psychosis Program (FEP) made available by the Sites Grant. We have two teams, one team serving Wayne and Pike and the other team serving Carbon and Monroe Counties for individuals aged 15 to 23.
 - A warm hand-off protocol has been established between CMP MH/DS and our local hospitals to provide support and check-ins following an attempted suicide.
 - **Needs:**
 - Youth who have been in a higher level of care such as a Residential Treatment Facility or Therapeutic Foster Care and/or have chronic mental health symptoms and want to work toward independence do not have a professionally staffed housing option that can provide case management and the acquisition of independent living skills. Our current programs require that youth already have the ability to live independently. There is overall limited placement options for youth that cannot return home to their families but are 18+ with no Children and Youth involvement.
 - Provider staff at RTF and Therapeutic Foster Care/CRR Programs need training to address discharge needs such as independent living skills, vocational/employment issues, and linkage to income and benefits. Often youth coming out of foster care, RTF, and CRR lack the skills they need to take part in an independent living situation.
 - While Community Care Behavioral Health has approved additional providers who are ABA Certified, additional specialized services for youth on the Autism Spectrum and transitional programs for youth with mental health and intellectual disabilities are needed.

- As indicated with adults, we have difficulty finding employment for youth in this age group who have a history of mental illness. The educational system needs to work in greater partnership with the Office of Vocational Rehabilitation (OVR) and provide meaningful vocational opportunities at a younger age.
- Transportation and structured socialization activities are lacking in many areas within our joinder.

4. Children (under age 18)- Counties are encouraged to include services like Student Assistance Program (SAP), respite services, and Child and Adolescent Service System Program (CASSP) coordinator services and supports, System of Care (SOC) as well as the development of community alternatives and diversion efforts to residential treatment facility placements.

- Strengths:
 - We continue to prioritize youth complex cases and work to make sure they are being served in the lowest level of care that is appropriate. We hold complex case meetings with Health Choices and Community Care Behavioral Health to work on the barriers encountered.
 - A wide array of services are available including outpatient, school-based outpatient, IBHS, family based, PCIT, Rapid Response, FEP, Student Assistance Program, school-based partial and respite.
 - All of the CASSP Coordinators have been SAP trained, participate in SAP meetings and complete SAP assessments. We are currently using “BH Works” which is an assessment tool for behavioral health SAP Liaisons and is used to gather data for quarterly reporting.
 - We have seen consistent expansion of Outpatient Mental Health services in every school district. CMP HC is funding some Pike residents in the School Based BH Supports program in Wallenpaupack School District and are working to enhance supports for those who do not need this level of care.
 - We have worked with IU21 to expand school-based outpatient mental health in the Delaware Valley School District in Pike County.
 - Our IBHS provider network has been providing more and more services on a face-to-face basis and we are seeing a large growth in IBHS service delivery across all three counties, including increased ABA services for members as well.
 - We have a strong CASSP System. CASSP Coordinators are highly involved with youth at risk of, or involved with, out-of-home placements. Our Monroe County CASSP Coordinator is a shared position (jointly funded) with MH/DS and Children and Youth. Our CASSP Department meets with CCBH and C&Y regarding complex cases to help either divert placements or plan for the future.
 - We hold structured CASSP Team Meetings with many youth serving partners to identify gaps and needs and to develop strategies to work on them and implement needed changes.
 - The majority of our school districts embrace Mental Health First Aid Training and QPR (Question Persuade Refer) for all of their staff.
 - We expanded Handle with Care (HWC) to all the school districts in Carbon County and are working with the Monroe County District Attorney’s Office to possibly implement this as well. If law enforcement encounters a youth during a call, they will call the school/child care provider in the morning and just give the youths name and say HWC. Schools can implement individual, class, and/or whole school trauma-sensitive curricula so that traumatized children are “Handled With Care.” If the child needs more intervention, then the school can make appropriate referrals.

- Aavidum continues in many of our school districts. Aavidum empowers all students and strives to create healthy communities where everyone feels accepted, appreciated, acknowledged, and cared for in schools.
- We participate with other sister agencies on a Plan of Safe Care Team to assist with mental health resources and services when a newborn has been identified to have had exposure to substances, signs of withdrawal, signs of Fetal Alcohol Spectrum Disorder; or an assessment that shows or is concerning to a provider for an untreated substance use disorder during pregnancy or at birth. This team responds very quickly to link to resources and services for all of the domains in the social determinants of health.
- Our SOC (Systems of Care) Coordinator facilitates Leadership Team Meetings in each county bimonthly to share updates, challenges, and successes about services, resources, and supports for youth, families, and community members.
- CMP MH/DS, SOC, CMP HC, and CCBH is worked with Monroe County Children & Youth and a provider to roll out the evidence-based model, “The Incredible Years” in Monroe County with the hope to expand to Carbon and Pike in the near future. We have two providers identified to provide the service, in both a site-based model and in public school settings.
- Needs:
 - There are no inpatient mental health beds in our three counties for youth and it is very difficult to find beds that are available within a reasonable distance. There are times when youth remain in local emergency departments for multiple days and then are ultimately discharged to their parent or guardian with minimal intervention provided. This is even more prevalent when the youth has a diagnosis of autism or intellectual delay and if they have any history of aggression.
 - Residential Treatment beds are extremely difficult to find. Programs have closed and remaining programs are either full or indicate that the youth being referred have an acuity level that is too high for their program.
 - Therapeutic Foster Care/CRR for youth has become less available. The providers have fewer host families that are willing to work with youth who have a history of aggression, sexual acting out, or ID issues. Additionally, CRR Group Homes are no longer available as an option. Some youth, especially some of the older adolescents do not do well in family settings, but do not require RTF level of care. Having CRR Group Home as an option for them would provide an opportunity for them to live in the community. Youth have ended up sleeping in the C&Y Office for days because we do not have community residential options.
 - There is a lack of affordable options for summer activities for children.
 - There is a lack of general programs, resources, trainings available to our children and families regarding coping skills and prevention strategies.
 - There is a lack of child certified psychiatrists in our counties.
 - There is a lack of therapists who specialize in youth and evidence-based therapy modalities.
 - Access to psychiatry in general is limited.
 - Development of vocational programs at the target age of 14.
 - More community-based alternatives to divert youth from RTF admissions.
 - Staffing and work force concerns continue to be an issue and this is making it more difficult for us to collaborate with levels of care in order to serve this population.

- The ability to provide respite for families continues to be difficult because we use our CRR Host Homes, in which there is a shortage. It would be beneficial to develop a center-based respite resource for youth.

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

5. Individuals transitioning from state hospitals

- Strengths:
 - We have successfully completed six CHIPP Projects.
 - CHIPP Coordinator is involved in the CSP Meetings for each person and we require that a Discharge CSP be completed.
 - The CSP Plan follows the individual into the community where regular meetings are held to review and update the plan. The CHIPP Coordinator, the CHIPP Case Manager and/or another county case manager attend these meetings. This plan includes the CSP Principles and addresses all of the domains in the social determinants of health.
 - Crisis plans for each individual are reviewed and updated during these meetings.
 - There is excellent communication between individuals, families, providers, CCBH Staff, and county staff.
 - We have a wide array of residential services for CHIPP individuals to serve them along their road to recovery. These residential services include rent subsidy, Master Leasing, supported independent living apartments, supported independent living programs, CRR, and Specialized Personal Care Homes. We have the capacity in some of these programs to meet needs, including any health disparities, specific to special or underserved populations.
 - Supportive mental health services such as outpatient, partial, case management, ACT, certified peer specialist, psychiatric rehabilitation, social rehabilitation, supported employment, mobile crisis, medical mobile, crisis residential, extended acute care and residential treatment facilities for adults are available in the community to help with a successful discharge.
 - CMP MH/DS has completed the development of a regional forensic Residential Treatment Facility for Adults (RTF-A) along with Lackawanna/Susquehanna and Luzerne/Wyoming Counties. CMP MH/DS has eight of the 16 beds and currently have eight filled. While we do not consider this an ideal situation for community-based living, it has been identified as a need based on CSP recommendations.
 - CMP MH/DS has completed the conversion of an enhanced CRR to a Residential Treatment Facility for Adults (RTF-A) with seven beds.
 - The CHIPP Coordinator, Forensic Coordinator, and Housing Coordinator meet monthly to review referrals, openings, and any discharges or transfers in order to plan.
 - We follow complex cases, as well as EAC and State Hospital discharges, holding Inter-Agency CSP meetings 30, 60, 90 days post discharge through the CHIPP Coordinator and CHIPP Case Manager.
- Needs:
 - More discharge options for individuals with co-occurring and dual diagnoses.

- Better coordination of benefits prior to discharge. Those returning to the community need to be able to apply prior to discharge and receive their Medicaid benefits immediately upon discharge.
- Additional community resources for socialization and transportation in many areas of our joinder.
-

6. Individuals with co-occurring mental health/substance use disorder

- Strengths:
 - Great collaboration between CMP MH/DS and CMP Drug and Alcohol.
 - Regular participation on committees and work groups re: co-occurring disorders.
 - Collaboration with the Overdose Fatality Review team and CMP MH/DS's participation to review cases, identify gaps and develop plans to address the gaps and barriers identified in Monroe County.
 - Development, implementation, and collaboration with the Monroe County District Attorney's Office to start a Suicide Fatality Review Team in Monroe County.
 - We are partnering with the DA's Offices in Carbon and Pike to help develop and implement Overdose Fatality Review teams and Suicide Fatality Review Teams.
 - Involvement with the Law Enforcement Treatment Initiative (LETI) program in Carbon and Monroe Counties.
 - We have a new Community Recovery Center resource in Monroe County, called NorthBound.
- Needs:
 - Drug and Alcohol confidentiality laws prohibit collaboration in some cases.
 - The Opioid Crisis has slowed, however it continues and there are still concerns with the number of deaths occurring from overdose.
 - More funding for detox and rehabilitative services with longer funded stays.

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

- Strengths:
 - CIT has had a positive impact in our three counties improving collaboration and training and this program continues to grow and develop. We have recently received a grant to work on the development and expansion of our CIT and crisis related services.
 - Expansion of our Forensic Department currently consists of eight Forensic Case Management (FCM) positions, a Forensic Coordinator, and a Forensic Supervisor to work with justice-involved individuals. The coordinator, supervisor, and case managers all work with all treatment and residential resources and services in our system. We have also implemented meetings with Community Care Behavioral Health to collaborate on their members who are justice involved.
 - Individuals who are incarcerated are able to apply for Medicaid benefits up to 15 days prior to release. Our FCM's have access to the Compass shortened application for inmates to help individuals apply for Medicaid.
 - Involvement in all three counties Criminal Justice Advisory Boards and projects. Relationships with our community partners continues to grow and develop. Two of

our three counties are Stepping Up Counties. Two of our three counties have Re-Entry Coalitions that we regularly and attend and participate.

- Pre-trial Services is up and running in Monroe County. This has resulted from the increased collaboration between human services, probation, and our courts. FCM's and the Forensic Coordinator from MH/DS participate in this program to complete intake assessments and refer to resources and services, utilizing the CSP principles to address all the social determinants of health.
 - Carbon County has a Veterans Court and a Drug & Alcohol Treatment Court. Our Forensic Coordinator is involved with weekly meetings to assist with mental health resources, services, and information. Our case managers support individuals in and outside of the courtroom to navigate the systems, refer and link to appropriate treatment, work on mental health goals and address all domains of the social determinants of health.
 - Each county correctional facility has meetings with our Forensic staff to come, collaborate, and plan for incarcerated individuals with mental health issues. The forensic staff has a relationship and collaborates with our Regional Forensic State Hospital for individuals who are involved in their systems for treatment and competency restoration.
 - We have a six bed CRR, six supportive independent living beds, and have developed a Regional Forensic Residential Treatment Facility for 16 individuals; eight from CMP that opened in June 2022.
 - CMP MH/DS hosted Sequential Intercept Mappings in all three of our counties in order to bring all the county partners back together to update and refresh our action plans.
 - CMP MH/DS partnered with the Monroe County District Attorney's Office to develop a CIT Law Enforcement Lead Coordinator to assist us in enhancing our CIT program in all three of our counties.
- Needs:
 - Shared financial support from the Justice System in order to continue and increase resources such as forensic case management and services within the correctional facilities.
 - Safe, affordable housing options outside of high-risk areas would help reduce recidivism.
 - Treatment and residential programs for hard to serve populations, including sex offenders, fire history, etc.
 - Increased availability to CBT and other evidence-based/promising practices while incarcerated and in the community.
 - More efforts, training, education, resources, and/or teams to support diversion and re-entry from the criminal justice system for individuals with mental illness and individuals with co-occurring disorders.
 - Increase trauma education and mental health supports while individuals are incarcerated.

8. Veterans-counties are encouraged to collaboratively work with the Veterans' Administration and the PA Department of Military and Veterans' Affairs (DMVA) and county directors of Veterans' Affairs (found at the following list):

<https://www.dmva.pa.gov/Veterans/HowToGetAssistance/Documents/MA-VA%20400%20County%20Directors.pdf>

- Strengths:
 - Communication with the Veteran's Outreach Coordinators has improved over the past few years.
 - Each county has a Veteran's Affairs program.
 - Collaboration with Hope for Veterans and Valor has been productive. We have become involved with Together with Veterans to increase collaboration and resources for veterans.
 - The Suicide Prevention Coalition of Monroe County along with the Wilkes-Barre Veterans Administration, Monroe County Veterans' Affairs, and the PA Department of Military Veterans' Affairs has formed a Veteran's Suicide Prevention Committee. The committee meets monthly and plans a wellness summit with community partners to discuss how to support and educate veterans, families, and community members about needs and resources.
 - The PA Annual Veteran's Conference is an excellent resource for available services and approaches.
 - CMP's Forensic Coordinator is an active participant of the Veteran's Court in Carbon County. This coordinator is involved in weekly meetings to share mental health resources, services, information, and communicates with the Veteran's Administration.
- Needs:
 - Increased ability to identify veterans in need of mental health services and increased collaboration with primary care providers.
 - Development and implementation of a veteran's peer support program.
 - The nearest Veterans Center is an hour from most of our residents, so transportation is often an issue. It would be helpful if the veteran's benefit could be utilized to purchase needed services at local clinics.
 - Additional training for community mental health staff regarding Cognitive Processing Therapy and veteran issues in general is needed.
 - Community education and support as there is a stigma attached to veterans receiving help for mental health needs, as well as where they can seek services. Community members do not understand the impact of active duty and veteran culture.

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

- Strengths:
 - There are support/social groups in two local high schools.
 - The Rainbow Alliance has a presence in Monroe County.
 - There is an increased awareness of the population and their needs within the behavioral health system. Staff attend and participate in webinars such as Serving LGBTQ Adolescents.

- Providers have sent staff to trainings to learn more about what is needed to better serve this population. One outpatient provider indicates that they have a specialty in this area and a number of independent therapists locally identify this as a specialty.
- PFLAG (Parents, Families, and Friends of Lesbians and Gays), a non-profit organization, is located in Monroe County and they offer meetings and support.
- Needs:
 - Additional support groups, not affiliated with schools.
 - Community awareness of this population and services available to these individuals and their families.
 - It would be beneficial for additional providers to develop competency to assist individuals who identify in one of these groups.

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

- Strengths:
 - There is an acute awareness of cultural diversity among service providers and human service staff.
 - Agencies are beginning to hire more bilingual staff.
 - Trainings and awareness efforts are continuing in all three counties.
- Needs:
 - We have few interpreter services available. Those we do have need at least a 24-hour notice. The services are prohibitively expensive.
 - More advocacy, awareness, and resources.

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

- Strengths:
 - CMP Mental Health and Developmental Disability Departments meet to discuss, review, and develop plans for individual complex cases.
 - Dual Diagnosis Treatment Team is available to us for a recovery-oriented approach to supporting adults who are dually diagnosed.
- Needs:
 - Funding for and access to or development of integrated residential and treatment options.
 - Residential and treatment options for individuals with a mild intellectual delay who do not qualify for Developmental Services.

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

1. Previous Year List:

- Provide a brief summary of the progress made on your FY 23-24 plan ROST priorities:
 1. Priority 1: Children's Services
We previously received the PA Partnership System of Care Expansion and Sustainability grant and are continuing to expand coordination and work with

community partners to learn about and implement more evidence-based practices like MST (multi-systemic therapy) PCIT (parent child interaction therapy) and Incredible Years. We have become part of the Plan Of Safe Care meeting, partnering with Children & Youth and other county agencies to facilitate access to mental health services and resources when a newborn has been identified as meeting the guidelines of this program. We continue to grow the FEP (First Episode Psychosis) program for youth ages 15-25, which is known as the HOPE Program and we continue to spread awareness of this program to increase referrals.

2. Priority 2: Safe Affordable Housing

During the 19-20 and 20-21 fiscal years, we met with our residential providers to try to come up with some creative ideas of reorganization and restructure to help so that we do not have to cut programs or lose beds, but this is becoming nearly impossible. We reduced our adult CRR beds by three due to a residence closing because of lack of funding. In addition to lack of funding our residential concerns have become magnified by staffing issues, which were exacerbated by the COVID-29 pandemic. In fiscal year 21-22, we applied for expansion of our residential services through Community Mental Health Services Block Grant (CMHSBG) SFY21-22 Funding Opportunity for County Mental Health Administrations and were awarded this opportunity. We converted a seven person CRR to an RTFA and opened a three-person supported living program utilizing a county owned home. We recently opened a sixteen bed Forensic Residential Treatment Facility in June 2022. Eight of the sixteen beds are for CMP residents who are involved in the justice system or being diverted from the justice system. All of these beds remain consistently full with a wait list ready for when there is transition. We gave our residential providers funding to increase the starting wages for their direct service workers to bring them up to \$17.00 an hour. We participate in the homeless task force meetings in our counties and in several other housing meetings to advocate for individuals with mental illness.

3. Priority 3: Psychiatry Time

We are continuing to work with The Commonwealth Medical College (TCMC), Community Care Behavioral Health, and both the Northeast and North Central Area Health Education Centers (AHEC) on creating and expanding local Psychiatry Rotations. St. Luke's Hospital Network developed a residency program for psychiatry in an effort to address this need for this area. We continue to support, brainstorm, and encourage our existing providers to increase psychiatry time whenever possible to meet our communities' needs. We continue to utilize and expand Tele-Psych when appropriate and we have applied and received a grant to add First Episode Psychosis (FEP) Program to our continuum. This program was implemented in the beginning of 2021 and is called the HOPE Program. We have collaborated with St. Luke's Health Network and utilized grant funding to open a Crisis Walk In Center in Carbon County. We have applied and received grant funding to collaborate with Wayne County and open a Crisis Walk In Center in Wayne County that will serve Pike and northern Monroe residents. This project is still in process.

And, if the county had more than three (3) priorities during FY 23-24:

4. Priority 4: Community Awareness

CMP MH/DS continues to promote awareness, information, and events on our agency Facebook page. We also send out information and updates to our list serves that we have created. Any individual can sign up to receive emails from us. These emails contain information pertaining to mental health information, events, and the system in general. We collaborated with the PA Partnership Systems of Care to host a Green Light Campaign for mental health awareness for the fourth year. We worked with local TV stations and created awareness commercials that have been showing on our local networks. We also collaborated, created, and displayed static billboards to show awareness messages for the month of May, throughout our 3 counties.

Our awareness committee continues to meet on a monthly basis to discuss all of the awareness activities and searches for ideas and events to attend to continue to spread awareness in CMP. Our Developmental Services Department is also part of our Awareness Committee and are spreading awareness and promoting initiatives and events for individuals with an intellectual disability and/or with autism.

5. Priority 5: Forensic Population

The Veteran's Treatment Court and Drug Treatment Courts in Carbon County continue to develop and our case managers and coordinator play a role assisting with resources and services for individuals with mental health challenges. In Monroe County, the Probation Department started a pre-trial services program, in which we will provide intake assessments, linkages, resources, and access to treatment. We opened a regional 16 bed Residential Treatment Facility for Adults along with two other county joiners. Pike County developed a subcommittee of their Re-Entry Committee to address aging individuals who are involved in the justice system. MH/DS is a participant on this committee and will assist with resources and services for the aging population with mental health concerns for diversion and re-entry plans. We were instrumental in re-implementing the Monroe County CJAB since COVID. In addition, we have hosted a Sequential Intercept Mapping Workshop in Carbon, Monroe, and Pike Counties to update our maps and work on gaps and barriers within our communities. We have created work groups to carry out the action plans and initiative from these mappings.

Coming Year List:

- a. Based on Section b **Strengths and Needs by Populations**, please identify the top three (3) to five (5) ROST priorities the county plans to address in FY 24-25 at current funding levels.
- b. For each coming year (FY 24-25) ROST priority, please provide:
 - a. A brief narrative description of the priority including action steps for the current fiscal year.
 - b. A timeline to accomplish the ROST priority including approximate dates for progress steps and priority completion in the upcoming fiscal year.

- Timelines which list only a fiscal or calendar year for completion are not acceptable and will be returned for revision.
- c. Information on the fiscal and other resources needed to implement the priority. How much the county plans to utilize from state allocations, county funds, grants, HealthChoices, reinvestment funds, other funding, and any non-financial resources.
- d. A plan mechanism for tracking implementation of the priorities.
 - Example: spreadsheet/table listing who, when and outputs/outcomes

1. (Identify Priority) Children's Services

Continuing from prior year New Priority

a. Narrative including action steps:

Children's services continue to be a top priority for CMP MH/DS. There are no options for inpatient behavioral health treatment for youth in our counties. In fact, there have been numerous occasions when we have been unable to locate a bed on an inpatient unit throughout the state and a young person has had to stay in the emergency department of the local hospitals, at times for three days or more. In most cases, these children have ended up going home or to foster care without behavioral health intervention. On a few other occasions, youth have had to stay in our Children and Youth Office for several days. At times, providers have not been able to deliver IBHS Services as prescribed. This, coupled with youth suicides and an ongoing limited availability of psychiatry time, has led to an increased need for youth crisis-based services. CMP received CMHSBG Funding to expand mobile crisis/co responder/ warm hand off in all three of our counties. We now have 24/7 access to mobile crisis in Carbon, Monroe, and Pike Counties. We continue to have discussions with our provider network, CCBH, and community partners about these issues and barriers.

We received the PA Partnership System of Care Expansion and Sustainability grant to expand coordination and more evidence-based practices like, MST (multi-systemic therapy) and PCIT (parent child interaction therapy). The focus is on 0-21 year olds and their families who have complex behavioral health challenges in addition to involvement in the juvenile justice and/or child welfare systems and are in, or at risk of, out of home placement. Health Choices and Community Care Behavioral Health have collaborated to bring Cognitive Behavioral Therapy Training and many other trainings to our providers. SOC, CMP MH/DS, CMP HC, and CCBH have worked to develop the Youth Era Peer Model into a MA-billable service and have worked with OMHSAS to identify ways to adapt to Certified Peer Specialist program regulations in order for the model to work.

We, in collaboration with CCBH and CMP HC worked very diligently with providers of children's services to enhance supports and services in the school districts across the three counties. We have seen consistent expansion of Outpatient Mental Health services in every school district. CMP HC is now funding some Pike residents in the School Based Behavioral Health Supports program in the Wallenpaupack School District this year. In addition, we are working to enhance supports for those who do not need this level of care in this school district as well. We are exploring bringing additional school-based outpatient to Pike County and Evidence Based Early Childhood Mental Health Programs for future implementation. PCIT Training was completed in 2022 and expansion of services for Infant and Early Childhood began in FY 21/22.

CMP MH/DS, SOC, CMP HC, and CCBH worked together with Monroe County Children and Youth to roll out the evidence-based model, “the Incredible Years” with hopes to expand to Carbon and Pike counties as soon as possible. We continue to work with our providers to implement this service in both a site-based model and in public school settings.

CMP MH/DS and SOC are currently seeking funding to create both Youth Peer and Family Peer Support. Upon service development, family and youth peers will play pivotal roles in increasing caregiver education and networking and creating a non-clinical youth drop-in center program.

CMP MH/DS and SOC are participating in a Garrett Lee Smith Team project to implement CAMS (Collaborative Assessment and Management of Suicidality).

- b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables)
We received the grants for each county on 07/01/2018 and we will continue to roll out and expand PA Partnership initiatives, community leadership team suggestions, trainings, and agency collaboration across systems. We meet to discuss progress and barriers on a quarterly basis.

We started “Incredible Years” in Monroe County in October 2023 and hope to roll it out to Carbon and Pike by June 2025. We meet the provider on a bi-monthly basis to discuss the program progress and barriers.

We hope to support our IBHS network to grow and to provide more and more services on a face-to-face basis, in all three counties by the end of June 2025. We meet with IBHS providers on a bi-monthly basis.

We have monthly meetings with SOC and community partners to discuss resources and strategies. We plan to research and apply for grant funding by June 30, 2025.

We have applied for grant funding and are awaiting a decision. We meet on a monthly basis to discuss this project. We would like to implement this by June 30, 2025.

- c. Fiscal and Other Resources:
This will largely be funded by Medicaid/CCBH. State base funds will be used for staff time to participate in planning. This will benefit multiple priority groups, but mostly children under 18.

PA SOC will be through grant funding. We continue to explore using SOC Grant funding for implementation of the Early Childhood Mental Health Program. We will also utilize any opportunity for reinvestment funds and Medicaid funding for these services.

These mental health supports may initially be funded by CMP HC and then by Medicaid/CCBH.

Medicaid/CCBH and Child Welfare will fund the Incredible Years.

IBHS is funded by Medicaid/CCBH.

Grant funding will be sought and utilized for youth peer, family peer and the CAMS program.

- d. Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided-) We will continue to monitor by receiving reports and monitoring referrals and services.

We will track hospitalizations, out of home placements, educational gains, and family satisfaction.

Number of families served will be tracked by CCBH for the additional family-based teams and the evidence-based practices. Outcomes will be measured for those in the program and those that have completed the program. Success factors will include reduction/elimination of hospitalization and/or out of home placement, school attendance and success, lack of involvement in the Juvenile Justice System.

PA SOC will have data collection and reporting processes developed as the leadership team is developed and priorities and projects are defined.

Provider and CCBH will monitor all the Early Childhood Mental Health Programs and School Based OP. If Medicaid funding can be used, CCBH will also monitor referrals and outcomes.

We will continue to keep record and track all programs and projects utilizing grant funding.

2. (Identify Priority) Safe Affordable Housing

Continuing from prior year New Priority

- a. Narrative including action steps:

Safe Affordable Housing continues to be one of our top five priorities. We continue to monitor our residential services and are continuing to take an in-depth look at the continuum that we have available for our residents. We are trying to make sure that we have a variety of residential levels of care to keep individuals in the community as much as possible and to make sure that the level of care and service delivery is in correlation to the cost of the program. We are also monitoring the workforce concerns being reported by our residential providers. We are going to continue our collaboration with the Carbon County Housing Authority to see if we can collaborate with them to apply for additional vouchers for carbon residents. CMP MH/DS will be continuing close collaboration with our residential providers to address funding shortfalls and try to develop creative strategies to maintain our current capacity. We converted a current CRR to an RTF-A and we created a three person supported independent living program. We are continuing to be a part of all homeless and community residential committees so that we can utilize all appropriate resources for our individuals.

- b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables) CMP MH/DS will continue to monitor and assess our residential continuum on a bi-monthly basis to identify strengths, gaps, and needs.

CMP's Housing Coordinator and supervisor attend Homeless and other housing related meetings and committees on a monthly basis in order to make sure our population is included in discussions, bring back information and be aware of all housing related programs in our communities.

- c. Fiscal and Other Resources:
State base funds, CHIPP, reinvestment funds, and federal HUD dollars are utilized to support these programs.
- d. Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided)
These projects will be monitored by database, case notes from case managers, and monthly reports from providers and staff. We will measure success in the program by the person maintaining involvement in the program, paying their portion of the rent on time, positive interactions with the property owner, involvement in work and/or education, reduction or elimination of hospitalization and/or incarceration, maintaining recovery activities and, ultimately, their ability to transfer a lease into their own name and living independently.

3. (Identify Priority)Psychiatry Time

Continuing from prior year New Priority

- a. Narrative including action steps:
Psychiatry time continues to be an ongoing need in our counties. We would like to increase the options for individuals within our counties who are in need, so we hope to diversify and increase availability of this service. All of our outpatient providers are currently utilizing Tele-psychiatry as needed and as appropriate. Many have been doing so using doctors within their own network. One provider contracted with a provider outside of our area for tele-psych hours. Even with these efforts, we struggle to meet the demand for psychiatric time. We continue to work with The Commonwealth Medical College (TCMC), Community Care Behavioral Health, and both the Northeast and North Central Area Health Education Centers (AHEC) on creating and expanding local Psychiatry Rotations. This will have a direct effect on all of the priority areas by improving access to psychiatric services.

We utilized the CMHSBG funding opportunity to increase our mobile crisis services to 24/7 for our three counties. We continue to work on access to the mobile teams and reducing the response times. We are also trying to figure out how we can sustain this as it really needs to be funded using the firehouse model. Having more availability of mobiles has helped to increase the availability of our medical mobile services so that it can be utilized to help individuals' access medication refills when situations have presented and they are unable to get an appointment otherwise.

We utilized the CMHSBG funding opportunity to work with St. Luke's Health Network and one of our crisis providers RHD to develop a crisis walk center in Carbon County. We believe this will help to decrease ED utilization and create a place for residents to go to get resources and services needed to prevent utilizing higher levels of care. We have a warm handoff to our crisis residential service, which can be utilized for up to five days. At this

residential there is access to case management, crisis management, individual therapy, group therapy, and psychiatric services.

We are working with Wayne County to develop a crisis walk in center in Wayne.

- b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables)
These efforts have already begun and will be ongoing.

Mobile crisis is now 24/7 in Carbon, Monroe and Pike Counties This has increased access to medical mobiles, which will be ongoing.

The Crisis Walk In in Carbon County opened in August 2022. We are planning to open the Crisis Walk In Center in Wayne County by July 2025.

- c. Fiscal and Other Resources:

The cost will mostly be absorbed by Medicaid and by the current state base fund contracts with providers. As access increases, utilization will increase, but it is believed that proper access to quality psychiatry time will decrease the costs in other areas, such as crisis intervention, hospitalization, and crisis residential, and cost will balance out in the end.

Community Mental Health Services Block Grant (CMHSBG) Funding Opportunity for County Mental Health Administrations.

- d. Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided)
We will continue to monitor the progress in this area by tracking referrals and wait times for psychiatric evaluations and medication monitoring appointments. These efforts will benefit all priority groups. We will request quarterly reports from outpatient clinics indicating the number of doctors, CRNP, and physician's assistants they have employed and the number of hours they work. We will also monitor wait times for psychiatric appointments.

We will use data that is collected to determine if there has been progress made in this area and to determine what other services are needed.

We receive monthly reports from our crisis providers with information regarding the type of mobiles and the number of mobiles utilized. CMP will monitor this for discussion and monitoring of the mobile services provided.

We will receive monthly reports from St. Luke's Health Network to monitor the usage of the Carbon County crisis walk in for ongoing discussions on the project.

We will receive monthly reports from Center for Community Resources to monitor the usage of the crisis walk in serving Pike and northern Monroe County for ongoing discussion on the project once it opens.

4. (Identify Priority) Community Awareness

Continuing from prior year New Priority

- a. Narrative including action steps:

Community awareness continues to be a priority for the coming year. Many people make comments like, "I didn't know these services existed." We would like to get to a place where everyone knows how to get help when they need it. One of the strategies we use is social marketing. We create resources, compile information packets, and will be participating in an increasing number of community events, information fairs, and other public gatherings. We continue to develop our presence and promote recovery, resilience, and wellness on social media. We updated our website so that it will be easier to access information, resources, and services. We continue to seek out community events in all three counties that we can attend to promote awareness. Delivering trainings such as QPR, ASIST, SafeTALK, and Mental Health First Aid helps to bring awareness and education to our staff, providers, and communities. CMP collaborated with our DA's Offices to bring Suicide Fatality Review teams to our counties. This has already started in Monroe County and we are currently working to implement in Pike and Carbon.

- b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables)
We are increasing our utilization of social media and local television station campaigns throughout the 24/25 fiscal year.

We are increasing the number and types of events that we attend for awareness and this will be a continuous process all year. We are aiming to attend at least one to three events a month.

We plan to hold at least 4 QPR's, 3 ASIST, 3 SafeTALK and 2 Mental Health First Aid trainings by 6/30/2025.

We plan to hold 6 SFR team meetings by June 30, 2025 and will implement and hold 4 SFR team meetings in Pike and Carbon by June 30, 2025.

- c. Fiscal and Other Resources:
There will be costs associated in printing information, and ordering promotional materials, which we hope to share between all of the agencies involved. We will use some state base funds for community education. We will also be asking for in-kind services from local businesses and looking for grants to support these efforts. We have developed a grant template that will be easily adjusted to meet the requirements of grant responses. This will benefit all of the priority groups.

We are no longer doing our MH Awareness Walk and those funds will be used to promote awareness across all three counties.

Our training team is made up of CMP employees and some community members. Our staff will use work time to deliver these trainings. Most supplies have already been purchased and if necessary, we will use base funds to purchase any other needed supplies.

At this time there is not a cost to holding these meetings, however we will be looking for grants to be able to train our staff involved and to attend conferences on SFR and OFR.

- d. Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided)
We will determine the success of the Social Media by tracking "likes" and "shares" of the information that is posted.

We will also monitor these projects with surveys and monthly reporting of community events and awareness activities.

This information will be used to guide us in developing additional awareness strategies in the future and to determine if the current strategies are successful.

We keep a calendar and spreadsheet of all the events and trainings that we hold and/or participate in. The number of participants is also recorded on these tracking mechanisms.

We are documenting each SFR Team Meeting and the outcomes for community improvements, resources, and service developments to prevent suicides.

5. (Identify Priority) Forensic Population

Continuing from prior year New Priority

a. Narrative including action steps:

The forensic population continues to be a priority. Through our Forensic Case Management Transition and Re-entry Program, we are continuing to provide Case Management services within the correctional facilities in our counties.

We attend and participate in the CJAB Meetings in Carbon, Monroe, and Pike Counties.

We held a 40-hour CIT in September of the 23/24 fiscal year and we held another one in April of 2024. We are planning to hold a 40-hour CIT Training in Carbon and Pike in September and November of 2024. We attended the International CIT Conference in 2023 and plan to attend in 2024 to gather information and resources to further our knowledge and resources. We worked with the Monroe County District Attorney's Office to develop a Law Enforcement CIT Coordinator to partner with us to develop a robust CIT Program. This Law Enforcement CIT Coordinator also serves Carbon and Pike Counties. We are working to bring our CIT Meetings back to an in-person venue with each of our three counties law enforcement departments.

Carbon County has created a Veteran's Treatment Court and a Drug & Alcohol Treatment Court. MH/DS staff participates in these treatment courts and our staff attends weekly meetings to make referrals and facilitate linkages to services and supports within the community.

We opened 16 bed regional RTF-A (Residential Treatment Facility for Adults) along with Lackawanna/Susquehanna and Luzerne/Wyoming Counties. CMP has eight of the sixteen beds and we currently have eight individuals in the program. In addition to the RTF-A we developed a six bed CRR (Community Rehabilitative Residence) and 6 Supported Independent Living slots to divert from and discharge to from the forensic system in FY20/21. The CRR and SIL programs typically run at full capacity.

We recently converted a current seven bed CRR to an RTF-A. This resource is not specifically for the forensic population; however, they will not be excluded from this

resource if appropriate. By creating this resource, we may be able to free up slots in other programs for transitions and movement.

We recently held a Sequential Intercept Mapping Workshop for Carbon, Monroe, and Pike Counties. This workshop gets the justice system and mental health system together to discuss the resources and services that we have and identify any gaps and barriers so that we can develop action plans to work on them.

- b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables)
The 40-hour CIT and the two 6-hour CIT Trainings will all be held within the next fiscal year.

The RTF- A opened in June 2022.

The conversion of the CRR to an RTF-A was completed in October 2022.

SIM Workshop for Monroe took place in April 2023, Carbon in July 2023, and Pike's was held in October 2023. We are currently holding bi monthly meeting for further the action plans created by the mappings.

- c. Fiscal and Other Resources:
CMHSBG American Rescue Plan Act of 2021 Funding Implementing the SAMSHA Roadmap for Crisis Services: Partnership Advancement Opportunity is being used to enhance our current CIT program. We are planning to use the funds to secure CIT Training and consulting, crisis worker training, peer involvement and overtime costs for law enforcement.

Base funds and in-kind services are being utilized to fund the CIT Training.

Veteran's Treatment Court and Drug Treatment Court is largely funded by the court system. Individual agencies who participate in the court each fund their own staff time that is required. MH/DS utilizes a Forensic Case Manager to fulfill this requirement and we use base funds for this position.

The CRR, and supported independent living slots have been developed with state base funds through the ACLU lawsuit.

The RTF-A was developed with state base funds from the ACLU Lawsuit and Medicaid dollars.

The seven bed RTF-A was funded through the CMHSBG funding and is now funded through Medicaid/CCBH which started in January 2023.

- d. Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided)
Forensic Case Management is monitored by the Forensic Case Management Supervisor, monthly reports, and billing. We track outcomes including recidivism, attendance, and completion of the program.

CIT will be tracked by the CIT Coordinator using a database including number and name of attendees, and the law enforcement agency they work for. We will also conduct evaluations at the end of the session. Additionally, we will track data sheets received from each department and from CIT trained officers.

The efforts of the Veterans' Treatment Court and the Drug Treatment Court will largely be measured by the court system, but will include recidivism and completion of the court recommendation. The Forensic Case Manager will monitor and track hospitalizations, involvement with the justice system, and follow up on mental health recommendations.

The RTF-A, CRR, and supported independent living slots will be monitored and data will be collected on a monthly report bases so that we can review and develop outcomes from the data.

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

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

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

Telehealth continues to be used in the counties as appropriate and in conjunction with DHS regulations and guidance for telehealth use. Less telehealth is currently being utilized than during the COVID-19 pandemic, but the option is available with most services where the functionality does not detract from the treatment. Specific consumer requests for telehealth are honored whenever possible, especially in situations where childcare, transportation, or health issues are present. Conversely, we ensure that consumers have access to face-to-face services when telehealth is not their preferred way to access services.

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

CMP MH/DS has purchased and distributed cell phones, minute cards, and tablets for individuals to be able to utilize for telehealth purposes. Our case managers continually assess individual needs for technology assistance. When we are made aware of specific issues, we work to ensure the individual is provided with telehealth connectivity. We have loaner tablets that our CM's can take out to a consumer and they can use for a telehealth appointment if needed. We have also utilized Family Support Services funds to pay for internet and/or phone service to make sure that individuals have access to telehealth.

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

While internet access is only an issue in small corners of the three counties, we do recognize that access does not always mean that consumers are able to afford and/or access the internet. As noted earlier, CMP MH/DS strives to find solutions for individuals to overcome financial and other obstacles to obtain/maintain internet access. Digital literacy has not seemed to be problematic, but our case managers are able to assist with anyone who may face these challenges. When having any contact with consumers, CMP MH/DS staff always use secure means to communicate through telehealth and other electronic avenues. CMP MH/DS utilizes secure web platforms (GoToMeeting, Zoom or Teams) when interacting

directly with consumers. Cultural and language barriers are overcome using both ATT language lines and online, real-time language translation when the issue arises.

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

Yes No

If yes, please describe how this is occurring. If no, indicate any plans to embed TIC in FY 24-25. (Limit of 1 page)

CMP MH/DS has encouraged and supported our staff, providers, sister agencies, and community partners to embed trauma informed care initiatives into resources and services provided. This has been a main focus of the Monroe County Children’s Roundtable and we have collaboratively brought training and awareness of trauma informed care practices to our communities. In April of 2022 this roundtable, our SOC, and CMP MH/DS worked together to hold a Trauma Summit which included speakers on trauma informed practices including calming rooms, trauma responsive policing and a brain storming session to create next steps for Monroe County. The development of a Trauma Coalition was created out of this brain storming session. Our SOC provides 8 of the 10 sessions through Lakeside Global Institute Trauma Training Series to professionals and community members. CMP requires our staff to take these training and have asked all of our contracted providers to have their staff trained as well. We have also collaborated to develop a Trauma Committee to look at the community needs and develop plans to promote trauma informed practices.

CMP shares training information and opportunities so that our community partners have access to participate.

Some of our providers offer trauma focused treatment such as Seeking Safety and Trauma Focused Cognitive Behavioral Therapy.

CMP is aware and utilizes the support and information that comes from the “Trauma-Informed PA” plan. We will continue to promote, encourage, and support our providers and community to participate in trauma informed care initiatives.

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

Yes No

If yes, please describe the CLC training being used, including training content/topics covered, frequency with which training is offered, and vendor utilized (if applicable). If no, counties may include descriptions of plans to implement CLC trainings in FY 24-25. (Limit of 1 page)

CMP MH/DS has collaborated with the PA Partnership SOC to offer some CLC Trainings for our staff, providers, and sister agencies. We hold trainings and information sessions at our Case Management Forums to address CLC. We participate in the PA Care Partnerships Cultural & Linguistic Competency Community of Practice Meetings, which are held every other month to assess and improve cultural appropriateness of services; gain an improved understanding of

cultural issues; identify training opportunities; encourage local commitments to support cultural competence and assess service needs of cultural groups.

CCBH has trainings available to our staff, sister agency staff, provider staff and the community re: Race, Incarceration and Stigma; Black Youth and Suicide risk; and Social & Racial Justice Training Series: Making the Unconscious Conscious through Cultural Humility, and Our HAIR (Health Access Initiative for Recovery), Racial Disparities and SUD Treatment, and A Snapshot of the Pennsylvania Immigrant Population.

CMP required staff to participate in the “Urgency of Awareness” training by Jodi R. Pfarr to address diversity, inequities, and cultural and linguistic competency. We continued this initiative with a “Deeper Dive” of the Urgency of Awareness to create a 90-day plan to recognize and address equity in our agency. We are working to continue these plans and initiatives through our own management team. CMP MH/DS has developed a Cultural Awareness Advisory Committee.

Being involved with the SOC, we have access to resources produced by other counties and groups, such as the videos of interpreters explaining client rights and responsibilities, HIPPA, and Releases of Information, and the Grievance Process. An Informed Consent to Treatment Form is available in 5 languages.

We plan to continue participation with the Cultural Linguistic Competency Community of Practice Group with the PA Care Partnership to further develop and carry out our mission and plan for education and awareness opportunities in the CMP area.

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

Yes No

If yes, please describe the DEI efforts undertaken. If no, indicate any plans to implement DEI efforts in FY 24-25. *(Limit of 1 page)*

CMP encourages our staff to participate in diversity and equity trainings and webinars. Some examples of these are: Diversity in the Workplace; Addressing Diversity, Equity and Engagement in Organizational Structures; Health Inequities and Racial Injustice; Racial Trauma and Communities of Color: Assessment and Treatment and Black Mental Health Matters: Micro Trauma and Micro Aggressions in Communities of Color.

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

Yes No

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

CMP MH/DS is currently involved in many suicide prevention initiatives. We have several staff trained to be instructors for Mental Health First Aid, Question Persuade Refer, ASIST, and SafeTALK in all three of our counties. We provide these trainings to our staff, provider staff, school districts, sister agencies and our communities, free of charge. In collaboration with the SOC shared videos and posts regarding awareness and preventing suicide on our social media outlets.

In Carbon and Monroe Counties, CMP MH/DS is involved with a Suicide Prevention Coalition that has several sub-committees that work on different topics. One is a public awareness committee that has created public service announcement videos and flyers to promote awareness. There is a school and education committee that collaborates on suicide prevention and awareness within schools, and develops events and activities that can be delivered in this setting. This committee implemented a countywide Aavidum meeting and a suicide prevention awareness day.

The Suicide Prevention Coalition has a Facebook page, flyer, and website that they share information about local events related to suicide prevention and mental wellness. We partner with East Stroudsburg University to host a Suicide Prevention Day that is open to the public. We are currently trying to work with our partners and coroners to develop a LOSS Team.

In Pike County, CMP MH/DS is involved with the Northeast Suicide Prevention Initiative. We collaborate to hold community events and walks to promote Suicide Prevention, Awareness, and Remembrance.

Our contracted crisis provider is a National Suicide Prevention Lifeline provider for residents of our three counties. We want to be able to assist the individuals from our counties that call this national 988 number and help to link them to local services and resources. This provider also answers calls for nearby counties that are unable to answer their own calls.

CMP MH/DS continues to support and collaborate with Aavidum as they continue to develop this culture in our school districts in Carbon and Monroe Counties. This program empowers youth to have their friends' backs and create cultures of care and advocacy in schools. They have developed a variety of energizing, creative, student-driven programs to meet the specific needs of each age group.

CMP MH/DS implemented a warm handoff project with Lehigh Valley Health Network and St. Luke's Health Network to provide follow up support, resources and services to individuals discharged from the health systems who presented there for a suicide attempt. This project is currently in practice in Northampton County and they brought this to us and are supporting and helping us to start this for our county residents.

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

The Employment First Act (Act 36 of 2018) requires county agencies to provide services to support competitive integrated employment for individuals with disabilities who are eligible to work

under federal or state law. For further information on the Employment First Act, see [Employment-First-Act-three-year-plan.pdf \(pa.gov\)](#)

- a. Please provide the following information for your County MH Office Employment Specialist single point of contact (SPOC).
- Name: Jennifer Williams
 - Email address: jwilliams@cmpmhds.org
 - Phone number: 570-421-2901 x 3438
- b. Please indicate if the county **Mental Health office** follows the [SAMHSA Supported Employment Evidence Based Practice \(EBP\) Toolkit](#):
- Yes No

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

Previous Year: FY 23-24 County Supported Employment Data for ONLY Individuals with Serious Mental Illness		
<ul style="list-style-type: none"> • Please complete all rows and columns below • If data is available, but no individuals were served in a category, list as zero (0) • Only if no data available for a category, list as N/A <p><i>Include additional information for each population served in the Notes section. (For example, 50% of the Asian population served speaks English as a Second Language, or number served for ages 14-21 includes juvenile justice population).</i></p>		
Data Categories	County MH Office Response	Notes
i. Total Number Served	9	
ii. # served ages 14 up to 21	1	
iii. # served ages 21 up to 65	8	
iv. # of male individuals served	4	
v. # of female individuals served	4	
vi. # of non-binary individuals served	0	
vii. # of Non-Hispanic White served	7	
viii. # of Hispanic and Latino served	0	
ix. # of Black or African American served	2	
x. # of Asian served	0	
xi. # of Native Americans and Alaska Natives served	0	
xii. # of Native Hawaiians and Pacific Islanders served	0	
xiii. # of multiracial (two or more races) individuals served	0	
xiv. # of individuals served who have more than one disability	1	
xv. # of individuals served working part-time (30 hrs. or less per wk.)	2	
xvi. # of individuals served working full-time (over 30 hrs. per wk.)	1	
xvii. # of individuals served with lowest hourly wage (i.e.: minimum wage)	0	
xviii. # of individuals served with highest hourly wage	2	
xix. # of individuals served who are receiving employer offered benefits (i.e., insurance, retirement, paid leave)	0	

7. Supportive Housing:

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

Name: Colleen Cawley
Email address: ccawley@cmpmhds.org
Phone number: 570-421-2901 x 3408

- b. Please indicate if the county **Mental Health office** follows the [SAMHSA Permanent Supportive Housing Evidence-Based Practices](#) toolkit:
 Yes No

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

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

c. **Supportive Housing Activity** to include:

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

1. Please identify the following for all housing projects operationalized in SFY 23-24 and 24-25 in each of the tables below:

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

2. Next, enter amounts expended for the previous state fiscal year (SFY 23-24), as well as projected amounts for SFY 24-25. If this data isn't available because it's a new program implemented in SFY 24-25, do not enter any collected data.

- Please note: Data from projects initiated and reported in the chart for SFY 24-25 will be collected in next year's planning documents.

1. Capital Projects for Behavioral Health				Check box <input type="checkbox"/> if available in the county and complete the section.				
Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15–30-year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e., an apartment building or apartment complex).								
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (Including grants, federal, state & local sources)	4. Total Amount for SFY 23-24 (only County MH/ID dedicated funds)	5. Projected Amount for SFY 24-25 (only County MH/ID dedicated funds)	6. Actual or Estimated Number Served in SFY 23-24	7. Projected Number to be Served in SFY 24-25	8. Number of Targeted BH United	9. Term of Targeted BH Units (e.g., 30 years)
Totals								
Notes:								

2. Bridge Rental Subsidy Program for Behavioral Health				Check box <input checked="" type="checkbox"/> if available in the county and complete the section.					
Short-term tenant-based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.									
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 23-24	5. Projected \$ Amount for SFY 24-25	6. Actual or Estimated Number Served in SFY 23-24	7. Projected Number to be Served in SFY 24-25	8. Number of Bridge Subsidies in SFY	9. Average Monthly Subsidy Amount in SFY 23-24	10. Number of Individuals Transitioned to another Subsidy in SFY 23-24
SDOH Housing	2022	Reinvestment	\$549,937	\$358,270	77	65	77	\$7,142	60
Totals			\$549,937	\$358,270	77	65	77	\$7,142	60
Notes:									

3. Master Leasing (ML) Program for Behavioral Health				Check box <input checked="" type="checkbox"/> if available in the county and complete the section.					
Leasing units from private owners and then subleasing and subsidizing these units to consumers.									
1. Project Name	2. Year of Implementation	3. Funding Source by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 23-24	5. Projected \$ Amount for SFY 24-25	6. Actual or Estimated Number Served in SFY 23-24	7. Projected Number to be Served in SFY 24-25	8. Number of Owners/ Projects Currently Leasing	9. Number of Units Assisted with Master Leasing in SFY 23-24	10. Average Subsidy Amount in SFY 23-24
Merakey	2010	Base + Cty	\$309,270	\$383,068	13	13	1	13	\$23,790
Totals			\$309,270	\$383,068	13	13	1	13	\$23,790
Notes:									

4. Housing Clearinghouse for Behavioral Health				Check box <input checked="" type="checkbox"/> if available in the county and complete the section.				
An agency that coordinates and manages permanent supportive housing opportunities.								
1. Project Name	2. Year of Implementation	3. Funding Source by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 23-24	5. Projected \$ Amount for SFY 24-25	6. Actual or Estimated Number Served in SFY 23-24		7. Projected Number to be Served in SFY 24-25	8. Number of Staff FTEs in SFY 23-24
211 Coordinated Entry	2018	HUD CoC Grants/Home4 Good/PHARE/ESG/Private Foundations	\$848,385	\$948,765	N/A		N/A	3 at RHD Street 2 Feet – Walk in Access Site: at PA 211 Call Center there are 8 FT CE Call Specialists; 5 CE Regional Managers
Totals			\$848,385	\$948,765	N/A		N/A	
Notes:	This is for the entire Coordinated Entry system within the Eastern PA Continuum of Care, which covers CMP service area.							

5. Housing Support Services (HSS) for Behavioral Health				Check box <input checked="" type="checkbox"/> if available in the county and complete the section.				
HSS are used to assist consumers in transitions to supportive housing or services needed to assist individuals in sustaining their housing after move-in.								
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 23-24	5. Projected \$ Amount for SFY 24-25	6. Actual or Estimated Number Served in SFY 23-24		7. Projected Number to be Served in SFY 24-25	8. Number of Staff FTEs in SFY 23-24
FCS	1998	Base + Cty	\$84,670	\$102,932	10		10	4
PCS	2019	Base + Cty	\$275,195	\$275,195	6		6	3.8
RHD	2013	Base + Cty	\$66,413		\$66,414	35		35
Merakey	2022	Base + Cty	\$251,788	\$535,500	3		3	2.68
Totals			\$678,066	\$980,041	54		54	12.81
Notes:								

6. Housing Contingency Funds for Behavioral Health				Check box <input checked="" type="checkbox"/> if available in the county and complete the section.				
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings, and other allowable costs.								
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 23-24	5. Projected \$ Amount for SFY 24-25	6. Actual or Estimated Number Served in SFY 23-24		7. Projected Number to be Served in SFY 24-25	8. Average Contingency Amount per person
CMP MH/DS	2017/18	Base + Cty	\$68,300	\$70,000	14		90	\$4,878
SDOH	2022	Reinvestment	\$247,175	\$192,802	32		30	\$6,427
Totals			\$315,475	\$262,802	46		120	\$11,305
Notes:								

7. Other: Identify the Program for Behavioral Health				Check box <input type="checkbox"/> if available in the county and complete the section.			
<p>Project Based Operating Assistance (PBOA) is a partnership program with the Pennsylvania Housing Finance Agency in which the county provides operating or rental assistance to specific units then leased to eligible persons; Fairweather Lodge (FWL) is an Evidenced-Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness; CRR Conversion (as described in the CRR Conversion Protocol), other.</p>							
1. Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 23-24	5. Projected \$ Amount for SFY 24-25	6. Actual or Estimated Number Served in SFY 23-24		7. Projected Number to be Served in SFY 24-25
N/A							
Totals							
Notes:							

e) Certified Peer Specialist Employment Survey:

Certified Peer Specialist” (CPS) is defined as:

An individual with lived mental health recovery experience who has been trained by a Pennsylvania Certification Board (PCB) approved training entity and is certified by the PCB.

In the table below, please include CPSs employed in any mental health service in the county/joinder including, but not limited to:

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

County MH Office CPS Single Point of Contact (SPOC)	Name: Jennifer Williams
	Email: jwilliams@cmpmhds.org
	Phone number: 570-421-2901
Total Number of CPSs Employed	11
Average number of individuals served (ex: 15 persons per peer, per week)	68
Number of CPS working full-time (30 hours or more)	5
Number of CPS working part-time (under 30 hours)	6
Hourly Wage (low and high), seek data from providers as needed	\$15 - \$22.74
Benefits, such as health insurance, leave days, etc. (Yes or No), seek data from providers as needed	FT Yes / PT No
Number of New Peers Trained in CY 2023	2

f) Existing County Mental Health Services

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

Services by Category	Currently Offered	Funding Source (Check all that apply)
Outpatient Mental Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Inpatient Hospitalization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Partial Hospitalization - Adult	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Partial Hospitalization - Child/Youth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family-Based Mental Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Assertive Community Treatment (ACT) or Community Treatment Team (CTT)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children's Evidence-Based Practices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Telephone Crisis Services		
Walk-in Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Residential Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis In-Home Support Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Emergency Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Targeted Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrative Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" 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 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 Rehabilitation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" 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 type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Adult Developmental Training	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Facility-Based Vocational Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" 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 type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Housing Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Peer Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Consumer-Driven Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Mental Health Treatment	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Behavioral Health Rehabilitation Services for Children and Adolescents	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Inpatient Drug & Alcohol (Detoxification and Rehabilitation)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Outpatient Drug & Alcohol Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Methadone Maintenance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Clozapine Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Residential Treatment Facility - Adult	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Supported Independent Living	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Decision Support Center	<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

Note: HC= HealthChoice

g) Evidence-Based Practices (EBP) Survey

Please include both county and HealthChoices funded services.

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

Evidenced-Based Practice	1. Is the service available in the County/Joinder? (Y/N)	2. Current number served in the County/Joinder (Approx.)	3. What fidelity measure is used?	4. Who measures fidelity? (agency, county, MCO, or state)	5. How often is fidelity measured?	6. Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	7. Is staff specifically trained to implement the EBP? (Y/N)	8. Additional Information and Comments
Assertive Community Treatment	Y	118	TMACT	Agency MCO	Annual	Y	Y	
Supportive Housing	Y	119	Audits TMACT HUD COC Housing First	Cty/Agcy/State/MCO HUD COC	Qtrly Annual	N	N	
Supported Employment	Y	63	TMACT	MCO	Annual	Y	Y	Include # Employed: 8
Integrated Treatment for Co-occurring Disorders (Mental Health/SUD)	Y	32	TMACT QA Committee Review	MCO Agency OMHSAS CCBHO	Annual 2x per yr	Y	Y	
Illness Management/Recovery	Y	89	TMACT	MCO	Annual	Y	Y	
Medication Management (MedTEAM)	Y	355	Psychiatrist CRNP QA Review	Agency OMHSAS CCBHO	Ea. Appt. QA Committee 2x per yr.	Y	Y	
Therapeutic Foster Care	Y	2	Audit tools	State MCO	Annual	N	N	
Multisystemic Therapy								
Functional Family Therapy	Y	10	Biopsychosocial	Agency	Every 6 mos.	N	N	
Family Psycho-Education	Y	20	Clinical knowledge	Agency	Review as needed	N	N	

SAMHSA's EBP toolkits: <https://store.samhsa.gov/product/Supported-Education-Evidence-Based-Practices-EBP-KIT/SMA11-4654>

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

- Please include both county and HealthChoices funded services.
- Include CPS services provided to all age groups in total, including those in the age break outs for TAY and OAs.
(Below: if answering yes to #1. **service provided**, please answer questions #2 and 3)

Recovery-Oriented and Promising Practices	1. Service Provided (Yes/No)	2. Current Number Served (Approximate)	3. Additional Information and Comments
Consumer/Family Satisfaction Team	Yes	344	
Compeer	No		
Fairweather Lodge	No		
MA Funded Certified Peer Specialist (CPS)- Total**	Yes	44	
CPS Services for Transition Age Youth (TAY)	Yes	7	
CPS Services for Older Adults (OAs)	No		
Other Funded CPS- Total**	Yes	12	
CPS Services for TAY	No		
CPS Services for OAs	No		
Dialectical Behavioral Therapy	Yes	72	
Mobile Medication	No		
Wellness Recovery Action Plan (WRAP)	Yes	69	
High Fidelity Wrap Around	No		
Shared Decision Making	Yes	521	
Psychiatric Rehabilitation Services (including clubhouse)	Yes	136	
Self-Directed Care	No		
Supported Education	No		
Treatment of Depression in OAs	Yes	514	
Consumer-Operated Services	No		
Parent Child Interaction Therapy	Yes	0	
Sanctuary	No		
Trauma-Focused Cognitive Behavioral Therapy	No		
Eye Movement Desensitization and Reprocessing (EMDR)	No		
First Episode Psychosis Coordinated Specialty Care	Yes	12	
Warm line	Yes	897	
Seeking Safety	Yes	119	

Reference: Please see SAMHSA’s National Registry of Evidenced-Based Practices and Programs for more information on some of the practices: [Resource Center | SAMHSA](#)

i) Involuntary Mental Health Treatment

- 1. During CY 2023, did the County/Joinder offer *Assisted Outpatient Treatment (AOT)* Services under PA Act 106 of 2018?
 - No, chose to opt-out for all of CY 2023
 - Yes, AOT services were provided from: _____ to _____ after a request was made to rescind the opt-out statement
 - Yes, AOT services were available for all of CY 2023

- 2. If the County/Joinder chose to provide AOT, list all outpatient services that were provided in the County/Joinder for all or a portion of CY 2023 (check all that apply):
 - Community psychiatric supportive treatment
 - ACT
 - Medications
 - Individual or group therapy
 - Peer support services
 - Financial services
 - Housing or supervised living arrangements
 - Alcohol or substance abuse treatment when the treatment is for a co-occurring condition for a person with a primary diagnosis of mental illness
 - Other, please specify: _____

- 3. If the County/Joinder chose to opt-out of providing AOT services for all or a portion of CY 2023:
 - a. Provide the number of written petitions for AOT services received during the opt-out period.
 0
 - b. Provide the number of individuals the county identified who would have met the criteria for AOT under Section 301(c) of the Mental Health Procedures Act (MHPA) (50 P.S. § 7301(c)).
 6

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

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

	AOT	IOT
I. Number of individuals subject to involuntary treatment in CY 2023	N/A	838
II. Number of involuntary inpatient hospitalizations following an IOT or AOT for CY 2023	N/A	0
III. Number of AOT modification hearings in CY 2023	N/A	
IV. Number of 180-day extended orders in CY 2023	N/A	25
V. Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY 2023	N/A	\$177,476

j) Consolidated Community Reporting Initiative Data reporting

DHS requires the County/Joinder to submit a separate record, or "pseudo claim," each time an individual has an encounter with a provider. An encounter is a service provided to an individual. This would include, but not be limited to, a professional contact between an individual and a provider and will result in more than one encounter if more than one service is rendered. For services provided by County/Joinder contractors and subcontractors, it is the responsibility of the County/Joinder to take appropriate action to provide the DHS with accurate and complete encounter data. DHS’ point of contact for encounter data will be the County/Joinder and no other subcontractors or providers. It is the responsibility of the County/Joinder to take appropriate action to provide DHS with accurate and complete data for payments made by County/Joinder to its subcontractors or providers. DHS will evaluate the validity through edits and audits in PROMISE, timeliness, and completeness through routine monitoring reports based on submitted encounter data.

File	Description	Data Format/Transfer Mode	Due Date	Reporting Document
837 Health Care Claim: Professional Encounters v5010	Data submitted for each time an individual has an encounter with a provider. Format/data based on HIPAA compliant 837P format	ASCII files via SFTP	Due within 90 days of the county/joinder accepting payment responsibility; or within 180 calendar days of the encounter	HIPAA implementation guide and addenda. PROMISE™ Companion Guides

❖ Have all available claims paid by the county/joinder during CY 2023 been reported to the state as an encounter? Yes No

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

Please provide a brief narrative as to the services that would be expanded or new programs that would be implemented with increased base funding in FY 24-25:

If additional Base Funding becomes available for our counties, our first objective will be to ensure sustainability of our current programs. For instance, our Residential/Housing Programs are in need of additional funding to maintain staff and to make necessary upgrades to their facilities. Last fiscal year, CMP surveyed all of the residential providers in the three-county area with the following questions: Starting hourly wage; number of vacancies and number at full complement. Direct service professionals (DSPs) were earning \$15.00 per hour. Of the eighty-two (82) DSP positions, twenty-two (22) were vacant or 27%. CMP, in collaboration with the provider fiscal staff, implemented a \$2.00 per hour increase. The financial impact was \$295,116. However, the biggest impact to our community was the ability to (re)open beds in the homes since the providers were able to recruit and retain competent staff.

We would reinstate the two Drop-In Centers that we closed during the budget cut.

We would contract with providers for Family Peer, Certified Peer, and Youth Peer services.

We would work to reduce our agency staff's portion of health insurance cost. Currently it is cost prohibitive for our employees to insure their spouse and/or children. This has been a reason given for staff to leave our agency and for people to turn down employment.

We would look to expand our services in the schools starting with expanding our involvement with the Student Assistance Teams. We currently do not have enough funding in this line item to support more than 1 FTE. To sufficiently meet the demands of this program and to do it effectively, the workload is enough to have 4-5 FTEs.

We have a wait list of more than 100 people for various levels of Mental Health Supported Housing (CRR, Enhanced PCBH, RTF-A, and Supported Independent Living). We would like to expand the continuum of care related to safe and affordable living for people with a serious mental illness.

Finally, we would use additional funding to provide sustainability for the programs we started with the CMHSBG Funded Crisis and Partner Programs we developed. These include the Wayne/Pike Emergency Behavioral Health Walk-In/Stabilization Center, the Carbon County Emergency Behavioral Health Walk-In and Stabilization Unit, the expanded Mobile Crisis Teams (Pike and Carbon), The CIT Program, and the Co-Responder/Crisis Program. These programs are all at varying places in their development, but all will be at risk of going under if there is no funding for sustainability. We have and will continue to partner with CCBH, Law Enforcement, and use grant funding, but the majority of funding for these programs fall to the County MH Agency because the majority of people utilizing the services are not Medicaid recipients. They have commercial insurance or no insurance.

I) Categorical State Funding-FY 24-25 [ONLY to be completed by counties not participating in the Human Services Block Grant (i.e. Non-Block Grant)]

If an allocation is expected in the following categories for FY 24-25, please describe the services to be rendered with these funds, estimates of number of individuals served, and plans to use any carryover funds, if approved, from FY 23-24:

Respite services:

Respite services in CMP are short-term care that helps a family take a break from the daily routine and stress associated with caring for a child with a serious emotional or behavioral disorder. This service may be provided in the child's home, in the community, or in a group setting and they can be provided on an hourly basis or overnight depending on the needs of the youth and family.

In fiscal year 2023-24, CMP served two individuals with respite funds.

We would like to expand the number of families and youth served using respite funds and will continue to work with providers to develop this service. We have trouble locating families who are willing and available to provide overnight respite and providers who are willing (or have staff available) to do in home or community services.

Consumer Drop-In Centers:

Monroe County has a church that runs a drop in one day a week on Mondays for four hours from 9 AM to 2 PM. CMP MH/DS collaborates with them and have helped by being present and available for assistance.

We would like to expand this service in all three of our counties. Prior to budget cuts, we had two very well attended programs that got eliminated. Our goal is to get these programs back and to provide one in each of our counties.

Direct Care Worker Recruitment & Retention:

Twenty-eight full-time employees and twelve part-time employees working in residential programs received either increased wages or improved health insurance benefits resulting from the Direct Care Worker Recruitment & Retention initiative. Approximately seven consumers were served.

Philadelphia State Hospital Closure:

N/A

Forensic Support Team:

N/A

Student Assistance Program:

One-hundred fifty-eight CMP consumers received services in administrative case management or Child and Adolescent Service System Program (CASSP) programs.

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

- **CMHSBG – Non-Categorical (70167): Please describe the services to be rendered with these funds.**

Nineteen percent of all Targeted Case Management services to persons with serious and persistent mental illness and at-risk-youth were served with CMHSBG – Non-categorical (70167) grant funding.

We will continue to provide Target Case Management (TCM) services with this funding. Targeted Case Managers work with people who have a serious mental illness to assist them with their recovery efforts. They assess people's needs, identify the areas that the individual would like to address, and develop a plan to help the person move toward meeting these goals. Additionally, our TCMs are involved with a Behavioral Health Home Plus Performance Based Program with the Behavioral Health MCO. They apply these methods to all of the individuals they serve. If health is an area that is identified by the individual, they can assist with addressing smoking cessation, reducing the effects of diabetes, weight loss, improved sleep, and other health related issues. Many of the individuals served by this program have had marked health improvements.

- **CMHSBG – General Training (70167): If an allocation is expected in FY 24-25, please describe the services to be rendered with these funds and plans to use any carryover funds from FY 23-24.**

No funds were used in 23-24. We plan to use any allowed carryover and new funds to attend the Homes Within Reach and other relevant training for housing and infant and early childhood mental health.

- **Social Service Block Grant (70135): Please describe the services to be rendered with these funds.**

Social Service Block Grant (70135) funds totaling \$3,274 were used to partially fund consumers on an administrative case manager's caseload.

Administrative Case Managers assess individuals' needs, connect them with local services to meet their behavioral health needs, but also their needs related to social determinants of health. Additionally, they assist individuals in getting necessary benefits such as medical assistance, social security, food stamps... They follow up with the individuals they serve 30, 60, 90 days and annually (minimally). They make referrals, provide support and assistance.

- **Systems of Care (70976): Please describe the project milestones you expect to achieve with these funds and plans to use any carryover funds from FY 23-24.**

N/A

- **PRYCCSST (71022) - Please describe the project milestones you expect to achieve with these funds and plans to use any carryover funds from FY 23-24.**

N/A

INTELLECTUAL DISABILITY SERVICES

Carbon-Monroe-Pike Mental Health and Developmental Services (CMP MHDS) in partnership with the Office of Developmental Programs (ODP) is dedicated to individuals with an intellectual disability, autism, or medically complex need living a purposeful life constructed of choice, freedom, and community integration. We have focused our efforts on providing information, education, and support to individuals, families, and community stakeholders in addition to maintaining a strong channel of communication. We engage in partnerships including The PA Family Network (PAFN), Community of Practice Regional Collaborative, Self-Advocates United as 1 (SAU1), Wayne/Pike Workforce Alliance, outreach to local school districts and attendance at community events.

Carbon-Monroe-Pike Developmental Services assists individuals to access a continuum of services to individuals with an intellectual disability and/or autism enrolled with our county joiner. The goal of empowering individuals and families is at the forefront of our mission as we promote person-centered services that support individuals to build a life leading to purpose and happiness. This mindset starts with intake where we utilize an Intake and Eligibility Coordinator to meet with each family that comes through our doors seeking information on Intellectual Disabilities and Autism (ID/A) services. Each individual that attends an intake is given an introduction to exploring what is needed and wanted by the individual and family to assist with identifying needed resources. Information is offered on Autism Services, Education, Resources and Training (ASERT), the LifeCourse Framework, support groups, and both local and national resources to meet their individualized needs. At intake, the LifeCourse Framework tools are reviewed to prepare the individual for their first meeting with their Supports Coordinator. The tools help identify the individual's priorities, goals, and how to enhance quality of life. In the next year, the Intake and Eligibility Coordinator plans to increase resource handouts to include more employment resources and make event calendars more easily available to individuals and families.

After changes in the joiner in recent years, developmental services in the Carbon, Monroe, and Pike Counties remain stable and available for individuals. The continuum of services remains in place with opportunity for growth and focus remains on quality assurance. Strategies used to maintain a person-centered continuum of services includes education and collaboration.

The Intake and Eligibility coordinator collaborates with local school districts in order to educate them on eligibility requirements as well as the importance of effective transition planning. We coordinate trainings with The PA Family Network on topics that are of interest to individuals and families as we continue to build on our foundation. The PA Family Network also conducts a variety of workshops to assist individuals and families with planning for the future by utilizing the LifeCourse framework. Supports Coordinators, SAU1, and the PA Family Network play integral roles in educating individuals and families on strategies to lead a full and meaningful life.

One of the main opportunities for sharing knowledge is our Community of Practice Regional Collaborative. The collaborative team meets throughout the year to plan activities to link individuals and family members with local community resources. The Collaborative offers virtual and in-person meetings to accommodate all individuals. Some of the events included Holiday Sing-a-Longs and a variety of resources shared including

Adaptive Gym/Personal Guide and Special Needs Trusts and financial management options. Presentations to support ODP's Move Your Way Initiative were held during the collaborative. Participation in the collaborative remains steady over the last year. The goal for the future of the Regional Collaborative is to get more engagement and participation from family and community members. Future events being planned include presentations about higher education, Semi-Independent Living, decision making, and advocacy. The Regional collaborative is also going to hold a Vendor Fair for our providers, families and stakeholders in the joinder.

The Administrative Entity (AE) continues to meet with Supports Coordination Organizations regularly, based on performance, to allow for sharing of updates, problem resolution, and knowledge sharing. The AE also continues to meet with providers regularly to uphold those professional relationships. Meetings are held either in person or virtually to allow for out of area provider agencies to attend and build stronger provider relationships in the joinder.

Individuals Served

During the 2023/2024 fiscal year, Carbon-Monroe-and Pike served 1,109 individuals. This total includes all funding streams. The below chart is the breakdown of base funded services.

	<i>Estimated Number of Individuals served in FY 23-24</i>	<i>Percent of total Number of Individuals Served</i>	<i>Projected Number of Individuals to be Served in FY 24-25</i>	<i>Percent of total Number of Individuals Served</i>
Supported Employment	2	0.19%	2	0.19%
Pre-Vocational	4	0.36%	4	0.36%
Community participation	4	0.36%	4	0.36%
Base-Funded Supports Coordination	45	4%	50	4.5%
Residential (6400)/unlicensed	3	0.27%	3	0.27%
Lifesharing (6500)/unlicensed	2	0.18%	3	0.27%
PDS/AWC	0	n/a	0	n/a
PDS/VF	0	n/a	0	n/a
Family Driven Family Support Services	53	4.77%	61	5.5%
Assistive Technology	1	0.09%	1	0.09%
Remote Supports	0	n/a	0	n/a

Supported Employment:

CMP continues to review current practices and programs to develop improved methods to increase employment for all. We have benefits counseling, supported employment-career assessment, supported employment-job finding/job development, and supported employment-job support. We have providers qualified to deliver discovery and advanced supported employment services, but no one has been served yet. We are working with a small group employment provider on how to work to transition individuals who use that service to supported employment to increase the numbers of individuals in Competitive Integrated Employment.

The Employment Coalition continues to meet quarterly to discuss strategies on how to increase employment opportunities for people with intellectual disabilities and/or autism. While the Employment Coalition and Learning Collaborative have trained SCs in employment services, it would be helpful if ODP had state trainings on employment as well including OVR referrals and process, when to use Base and waivers for employment services, and documenting employment in monitoring tools and ISPs. We appreciate that ODP chose to have an Employment Symposium in Monroe County and the feedback was good. We learned success stories from an individual who works at East Stroudsburg University as well as a local business that excels in hiring people with disabilities. It would benefit our community if more people were aware of the process of obtaining employment.

As mentioned at the Symposium, it would be helpful if ODP assisted with helping create more opportunities for transportation as that is the biggest obstacle for individuals in attaining employment in our mostly rural Joinder area. CMP has collaborated with the Wayne County Employment Coalition due to sharing many providers and having a common geographical area. We have located a new transportation provider based in Wayne to assist individuals in Pike County. We are hoping that we can utilize this provider and that they will be willing to serve our individuals with transportation needs in Carbon and Monroe as well. We currently support two individuals with base funding to participate in the employment pilot. Anticipated growth for the program was impacted by an increase in waiver initiatives in the 2023/2024 Fiscal Year. Many individuals were able to attain PFDS waivers for follow-along supported employment services. In the 2024/2025 fiscal year, CMP intends to share knowledge and evaluate barriers to continue increasing employment opportunities for individuals in the joinder.

Supports Coordination:

CMP has built strong working relationships with the Supports Coordination Organizations (SCO) that serve our joinder. The AE meets with all SCOs regularly, based on performance, to discuss waiver capacity, ODP initiatives, residential openings, and individual life changes including health and safety concerns and service needs. Meeting with the SCOs provide an opportunity for the AE to have more information to plan for individuals on the waiting list and discuss options to support the individual with other means, including base funds. The SCO is able to give a full picture of what individuals, families, and/or caregivers need to improve quality of life. CMP AE continues to provide information about new community resources, service updates, and funding options to the SCOs.

Due to having multiple SCO providers in the joinder, individuals continue to be served more efficiently. Individuals are able to begin SCO services in a timely manner once determined to be eligible. Individual Support Plans reflect the Lifecourse Tools being used to support individuals with identifying what an Everyday Life means to him or her and services are being linked more quickly. Non-waiver supports and community resources continue to increase in the joinder due to more providers and opportunities for knowledge sharing. In the fall of the 2023/2024 Fiscal Year, the Learning Collaborative Fall Series occurred providing an abundance of education around Mental Health resources in the joinder. Presentations included a conversation with Dr. Greg Cherpes, ODP Medical Director, CMP Behavioral Health system of care and provider network, and an overview of the CMP Mental health department and Crisis Intervention. Additional education topics are being explored for the 2024/2025 Fiscal Year.

Prioritization of Urgency of Need for Services (PUNS) completion is monitored closely by the AE and discussed during SCO meetings to assist in maintaining an accurate waiting list in the joinder. Coming out of the Public Health Emergency regulations in the 2023/2024 Fiscal year drove the AE to prioritize budget

reviews and follow-up with SCOs as needed. The AE worked closely with the SCOs to provide information and support services to families through the changes and the AE will continue to assist as systemic changes approach the joinder in the next year. Open communication across the provider network and with the AE plays a vital role in the success of individuals being served. Participant Directed Services are promoted regularly in CMP by the SCOs and we have seen an increase in individuals using that model over the 2023/2024 Fiscal Year. A training is being explored to provide education around the model, the benefits, and the details of what is involved in the model of service.

Lifesharing and Supported Living:

CMP supports the growth of Lifesharing and supported living through networking with our provider network to encourage the growth of these services while seeking out new providers. We are a member of the Lifesharing Coalition where we network with providers and brainstorm barriers to growing services. We now have three active supported living providers when before we just had one. In 2023/2024 Fiscal Year, CMP met with one provider interested in serving our joinder and they are now offering housing tenancy services for individuals who do not see residential as a good fit but desire to be independent in the community. CMP suggested expanding Lifesharing services with all residential providers receiving a Quality Assurance and Improvement (QA&I) review in the 2023/2024 Fiscal year due to the noted need in the joinder.

The AE ensures that Lifesharing is considered as a first choice for all individuals needing residential services. Lifesharing and supported living is regularly promoted in team meetings and is fully discussed as a part of all ISP meetings for waiver and non-waiver individuals. Currently, the joinder has two individuals in the Lifesharing program that receive base funding.

In the 2023/2024 Fiscal year, residential providers were notified of an opportunity to receive incentives through performance-based contracting if they expand residential services to Lifesharing and supported living.

Barriers to the growth of Lifesharing include a lack of families who wish to do the service; however, providers have been able to recruit more families in the last year. Our numbers have decreased because families have moved to other counties and sometimes other states because of personal circumstances. As an AE, we cannot control the higher cost of living we have in the Poconos. However, our Lifesharing numbers usually stay the same because individuals with Lifesharing services move to our area as well. We are experiencing individuals and families hesitant to consider Lifesharing and would prefer to go into a community living arrangement (CLA). One reason reported is that families do not fully agree with their loved one leaving their family home to go live in another family home setting. A final barrier to the growth of Lifesharing is some people with challenging behaviors start Lifesharing because it is less restrictive and end up transitioning to a CLA. During the QA&I reviews, providers reported barriers to expanding including a lack of knowledge in the community of what Lifesharing involves and a lack of resources to expand. CMP will continue to provide education and promote Lifesharing in response to the barriers to expand the service in the 2024/2025 Fiscal year.

It would be helpful if ODP offers with and without day in the service definitions for Lifesharing families as most provider staff have day jobs and it can be a challenge to negotiate work and care for individuals. Dual diagnosis training and certification would also help more Lifesharing families work with individuals who could end up in CLAs.

Cross-Systems Communications and Training:

CMP MHDS maintains extensive involvement in Cross-Systems partnerships across the lifespan of individuals. Collaboration and communication are ongoing in our relationships with community stakeholders as indicated in our Regional Collaborative membership. CMP plays an active role in problem resolution for cases with emergent needs, whether it is residential, health and safety concerns, or behavioral health supports. There has been an increase in collaboration with community providers to provide education about services CMP can support. Base funding is used as needed to heighten the support around an individual in a time of need to promote successful resolution and steady continuum of care.

The Intake and Eligibility Coordinator maintains a very close relationship with school districts with regular communication to Special Education Directors and Transition Coordinators. Information is provided to the district to assist with transitioning individuals who are eligible for Developmental Services while also obtaining details on what supports and services would be appropriate to meet the individuals needs and preferences upon graduation. The school district representatives participate regularly in the Regional Collaborative which allows for positive relationships to exist between the SCOs and the schools. CMP attends many transition events throughout the counties to provide access to services for individuals and information sharing with community stakeholders. In the 2023/2024 Fiscal Year, CMP hosted their first annual Graduate Family Forum to provide education on the process to family members and caregivers for individuals transitioning to waiver funding from educational programs.

CMP has a significant collaboration with Area Agency on Aging, Children and Youth(C&Y) and the county Mental Health (MH) Department. Often this begins with a referral for an individual who is in need of emergency support. Cross System communication is essential for successful support to be established. The AE attends team meetings and phone contacts with other systems to guarantee accurate information to progress towards supporting an individual in a person-focused approach. CMP AE is also a full partner in the Systems of Care initiative which promotes awareness of mental health and resources to youth in all counties as well as promoting community building. The Systems of Care trainings on Trauma Informed Care are very helpful to our providers as people with intellectual disabilities often have histories of abuse.

Increased involvement with cross-system partnerships has provided education how Developmental Services can assist and support individuals and there has been a noted improvement of proactive communication. All agencies are aware of how to navigate the referral process and how to connect contacts for case management.

The Early Intervention staff are involved in the Plan of Safe Care team in collaboration with Children and Youth, Drug and Alcohol Commission, and Mental Health. EI Leadership at the state level has been encouraging collaboration between local stakeholders, such as the Early Learning Resource Centers and others, to address efforts in eradicating suspensions/expulsions of children in early learning settings.

PA Family Network provides training that is provided in a monthly calendar to an email listserv of providers, families, and individuals. The HCQU and PAFN participated in the Regional Collaborative offering ideas on how to support our community.

Emergency Supports:

Any individuals being served in CMP Developmental Services are provided emergency supports when needed regardless of waiver funding or waiver capacity. When situations arise, the AE and SCOs collaborate to address and resolve the situation as efficiently as possible with frequent communication to providers. CMP has built positive working relationships with providers who are cognizant that emergency supports must be arranged quickly and are receptive to assist in meeting health and safety needs of the individual in need.

Base Funds are reserved for emergency supports and have been used for respite and emergency residential placement. In an emergency supports need, CMP reserves base funds to ensure an individual's basic needs are being met such as food, clothing, and essential supplies.

Each Supports Coordination Organization has an established on-call procedure for individuals to utilize after hours. While providers serving individuals each have their own Crisis Support protocols, CMP partners with New Perspectives Crisis unit. This service also has on-call staff and they provide after-hours crisis services to individuals. The crisis unit resources include mobile crisis, safety checks, and mobile medication. The Crisis Unit contact information is provided to all individuals registered for Developmental Services and to all SCO providers.

The mobile crisis team has some staff that have experience working with individuals with ID and Autism. In the past Autism Services, Education, Resources, and Training Collaborative (ASERT) provided a training for the crisis team on supporting individuals with Autism during a crisis. C-M-P AE will also participate in monthly collaboration meetings to maintain an open line of communication.

CARBON - MONROE - PIKE
MENTAL HEALTH & DEVELOPMENTAL SERVICES



CMP AE Mitigation Plan for Crisis Situations

The Carbon-Monroe-Pike Administrative Entity (AE) staff have unique access to up-to-date crisis information via the longstanding partnership and contractual status with the CMP crisis provider, New Perspectives (NP). NP provides 24-hour telephone crisis, mobile crisis and crisis residential services to all eligible individuals within the CMP communities. They are also connected to the national crisis line — 988. New Perspectives generates “crisis reports” on a daily basis that are distributed to the appropriate programs, for follow up, referral, and linkage to community resources.

In relation to Intellectual Disability/Autism (ID/A) individuals, the County AE program staff review this information and connects the SCO to the individual and family to ensure continuity of care. In addition, the following policy applies to ID/A individuals supported by the programs regardless of the source of the crisis report:

In the event that Carbon-Monroe-Pike Administrative Entity (AE) staff are notified of a crisis situation involving a registered Base or TSM individual, the AE shall do the following:

- 1) The AE will contact the SCO to ensure that the individual’s health, safety, and wellness is secured. Respite will be offered either through base funding or waiver. Community resources such as shelters, financial aid, Medicaid funded programs, etc. will be provided to the SCO and/or individual.
- 2) If the situation meets criteria for an incident, the AE shall ensure the implementation of the Incident Management policy*.
- 3) If the individual requires ODP ID/A waiver funding in order to maintain their health and safety and the AE does not have waiver capacity to meet their needs, the AE shall follow and implement the Unanticipated Emergency (UAE) policy**.
- 4) The AE will assist in coordinating and participate in team meetings that discuss services, supports, and needs of the individual in order to provide access to resources. The AE will assist in developing a mitigation plan to assist in preventing the crisis situation from occurring again and follow up as needed.

*See CMP Administrative Entity IM Policy

**See CMP UAE Protocol

Revised 10/11/2022

Our Mission - Facilitate access to quality behavioral health and developmental services that empower individuals and families on their journey toward independence and wellness.

Administrative Funding:

ODP has engaged the PA Family Network (PAFN) to provide support and training in the community. The AE shares the monthly workshops from the PAFN to our regional collaborative members, Employment Coalition members and providers. The PA Family Network attends our Regional Collaborative meetings and will continue to participate in our community events. Each year we attend the PA Family Network Summit, which is held in Wilkes Barre, PA.

We're planning on creating a Newsletter and an email distribution list to provide PA Family Network/Self Advocates United as one trainings and advocacy group's information.

CMP will continue to educate community members on non-paid supports and resources within our joinder. The AE attended the Everyday Lives Conference in the 2023/2024 Fiscal Year which allowed for additional providers to be obtained for the joinder and resources to share with teams. We will continue to participate in Resource Fairs to offer information and education services offered by the Office of Developmental Programs. We will utilize our Regional Collaborative and the PA Family Network to connect families to one another and promote networking opportunities. We will continue to offer virtual social activities to facilitate the creation of meaningful relationships. The AE identified the need for resources and is organizing a Resource Fair to be held in the fall of 2024/2025 Fiscal year. This would offer individuals, families, and providers an opportunity to connect with community resources, services, and supports.

ODP can provide support by continuing to share resources and ensure training is continuously available for stakeholders. Regional networking forums for individuals and families could be beneficial.

The AE uses data generated by the HCQU to assist providers with implementation/usage of the Health Risk Screening Tools (HRST) and to identify health risk factors that the Quality Plan could address through QM goals and technical assistance. Having HRST available for base funded individuals would be helpful to address additional risk factors and improve quality of life. The AE also purchases iPads with communication apps that the HCQU loans to individuals and families to assist with communication challenges. Besides, the iPad lending library, the HCQU also generates Consumer Data Collections (CDC) to assist individuals and teams with identifying health risk factors and locating resources that could assist. The HCQU compiles these outreach activities into monthly reports that the AE receives. The AE also requests pharmacological consultations when individuals have multiple medications and medical/behavioral challenges teams, and medical professionals need technical assistance to address.

The AE engages the local Independent Monitoring for Quality (IM4Q) Program to ensure that Supports Coordinators address considerations (desired changes) that individuals, families, and Independent Monitoring Teams request. As CMP has many SCOs, the Quality Management Plan ensures that this process is followed. The AE also takes the data and recommendations from the IM4Q reports generated by Temple University and the local Advocacy Alliance program to evaluate any training needs or potential Quality Plan initiatives.

The AE interacts with individuals, families, advocates, and the community at large in relation to risk management activities through outreach from the HCQU which provides technical assistance on healthy sexuality, internet safety, boundaries, and complex medical issues. The AE also uses the Regional Collaborative/Life course to educate individuals, families, advocates, and the community on the risk management activities the AE has to offer. The AE has a Quality Council open to all stakeholders which

details risk management goals and strategies being taken to address the goals as well as showcase promising practices being used in other places. The AE is part of the ODP Risk Screening process and utilizes a risk screening tool to assess providers and ascertain if they have high risk areas. The AE meets with the providers to address these areas and monitors corrective actions. The AE reports findings to the Regional Risk Management group and receives technical assistance from ODP and other AEs. Additional training resources and efforts from ODP would assist with supporting local providers. A steady increase in high-risk cases continues due to numerous factors including aging individuals, staffing concerns, and complex behavioral needs. Providers are struggling to support these cases and having additional training and quality staff available would assist with managing these types of cases. ODP can support CMP by focusing training efforts and giving guidance on behavioral support to benefit all settings with significant attention to residential services.

The AE Human Rights Committee also reports incident data to providers and other stakeholders, and it discusses risk mitigation activities that providers can address. The Committee also focuses on training on how to increase rights and manage risk. Currently, ODP has representatives that attend the Employment Coalition and the Regional Collaborative, but we do not receive any representation on Quality Council or Human Rights Committee meetings. We would enjoy more representation from ODP at the local collaboratives. ODP did attend the Learning Collaborative hosted in the 2023/2024 Fall Series. The CMP Developmental Services will utilize the county housing coordinator position to locate housing opportunities to assist individuals with autism and intellectual disabilities to lead independent lives in the community. However, due to the limited resources, we have not been able to successfully place individuals based on their needs.

The AE reviews Provider Emergency Preparedness Plans through the QA&I process as well as Provider Qualification when new providers enroll to provide services. For all providers, the AE will offer technical assistance in these processes as well as through its quarterly Provider meetings. We also have a provider email inbox that all providers have access to, for technical assistance. We are also initiating meetings with each provider to discuss individual cases, staffing needs and concerns.

Participant Directed Services (PDS):

CMP AE is committed to providing guidelines to SCOs so that individuals are presented with a high level of choice and control in their lives and services. This includes Agency with Choice and Vendor Fiscal services which allow individuals to have the highest level of choice and control. Additional SCO providers serving the joiner has increased the knowledge about Participant Directed Services and allowed for more detailed information to be shared with individuals and families. This has increased the number of individuals that self-direct their services. SCOs offer these choices at every ISP meeting and during any other meeting where opportunity arises. The AE frequently reviews with SCOs that PDS options presents the benefit of improving the management of their services through increased choice. Supports Broker services are also being reviewed with individuals to assist with managing services.

The AE continues to have discussions with SCOs about revisiting the topic of Participant Directed Services often. The SCO must ensure that the individual and family understand the details of the model before initiating the services. The AE maintains positive relationships and communications with the agencies who provide PDS to ensure efficient resolution of any barriers and prevention of service disruption.

In the 2023/2024 Fiscal Year, a transition of the statewide Vendor Fiscal/Employer Agent (VF/EA) Financial Management Services (FMS) organization occurred which led to additional struggles and concerns from care teams. The AE was available and responded in a timely manner to assist with resolution and avoid service disruptions. The CMP AE continues to provide assistance as needed while providers become familiar with the new provider.

ODP can assist by continuing to offer trainings focusing on the benefits of self-directed options as well as managing the system. Increasing knowledge will allow Supports Coordinators to better serve individuals registered for Development Services.

Community for All:

CMP has successfully supported individuals transitioning from congregate setting to the community. We work closely with the Mental Health and Forensic Case Management teams to assist with community reintegration on shared cases. We have placed individuals in the community after extended stays in hospitals, prisons, and residential treatment facilities. CMP AE works closely with SCOs and care teams to support individuals who want to reintegrate into the community. The Regional Collaborative hosts activities that are integrated within a community setting. The AE and SCO continue to work with the support teams to facilitate transition into the community for those individuals in correctional facilities and nursing facilities. Additionally, the AE has been more active in meetings regarding children under the medically complex eligibility who transition from private Intermediate Care Facility/ID to developing ways to meet their needs in the community setting. Efforts are being made to advocate and progress towards supporting individuals in the least restrictive setting and achieving community integration.

Technology:

Technology is promoted within the CMP joinder to enhance the health and safety of individuals while promoting independence. The AE remains aware of technology updates and trends to share with the provider network to enhance individual's options. CMP promotes resources such Tech Owl through Temple University for individuals to find the right tools and technologies that will meet the individualized need of each person. In the 2023/2024 Fiscal Year, providers are utilizing technology more in service delivery overall. An individual in residential was able to be supported successfully using assistive technology and remote supports to obtain more independence. This use of technology has potential to increase in the 2024/2025 Fiscal year as the provider continues to serve the joinder.

Technology is promoted in team meetings as an option for individuals who would like to remain in a private residence but need supports. The AE works with SCOs to discuss obtaining devices through grant programs, vendor services, and lending options. The process of referrals, availability, and training options are shared with the provider network by the AE. The AE makes safety a key component to the successful use of technology. The Health Care Quality Unit through Advocacy Alliance is promoted to offer trainings to individuals for safe use of technology and additional safety concerns as individuals obtain more independence in the community. In the 2024/2025 Fiscal Year, CMP will explore options to promote trainings and presentations held in the joinder around technology options and benefits of technology.

HOMELESS ASSISTANCE PROGRAM SERVICES

For the 2024/2025 fiscal year, Carbon County will maintain a continuum of services to homeless and near homeless individuals and families through a renewal of its subcontract agreement with the Carbon County Action Committee for Human Services (CCACHS). As the county's local Community Action Agency, CCACHS has been actively involved in Emergency and Affordable Housing Assistance for nearly six decades and is fully acquainted with the local human services network and needs of the target population. It has assisted various coalitions in gathering the characteristics and incidence of homelessness in the area; and was responsible for establishing the county's first Emergency Homeless Program which continues to operate and assist both homeless and near homeless individuals and families today. This is accomplished through the coordination of various resources including the Homeless Assistance Program, PA DHS Emergency Shelter Assistance, Community Services Block Grant, the Salvation Army, United Way, Home4Good, PHARE, and other local resources, as well as the county's Emergency Solutions Grant and Human Services Development Fund.

CCACHS possesses the necessary equipment, fixed assets, and support staff required to operate the HAP program and will offset the cost of utilizing this equipment and staff with other funds. Linkages and partnerships have been established and continue to exist with emergency food, clothing, and other supplies; local shelters; utility companies; landlords; the Housing Authority; Employment Support, Faith-Based and other area service providers, including the county's Emergency Rental Assistance Program.

The following describes the continuum of services to individuals and families who are experiencing homelessness or facing eviction via Carbon County's 2024-2025 Homeless Assistance Program:

A. Bridge Housing

Description of Services Offered: None

How Efficacy is Evaluated: N/A

Proposed Changes for FY 2024-2025: N/A

Explanation of why Service is Not Provided: No services are proposed to be offered under this category due to limited availability of HAP funds and the county's continued prioritization of homeless and homelessness prevention related Rental Assistance and Case Management services during the 2024-2025 fiscal year.

B. Case Management

Description of Services Offered: Both Re-housing and Homelessness Prevention Case Management Services are offered to eligible households with annual incomes at or below the HAP 200% of Federal Poverty Income Guidelines (FPIG), with priority given to eligible individuals and families at or below the 150% FPIG when demand exceeds available program funding. A comprehensive intake form is utilized to assess an applicant's overall need (housing, economic, and/or family strengthening needs) and determine program eligibility. A basic family budget overview and preliminary information on the applicant's job history, work skills, education level, and need for other social and family support services is also recorded. If eligible, the applicant's immediate housing needs are addressed. Once suitable

housing arrangements and other life essentials (such as food or clothing) are secured if required, other issues that may hinder the household's ability to improve self-sufficiency are addressed. During the 2024/2025 fiscal year, 31 households or approximately 77 persons are anticipated to receive HAP Case Management Assistance.

How Efficacy is Evaluated: Efficacy of HAP Case Management Services will be measured using the following indicators:

- The number of near-homeless and homeless households and persons that secured and/or maintained stable, permanent housing as a result of HAP Case Management Services; and
- The number of clients that have resolved other housing and family stability issues (i.e. secured employ, health care, and other unearned income) as a result of receiving HAP supported Case Management Services.

Proposed Changes for FY 2024-2025: No changes are proposed for the delivery of HAP Case Management Services for the 2024-2025 fiscal year. A total of \$6,000 has been budgeted for HAP Case Management Services.

Explanation of why Service is Not Provided: N/A

C. Rental Assistance

Description of Services Offered: Rental Assistance in the form of rental payments, security deposits, and/or utility deposits or payments (not to exceed established program limits) will be provided to eligible homeless/near-homeless households with annual incomes at or below HAP's 200% of FPIG (with priority given to eligible individuals and families at or below the 150% FPIG when demand exceeds available program funding). Services are provided to assist eligible individuals and families secure and/or retain safe, stable, permanent housing. As such, program participants will be required to document sufficient income and/or projected resources to support future housing costs, and confirm their landlord or prospective landlord's willingness to rent to them prior to receiving assistance. During the 2024/2025 fiscal year, 23 households or 60 persons are anticipated to receive HAP Rental Assistance.

Although the combined HAP/Governmental "Adult Only" and "Family with Children" maximum level of assistance requirements do hinder a provider's ability to expend funds for many families facing post pandemic evictions with higher levels of both monthly rental expenses and arrearages, CCACHS makes every effort to either refer these families to other applicable programs or link these families with other available charitable funds to be utilized in combination with HAP to resolve the crisis. Sometimes, these limits still remain workable for families transitioning from shelter to new subsidized housing.

How Efficacy is Evaluated: Efficacy of HAP Rental Assistance Services will be measured using the following indicators:

- The number of near-homeless households and persons for which eviction was resolved as a result of HAP Rental Assistance Services;

- The number of homeless households and persons that were stably re-housed as a result of HAP Rental Assistance Services.

Proposed Changes for FY 2024-2025: No changes are proposed for the delivery of HAP Rental Assistance Services for the FY 2024-2025 fiscal year. A total of \$20,759 has been targeted for HAP Rental Assistance

Explanation of why Service is Not Provided: N/A

D. Emergency Shelter

Description of Services Offered: None

How Efficacy is Evaluated: N/A

Proposed Changes for FY 2024-2025: Although Carbon County had targeted some of its Human Services Development Fund allocation in previous years for Emergency Shelter Assistance of up to 10 days of motel/hotel lodging for eligible individuals and families, no HSDF funds are currently being targeted for this service during the 2024-2025 fiscal year.

This change was implemented in this plan as the county has been unable to expend these funds for the past few years primarily because the current overall need for shelter assistance far exceeds the maximum allowable days permitted via this grant. A reallocation of 2024/2025 HSDF funds for these services may, however, be reconsidered should a need for the maximum allowable 10 or fewer days of assistance resurface.

Explanation of why Service is Not Provided: No HAP services are proposed to be offered under this category due to limited availability of HAP funds and the county's continued prioritization of homeless and homelessness prevention related Rental Assistance and Case Management services during the 2024-2025 fiscal year.

E. Other Housing Supports

Description of Services Provided: None

How Efficacy is Evaluated: N/A

Proposed Changes for FY 2024-2025: N/A

Explanation of why Service is Not Provided: No services are proposed to be offered under this category due to limited availability of HAP funds and the county's continued prioritization of homeless and homelessness prevention related Rental Assistance and Case Management services during the 2024-2025 fiscal year.

F. Administration: The county has targeted \$600 for HAP Administrative Support activities including receipt and disbursement of funds; securing & maintaining necessary agreements; reporting and all other contract compliance issues.

G. Homeless Management Information Systems: Both the county administrator and the county HAP provider (CCACHS) are registered and have participated in the PA HMIS Client Track database since 2015 as a result of various Emergency Solutions Grant (ESG) Awards through the years. The Carbon County Action Committee for Human Services (CCACHS) added the Homeless Assistance Program and a few other Housing Related Services to its PA HMIS account in July 2019.

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

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

Please provide the following information:

1. Waiting List Information:

Services	# of Individuals*	Wait Time (days)**
Withdrawal Management	2.1	0.3
Medically-Managed Intensive Inpatient Services	0	0
Opioid Treatment Services (OTS)	12.5	2.1
Clinically-Managed, High-Intensity Residential Services	4.1	0.1
Partial Hospitalization Program (PHP) Services	0	0
Outpatient Services	15.2	2.3
Other (specify)		

*Average weekly number of individuals
 **Average weekly wait time per person

2. Overdose Survivors' Data: Please describe below the SCA plan for offering overdose survivors

# of Overdose Survivors	# Referred to Treatment	Referral method(s)	# Refused Treatment
41	12	WHO from area hospitals Contact from Monroe County Detective Offices	28

Warm Handoffs are received through referrals from St. Luke's and Lehigh Valley's health networks.

The SCA has partnered with the Monroe County District Attorney's Criminal Investigation Division to follow up on known overdose survivors to offer resources and access to treatment to those willing to accept.

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

LOC American Society of Addiction Medicine (ASAM) Criteria	# of Providers	# of Providers Located In-County	# of Co-Occurring/Enhanced Programs
4 WM	2	0	0
4	2	0	2
3.7 WM	23	2	0
3.7	6	1	1
3.5	37	2	14
3.1	8	0	0
2.5	3	1	0
2.1	3	3	0
1	4	4	0

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.

- a. Provide a brief overview of the services needed in the county to afford access to appropriate clinical treatment services:

There has been increased funding options for individuals with Opioid Use Disorder and Stimulant Disorder, yet Alcohol Use Disorder remains a primary issue in our three counties. Although there have been many opportunities for grant funding to start new projects, the ability to sustain these projects past the startup is a challenge. Transportation to services in our rural areas remains the primary barrier to attendance at ambulatory levels of care. The SCA provides Case Management, but the resources needed by clients are not readily available to meet the needs identified. Telehealth availability has helped with some challenges around transportation, but reliable internet connectivity is not always an option. There has been an increased need in trying to meet individuals’ basic needs of stable housing, maintaining phones to be able to contact clients, untreated mental health issues, and medical/dental problems which interfere with successful engagement into treatment services.

- b. Provide an overview of any expansion or enhancement plans for existing providers:
 Expansion and plans for further expansion have been made possible through the additional funding available through the Attorney general Settlement Dollars. The SCA has hired a Certified Recovery Specialist who works with the Monroe County District Attorney’s Office on the LETI program a non-fatal overdose outreach. Our functional treatment unit is exploring providing Outpatient Services in the Monroe County Correctional Facility in conjunction with a MAT program being established. For SFY 2024-2025 one of our Monroe County Outpatient providers is adding intensive Outpatient services. The SCA is seeking an additional provider to contract with for Women and Children inpatient. During SFY 2023-2024 our two Functional Outpatient units

became gambling providers to address this need as part of our Outpatient Services seeing an increased demand to address these issues with our drug and alcohol clients.

c. Provide an overview of any use of HealthChoices reinvestment funds to develop new services;

There are currently no reinvestment plans related to Substance Use Disorder being explored with HealthChoices.

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.

Naloxone has been distributed to correctional facilities, law enforcement, ambulance companies, and fire departments. Public Safety in several gated communities have received naloxone. Naloxone has been provided to local school districts and to ESU, as well as ski areas, resorts, campgrounds, and local businesses. The SCA has also distributed Naloxone at several community events over the past fiscal year as well as provided information on how others within the community can contact our offices in order to obtain Naloxone free of charge. The SCA has provided trainings at churches and at community events on how to recognize symptoms of overdose and how to administer Naloxone. More than 1,500 Naloxone kits have been distributed over FY 2023-24. Resources on obtaining Naloxone, billboards, social media, newsletters, and training videos are included as part of the “We Fight Fentanyl” Campaign developed with the County Commissioners as part of the Opioid Settlement dollars.

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

The SCA has worked with both St. Luke’s and Lehigh Valley Health networks in establishing a process of referring patients who have a history of substance use disorder to the SCA. SCA Case Managers work with staff in the emergency departments, behavioral health units and medical floors to connect with the patients virtually or by phone. Case managers will provide any information the patient is willing to accept and will assist in referring those patients who are interested to the appropriate level of care. The SCA provides a 24-hour hotline service with on-call staff. The SCA has the LETI program in place in Carbon and Monroe County for Warm Handoff with the criminal justice system.

a. **Warm Handoff Data:**

# of Individuals Contacted	81
# of Individuals who Entered Treatment	28
# of individuals who have Completed Treatment	13

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

Carbon County plans on utilizing its FY 2024-2025 HSDF funds as follows:

A. Generic Services #1: Please provide the following:

Program Name: Generic Chore Minor Home Repair Services

Description of Services: Performs minor home maintenance repairs/tasks and installs measures that eliminate health or safety threatening conditions for eligible individuals and families. Repairs/Measures may include the installation of Smoke Detectors, Carbon Monoxide Monitors, and video door bells, repair, or replacement of loose or rotten floorboards or steps, door locks, window catches, window panes, indoor and outdoor handrails, installation of handicap accessible measures including tub and toilet grab bars/rails, handrails, and small ramps when structurally and financially feasible. Because HSDF funds cannot be used for the purchase, construction, or permanent improvement of any building or facility, for clarification purposes “small ramp” work may include: 1.) the installation of threshold wedges; 2.) the minor repair or replacement of loose or rotten decking boards, hand/guardrails, supports, and/or edging/wheel stops on existing ramps; and 3.) only as a last resort when space, structure, and program funding permit, the installation of a portable ramp with wheel stop and/or handrail as appropriate and feasible not to exceed 8 feet in usable length.

During the 2024/2025 fiscal year, \$6,500 of the county’s HSDF has been budgeted to enable Fifteen (15) households receive these Generic Chore Minor Home Repair services. Services will be provided to both Adult and Aging Populations at or below the Adult Services 250% of the Federal Poverty Income Guidelines. Although this service was temporarily suspended over the past couple of years due to COVID or contractor related restrictions, these services are once again available and anticipated to increase.

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

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

- Adult Aging CYS SUD MH ID HAP

B. Generic Services #2: Please provide the following:

Program Name: Generic Housing Related Service Planning/Case Management

Description of Services: a coordinative series of staff activities with the client to determine what services are needed to help Adults (aged 18-59), Seniors aged 60 and over, and homeless or near homeless individuals and families regardless of age facing a housing related crisis either secure, retain, and/or maintain adequate stable housing that is essential to a household’s family and economic stability. Services under this project may be offered via any one of the provider’s three Service Planning/Case Management staff including its Home Services Coordinator, Housing Services Case Manager and/or the Intake/Data Entry Caseworker (or their assigned alternate in the absence of any of these identified positions). Covered service activities can include:

- 1.) a thorough intake and assessment of need;
- 2.) the development of a service plan; and
- 3.) coordination of the timely provision of services required to enable families to resolve their housing related crisis and maintain safe, stable housing including but not limited to:

- activities dealing with landlords or utility companies,
- affordability analysis,
- budgeting, *and*
- *filing applications for necessary and available services such as: a.) rental and/or security deposit assistance; b.) utility payment or utility deposit assistance; c.) home heating assistance; d.) heating system and other required repairs or replacements; and e.) other related assistance as needed to resolve their housing related crisis.*

Please note, this program has been labeled “Generic” to enable the county to operate one program that utilizes a single set of eligibility guidelines (*specifically the HAP Case Management 200% of FPIG*) which span multiple categorical programs and/or populations including Adults aged 18-59, Aging aged 60 and older, and homeless and near-homeless individuals and families regardless of age.

During the 2024/2025 fiscal year, \$42,500 has been budgeted for this Generic Service to enable 75 households or 175 persons receive the vital Housing Related Service Planning/ Case Management Assistance they require.

Service Category: Service Planning/Case Management - a series of coordinative staff activities to determine with the client what services are needed and to coordinate their timely provision by the provider and other resources in the community.

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

Adult Aging CYS SUD MH ID HAP

C. Interagency Coordination:

For FY 2024-2025, \$400 has been targeted for HSDF Interagency Coordination activities that improve the county’s human services delivery system:

- Meetings with categorical system supervisors, Inter-Agency Council, Public Meetings and Advisory Councils.
- Human Service Agency staff gathers data through discussion and categorical system input.
- Human Service Agency staff creates a recommendation for the use of available funds to meet the needs of county residents.
- The Human Services Agency assures appropriate planning, management, and expenditure of allocated funds through consistent involvement and oversight of the recipient agencies throughout the fiscal year.
- The funds allocated to the service coordination portion of this fund are utilized in support of the Human Service Agency staff who works to coordinate and assure appropriate expenditure of the funds for the benefit of county service recipients and the human services continuum of programs that operate to serve them.

D. Other HSDF Expenditures – Non-Block Grant Counties Only:

No Other HSDF Expenditures are currently targeted for the 2024-2025 fiscal year. Unlike prior fiscal years, the county has opted not to target any of its 24-25 HSDF for HAP Related Emergency Shelter

Assistance of up to 10 days motel/hotel lodging for “eligible” individuals/families. This change has been implemented due to the county’s inability to expend these funds in the past few years primarily because the current overall need for shelter assistance far exceeds the maximum allowable days permitted via this grant.

E. Administration – For FY 2024 – 2025, \$600 has been targeted for HSDF Administrative Support activities including receipt and disbursement of funds; securing & maintaining necessary agreements; reporting and all other contractual compliance issues.

Appendix D Eligible Human Services Cost Centers

Mental Health

For further detail refer to Cost Centers for County Based Mental Health Services Bulletin (OMHSAS-12-02), effective July 1, 2012.

Administrative Management

Activities and administrative functions undertaken by staff in order to ensure intake into the county mental health system and the appropriate and timely use of available resources and specialized services to best address the needs of individuals seeking assistance.

Administrator's Office

Activities and services provided by the Administrator's Office of the County Mental Health (MH) Program.

Adult Development Training (ADT)

Community-based programs designed to facilitate the acquisition of prevocational, behavioral activities of daily living, and independent living skills.

Assertive Community Treatment (ACT) Teams and Community Treatment Teams (CTT)

ACT is a SAMHSA-recognized Evidence Based Practice (EBP) delivered to individuals with Serious Mental Illness (SMI) who meet multiple specific eligibility criteria such as psychiatric hospitalizations, co-occurring mental health and substance use disorders, being at risk for or having a history of criminal justice involvement, and at risk for or having a history of experiencing homelessness. CTT services merge clinical, rehabilitation and support staff expertise within one delivery team.

Children's Evidence Based Practices

Practices for children and adolescents that by virtue of strong scientific proof are known to produce favorable outcomes. A hallmark of these practices is that there is sufficient evidence that supports their effectiveness.

Children's Psychosocial Rehabilitation Services

Activities designed to assist a child or adolescent (e.g., a person aged birth through 17, or through age 21 if enrolled in a special education service) to develop stability and improve capacity to function in family, school, and community settings. Services may be delivered to the child or adolescent in the home, school, community, or a residential care setting.

Community Employment and Employment-Related Services

Employment in a community setting or employment-related programs, which may combine vocational evaluation, vocational training, and employment in a non-specialized setting such as a business or industry.

Community Residential Services

Care, treatment, rehabilitation, habilitation, and social and personal development services provided to persons in a community-based residential program which is a DHS-licensed or approved community residential agency or home.

Community Services

Programs and activities made available to community human service agencies, professional personnel, and the general public concerning the mental health service delivery system and mental health disorders, in order to increase general awareness or knowledge of same.

Consumer-Driven Services

Services that do not meet the licensure requirements for psychiatric rehabilitation programs, but which are consumer-driven and extend beyond social rehabilitation services.

Emergency Services

Emergency-related activities and administrative functions undertaken to proceed after a petition for voluntary or involuntary commitment has been completed, including any involvement by staff of the County Administrator's Office in this process.

Facility-Based Vocational Rehabilitation Services

Programs designed to provide paid development and vocational training within a community-based, specialized facility using work as the primary modality.

Family-Based Mental Health Services

Comprehensive services designed to assist families in caring for their children or adolescents with emotional disturbances at home.

Family Support Services

Services designed to enable persons with SMI, children, and adolescents with or at risk of Serious Emotional Disturbance (SED), and their families, to be maintained at home with minimal disruption to the family unit.

Housing Support Services

Services provided to mental health consumers which enable the recipient to access and retain permanent, decent, affordable housing, acceptable to them.

Mental Health Crisis Intervention Services

Crisis-oriented services designed to ameliorate or resolve precipitating stress, which are provided to adults or children and adolescents and their families who exhibit an acute problem of disturbed thought, behavior, mood or social relationships.

Other Services

Activities or miscellaneous programs which could not be appropriately included in any of the cited cost centers.

Outpatient Treatment-oriented services provided to a consumer who is not admitted to a hospital, institution, or community mental health facility for twenty-four hour a day service.

Partial Hospitalization

Non-residential treatment services licensed by the Office of Mental Health & Substance Abuse Services (OMHSAS) for persons with moderate to severe mental illness and children and adolescents with SED who

require less than twenty-four hour continuous care but require more intensive and comprehensive services than are offered in outpatient treatment.

Peer Support Services

Refers specifically to the Peer Support Services which meet the qualifications for peer support services as set forth in the Peer Support Services Bulletin (OMHSAS 08-07-09), effective November 1, 2006.

Psychiatric Inpatient Hospitalization

Treatment or services provided an individual in need of twenty-four hours of continuous psychiatric hospitalization.

Psychiatric Rehabilitation

Services that assist persons with long-term psychiatric disabilities in developing, enhancing, and/or retaining: psychiatric stability, social competencies, personal and emotional adjustment, and/or independent living competencies so that they may experience more success and satisfaction in the environment of their choice, and can function as independently as possible.

Social Rehabilitation Services

Programs or activities designed to teach or improve self-care, personal behavior, and social adjustment for adults with mental illness.

Targeted Case Management

Services that provide assistance to persons with SMI and children diagnosed with or at risk of SED in gaining access to needed medical, social, educational, and other services through natural supports, generic community resources and specialized mental health treatment, rehabilitation, and support services.

Transitional and Community Integration Services

Services that are provided to individuals who are residing in a facility or institution as well as individuals who are incarcerated, diversion programs for consumers at risk of incarceration or institutionalization, adult outreach services, and homeless outreach services.

Intellectual Disabilities

Administrator's Office

Activities and services provided by the Administrator's Office of the County Program. The Administrator's Office cost center includes the services provided relative to the Administrative Entity Agreement, Health Care Quality Units (HCQU) and Independent Monitoring for Quality (IM4Q).

Case Management

Coordinated activities to determine with the individual what services are needed and to coordinate their timely provision by the provider and other resources.

Community Residential Services

Residential habilitation programs in community settings for individuals with intellectual disabilities or autism.

Community-Based Services

Community-based services are provided to individuals with intellectual disabilities or autism who need assistance in the acquisition, retention, or improvement of skills related to living and working in the community and to prevent institutionalization.

Other

Activities or miscellaneous programs which could not be appropriately included in any of the cited cost centers.

Homeless Assistance Program

Bridge Housing

Transitional services that allow individuals who are in temporary housing to move to supportive long-term living arrangements while preparing to live independently.

Case Management

Case management is designed to provide a series of coordinated activities to determine, with each individual, what services are needed to prevent the reoccurrence of experiencing homelessness and to coordinate timely provision of services by the administering agency and community resources.

Rental Assistance

Payments for rent, mortgage arrearage for home and trailer owners, rental costs for trailers and trailer lots, security deposits, and utilities to prevent and/or end homelessness or possible eviction by maintaining individuals and families in their own residences.

Emergency Shelter

Refuge and care services to persons who are in immediate need and are experiencing homelessness; e.g., have no permanent legal residence of their own.

Innovative Supportive Housing Services

Other supportive housing services outside the scope of existing Homeless Assistance Program components for individuals and families who are experiencing homelessness or facing eviction. An individual or family is facing eviction if they have received either written or verbal notification from the landlord that they will lose their housing unless some type of payment is received.

Substance Use Disorder

Care/Case Management

A collaborative process, targeted to individuals diagnosed with substance use disorders or co-occurring psychiatric disorders, which assesses, plans, implements, coordinates, monitors, and evaluates the options and services to meet an individual's health needs to promote self-sufficiency and recovery.

Inpatient Non-Hospital

Inpatient Non-Hospital Treatment and Rehabilitation

A licensed residential facility that provides 24-hour professionally directed evaluation, care, and treatment for individuals with substance use disorder in acute distress, whose addiction symptomatology is demonstrated by moderate impairment of social, occupation, or school functioning. Rehabilitation is a key treatment goal.

Inpatient Non-Hospital Detoxification

A licensed residential facility that provides a 24-hour professionally directed evaluation and detoxification of an individual with a substance use disorder.

Inpatient Non-Hospital Halfway House

A licensed community-based residential treatment and rehabilitation facility that provides services for individuals to increase self-sufficiency through counseling, employment, and other services. This is a live in/work out environment.

Inpatient Hospital

Inpatient Hospital Detoxification

A licensed inpatient health care facility that provides 24-hour medically directed evaluation and detoxification of individuals diagnosed with substance use disorders in an acute care setting.

Inpatient Hospital Treatment and Rehabilitation

A licensed inpatient health care facility that provides 24-hour medically directed evaluation, care, and treatment for individuals with substance use disorder with co-existing biomedical, psychiatric, and/or behavioral conditions which require immediate and consistent medical care.

Outpatient/Intensive Outpatient

Outpatient

A licensed organized, non-residential treatment service providing psychotherapy and substance use/disorder education. Services are usually provided in regularly scheduled treatment sessions for a maximum of five hours per week.

Intensive Outpatient

An organized non-residential treatment service providing structured psychotherapy and stability through increased periods of staff intervention. Services are provided in regularly scheduled sessions at least three days per week for at least five hours (but less than ten).

Warm Handoff

Direct referral of overdose survivors from the Emergency Department to a drug treatment provider.

Partial Hospitalization

Services designed for those individuals who would benefit from more intensive services than are offered in outpatient treatment programs, but do not require 24-hour inpatient care. Treatment consists of the provision of psychiatric, psychological, and other types of therapies on a planned and regularly scheduled basis at least three days per week with a minimum of ten hours per week.

Prevention

The use of social, economic, legal, medical, or psychological measures aimed at minimizing the use of potentially addictive substances, lowering the dependence risk in susceptible individuals, or minimizing other adverse consequences of psychoactive substance use.

Medication Assisted Therapy (MAT)

Any treatment for addiction that includes a medication approved by the U.S. Food and Drug Administration for opioid addiction detoxification or maintenance treatment. This may include methadone, buprenorphine, naltrexone, or vivitrol.

Recovery Support Services

Services designed and delivered by individuals who have experience with substance-related disorders and recovery to help others initiate, stabilize, and sustain recovery from substance use disorder. These services are forms of social support not clinical interventions. This does not include traditional 12 step programs.

Recovery Specialist

An individual in recovery from a substance-related disorder that assists individuals in gaining access to needed community resources to support their recovery on a peer-to-peer basis.

Recovery Centers

A location where a full range of Recovery Support Services are available and delivered on a peer-to-peer basis.

Recovery Housing

A democratically run, self-sustaining and drug-free group home for individuals in recovery from substance related disorders.

Human Services Development Fund

Administration

Activities and services provided by the Administrator's Office of the Human Services Department.

Interagency Coordination

Planning and management activities designed to improve the effectiveness of county human services.

Adult Services

Services for adults (persons who are at least 18 years of age and under the age of 60, or persons under 18 years of age who are the head of an independent household) include: adult day care, adult placement, chore, counseling, employment, home delivered meals, homemaker, housing, information and referral, life skills education, protective, service planning/case management, transportation, or other services approved by DHS.

Aging

Services for older adults (persons who are 60 years of age or older) include: adult day service, assessments, attendant care, care management, congregate meals, counseling, employment, home delivered meals, home support, information and referral, overnight shelter, personal assistance service, personal care, protective services, socialization/recreation/education/health promotion, transportation (passenger), volunteer services or other services approved by DHS.

Children and Youth

Services for individuals under the age of 18 years, under the age of 21 years who committed an act of delinquency before reaching the age of 18 years, or under the age of 21 years who was adjudicated

dependent before reaching the age of 18 years, and requests retention in the court's jurisdiction until treatment is complete. Services to these individuals and their families include: adoption services, counseling/intervention, day care, day treatment, emergency placement services, foster family services (except room & board), homemaker, information and referral, life skills education, protective services, and service planning.

Generic Services

Services for individuals that meet the needs of two or more populations include: adult day care, adult placement, centralized information and referral, chore, counseling, employment, homemaker, life skills education, service planning/case management, and transportation services.

Specialized Services

New services or a combination of services designed to meet the unique needs of a specific population that are difficult to meet within the current categorical programs.

Attachment 1

County Human Services Planning Team

Agendas

Minutes

Attendance Sheets

FY 2023-24 HUMAN SERVICE PLAN



Carbon-Monroe-Pike

NOVEMBER 9, 2023
2:30 P.M.

Type this link into your browser to join the regular meeting: <https://meet.goto.com/682845893>
To use your phone to access the meeting: Dial 1-866-899-4679, Access Code: 682-845-893

AGENDA

I. Introductions and Overview

II. Goals of Planning Team

- A. Systemic Racial and Gender Equity**
- B. Employment**
- C. Housing**
- D. Transportation**
- E. Recovery Simulation**

III. Public/Stakeholder Input and Discussion

IV. Wrap Up

**CARBON-MONROE-PIKE
COUNTY HUMAN SERVICE PLANNING TEAM
MINUTES – November 9, 2023**

A regular meeting of the Carbon-Monroe-Pike County Human Service Planning Team was convened by Tina Clymer, CMP MH/DS Administrator, on this date at 2:35 p.m. via virtual meeting.

Team members present were Tina Clymer, Jamie Drake, Mary Little (Pike Aging), Mary Claire Megargle, Kimberley Miller, Robert Ruiz, Kimberly Solt, Jared Soto, Jennifer Strauch, Michael Tukeva, Sara von Prime, Jana Welkey, and Jennifer Williams.

INTRODUCTIONS

Tina Clymer opened the meeting by verifying attendance and welcoming team members.

Goals of Planning Team

CMP has received notice from the state that the FY 2023-24 County Human Service Plan was accepted; however, it has not yet been approved.

Transportation

All three counties have held their Sequential Intercept Mapping (SIM) meetings. They discussed how agencies can intervene with people who have a serious mental illness throughout the different intercepts with law enforcement. All meetings went well and resulted in a few common themes. Transportation was an important topic, especially in Pike County. Ms. Clymer will discuss further with Mr. Ruiz. In Monroe County, the transportation program with the United Way is up and running where individuals can receive transportation to medical or pharmaceutical visits within Monroe County borders. Interested individuals contact MCTA and, if not eligible for any other MCTA program, they are given the Care Connects contact information and Pocono Mountains United Way (PMUW) is billed for the service. Mr. Tukeva will confirm if 211 offers the Care Connect program information. This committee will review the Care Connects program as a model to consider in Pike and Carbon Counties.

Other themes common across the three county's SIM meetings were cross-training and connecting with law enforcement in Crisis Intervention Team (CIT - educating law enforcement to work with the mental health mobile and crisis staff). Monroe County's report was completed and sent to the participants. Ms. Williams will forward it to this team as well. Carbon County's report should be completed within the next couple of weeks. Pike County's will follow in later weeks.

Housing

The Monroe County Grants Office received an additional \$2.4M for the Emergency Rental Assistance Program for use on affordable housing; to be spent by 9/30/2025. Several projects are on the table such as a program to add 70+ units for seniors being led by Tom Campbell from PMUW. The Eviction Mediation Program is slated to be expanded with these funds, in addition to a new program to support a housing locator position (PMUW).

County HS Plan Team
November 9, 2023

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Recovery Simulation

Recovery simulations continue to be scheduled, addressing drug and alcohol, mental health, and re-entry. Pike County's first one was held recently. East Stroudsburg University's was held in September. Northampton Community College has scheduled a recovery simulation in the spring for their nursing students and stakeholders. Every SCA in PA was trained at their statewide meetings and received materials on a flash drive to create their own simulations. Several counties are running their own now. An AHEC group in Maryland was also trained.

Systemic Racial and Gender Equity

Project Equity with PMUW is underway with an event today at 3:00 pm. "Project Equity is working to equip nonprofit organizations to better serve our community and prevent further marginalization."

Other

MH/DS Developments

A 40-hour Crisis Intervention Team training was held recently for law enforcement partners. MH/DS made improvement this year with new training staff and partners. Roleplays are an integral part of the training, which participants reported as very helpful. Another CIT training is scheduled in five months to keep the momentum going.

The Developmental Services Department recently completed a Learning Collaborative with their contracted Supports Coordination Units to give them the tools that the county has to help them learn and develop proper processes.

These are part of MH/DS's efforts to work more closely with community agencies to educate them and be on the same page.

CMP Drug & Alcohol

The Fentanyl Awareness Campaign is launching before Christmas. The first kickoff meeting with commissioners was in Pike County; Monroe and Carbon Counties' are next week. Extensive advertising for the campaign is rolling out, starting with the web site launch where many resources are listed.

Monroe County Grants Office

On November 1, Monroe County released a Firearm and Community Safety Survey, provided by a grant from PCCD. The Kerry Group is conducting the survey. Two news stories have been published announcing the survey that is live on Monroe County's social media page. The survey is focused on the mental health aspect; the reduction of violence; education; and prevention. The committee was comprised of approximately 70 stakeholders from local government, community members, and local law enforcement. Law enforcement's participation has been great, and they brought a lot to the table. Please complete the survey or share with your constituents/clients, it is only for Monroe County residents and open until 12/15/2023. Contact Jen Strauch for more information.

County HS Plan Team
November 9, 2023

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Monroe County Suicide Prevention Coalition

The Chairperson of the Monroe County Suicide Prevention Coalition has resigned. This is a 501(c)3 with a small operating board. If you or anyone you know might be interested in this position, please reach out to Ms. Clymer who will connect you to the board. They have developed support groups, survivor support groups, and a loss team who goes out to families following a suicide. The leadership must be from the community, not MH/DS.

PUBLIC INPUT

None.

WRAP UP / NEXT STEPS

The schedule for the 2024 meeting dates will be sent soon.

The meeting was adjourned at 3:15 p.m.

Respectfully submitted,

Mary Fisher O'Brien

Mary Fisher O'Brien, Secretary

FY 2023-24 HUMAN SERVICE PLAN



Carbon-Monroe-Pike

MARCH 14, 2024

2:30 P.M.

Type this link into your browser to join the regular meeting:

<https://meet.goto.com/682845893>

AGENDA

I. Introductions and Overview

II. Goals of Planning Team

- A. Systemic Racial and Gender Equity**
- B. Employment**
- C. Housing**
- D. Transportation**
- E. Recovery Simulation**

III. Public/Stakeholder Input and Discussion

IV. Wrap Up

**CARBON-MONROE-PIKE
COUNTY HUMAN SERVICE PLANNING TEAM
MINUTES – March 14, 2024**

A regular meeting of the Carbon-Monroe-Pike County Human Service Planning Team was convened by Tina Clymer, CMP MH/DS Administrator, on this date at 2:21 p.m. via virtual meeting.

Team members present were Tina Clymer, Kimberly Miller, Leslie Perryman, Robert Ruiz, Kathleen Dantuono (*on behalf of Robin Soares*), Kimberly Solt, Jennifer Strauch, Michael Tukeva, Jana Welkey, Jennifer Williams.

INTRODUCTIONS

Tina Clymer opened the meeting by verifying attendance and welcoming team members. With an introduction and welcome of her new Administrative Assistant, Diana Alvey.

GOALS

Ms. Clymer reiterated the team goals; our goals consist of Systemic Racial and Gender Equity, Employment, Housing, Transportation, and Recovery Simulation. Those are the same as last year, we didn't make any changes, because we feel we've had a lot of work going on in all those areas. It would take time to meet the goals in each one.

Systemic Racial and Gender Equity. Comments throughout the meeting reflected ongoing efforts in place at each of our agencies that demonstrate and promote racial and gender equity throughout our systems.

Employment. Ms. Clymer reports no updates for CMP. She mentions a conversation with carbon county commissioners who are interested in doing an employment initiative with some of our folks with developmental delays. They used to have a strong program. We are trying to connect Ms. von Prime with the commissioners.

Mr. Ruiz added that with our new building, we are looking to employ individuals with developmental delays, people who are linked with agencies, or on-the-job training to do oil changes and cleaning of the buses and everything else. There will be a whole program separate in that building with individuals who are linked with OER and/or HRC.

Housing. Tina Clymer reported, Carbon County initiated a "Homelessness Taskforce". This came about, because there's a Homeless encampment in Carbon County, where some folks are burning things that are affecting people that live in the surrounding areas, who are going to not only the commissioners, but other legislators, and complaining about it. That's when it becomes of interest to other people. We're trying to put a picture together as to what services are available for the folks that are living in this encampment and really, anyone who's experiencing homelessness. What things do we need and how we might be able to get there?

Leslie Perryman reported that she is participating in a meeting tomorrow, with the Community Street Outreach Group, to talk about this encampment. In a meeting with Dominique for the same. Priority number one, find out if any of these folks are on the By Name List/ Housing.

Then, figure out a plan for that. If they are not, we are going to plan for me and my TA specialist to come out and do the coordinated Entry Intakes. I just need a location to do it. They will at least have one more resource at their disposal for housing options. As the only walk-in center in Monroe, it will be easier to travel there.

Ms. Clymer offered to Leslie Perryman on her next scheduled visit to be accompanied by a staff member (s). In the past, Jamie Drake from D & A went out with a group, Brian, one of the staff members, was able to assist in sending someone to the hospital and a couple of others providing resources too. Ms. Clymer suggests the next time a group is scheduled to go out, they will reach out to Ms. Perryman.

Kimberly Miller and Leslie Perryman discussed the assessment process upon arrival. Ms. Perryman explained the inclusivity of the process isn't limited to mental health/substance, but, meeting the needs discovery, followed by offering referrals, 211, and select resources available. Part of the assessment is to determine and discover the basic needs i.e., Identification for housing, employment, and rehab. Assistance and food stamps, for food and basic needs, medical assistance.

Leslie Perryman offered to make a short intake form on word, to keep track and give it to someone on the taskforce and whomever needs it will have a list of what those needs are. Ms. Miller states there's been difficulty and misunderstanding with committees and taskforce.

Kimberly Miller states the taskforce they're trying to reactivate is with limited resources (around the table). Referring to resources that are limited may not be the answer. Identifying what are the needs in the area. What we can do to address these now and into the future is most important

Ms. Clymer agrees with the funding issues and agrees in finding the needs and then seeking out the funding to assist. Street medicine was also a topic of conversation. And also questioned, Is that possible in all 3 counties?

Ms. Perryman states that she and Mr. Tukeva have had past conversations with St. Lukes and Lehigh Valley with regards to street medicine; their response is "there's not enough need".

Although these conversations were approximately 5 years ago, funding seems to be the challenging factor.

Ms. Clymer reports homelessness hits all the factors in our priorities, spanning all counties. Poverty, mental health, addiction, all of the social determinants of health play into someone not having a place to live.

Ms. Perryman adds the inflated costs of living, pre-covid, some were making it, now, rents sky rocketing, groceries doubling, people are really struggling to afford things. The level of applicants has drastically increased, to a level they never had.

Transportation. Robb Ruiz reports some great news for Pike. They are moving to a new location this summer. They have a new building coming in. And are looking to expand the hours and services. The plan is to go a little late later into the evening and Saturday services in county. If it's a popular thing for outer county, we'll collect that data also. And the weekend and see where it goes.

Recovery Simulation. Tina Clymer reports Jamie Drake is not present today, but the recovery simulation is moving right along, and that D & A has been involved in getting other counties, and even places, and other states up and running on the recovery simulations. We will have to wait for Jamie to return to fill us in.

Stakeholder-Input. Ms. Miller reported that she's been going through the current list, which continues to grow in Carbon County. Some have been helped, others, are in the middle of being helped. There's a daunting amount. Carbon is up to 45 people, not quite half of those are DV cases, which are especially hard to assist. In addition to the By Name List, when we checked it back in January, we gave a number for our first, Outreach Committee meetings and there was an approximate additional 36, almost 40 calls, requesting assistance. The individuals aren't on the By Name List. There are limitations in comparison to what we've done in the past and the amount we are trying to help. We only have one party, that's from Tent City. All the rest say they're in a tent. If I get them on the phone which is tough, then we can ask more pointed questions to try and determine their intensity. At this time, we can confirm one party is from Tent-City. We have been in communion with said party since 2022 in different locations.

Ms. Perryman reports The Cold Weather Emergency Shelter in Monroe closes on March 31st. Monroe County, just like Carbon County, saw a significant reduction in funding towards ESG funding and how that strategy and to be able to help less people. Increased names are on the By Name List, more people have needs. We're serving 70 people right now. It's a lot of people, but we're doing everything we can to try to help people get housed, or find employment, and then housing. We had five people participate in the job fair to saki this week. There are more people interested in the job fair taking place at Kalahari on the 28th. Getting people involved in those job fairs, we're taking them, staying with them, helping them to fill out job applications and prep. It has been successful.

Other terms of housing and part of a collaborative we are working on a re-entry housing solution called *Cornerstone Project*. It's a collaboration with Northbound, Baylor from Monroe County Correctional Facility, Craig Johnson from Christian Alliance, and Christian Life Assembly. We have developed a collaborative called *Cornerstone* that's going to be developed into a 501 C3. Its currently operating under the auspice of more fast to create re-entry housing with wraparound services. A presentation to the sea job was performed this past week, in hopes of the possibilities of being able to implement

this collaboration that we're going to be able to do in the community to really help support people to prevent recidivism.

Jennifer Strauch states they don't have a whole lot to report now and are very busy. We're not receiving our CSBG dollars until the Feds decide they're going to pass the budget. In the housing sphere, they are just getting the COC contracts out. We did receive \$250,000 of continuum of Care money for rapid rehousing. So, Family Promise will be our subcontracted partner. Pocono Mountains, United Way is providing housing locator services in our community. They're actively seeking landlords who are willing to work with our service providers, providing fair market rate properties, as well as those that will meet the requirements for rent reasonableness in our community. They're trying to work with surrounding communities, as well, and get up and spinning and create a type of database. Since EREP Program, landlords have approached us with properties as properties become open, which is questionable.

Our ESG dollars were significantly reduced. They went from, \$426,000 down to \$300,000, and then they were told that part of the money with FY 21 ESG which ended. We are expected to exhaust half the amount by August 31st of this year. They're getting ready, as the Human Services plan is due. They're getting ready to receive our RFP for the Homeless Assistance Program dollars, and our, HSDF program, which, they don't see any increase. It's like \$50,000 worth of Homeless Assistance Program funding, is received, in our communities, which barely covers anything.

One of the things they are most proud of here in the grant office at the moment, is, we are getting more PCCD Grants into our community. There was a gun violence survey and data that was just completed. They're working on a strategic plan that will come out soon. It really focuses a lot on mental health and firearms. There will be a huge educational component. Perhaps it can be incorporated into the MH/DS with the suicide prevention staff, the data really showed some interesting things in the mental health sphere and figured out how we can work together. *Further discussion, if necessary.*

The crisis intervention team coordinator, which recently hired Bill Parrish, is looking to find additional funding to make sure that his position can; 1) have more training, 2) bring in more officers to be trained. A lot of that work is being done by kwanza, without having that additional grant writer in our office, we wouldn't be expanding to these different areas.

There's going to be some work on that re-entry, housing work as well. Our COC Grant will support 14 households with rapid rehousing. It doesn't create a dent in the BNL, however, it is a start.

Kim Solt questions whether there is interest in Block-Grants? Ms. Solt reports she participated in a webinar with no interests. Pending next year's budgets, no further reports.

Jennifer Williams reports the mental health department is in the process of interviews and recruitment of case managers as they are down several positions presently.

They're currently working on a lot of complex cases and some of the initiatives, training initiatives, and a lot of training around suicide prevention. The department is trying to get more staff, trained to be trainers and provide community and employee training.

The department had their first Suicide Fatality Review Team meeting this week, with great success. A lot of suggestions and ideas on how their able to promote awareness to hopefully reduce suicide rates in our counties.

Mental Health has is also partnering with the District Attorney's Office to enhance the CIT program currently held in the county, with the addition of the Bill Parrish as the department's liaison with the police departments. This includes the whole program with the datasheets, in addition to the 40-hour training. There is one coming up the first week of April.

Ms. William sadly reports her staff was out at the homeless camp, in Carbon and while setting several people up into Residential placement act, they were informed one of them overdosed at the camp. The staff is struggling to cope with the situation. Tina Clymer reports March is Developmental Disability Awareness Month. Our staff is representing with orange shirts. If you're in town or in any of our counties, you'll probably see staff walking around at lunchtime, wearing these shirts, because ODP has an initiative called Move Your Way, to help people get more active and healthier. April is Autism Acceptance Month. There are plans for April. May is Mental Health Awareness Month, which will have many important happenings. Ms. Williams and Ms. Clymer report informational sessions, advertisements will be held on WBRE, WNEP, Billboards will be posted in the counties as well, be on the lookout.

Robb Ruiz Reports Rental assistance seems to be the biggest need here in Pike right now, liken to other counties. And affordable housing period or housing. A new program is being rolled out in about two weeks. It will be first time home buyer program, where there will be assistance to individuals with closing costs and down payments. Part of the community development block grant money is being utilized to pilot this program. Upon success, further funding can be sought to continue.

Another exciting thing is the CSBG funding that we received as well pretty soon, will be another funding pot to assist individuals with housing needs.

The United Way of the Pocono Mountain in Wayne County merged with Lackawanna, gave us the gift of warmth program. Affording the ability to assist individuals with heating, gas, and electricity. There's other funding to go through, but those are the top three that are the most fundamental to talk about right now.

Tina Clymer reports on behalf of the Developmental Services Department. Early Intervention was fortunate enough to have additional positions put into the budget.

Caseloads pretty much doubled where they should have been or were pre-COVID, with an increased rate that seems to have stabilized. They continue to have a high caseload. To support this there have been two case managers and a supervisor added to the department.

The developmental services for ID received a midyear increase in waiver capacity. The waivers are Medicaid funding for people with intellectual delays or autism. The department received 33 community living waivers, mid-range waivers, that can do some residential services, and a lot of "in the community" services. Services can be provided to people that need. Additionally, 10 consolidated waivers were received, these are what every family aspires for. At present, its unlimited funding which means, the needs have to be documented, and then the money is there to pay for what they need, residential services, employment services, and the like.

The Office of Developmental Programs informed us that our department(s) will continue to receive an increase at the beginning of the budget year, and then a midyear increase, as well. The goal is that everyone who's on the waiting list will get service. Every adult who is on the waiting list will get service. It's a long-term project.

Another important change in working is with the Office of Developmental Programs in the way services are provided. Presently there's a waiver capacity slot, there are so many waivers, and if you do not have a waiver, you're not being helped. They would like to implement a past procedure where the county manages the money and rather than having waiver slots, there will be a budget. What that means is, if you have a consolidated waiver that's unlimited, but are only using \$40,000 (partial annually) it would go down to a different level, and then we could have three people use that waiver. There is a lot of skepticism within our departments amongst those that have never used this system but for those who have are looking forward to reengaging this type of management to have the ability to serve more people.

One of the goals is to have the adults get the services that they need and still have capacity to serve youth. If you're under the age of 21, you don't receive DS services because there's no way to pay for it. A theory from the state is that there's other people that take care of kids, like children and youth, and mental health. There's hope that with this increased capacity, we're able to serve some youth who really don't need to be in children and youth services, but don't qualify for a mental health placement. That's our goals for the next couple of years in that department.

OTHER

Tina Clymer reports there will be an upcoming webinar if anyone is interested on counties who are not Block Grant Counties. Ms. Clymer discussed the pros and cons of Block Grants and the mechanics of how they work. A brief discussion was had on the percentage's advantages and disadvantages. For the record at this time there was no interest.

PUBLIC INPUT

None.

WRAP UP / NEXT STEPS

The next meeting is scheduled for April 18,2024. This will serve as our Public Hearing for the FY 2023-24 County Human Service Plan and will be held as a virtual meeting.

The meeting was adjourned at 2:53 p.m.

Respectfully submitted,



Diana Alvey, Secretary

HUMAN SERVICE PLANNING TEAM MEETING – MARCH 14TH, 2024

Confirmed Attendance

Name	Affiliation	YES	NO
Matthew Brady, Executive Director	Monroe/Pike Co. Assistance Office		
Tina Clymer, MS, LPC Administrator	CMP Mental Health and Developmental Services	X	
Jamie Drake Executive Director	CMP Drug and Alcohol Commission		X
Diana Alvey Administrative Assistant	CMP Mental Health and Developmental Services	X	
Jill Geissinger Administrator	Carbon Co. Children and Youth Services		
Marianne Grabarits County Casework Supervisor	Carbon Co. Children and Youth Services		
Adelaide Grace Administrator	Monroe Co. Children & Youth Services		
Tyiesha Hinton, PhD Director, ERAP Program	Pocono Mountains United Way		
Mary Claire Megargle Administrator	Monroe Co. Area Agency on Aging		
Rob Mikulski Assistant Director	CMP Drug and Alcohol Commission		
Kimberley Miller Executive Director	Carbon Co Action Committee for Human Services	X	
Leslie Perryman, LSW, CPRP Program Director	RHD Crossroads Community Services Street2Feet Outreach Center	X	
Robert Ruiz, MBA, CPRP Director	Transportation and Human Development Pike Co. Human Development Office	X	
Jay Sanchez, Primary Counselor	Monroe Co. Counseling Services		
Robin Soares Executive Director	Pike Co. Area Agency on Aging <i>Kathleen on behalf of Robin</i>	X	
Kimberly Solt Accountant	Carbon Co. Area Agency on Aging	X	
Jared Soto Social Worker	Carbon Co. Office of Public Defender		
Jennifer Strauch Grants Manager	Monroe Co. Office of Fiscal Affairs	X	
Michael Tukeva President/CEO	Pocono Mountains United Way	X	
Sara von Prime, DS Deputy Administrator	CMP Mental Health and Developmental Services		X
Jana Welkey	Carbon Co Action Committee for Human Services	X	
Jennifer Williams MH Deputy Administrator	CMP Mental Health and Developmental Services	X	
Susan Zeigler Director	Carbon Co. Area Agency on Aging		

FY 2023-24 HUMAN SERVICE PLAN



Carbon-Monroe-Pike

APRIL 18, 2024

2:30 P.M.

Type this link into your browser to join the regular meeting:

<https://meet.goto.com/682845893>

AGENDA

I. Introductions and Overview

II. Goals of Planning Team

- A. Systemic Racial and Gender Equity**
- B. Employment**
- C. Housing**
- D. Transportation**
- E. Recovery Simulation**

III. Public/Stakeholder Input and Discussion

IV. Wrap Up

**CARBON-MONROE-PIKE
COUNTY HUMAN SERVICE PLANNING TEAM
MINUTES – April 18, 2024**

A regular meeting of the Carbon-Monroe-Pike County Human Service Planning Team was convened by Sara von Prime, CMP MH/DS Deputy Administrator of Developmental Services on behalf of Tina L. Clymer, Administrator, on this date at 2:33 p.m. via virtual GoTo meeting.

Team members present were Sara von Prime, Jamie Drake, Adelaide Grace, Kimberly Miller, Leslie Perryman, Jared Soto, Jana Welkey, Susan Zeigler, Diana Alvey, Admin. Assistant.

INTRODUCTIONS

Sara von Prime opened the meeting by verifying attendance and welcoming team members.

GOALS

Ms. Von Prime moved right into the agenda and goals.

Systemic Racial and Gender Equity. Ms. Von Prime reports the Office of Developmental Services had surveys sent out throughout the counties to gather the demographics of who we're serving and potentially gather info on who would answer the surveys. Carbon, Monroe, and Pike were surprised at the feedback received from the survey and the quantity of responses. It was equally served in our counties, which is great news.

Jamie Drake reports from drug and alcohol; Our state agency from drug and alcohol programs is doing a pilot in Northeastern PA for the whole state right now and formed an equity coalition. I am on that coalition in addition to some other folks from Monroe County. It also includes the whole Northeast, including Luzerne, Lackawanna, and that area as well. But from Carbon, Monroe, Pike, we do have representation of myself as well as our recovery organization Northbound and some other agencies within Monroe County.

Ms. Drakes states they are meeting and laying the groundwork, which eventually they plan to have one of these in each region of Pennsylvania looking at our workforce, particularly access to recovery for all people so that they have equal access to all stages of recovery that are available. It is still in preliminary stages and estimate an approximate year for full direction and then recommend state-wide.

Employment. Ms. Von Prime reports that within our agency there has been a lot of movement and interviews. In the past there has been disappointment with

interviewees being no shows. As of the present, the agency is moving forward with more interests.

Within the Office of Developmental Services on June 5, 2024, there will be an employment symposium at Northampton Community College. where they're going to try to close the gap, achieving a workforce with different abilities. They're trying to have employers come in, presenting, and then having families' individuals there as well.

They've had those throughout the state, but never in the northeast. Our commissioners in Carbon County, Ms. Clymer, spoke briefly at our last meeting, they're very interested in getting providers there to provide supportive employment for our individuals. We're trying to get providers willing to do that. In previous years when we've had some of this, there hasn't been the buy-in from the employers and that has been the hard part. Not that many employers want to be included in this, which poses a problem in Carbon.

Sue Zeigler reports they're down a protective service supervisor in their agency. Salary needs to be worked out. They currently, unlike the rest of the state, are not experiencing a direct care worker shortage. Currently, they have no waiting list in carbon for any direct services.

There are areas where coverage is needed. Mostly, Albrightsville and Ashfield area, the Andres area, those are the ones that we really need to work for. Luckily, we have every case covered.

Adelaide Grace reports on behalf of children and youth, for interviews. They're still seeing more no shows than they'd like to see. It has improved incrementally. Yesterday was the first time in a very long time that three interviews were scheduled, and three people showed up.

They're seeing fewer people interviewing. But they're very slowly moving forward.

Leslie Perryman reports they added a fourth case manager to their blended case management team at Crossroads. They are accepting referrals, which is great. *If you have anybody in need of case management services, please send them over.*

They're still trying to hire a tenant services coordinator, who handles their flex funding program as well as helps them and manages their housing program needs. They're looking for a site supervisor for Street Defeat. Two of their main functions currently. There has been success. A lot of applicants, but the applicants don't always meet the criteria. They don't return or respond to phone contacts or reach out to schedule interviews or they don't show up for interviews.

Housing. Leslie Perryman reports on there being a lack of affordable housing, not enough to go around and there's more and more people who are calling for financial assistance to stay in homes and more and more people ending up on the streets because they can no longer afford their homes until the cost of living. Right now, housing is a tough topic across the board.

Kimberley Miller & Jana Welkey second the statement from Carbon County as well.

Adelaide Grace reports that C & Y have a very small housing assistance grant that they use, and there are liberal guidelines for how it can be used. It can be used for something like a washing machine, or it can be used to help people with rent or utilities, back utilities, et cetera. The funds are minimal and have to be doled out judiciously.

Ms. Grace states they reinstated that anybody who gets a housing assistant grant for us, unless it's for a one-off, like a washing machine, we are going to have them do at least one unit with our Justice Works affiliate in budgeting. We're making that a requirement or she won't sign off on giving the housing money.

Ms. Grace and Ms. Perryman briefly discussed the benefits of the workshop offered by Heather Kaepernick at Pocono Mountain United Way, PREP, Prepared Renters. Ms. Grace would like to have that class as a requirement. They also touched on the gift of housing and the unfortunate circumstances of housing programs people are losing.

Ms. Perryman added to the discussion stating in review of their Flex Funding Program, for 2023, they spent over \$212,000 on rent assistance. That's mostly rental arrears. Some portion of that is first month's rent because folks needed to get in, but the portion of security deposit assistance was only \$38,700. That tells you how much the actual first month rent portion of that \$212,000 was. They saw so many repeat folks that were assisted last year coming back for assistance, and they had assisted them sometime in the late summer, fall, and they were coming back this first quarter of 2024 looking for assistance again. People are financially struggling and some of those folks have public housing or have a section eight voucher and they're still struggling. That dollar to dollar doesn't go far anymore and it's terrible to see but people are really having a hard time affording life right now.

Ms. Grace and Ms. Perryman shared a discussion on the unique circumstances many families may be facing, eviction records, poor credit checks, causing people to use motel stays. With the closing of the motel on 209 in East, Stroudsburg, rooms available are limited. Overall lack of affordable housing,

Ms. Perryman reports the cold weather shelter closes at the Wesleyan Church; all these folks are out in tents. People are being shuffled from campsite to campsite because of complaints in the community. We've already had to relocate 2 larger campsites, and they're all now out in one remoter area, so it's harder for them to get to resources and are not seeing folks as frequently because now it's too far to walk back forth every single day to access the meals, access the street to feed, access the resources. There may be some issues happening with that down the line. Then we have people who were living in some of these cheaper hotel motel places where the rates are being raised. People can't afford those rates anymore. Because those rates are cheaper than the rentals. Those folks are now going to end up out on the streets.

In response to an inquiry about the homeless taskforce, Ms. Perryman states “I think we're trying to revamp it to make it more of a local housing options team where we're focusing on prevention, ending and preventing homelessness, but also at affordable housing issues, it's just that it's renovation stages.” There's hope that we'll see some actionable items coming out of that, but the reality is I'm not sure exactly what action we're going to be able to do without money and the backing of the commissioners. I think it really stems it's a systemic county-wide issue not just a housing issue, mental health, substance and/or correctional, it is an overarching issue. We are left with more questions than answers.”

Further conversation and ideas were shared regarding what an affordable housing dynamic can look like, rent caps, housing units. C & Y shared the ways in which they process grants they receive every few years (family unification voucher), how they select families, etc.

Transportation. No formal updates/ Transportation absent

Jared Soto posed an inquiry regarding transportation from prisons. Wondering if surrounding counties are having the same issues with newly released, especially those from out of state, not having transportation to their destinations.

There's been hearsay on whether there are agreements with Ubers or lyfts and to use them on a per diem basis. Is there such a need per county or at some point the consideration of like a coalition between the three counties of like having a driver to provide this service if this is a kind of need for people that are incarcerated?

Leslie Perryman responded in agreement, it's definitely a challenge that is being experienced. It is unknown if they're providing Lyft or Uber vouchers.

Jamie Drake added to the discussion, they are currently looking at a grant in Monroe County that through the DA's office that has a few elements, transportation is part of that grant for helping people once they're out, to get around to all the things that are required. Possibly looking at working with Carbon, Monroe, Pike with some of that grant. It's an early discussion.

Recovery Simulation. Jamie Drake reports last week a simulation was held for Northampton Community College nursing students, which was a success. It's valuable for those folks that are in school to adapt their mentality before they get out in the workforce. With all the positive results, we would like to focus more on the simulations going forward. Tomorrow, there's a simulation scheduled for 65 students enrolled through the Lehigh Valley Hospital to become doctors. Services will continue to be provided to agencies, however, working with college students, combats their preconceived notions, they're open to hearing what we are offering.

Our agency was invited to Huntington, West Virginia, to provide them with technical assistance to learn how to do these simulations that we do. Over the summer, a team of people from our agency is going to be going there.

Stakeholder-Input. Sara von Prime reports on behalf of Jen Williams for MH Department. They completed the 40-hour CIT training in Monroe. That was April 1st to the 5th and are working on setting up another CIT training in Carbon in the early fall.

May is mental health awareness month and preparations are in order. The green light campaign; light up your houses, agencies, business in green during the month of May. They have updated the mental health awareness signs with a little ribbon, and I believe they're going to have ribbons around Stroudsburg.

CMP staff will be attending PA 21st Annual Children's Interagency Conference in State College next week. And then also, several of the CMP staff will be attending Carbon County Collaborative Human Service Breakfast, which is regarding homeless, not helpless, finding your way home tomorrow.

Our agency is also hosting an ASIST T4T suicide prevention training, June 10 to June 14. If anyone would like an employee to be trained to give this training, please then contact Jan as soon as possible.

In our DS department, they're waiting for more directives from the Office of Developmental Services on how counties will be managing the money and no longer utilizing waiver slots. Pending more information and training. We remain hopeful that it's going to be able to help more individuals and get the services that they need. April is Autism Awareness Month. Blue is the color. Our department received blue vests. ODP has an initiative "move your way." You will be seeing our CMP staff around Stroudsburg walking around or maybe even in Carbon and Pike moving around with our vests, which we also did in March or development of disability awareness.

Susan Zeigler reports, May is also Older Americans Act. They're working on senior games, which will occur in May. It starts May 7th, then we go through the 16th. They do scale down activities, pinnacle is a favorite, ending with a banquet.

The share-program that is contracted out has one match here in Carbon. It was somebody from Monroe that moved in with an older gentleman. Our share counselor says she's been there quite a bit lately. Hoping for updates.

We're seeing more referrals for any kind of personal care. Our meal counts have gone up. Senior center attendance has gone up, which is a good thing.

Trying to work on social isolation activities for the homebound, for those that are receiving our in-home meals to help them connect again with the community.

OTHER

None.

PUBLIC INPUT

None.

WRAP UP / NEXT STEPS

The next meeting is scheduled for May 16, 2024. This will serve as our Public Hearing for the FY 2023-24 County Human Service Plan and will be held as a virtual meeting.

The meeting was adjourned at 3:13 p.m.

Respectfully submitted,

Diana Alvey

Diana Alvey, Secretary

HUMAN SERVICE PLANNING TEAM MEETING – APRIL 18, 2024

Confirmed Attendance

Name	Affiliation	YES	NO
Matthew Brady, Executive Director	Monroe/Pike Co. Assistance Office		X
Tina Clymer, MS, LPC Administrator	CMP Mental Health and Developmental Services		X
Jamie Drake Executive Director	CMP Drug and Alcohol Commission	X	
Diana Alvey Administrative Assistant	CMP Mental Health and Developmental Services	X	
Jill Geissing Administrator	Carbon Co. Children and Youth Services		X
Marianne Grabarits County Casework Supervisor	Carbon Co. Children and Youth Services		X
Adelaide Grace Administrator	Monroe Co. Children & Youth Services	X	
Tyiesha Hinton, PhD Director, ERAP Program	Pocono Mountains United Way		X
Mary Claire Megargle Administrator	Monroe Co. Area Agency on Aging		X
Rob Mikulski Assistant Director	CMP Drug and Alcohol Commission		X
Kimberley Miller Executive Director	Carbon Co Action Committee for Human Services	X	
Leslie Perryman, LSW, CPRP Program Director	RHD Crossroads Community Services Street2Feet Outreach Center	X	
Robert Ruiz, MBA, CPRP Director	Transportation and Human Development Pike Co. Human Development Office		X
Jay Sanchez, Primary Counselor	Monroe Co. Counseling Services		X
Robin Soares Executive Director	Pike Co. Area Agency on Aging		X
Kimberly Solt, Accountant	Carbon Co. Area Agency on Aging		X
Jared Soto Social Worker	Carbon Co. Office of Public Defender	X	
Jennifer Strauch Grants Manager	Monroe Co. Office of Fiscal Affairs		X
Michael Tukey President/CEO	Pocono Mountains United Way		X
Sara von Prime, DS Deputy Administrator	CMP Mental Health and Developmental Services	X	
Jana Welkey	Carbon Co Action Committee for Human Services	X	
Jennifer Williams MH Deputy Administrator	CMP Mental Health and Developmental Services		X
Susan Zeigler, Director	Carbon Co. Area Agency on Aging	X	

M:\Admin\MOBrien\County Human Services Plan\Co HS Planning Team\Confirmed Attendance (regular meeting)



Carbon-Monroe-Pike

FY 2023-24 HUMAN SERVICE PLAN

MAY 16, 2024

2:30 P.M.

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**CARBON-MONROE-PIKE
COUNTY HUMAN SERVICE PLANNING TEAM
MINUTES – May, 16, 2024**

A regular meeting of the Carbon-Monroe-Pike County Human Service Planning Team was convened by Tina L. Clymer, Administrator, on this date at 2:35 p.m. via virtual GoTo meeting.

Team members present were Tina L. Clymer, Jennifer Williams, Jamie Drake, Kimberly Miller, Jana Welkey, Michael Tukeva, and Diana Alvey, Administrative Assistant.

INTRODUCTIONS

Tina Clymer opened the meeting by verifying attendance and welcoming team members.

GOALS

Systemic Racial and Gender
Equity Employment
Housing

Transportation
Recovery
Simulation

Tina Clymer responds, to Mr. Tukeva, expanding on your question, we started the meeting because the County Human Service Plan states that we need to. It used to be D&A, MHDS, Children & Youth, HAP, HSDF and Aging. We all needed to have a section in our human service plan that we submitted every year to the state; over the years, that's dropped off, now, it's just D&A, MHDS, and HSDF HAP that have report in that document.

Ms. Drake questions, Aging doesn't have to? Aren't they the ones that usually coordinate the submission?

Ms. Clymer responded to Ms. Drake, in Carbon, yes. And then Pike does a separate plan, it's unclear if Aging has a portion anymore. She just coordinates submitting it.

Ms. Clymer is seeking out the frequency of meeting requirements because there are many meetings together in different venues, suggesting one of those meetings can be used, then once a year the team meets to determine what we want our goals to look like.

Kimberley Miller & Jana Welkey enter the meeting a few minutes late and Ms. Clymer explains the discussion about revamping the current meeting schedule due to low attendance. The meetings don't appear outcome focused and with everyone having an abundance of meetings to attend to; How can we, A) be more productive and B) utilize other meetings to maybe fulfill the requirement?

Ms. Miller states in a discussion with Ms. Perryman, with the number of meetings across the board, how can you fulfil them all?

In agreement with Ms. Miller, Ms. Clymer suggests quarterly meetings until we figure out if there's another meeting that could fulfill this purpose. Ms. Drake favored the idea. Ms. Miller agreed as well, and suggested if a special meeting was needed, then one could be scheduled.

Ms. Clymer explained when she moved into the position, they continued the way it was previously designed.

Mr. Tukeva inquired into the original intent of the meeting, and if it was for coordination purposes or just for awareness of what other folks were doing?

Ms. Clymer states these meetings are to fulfill the requirement that the state put on us. They wanted us to do joint planning. The whole purpose is that we would work together to do joint planning. And this came about when the state was kind of pushing all the counties to go to a human service model. Not county-wise, but block grant counties, and we are not a block grant county. If you're a block grant county, you jointly plan in case somebody has money left over at the end of the year, you jointly plan for a project. We can't do that because we're not a block grant county, but they still wanted all counties to follow the same format and to do that joint planning. And I think we do joint planning; we just do it at other meetings and on specific topics.

Ms. Miller suggestively-states That would be the issue. I think in the annual human services plan that we put together, there is a question that even requests how some of the planning went on?

And if we can come up with another means of describing it outside of this, or through a different committee or something, would work.

Jamie Drake suggested the new mapping committees could be an option, as they have representation from all kinds of stakeholders, and would hit a lot of areas.

Ms. Clymer agreed and stated if we look at that portion of the plan, there are a good number of meetings that discuss all the areas that should fulfill the requirements. If we add the mappings and talk specifically about those projects that have come up through that process and have committee meetings, I think that that should fulfill.

Jamie Drake, you talk about we have like in Carbon now, we have the homeless task force.

And then we have our drug and alcohol overdose prevention task force, it's filled with like all the agencies are at almost every one of those kinds of things, you know.

Ms. Clymer and MS. Drake have a cross conversation discussing several other groups county- wide agencies attend, where the same discussions take place and they're all addressing the barriers, which are the goals of this meeting, because they came out of the human service plan as the barriers to us delivering our services.

Ms. Clymer reiterates, I don't know that there's any meeting where we're not talking about employment, housing, and transportation. Even when there are specific committee meetings about one topic, those things are still brought up. Perhaps we need one meeting a year right before the public hearing meeting right that's what that one's required.

Ms. Miller questioned; we haven't gotten anything new thus far, have we?

Ms. Clymer responds, no, we have no communication since they accepted our plan. The instructions usually come out in the fall.

Ms. Clymer share-screen the requirements to the attendees There is a requirement that we need one public hearing. No information on the quantity of meetings we must have a year and the planning process. Ms. Miller suggests to the group to have the meeting when the plan instructions are released, and sometime prior to holding a public meeting so that then the agencies can prepare their plans and have them ready for a public meeting. Which would basically be two meetings, probably in a six-month period before the plan going in, whenever we get the instructions whenever we'd have the public meeting.

Ms. Clymer, Right, just the public, the instruction planning meeting and then the public hearing?

Kimberley Miller responds, that's what I was thinking. Ms. Drake agrees that would work. No objection from Mr. Tukeva.

Mr. Tukeva questioned how do we weave in the work that other organizations are doing to make it most beneficial? Ms. Clymer's offered to send the group the last year's plan (in case they don't have it) and states, you can see kind of what I do for these beginning questions is I, get reports all year long about different meetings and what other agencies are doing. And then I seek input from all our team asking if there's anything you guys want to add to these sections, honestly, I don't get too much response to that but, it's comprehensive about all the meetings that go on throughout the counties. The plan goes on about cross-collaboration of services, how we work on employment and housing. And then it goes into the individual organization. We have Mental Health, which is like a big part of the plan, then substance use disorder services, Jamie Drake reports on, then ID. These are all specific to departments, the Homeless Assistance Program and HSDF. It goes through our cost centers that we have for mental health, ID, HAP. There are budgetary pages that go along with that. As you can see the cross-planning stuff is really the beginning and a very small portion of the of the plan. You have the county planning process, public hearing notice, cross collaboration, and then we go into the departments. Ms. Clymer will forward it to the entire team for review and collaborate on a plan. If more meetings are required thereafter, it can be arranged.

Ms. Clymer inquiries about any updates for their departments.

Stakeholder-Input. Ms. Williams reports its Mental Health awareness month, light up green, these help to show awareness. Ms. Clymer, if you are lighting your office up in green, feel free to snap a picture and email it to me. I'll put it on our Facebook page and give your organization some kudos for supporting mental health awareness. Ms. Williams, we are trying to light up our county offices. You've probably seen the yard signs and the green ribbons and coffee sleeves at your local coffee shops, we've got a lot of promotions going on. The bows on the main streets in all three counties.

Ms. Clymer reports on behalf of Sara von Prime that they have an employment symposium that will be held at Northampton Community College on June 5. It's the second annual ODP Employment Regional Symposium. They'll hear from employers about how, what, and why they hire individuals with developmental disabilities. Individuals who are employed will be there to talk as well. ODP, OBR, and the Bureau of Special Ed will discuss collaboration across systems. HRC is lined up to speak, and they may have some individuals there as well. That's like the main thing that they have going on related to public interest.

Ms. Clymer reports the other thing that we have going on is we're hopeful that we're going to be included in a grant with OMHSAS and Jefferson University to implement training for CAMS. Cams is an evidence-based counseling practice for counseling kids and youth who are suicidal.

It's specific to helping them deal with suicidal ideation and to mitigate that. And it's usually 8 to 10 sessions, which is enough time then to get them into ongoing therapy if that's the most appropriate thing for them. But it's that short term. Hopefully we'll get 30 or more professionals trained in our county.

Jamie Drake reports, we just had the Secretary of Drug and Alcohol on Tuesday of this week for her stakeholder engagement tour. It was a listening session and touring around to providers to go over some issues at the state level in terms, improvements they want to make to their state plan and things like that. We continue to spend lots of time in the three counties dealing with the Attorney General's settlement dollars with the Commissioners. They've now asked Tina to join Carbon, on our committee. We meet monthly there. Again, we're in the midst of our big campaign with the company doing all the "not billboard" campaign, which everybody thinks is a billboard campaign. That's the first part of marketing and making the community aware to drive them to the website where all the resources are listed on how to get Narcan, how to get Arts Destroyer, how to join our task forces, and lots of information.

We put some on now for our schools. There's a short PowerPoint and a Kahoot so they can use the Kahoot for a pre-test with the kids where they compete against each other to see if they know the information, do the PowerPoint, and then do a post-test. We did that with the student advisory group in Carbon in hopes that they will go back to their school and can do it with their peers as a way to continue to spread that message. Our big push is going to start in the summer and into the fall for around school education and programming with that campaign. It's a lot amongst the three counties right now, a whole other thing that's kind of dropped on us.

We were in Altoona last week for a day of planning with the trust that has the trust order around those dollars looking at you how people are spending it, what can be used what can't be used - panels of people sharing what they're doing things like that.

We're ending our school year. Our prevention staff is kind of going to be gone. Over the summer we do our planning based on the fact that we just have to pay survey again for what they're planning for the evidence-based programming will be in the schools next year.

We're also involved in all the other groups that are going on, continuing to go to all the meetings that are going on for everyone else.

Kimberley Miller reports, housing and request for homeless prevention as well as rapid rehousing are just at their all-time high. I think, Jana said in reviewing some of the available properties, she is noticing a small improvement in finding some residents that might be under \$1,000 and by picture or video review look through, don't look that bad, which is surprising given some of the monthly rents that we have been seeing. For some reason, in the last couple of weeks, we've also had a large influx of requests for utility assistance. It's that time where they can terminate and unfortunately, we are not a PPL operation help contractor any longer. A couple of years back, they reduced their size of

vendors for both operation help and weatherization program from like 24 or 27 down to like four that cover their entire service area. So, if they are tied into evictions, we may be able to help them under some of the programs or other programs only help in certain zip codes or something like that that we have. But we're trying our best to keep up with assisting as many families as we can or at least working through case management to make suggestions that they can either make payment arrangements and, maybe put off eviction for as long as possible or until other, other resources can be found. Given the cost of things, there's just so many families that are working that are living paycheck to paycheck.

I know HAP monies are going to be gone probably by the end of this month, and I do know that they had available additional monies to counties. You know, they said back in mid-March or end of March, if you want it more, do it, but it needs to be spent by the end of June, and you know you have no way to anticipate at any given time and HAP as we all know are so limited in the thousand dollars per adult only household and \$1,500 for families with children and it cannot be matched up with any other governmental monies. We try to tie it in with some of our United Way or some of that Salvation Army if we can or else we can but that really makes it tough to even say we'll go after additional monies with HAP.

Ms. Clymer concludes the meeting and states she will send these plan documents out to everyone present and to the other members of the team to see if there's any objections to moving forward the way we're looking at it. Ms. Clymer thanked everyone in attendance.

OTHER

NONE.

PUBLIC INPUT

NONE.

WRAP UP / NEXT STEPS

The next meeting is scheduled tentatively for June or July. This will serve as our Public Hearing for the FY 2024-24 County Human Service Plan and will be held in person and as a virtual meeting.

The meeting was adjourned at 3:13 p.m.

Respectfully submitted,

Diana Alvey

Diana Alvey, Secretary

HUMAN SERVICE PLANNING TEAM MEETING – MAY 16, 2024

Confirmed Attendance

Name	Affiliation	YES	NO
Matthew Brady, Executive Director	Monroe/Pike Co. Assistance Office		
Tina Clymer, MS, LPC Administrator	CMP Mental Health and Developmental Services	X	
Jamie Drake Executive Director	CMP Drug and Alcohol Commission	X	
Diana Alvey Administrative Assistant	CMP Mental Health and Developmental Services	X	
Jill Geissinger Administrator	Carbon Co. Children and Youth Services		X
Marianne Grabarits County Casework Supervisor	Carbon Co. Children and Youth Services		X
Adelaide Grace Administrator	Monroe Co. Children & Youth Services		X
Tyiesha Hinton, PhD Director, ERAP Program	Pocono Mountains United Way		X
Mary Claire Megargle Administrator	Monroe Co. Area Agency on Aging		X
Rob Mikulski Assistant Director	CMP Drug and Alcohol Commission		X
Kimberley Miller Executive Director	Carbon Co Action Committee for Human Services	X	
Leslie Perryman, LSW, CPRP Program Director	RHD Crossroads Community Services Street2Feet Outreach Center		X
Robert Ruiz, MBA, CPRP Director	Transportation and Human Development Pike Co. Human Development Office		X
Jay Sanchez, Primary Counselor	Monroe Co. Counseling Services		X
Robin Soares Executive Director	Pike Co. Area Agency on Aging		X
Kimberly Solt, Accountant	Carbon Co. Area Agency on Aging		X
Jared Soto Social Worker	Carbon Co. Office of Public Defender		X
Jennifer Strauch Grants Manager	Monroe Co. Office of Fiscal Affairs		X
Michael Tukeva President/CEO	Pocono Mountains United Way	X	
Sara von Prime, DS Deputy Administrator	CMP Mental Health and Developmental Services		X
Jana Welkey	Carbon Co Action Committee for Human Services	X	
Jennifer Williams MH Deputy Administrator	CMP Mental Health and Developmental Services	X	
Susan Zeigler, Director	Carbon Co. Area Agency on Aging		X

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

Directions:	Using this format, please provide the county plan for allocated human services expenditures and proposed numbers of individuals to be served in each of the eligible categories.
1. ESTIMATED INDIVIDUALS SERVED	Please provide an estimate in each cost center of the number of individuals to be served. An estimate must be entered for each cost center with associated expenditures.
2. DHS ALLOCATION	Please enter the county's total state and federal DHS allocations for each program area (MH, ID, HAP, SUD, and HSDF).
3. PLANNED EXPENDITURES	Please enter the county's planned expenditures of DHS state and federal funds in the applicable cost centers. For each program area, the expenditures should equal the allocation. If you are utilizing HSDF dollars for another program categorical, please provide a footnote in the HSDF area explaining where funds are utilized, the estimated number of individuals, and expenditures.
4. COUNTY MATCH	Please enter the county's planned match amount in the applicable cost centers for MH and ID only.
5. OTHER PLANNED EXPENDITURES	Please enter in the applicable cost centers, the county's planned expenditures not included in the DHS allocations (such as grants, reinvestment, and other non-DHS funding). Completion of this column is optional.
<p>Please use FY 23-24 primary allocations, less any one-time funding and less any federal Medicaid reimbursements. If the county received a supplemental CHIPP/forensic allocation during FY 23-24, include the annualized amount in the FY 24-25 budget. If you would like to include the federal Medicaid reimbursements for more accurate budgeting, please include those amounts in column 6, "Other Planned Expenditures."</p> <p>DHS will request your county to submit a revised budget if, based on the budget enacted by the General Assembly, the allocations for FY 24-25 are significantly different than FY 23-24. In addition, the county should submit a revised budget when funding is moved between cost centers or service categories in excess of the current re-budget procedures for each program covered in the Plan.</p>	

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

County:	1.	2.	3.	4.	5.
Carbon/Monroe/Pike MHDS	ESTIMATED INDIVIDUALS SERVED	DHS ALLOCATION (STATE & FEDERAL)	PLANNED EXPENDITURES (STATE & FEDERAL)	COUNTY MATCH	OTHER PLANNED EXPENDITURES

MENTAL HEALTH SERVICES

ACT and CTT	19	\$ 292,294	\$ 292,294		
Administrative Management	543	\$ 1,287,751	\$ 1,287,751	\$ 59,889	
Administrator's Office		\$ 328,206	\$ 328,206	\$ 34,508	\$ 178,706
Adult Developmental Training		\$ -	\$ -		
Children's Evidence-Based Practices		\$ -	\$ -		
Children's Psychosocial Rehabilitation		\$ -	\$ -		
Community Employment	6	\$ 9,248	\$ 9,248	\$ 752	
Community Residential Services	99	\$ 5,321,120	\$ 5,321,120	\$ 11,772	\$ 48,000
Community Services	4,200	\$ 15,750	\$ 15,750	\$ 1,750	
Consumer-Driven Services	1,137	\$ 36,442	\$ 36,442		
Emergency Services	911	\$ 304,082	\$ 304,082	\$ 25,075	
Facility Based Vocational Rehabilitation	1	\$ 27,000	\$ 27,000	\$ 3,000	
Family Based Mental Health Services	1	\$ 1,500	\$ 1,500		
Family Support Services	93	\$ 86,933	\$ 86,933	\$ 5,950	
Housing Support Services	73	\$ 1,535,328	\$ 1,535,328	\$ 10,746	
Mental Health Crisis Intervention	6,627	\$ 1,002,435	\$ 1,002,435		
Other		\$ -	\$ -		
Outpatient	31	\$ 66,435	\$ 66,435	\$ 1,336	\$ 6,296
Partial Hospitalization	3	\$ 5,000	\$ 5,000		
Peer Support Services	1	\$ 1,260	\$ 1,260		
Psychiatric Inpatient Hospitalization	5	\$ 10,000	\$ 10,000		
Psychiatric Rehabilitation	8	\$ 53,000	\$ 53,000		
Social Rehabilitation Services	1	\$ 1,000	\$ 1,000		
Targeted Case Management	105	\$ 902,373	\$ 902,373		\$ 1,101,771
Transitional and Community Integration	139	\$ 1,338,470	\$ 1,338,470		\$ 126,266
TOTAL MENTAL HEALTH SERVICES	14,003	\$ 12,625,627	\$ 12,625,627	\$ 154,778	\$ 1,461,039

INTELLECTUAL DISABILITIES SERVICES

Administrator's Office		\$ 1,068,857	\$ 1,068,857	\$ 26,032	\$ 134,813
Case Management	50	\$ 65,340	\$ 65,340	\$ 7,260	
Community-Based Services	72	\$ 369,211	\$ 369,211	\$ 16,296	
Community Residential Services	6	\$ 985,946	\$ 985,946		
Other		\$ -			
TOTAL INTELLECTUAL DISABILITIES SERVICES	128	\$ 2,489,354	\$ 2,489,354	\$ 49,588	\$ 134,813

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

County:	1.	2.	3.	4.	5.
Carbon/Monroe/Pike MHDS	ESTIMATED INDIVIDUALS SERVED	DHS ALLOCATION (STATE & FEDERAL)	PLANNED EXPENDITURES (STATE & FEDERAL)	COUNTY MATCH	OTHER PLANNED EXPENDITURES

HOMELESS ASSISTANCE SERVICES

Bridge Housing					
Case Management	77		\$ 6,000		
Rental Assistance	60		\$ 20,759		
Emergency Shelter					
Innovative Supportive Housing Services					
Administration			\$ 600		
TOTAL HOMELESS ASSISTANCE SERVICES	137	\$27,359	\$ 27,359		\$ -

SUBSTANCE USE DISORDER SERVICES

Act 152 Inpatient Non-Hospital	100		\$ 158,145		
Act 152 Administration			\$ 33,639		
BHSI Administration			\$ 74,983		
BHSI Case/Care Management	294		\$ 47,986		
BHSI Inpatient Hospital					
BHSI Inpatient Non-Hospital	135		\$ 261,043		
BHSI Medication Assisted Therapy	50		\$ 33,981		
BHSI Other Intervention					
BHSI Outpatient/IOP	213		\$ 157,570		
BHSI Partial Hospitalization					
BHSI Recovery Support Services	30		\$ 10,137		
TOTAL SUBSTANCE USE DISORDER SERVICES	822		\$ 777,484	\$ -	\$ -

HUMAN SERVICES DEVELOPMENT FUND

Adult Services					
Aging Services					
Children and Youth Services					
Generic Services	190		\$ 49,000		
Specialized Services					
Interagency Coordination			\$ 400		
Administration			\$ 600		
TOTAL HUMAN SERVICES DEVELOPMENT FUND	190		\$ 50,000		\$ -

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:

N/A

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

County:	1.	2.	3.	4.	5.
Carbon/Monroe/Pike MHDS	ESTIMATED INDIVIDUALS SERVED	DHS ALLOCATION (STATE & FEDERAL)	PLANNED EXPENDITURES (STATE & FEDERAL)	COUNTY MATCH	OTHER PLANNED EXPENDITURES
GRAND TOTAL	15,280	\$ 15,114,981	\$ 15,969,824	\$ 204,366	\$ 1,595,852