

Appendix A
Fiscal Year 2021-2022

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: Mifflin

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

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

Signature(s)	Please Print Name(s)	
	Mark A. Sunderland	Date: 7/15/21
	Robert P. Postal	Date: 7/15/21
	Kevin P. Kodish	Date: 7/15/21

Appendix B
County Human Services Plan Template
MIFFLIN COUNTY

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

Describe the county planning and leadership team and the process utilized to develop the Plan for the expenditure of human services funds by answering each question below.

1. *Please identify the critical stakeholder groups, including individuals and their families, consumer groups, providers of human services, and partners from other systems involved in the county's human services system.*

Critical stakeholders were involved through quarterly Human Services Development Fund meetings and included representatives from:

- a. Mifflin Juniata Human Services Department
- b. Mifflin County Commissioners Board
- c. Tri-County Drug and Alcohol (TDA/SCA)
- d. Mifflin County CYS
- e. Juniata Valley Behavioral and Developmental Services(JVBDS)
- f. Regional Services (AAA)
- g. Mifflin County Probation and Parole
- h. United Way of Mifflin Juniata
- i. Mifflin County School District
- j. Mifflin County Communities that Care
- k. Family and service users/participants/advocacy reps
- l. TIU #11/Careerlink

Additionally, as part of the block grant planning process meetings were held with the tri-county partners as well.

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

Stakeholders met quarterly to review information and provide feedback towards the planning process. Each categorical reached out through letters to their own consumers to invite families/stakeholders to engage in the planning process. Additionally, information was provided during public meetings. Needs Assessment Planning was incorporated into the process through the use of assessments conducted by various agencies for their own use. Additionally, the Mifflin Juniata Human Services Department, in partnership with the United Way of Mifflin Juniata and Geisinger Hospital Lewistown, contracted with Penn State University to conduct a 2 county needs assessment which is still being used to determine emerging priority areas. This assessment was a part of the discussion at quarterly meetings and helped the team discuss potential gaps in service. As part of the planning for the block grant process, additional meetings were held with tri-county providers. Due to the pandemic, public hearings were conducted via conference and video calls.

3. *Please list the advisory boards that participated in the planning process.*

Advisory boards that were involved in the planning process include the Mifflin County HSDF Advisory Board as well as the Citizens Advisory Board of the JVBDS. Additionally, information is shared with the Criminal Justice Advisory Board. During the block grant planning process, representatives from all three counties in the joinder coordinated processes.

4. *Please describe how the county intends to use funds to provide services to its residents in the least restrictive setting appropriate to their needs. The response must specifically address providing services in the least restrictive setting.*

The county intends to use funds to provide services to its residents in the least restrictive setting appropriate to their needs. Planning team has met quarterly to discuss plan. Options are made available to address (among others) physical and linguistic barriers as these are the 2 barriers most often encountered. Outreach has been done to the local Welcome Center that works with the Hispanic population to ensure linguistic barriers are diminished. Cultural competency trainings will be held in order to address issues of systematic racism and cultural bias.

5. *Please describe any substantial programmatic and funding changes being made as a result of last year's outcomes.*

No substantial programmatic and/or funding changes are being made as a result of last year's outcomes unless noted in each individual section. While the pandemic certainly created challenges, county staff were deemed essential and so there were only three days during the entire pandemic/shutdown that staff were not available *in the office* to field calls and disseminate information. Unfortunately, while there is much rental funding available through state and federal acts, Mifflin County has had an increase in the need for HAP funds. This is due to the fact that many of the people who are facing eviction in this county did not have an economic impact due to COVID but rather chose not to pay rent since they could not be evicted due to the moratorium on evictions. The majority of the HAP applicants are individuals who were on fixed incomes (SSI), received stimulus funds, accessed food services and yet still did not manage to pay rent. These are excellent candidates for HAP funding and we are seeing an increased need in that area.

PART II: PUBLIC HEARING NOTICE

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

Because Mifflin County has HSBG status, 2 public hearings were held.

1. *Proof of publication:*

- a. Copies are attached.
- b. Notification was posted on all county websites beginning June 21, 2021.
- c. Newspaper ads were also utilized – see attachment.

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

College Bulletin Board

• **Susquehanna University** congratulates its dean's list students. The dean's list recognizes students who achieve a grade point average of 3.4 or higher out of a possible 4.0 for the semester.

Mackenzie Acquaviva, of Milltown, is a Theatre Production & Design major of the Class of 2024 and a graduate of Wyoming Valley West.

Hannah Erdman, of Milltown, is an International Business and Spanish Studies major of the Class of 2023 and a graduate of Juniata.

Sarah Goshorn, of Port Royal, is a Marketing major of the Class of 2021 and a graduate of Juniata.

Alanna Guyer, of Milltown, is a Communications major of the Class of 2023 and a graduate of Juniata.

Bailey Hackenberry, of Milltown, is a Finance and Economics major of the Class of 2021 and a graduate of Juniata.

Jessica Hockenberry, of Port Royal, is an Early Childhood Education major of the Class of 2022 and a graduate of Messiah University.

• Medical Studies major **Megan Brubaker** of Thompson town was recently named to the Dean's List for the Spring 2021 session at **DeSales University**. To qualify for Dean's List, a student must have a minimum 3.50 GPA on no fewer than 12 credit hours.

• **Bailey Hackenberry**, of Milltown, was honored with the Outstanding Senior, Economics, B.A. Award at **Susquehanna University's** annual student awards luncheon held each May in the days leading up to commencement. This award is provided, upon the recommendation of faculty, to students with exemplary performance in their academic majors and emphases and upon demonstration of commendable character.

Hackenberry was also honored with the Departmental Honors, Economics Award. The honors program in economics encourages and commends outstanding academic work. To graduate with departmental honors in religious studies, students must have a cumulative GPA of 3.0 and an economics GPA of 3.5, as well as perform outstanding academic work.

Hackenberry majored in finance and economics at Susquehanna and is a graduate of Juniata High School.

The Times - Your Source for Hometown News

In-County \$24 • Out-Of-County \$29
Out-Of-State \$32

United Way Seeks Participants for the 24th Annual Day of Caring

The Day of Caring is a yearly volunteer event offered by United Way of Milltown-Juniata, kicking off the annual campaign every September. The 24th Annual Day of Caring will take place on Wednesday, September 15, 2021. Registration is now open for both volunteer teams and agency projects.

The two main objectives of Day of Caring are to provide non-profit human service agencies with an opportunity to complete projects that they otherwise could not afford to do, and to involve volunteers in first-hand experience with area charities.

The Day of Caring is a great tradition for many reasons but one reason being that it allows the community to come together. Each year more people want to give back to our community, which is the most rewarding part of this entire event.

United Way is currently seeking projects from non-profit human service agencies. Any incorporated non-profit or government entity, school, or neighborhood association is encouraged to submit projects. Agencies do not have to be a United Way partner program to benefit from Day of Caring - anyone is welcome to participate. All kinds of projects, big and small are needed.

Teams of caring individuals in Milltown and Juniata counties who want to make a difference in their local community are also needed. Teams are formed from individuals at local businesses, associations, service groups, and other non-profits. Teams can be any size and any skill level. Day of Caring is a free event for volunteer participants, which is made possible by the generosity of sponsors.

The registration deadline for both projects and teams is August 6, 2021. For more information or to register a project or a team, visit www.unitedway.org.

The United Way of Milltown-Juniata reserves the right to refuse any agencies whose volunteer programs' missions and purposes it finds contrary to the spirit of volunteerism.

COMMISSIONERS WEEKLY REPORT
by Paulette Forry

The Juniata County Commissioners met on Tuesday, June 22.

The board listened to a presentation from Betsy Lockwood of SEDA-COG in regard to the American Rescue Plan Act (ARPA) funding procedures for local municipalities. Lockwood said the first step is signing up for the System Award Management (SAM) and then going through the application process. Forms need to be downloaded to be filled out and then also signed by the township chairperson and then scanned in to complete the process. Anyone needing assistance should contact Lockwood at 570-847-0420 or her colleague Frankie at 570-524-4491 or contact County Administrator Jim Bahorik. Chair Gray said they were hopeful that state may extend the deadline beyond the end of June.

In other business, the board approved:

• the annual HSDF contracts with Clear Concepts Counseling for inmate drug & alcohol counseling services - \$5,000; Shelter Services Inc. for emergency shelter services - \$7,700; Abuse Network Inc. for case management - \$3,000; Milliflin Juniata Regional Services for training clearhouse services - \$1,320; Milliflin Juniata Human Services for administration - \$5,000; and Milliflin Juniata Human Services for service coordination - \$27,960.

• the Homeless Assistance Program (HAP) contracts with Milliflin Juniata Human Services for case management services - \$15,188; rental/utility assistance services - \$2,000; and administration services - \$1,909.

• the 2021 State Food Purchase Program/State Purchase Contract Option Participation Statement and Plan of Operation as recommended by Food Pantry Executive Director Glenda Fultz;

• the purchase of service agreement between Human Services and Sayda Diaz for implementation of the Communities That Care grant through the Juniata County Prevention Board at an annual rate of no more than \$35,742;

• purchase of service agreements between Children & Youth and Cornell Abraxas Group Inc., Families United Network Inc. and Summit Academy Shelter Program;

• purchase of service agreements between Children & Youth and Robert Weaver for translation services at a rate of \$41,200/year; Milliflin Juniata Human Services for implementation of the Communities That Care grant through the Juniata County Prevention Board at a cost not to exceed \$50,934; and

• payment of checks #61644-#61732 in the amount of \$159,781.05.

The board ratified the following:

• the consultancy services agreement between Children & Youth Services and the Milton S. Hershey Medical Center; and

• a HazMat check payable to Ron's RV Sales for \$9,600 for a trailer.

In a brief salary board meeting, the board approved Scott Brumbaugh as a Children & Youth caseworker at a rate of \$18.68 and Macenzie Rohrer as a part-time 911 telecommunicator. The board also approved a rebalanced wage adjustment for the deputy positions in the register/recorders office and the prothonotary's office.

Funeral Assistance Cont.

of funeral expenses, and the dates the funeral expenses happened.

Proof of funds received from other sources specifically for use toward funeral costs. We are not to duplicate benefits received from burial or funeral insurance, financial assistance received from voluntary agencies, government agencies, or other sources.

The program does reimburse eligible expenses; however, patience is encouraged upon submitting your application. It can take several weeks from the time all the necessary documentation has been collected for the funds to be disbursed.

The best way to reduce the wait and speed up the process is to be prepared with all of the required paperwork when you start the process. After you apply, stay tuned for any communication from FEMA as there may be follow-up questions needed to continue processing the application.

How to Apply

Call this dedicated toll-free phone number to get a COVID-19 Funeral Assistance application completed with help from FEMA's representatives. Multilingual services will be available.

COVID-19 Funeral Assistance Line Number 844-684-6333 | TTY: 800-462-7585

Hours of Operation: Monday - Friday 9 a.m. to 9 p.m. Eastern Daylight Time

If you use a relay service, such as your videophone, InCognition or CapTel, please provide your specific number assigned to that service. It is important that FEMA is able to contact you, and you should be aware phone calls from FEMA may come from an unidentified number.

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Public Meeting for Review of Human Services Plan

In order to discuss the submission of the Human Services Block Grant plan to the state Department of Human Services (DHS), public meetings will be held on the following dates via Zoom:

Milliflin County June 29, 2021 at 10:30 am

Juniata County June 29, 2021 at 10:45 am

DAY ONE of the MILLIFLIN and JUNIATA COUNTY HEARINGS will run back to back. Participants for both will not need to log out to enter the second meeting.

Join Zoom Meeting:

<https://us02web.zoom.us/j/82231968414?pwd=TDAwOSt1Z211FKSMzQmV2VCEER4UT09>

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Any questions can be directed to Allison Fisher at the Milliflin Juniata Human Services Department, 20 North Wayne St. Lewistown, PA 17044. The telephone number is 717-242-5452. Requests can also be emailed to afisher@milliflinco.org.

Academy Open for July 4

Although it is a holiday, Sunday, July 4, the Tuscarora Academy will be open for visitors as usual. The hours are 1:30 to 4 p.m.



News from the Juniata County Library

by Vince Giordano

Adult summer reading and details about a virtual author event

Summer reading programs at libraries are a great way to keep our youth engaged over the summer. But why should they have all the fun? At our library we have an adult summer reading program each year and this year's theme is *Tails and Tales*. Read any 18 books by September 22nd (last day of summer) and you will win a FREE 22oz ORCAID Hydra Water Bottle. Reading 18 books will also enter you to win a Kindle Fire tablet. The winner for the Kindle Fire will be announced August 6th. ORCAID Hydra Water Bottles will be given out the week of August 9th. The summer reading sheet can be picked up at the library and will be posted on our website and social media pages.

You do not need to read any particular books for this; go ahead and pick the ones you want as well as choose from some books we have on our *Tails and Tales* themed book lists (available to pick up at the library and posted online). You can count eBooks that you read or audio books you listen to on CD or digitally. If you read all 18 books, you can continue reading but each person will only get ORCAID Hydra Water Bottle. If you join in on the fun after we started the challenge, you can count any books you read since our start date (June 11th).

A treat we have in store for everyone: Saturday July 17th at 2:00 PM will be a Zoom meet and greet with award-

winning best selling author Amy Clipston. Amy Clipston is an award-winning best-selling author of heartwarming romance and happily ever after. She's sold more than one million books. Amy lives in North Carolina with her husband, two sons, mother, and five spoiled rotten cats. We have many of her books and she is a popular author in our area.

We have a specific local reader who always gives me a gentle reminder when she has a new book coming out.

Exclusive Amy Clipston event "Swag Bags" with a personalized, autographed copy of *The Jam and Jelly Nook* and other goodies can be ordered at AmyClipston.com/Juniata for \$20 with FREE shipping.

No matter your age, we hope you join in on the summer fun with us!

We are back to regular hours as well as in-person browsing... hooray!

Monday: 9:00 AM-5:00 PM

Tuesday: 9:00 AM-5:00 PM

Wednesday: Closed

Thursday: 9:00 AM-5:00 PM

Friday: 1:00 PM-7:00 PM

Saturday: 9:00 AM-3:00 PM

Our next book sale is the week of July 13th: Tuesday

July 13th 4:00 PM to 7:00 PM

(Friends of the Library Members Only. You can join then or now.)

Wednesday, July 14th: 9:00 AM to 1:00 PM

Thursday, July 15th 9:00 AM to 5:00 PM, Friday, July 16th 1:00 PM to 7:00 PM, Saturday, July 16th 9:00 AM to 3:00 PM.

Business of the Week

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Public Hearing Notice
June 21, 2021
For immediate release

Contact: Allison Fisher
Human Services Director
20 North Wayne St.
Lewistown, PA 17044
717-242-5452
afisher@co.mifflin.pa.us

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Human Services Development Fund

The following links are forms required to apply for HSDF funding through Mifflin-Juniata Human Services:

- Request for Proposal Instructions
- Request for Proposal Grant Application
- Budget Sheet
- Logic Model
- Work Statement

Click here for information on Public Meeting Notice

Fiscal Year: July 1st through June 30th

Fiscal Year	Mifflin County	Juniata County
2015-2016	\$ 50,000	\$ 50,000
2014-2015	\$ 50,000	\$ 50,000
2013-2014	\$ 50,000	\$ 50,000
2012-2013	\$ 50,000	\$ 50,000
2011-2012	\$ 50,000	\$ 50,000
2010-2011	\$ 61,468	\$ 50,000
2009-2010	\$ 83,065	\$ 50,000
2008-2009	\$111,043	\$ 51,718

Purpose

The Human Services Development Fund was created "for the purpose of encouraging county governments to provide locally identified services that will meet the human service needs of citizens in their counties" [Act 1994-78, Section 4]. The fund "shall be used by the county solely to provide and administer county based social services and service coordination within the county" [Act 1994-78, Section 6 (b)]. The focus of the program is to

Mittan Court HSBG public hearing
June 29, 2021

Jeff Jinn
Gary J. Lukan

Bob Henry

Mike Hannon - Bob Henry Proxy

Sign in Sheet
Mifflin County Public Hearing for HSBG
June 30, 2021

Ally Fisher

Mike Hannan

Lou Ann Fisher

Bob Henry

Four separate public meetings were held, 2 for each county. Meetings were offered via conference/WebEx forum. In attendance were Allison Fisher, Human Services Director, Michael Hannon, Tri-County Drug and Alcohol Commission, Kathy Whalen and Bob Henry, JVBDS, (attendance sheets attached). Discussion regarding application and process was held. Particular attention to the housing issues all categoricals are seeing was discussed. Participant list is attached.

PART III: CROSS-COLLABORATION OF SERVICES

For each of the following, please explain how the county works collaboratively across the human services programs; how the county intends to leverage funds to link residents to existing opportunities and/or to generate new opportunities; and provide any updates to the county's collaborative efforts and any new efforts planned for the coming year. (Limit of 4 pages)

Employment: Employment is addressed through a variety of means across services. Through our quarterly HSDF advisory board meetings, categoricals are able to have conversations about specific training opportunities and specific target groups and utilize the county email system and website to get information out quickly. Additionally, through HSDF service coordination funding, we are able to leverage staff time to attend efforts sponsored by Careerlink. Additionally, the HS director participates in the local Regional Collaborative ODP process whose 2 major goals are employment and housing. Through this process, many new initiatives were started, including a recognition event for employers who hire ID consumers and a Transition Fair for parents of students with IEP's. More events had been planned, including a soft skill carnival for transition youth, however, those plans were put on hold due to the pandemic. They will be revisited.

Housing: Our local Housing Coalition has representatives from the categoricals who attend to address ongoing and trending housing needs. Utilization of a housing needs assessment (conducted in 2014 by Diana T. Myers Associates) and ongoing market analysis helps provide the catalyst for addressing issues. The HAP Case manager works closely with a local Outreach effort that includes school district personnel, drug and alcohol staff, mental health/ID staff, police, hospital, and other community representatives. Housing opportunities, including emergency shelter, transitional shelter, permanent supportive housing, master leasing, and rental assistance options are all discussed. Again, staff time is leveraged to participate in these meetings. Additionally, the MJHS and SCA worked together to receive and implement a SOR grant to work on a master leasing program for victims of the opioid epidemic.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

Mental Health Services are provided to Mifflin County through a joinder arrangement with Mifflin, Juniata and Huntingdon Counties by quasi governmental services through Juniata Valley Behavioral and Developmental Services (JVBDS).

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

a) Program Highlights: (Limit of 6 pages)

Please highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY20-21.

Please highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY20-21.

Juniata Valley Behavioral and Developmental Services (JVBDS) provides administration of the public mental health system in three rural Central Pennsylvania Counties: Huntingdon, Mifflin and Juniata. With a land area of 1,678 square miles, the Tri-County Area is home to approximately 117,231 people according to 2010 census data. Complete 2020 census data is not available at the time of this writing.

JVBDS strives to make available flexible and person-centered services meaning that individuals control their recovery by choosing what works for them. JVBDS supports psychiatric rehabilitation (both site-based and mobile), Clubhouse, Certified Peer Specialist, three drop-in centers, supported living program, master leasing program, homeless support services, mobile medication management, and case management (see complete inventory listed below).

In 2020, JVBDS increased a concerted effort to improve collaboration with the criminal justice systems in joiner by working with the courts and law enforcement agencies. Mental Health First Aid for First Responders has been offered for all three counties as well as Crisis Intervention Team Training for Mifflin and Juniata. Every police officer, trooper and sheriff's deputy in the Tri-County has received a supply of cards that they can leave behind with individuals they encounter in the field who may be in need of mental health services. The front of the card is a QR link the person can scan which takes them directly to a self-referral page for the HMJ Base Service Unit. Along with improving training and coordination with law enforcement, JVBDS worked with Mifflin Juniata Human Services to pilot a co-responder program in the Lewistown Borough. The funding for this project is provided by a grant from PCCD and began in October 2020. The co-responder responds with police to incidents where it is felt that a social services response is more appropriate than a law enforcement response. The co-responder either goes along with officers on calls or can take referrals from officers that have responded to appropriate encounters and can then follow up with the individuals or families. The program is guided by a steering committee consisting of the co-responder, LPD Chief of Police, MJ Human Services, JVBDS, MJ AAA, and the Tri-County SCA. While initially intended to be a mental health program used for diversion from criminal justice, it has been realized that mental health is only a portion of these calls. There are many calls for response to the aging population, substance abuse calls, domestic violence situations, and other situations that are not strictly mental health in nature. JVBDS is exploring funding opportunities to expand the program to other jurisdictions and also pilot a new co-responder program in Huntingdon Borough.

In February 2020, JVBDS (along with multiple other counties across the commonwealth) received notice of contract termination from a large provider of crisis services. JVBDS worked with partner counties and through BHARP to have in place a new provider so that a seamless transition of crisis services occurred on February 1, 2020. JVBDS is now contracted with Center for Community Resources (CCR) to provide telephone, mobile, text and chat crisis services across the Joinder. CCR delivers a 100% community crisis model of service meaning that they try to divert and resolve crises prior to an emergency department visit becoming necessary. Recently, JVBDS, along with 5 other counties applied for FY 21/22 CMHSBG funding to enhance the crisis systems with text and chat options across the region. If approved

for funding, the project will rely heavily on marketing and outreach to enhance the use of these two modalities of accessing crisis. The 8 county region is working with CCR to apply for the funds and implement the project.

House of HOPE, developed in 2018, is a 7-bed residential setting available to individuals with serious mental illness who are also homeless. The model continues to work well for the joinder in meeting the needs of the SMI homeless population. Funding was diverted from traditional emergency homeless shelter to develop the House of HOPE in order to better address the needs of homeless individuals with an SMI diagnosis. Each individual has their own locked bedroom with shared common areas. Case management works intensively with the individuals in order to achieve rapid re-housing when possible. JVBDS provided Critical Time Intervention (CIT) training to all case management units within HMJ in preparation for the opening of the program. Also available on-site are Supported Living Services and Mobile Psychiatric Rehabilitation. The HMJ Housing Specialist also holds office hours in the House of HOPE two days per week. The program, like every other behavioral health service, experienced it's share of issues related to COVID throughout the fiscal year. While the model (pre-COVID) saw a significant decrease in the length of time people experienced homelessness, the turnover of beds at HOPE slowed dramatically during the pandemic. This was mainly due to challenges with service delivery to the individuals in the program as well as stagnation in the availability of housing opportunities. During the last few months of FY 20-21, an effort has been made to address these challenges and revamp the program in more of a rapid rehousing direction.

All of these services are offered to provide opportunities for rehabilitation and recovery from serious mental illness. JVBDS uses a combination of funding streams in order to support the development of recovery-oriented services including state allocations, reinvestment funds, county funds, federal grants and Health Choices.

b) Strengths and Needs by Populations: (Limit of 8 pages)

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

- **Older Adults (ages 60 and above)**

- **Strengths:** The Tri-County Area is covered by two different Area Agency on Aging Offices. Mifflin and Juniata Counties is covered by the Mifflin Juniata Area Agency on Aging and Huntingdon is covered by the Huntingdon, Bedford, Fulton Office of Aging. JVBDS works collaboratively with both offices to help meet the needs of the aging population across HMJ. The JVBDS Mental Health Coordinator currently serves on the board for the Mifflin/Juniata Area Agency on Aging. MH and ID staff from JVBDS as well as BSU staff meet monthly with the Huntingdon Area Agency on Aging to review shared cases and coordinate efforts to meet the needs of those individuals.

JVBDS staff also participate in LINK meetings and trainings as conducted by the Mifflin/Juniata AAA. These activities have included educational opportunities on topics such

as guardianship, power of attorney, hoarding, low-income legal representation, veteran's outreach, and bed bug mitigation.

The JVBDS adult mental health program specialist serves on the board of directors for the Mifflin/Juniata AAA. This has helped build insight into some of the issues facing older adults and provided opportunities to work together on several cases where a combined response has been helpful to the individual being served. This has also provided opportunity to bring the AAA into the fold of the co-responder steering committee. The law enforcement co-responder has had many encounters with aging individuals in need of some type of support. Instead of law enforcement struggling to deal with these situations, the co-responder has been able to offer AAA referrals and linkages to resources.

- **Needs:** The Mental Health and Aging systems continue to work within a gray area regarding adults with dementia. This often presents when an individual's behaviors result in an emergency response and hospitalization is required. Based on behaviors, the person may become involved in the emergency services/delegate system within the mental health system. This can create difficulties locating appropriate treatment and especially aftercare upon discharge. JVBDS will continue to work with partners at local AAA to improve communications and collaboration regarding these cases. Ideally, with proactive planning, these situations leading to an emergency response may be decreased and steps could be implemented to avoid involuntary commitment.

Another area that has come to the attention of both AAA offices and JVBDS is the population of older adults who have acted as care givers for dependents diagnosed with an intellectual disability. Often times these family units have provided for all of the needs of the ID individual and, when the caregiver(s) become ill or incapacitated, the two systems struggle to quickly get services in place for the individual. More advanced notification of these situations and planning is needed to make sure a safety net is in place prior to the need presenting itself. Outreach to MH services has increased in these types of situations, but there is still more work to be done.

- **Adults (ages 18 to 59)**

- **Strengths:** As mentioned in Program Highlights, JVBDS makes accessible services that builds on a person's strengths to promote recovery. Services have moved in a rehabilitation direction in addition to the clinical evidence-based services such as medication management and outpatient services.

Physical Health/Behavioral Health Psychiatric Rehabilitation provides services designed to address physical health disparities that are common in individuals with mental illness. The program promotes physical activity, smoking cessation, diabetes control, and hypertension along with all of the components of psychiatric rehabilitation. From a behavioral health objective, services provided to this population can include modalities that address disparities D-5.1 Persons with diagnosed diabetes who's A1C value is greater than 9%, HDS-12 Adults with hypertension whose BP is under control, and PA2.4 Adults meeting aerobic physical activity and muscle-strengthening objectives. JVBDS strives to address

the physical health and behavioral health needs through programs such as PH/BH Psychiatric Rehabilitation and a Wellness Center.

JVBDS strives to provide a network of services that promote resiliency and recovery through access to services such as psychiatric rehabilitation, certified peer specialist (CPS), social rehabilitation (drop-in centers), and vocationally focused services such as Clubhouse. One highlight is the expansion of CPS throughout the joinder. Currently in the tri-county area, there are 12 CPS staff (2 of which are full time employees) serving 72 individuals. JVBDS also has a Drop-In Center established in each of the three counties. These programs are all unique based on the needs and preferences of the individuals who attend. A lunch is provided during each day of operation while educational and social opportunities offered throughout the year.

The pandemic has created challenges in all levels of care. While telehealth opportunities were able to help overcome both pandemic and transportation challenges, face-to-face services suffered as a result. It became clear that site-based services that provide peer interaction (drop-in centers, site-based psychiatric rehabilitation, Clubhouse, etc.) were at a severe disadvantage. Providers stepped up and created engagement opportunities through phone calls, meal drop-offs and Zoom opportunities, but most individuals were ready to participate in face-to-face services as soon as possible.

- **Needs:** Consumers of services in rural counties experience access issues related to a lack of public transportation and the large geographical area being served. This creates challenges for individuals attending appointments and also makes the development of mobile evidence-based practices cost prohibitive. Also, the inability for providers to be reimbursed for transportation/travel costs is detrimental to the individuals being served in case management. This need is expressed repeatedly in past plans and will continue to be an issue. During the pandemic, telehealth options have reduced the transportation barrier for many people to increase access to services. Although not an ideal form of service delivery for everyone, telehealth has at least provided an option for those who experience a transportation barrier. It is hoped that this be an approved service delivery option in the future at the discretion of the consumer.

There is a lack of funds to meet the housing needs of many individuals with serious mental illness. Permanent, safe affordable housing is one of the most important components of an individual's recovery yet resources are very limited in this area. In 2021, JVBDS has worked with Center for Community Action as a community based organization (CBO) to link with the BHMCO and address Social Determinants of Health. Housing has been identified as the prominent SDoH that will need to be addressed. JVBDS will continue to provide the housing options that currently exist within the funding available, but it is always a struggle to create and maintain more housing opportunities in order to meet the need.

- **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:** For fiscal year 19/20, JVBDS worked with CenClear to incorporate Youth and Young Adult (YAYA) Certified Peer Specialist Services. This is the first program in the joinder specifically to serve this population. We are hopeful that this program will grow and that we can also add another provider in the future to offer choice for individuals.

The CASSP system helps to identify potential adolescents that will have high needs transitioning into an adult system of services. Somewhat like individuals with ID diagnoses with elderly caregivers, this population is often cared for by parents and services within the school system and may not be identified by JVBDS until it is time to transition to the adult system of care. The plan is to identify these adolescents early so preparations can be made for transition.

- **Needs:** While the aforementioned population can be identified by working with school districts and the CASSP system, there is a need for case management to focus specifically on this population. Often times, transition-age individuals are aging out of children's service and will need continued support as they transition into the adult system. In other cases, children are aging out of therapeutic foster care or other residential placements and need supported in the development of skills that can help them be successful adults.

In cases where there is evidence that an adolescent will receive limited familial and informal support when they reach the age of 18, then more planning and skill building will be necessary prior to aging out of children's services. This continues to be a need in 2021 and beyond.

- **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, as well as the development of community alternatives and diversion efforts to residential treatment facility placements.

- **Strengths:** Juniata County received a 2-year Violence prevention grant through PCCD beginning July 2019. Due to the pandemic the grant has been extended through the 21/22 school year. It will continue to provide CBITS group and individual services for 5th through 12th grades, as well as outpatient services. As part of the grant, Lakeside will continue to provide trauma informed trainings and supports for grades K through 12 for the next school year.

Our CSBBH teams were able to assist schools with continued academic and therapeutic engagement during the COVID pandemic. HMJ is fortunate to currently have teams in 5 of our school districts. Teams continued to meet with families, hold CORE meetings, and accept referrals during the last year.

Both telehealth and face to face delivery was used to support families. Due to the lifting of restrictions most summer programs are being held face to face. Programs that are not able to be provided in person are being held virtually. A new CSBBH team was implemented in the Juniata Valley School District in February 2021. The team includes 1 MHP, and 2 BHW positions. Hiring was a barrier, but the program is now up and running and currently serving families. Summer program will be held in person, and include some siblings.

An Expansion request for a BHW at Kistler EI was approved and implemented in April 2020. The school transitioned to grades K to 2nd, and the needs were very high for this younger population. The team now includes 1 MHP and 2 BHWs.

FFT was implemented in Huntingdon County in 20/21. Identifying qualified applicants has been a struggle for this program, and others over the last year. Expansion to our other counties has not occurred due to staffing concerns. Clinicians are seeing families face to face when safe to do so, otherwise they are meeting virtually. The goal is to eventually provide the services in all 3 counties.

MSP has struggled to identified staff over the last year. We are hoping that as pandemic restrictions are lifted there will be more availability to hire and retain staff in these necessary programs.

SAP services continued to be provided face to face and virtually over the last year. Liaisons participated in weekly meetings as restrictions allowed. Schools were very accommodating to try and meet the needs of their students. Approximately 200 students were served over the last school year. This number has been steadily increasing year after year.

- Needs: Our current funding only covers students 6th to 12th grades. An increase in this funding would allow for more youth to be served in the coming years. SAP is a preventative and supportive service for your adolescents. It gives them an opportunity to access services in school, and in our communities.

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

- **Individuals transitioning from state hospitals**

- Strengths: JVBDS primarily uses two state hospitals, Danville State Hospital for civil commitments and Torrance State Hospital for forensic commitments. The program works with Service Access and Management Base Service Unit (BSU) to manage admissions and discharges. The Tri-County Joinder currently has 6 individuals in this level of care with bed

cap of 13 individuals. HMJ historically is under bed cap at state hospital, but have seen an increased need for this level of care in recent months. 2021 has also seen a marked increase in the number of individuals from county jails needing State Forensic Center level of care.

- JVBDS and BSU representatives facilitate Consumer Support Plan (CSP) meetings for all individuals in Danville State Hospital. This process develops a plan of supports for the individual as they work through treatment and toward discharge. The plan follows the individual back to the community so that all supports can be in place upon discharge.
 - JVBDS and BSU works closely with local inpatient psychiatric units to assist with admissions to state hospital and whenever possible, put community supports in place to divert the need for state hospital.
 - JVBDS has accessed CHIPP slots for individuals requiring intensive and specialized services in order to remain successful in the community. Specialized housing arrangements have been developed with intensive supported living staff support.
 - JVBDS works with the local jails and Torrance State Hospital to facilitate referrals as well as discharges either back to the jail or to another level of appropriate care.
- Needs: As stated in last year's plan, there continues to be a need for specialized services for individuals who are dually diagnosed (MH/ID) and transition aged individuals diagnosed with Autism Spectrum Disorder (ASD). HMJ is currently working on several cases where individuals with ASD are involved in the criminal justice system and/or repeated in-patient stabilization from a group home setting. HMJ is working with partner counties and the BHMCO (CCBH) to establish supports appropriate for this population. The current discussions were prompted not only because of the need being presented in each county, but the recent revisions to DDTT referral guidelines precluding the referral of individuals with only an ASD diagnosis. JVBDS and other stakeholder counties are working with CCBH to explore ideas to better serve this population. There is an upcoming meeting scheduled in August 2021 to move this concept forward.

• **Individuals with co-occurring mental health/substance use disorder**

- Strengths: JVBDS continues to have two employees who serve on the board of the Tri-County Drug and Alcohol Abuse Commission (SCA for Huntingdon, Mifflin and Juniata Counties). This has helped with coordination of services for individuals who experience a diagnosis of Mental Illness and Substance Abuse (MISA). Mental Health and Substance Abuse share a pot of Housing Contingency funds allocated through HealthChoices reinvestment. These funds assist individuals in obtaining and maintaining housing stability across the three counties. JVBDS is also a Program to Assist in Transition from Homelessness (PATH) grant recipient. This combination of federal and state grant funds also assist individuals with mental illness and substance abuse diagnoses access and maintain stable housing.

- Needs: As the entity responsible for the involuntary commitment process across the joinder, JVBDS experiences challenges related to individuals with substance abuse issues falling into the mental health commitment process. In some cases, this can create a gateway into services with the individual being receptive to both MH and SA treatment. In the majority of cases, because the commitment process is intended for mental health treatment, the substance abuse issues are not addressed and continue to be left untreated. In order to properly assess and guide people in the correct direction for treatment, a Substance Abuse Crisis service is needed. This continues to be an ongoing issue in the Joinder.
- **Criminal justice-involved individuals-** Counties are encouraged to collaboratively work within the structure of County Criminal Justice Advisory Boards 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: JVBDS has voting representation on the Criminal Justice Advisory Boards in all three counties within the joinder and works with probation, county jails and the courts in order to serve people in this system. Each county has passed resolutions declaring their commitment to the “Stepping Up” process which focuses on reducing the number of individuals with mental illness in county jails. Mifflin and Juniata Counties have established Re-Entry committees and are working through a PCCD planning grant to develop a re-entry strategic plan. JVBDS influence in this process will be to support Stepping Up components and advocate for diversion initiatives within the first intercepts of the sequential intercept model. A Sequential Intercept Model workshop was held in Mifflin and Juniata Counties on May 11th and 18th, 2021. The first steps of collecting baseline data is underway and stakeholder agencies are being identified for data collection. This will establish the parameters of what the re-entry/diversion efforts will focus on in the upcoming years that may have an impact on reducing the number of people with serious mental illness in the county correctional facility. Another piece of this grant opportunity is creating an on-line dashboard so that stakeholders can access the data being collected and use the information to make system improvements and identify trends in diversion and re-entry.

JVBDS has also facilitated introduction of an outpatient provider to the Huntingdon County Jail in order to have discussions about the development of services within their facility. This would most likely take the form of consultation with the jail's existing medical staff where prescribing recommendations could be given. This would also facilitate a way for psychiatric evaluations to take place when there is a potential for an inmate to be referred to the state forensic hospital. Discussions are also taking place in 2021 to facilitate a forensic liaison from the Base Service Unit to work directly with the jail in order to improve communication and release planning for people who will need services upon release.

- Needs: JVBDS continues to promote and support the use of the OMHSAS Outpatient Competency Evaluation Program locally amongst the three court systems. It has only been used in a handful of instances by the Mifflin County Public Defender's Office. This will continue to be encouraged during interaction with the courts and CJAB communities. It is an ideal way to achieve a competency evaluation in a timely manner compared to the months long process often used locally by the courts.

Housing Options for released individuals: JVBDS has identified a need for individuals being released from county jails either having served their sentence or being declared incompetent to face charges. The courts and county jails have come to the MH system requesting residential support for individuals needing this level of care post-release. JVBDS currently contracts for two CRR programs totaling 10 beds and the program is almost always at capacity with a waiting lists. While the system works well for diversion from hospitalization or step-down following in-patient care, it leaves no room for the population being released from local jails. JVBDS would advocate for CRR-type services specifically as a step down from county and/or state incarceration.

- **Veterans**

- Strengths: JVBDS has and currently does support veterans in the public mental health system and providers such as case management do access VA services for individuals who qualify. Case management has worked to access both inpatient and outpatient services at VA facilities. Local Crisis Intervention Team training also incorporates several veteran's sections into the week long training. This enhances police and first responders' knowledge of issues that could be facing veterans who have returned from active duty and also a knowledge of the resources available to them.

JVBDS was instrumental in planning, through weekly meetins, a VA MH Summit that was held on 9/13/19 at Juniata College. The summit addressed topics such as the opioid crisis, suicide prevention, access to local behavioral health services, and access to veteran's benefits. JVBDS also helped arrange and participated in a VA mini-summit held in Lewistown on February 25, 2020 at the SAM Inc Base Service Unit. This summit was well attended and information was shared regarding local resources and also an extensive presentation on the different types of VA benefits available to local veterans. JVBDS was just recently asked to help arrange another 2020 summit for Mifflin County and will work through the planning and implementation of this with the James Van Zandt VA Medical Center in Altoona.

A CIT training class will be held in Mifflin County on August 23rd – August 27th, 2021 and will have a component of veteran's issues relative to encounters with law enforcement. Dr. Todd Negola will be presenting on PTSD and TBI as it pertains to veterans as well as presentations from the Veteran's Justice Outreach Coordinator and local Veteran's Affairs Coordinator.

- Needs: There are no programs or services targeted specifically to the veteran population. The SAM, Inc. BSU determines if a person is a veteran during the intake process and then this data can alert case management or other service providers that additional resources may be available to the person they are serving.

- **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI)**

- Strengths: JVBDS ensures that all contractors provide culturally competent services to individuals. Providers are expected to be culturally competent when providing services to individuals and train its staff accordingly. While the training occurred several years ago, in June and October of 2016, JVBDS sponsored local trainings conducted by Clinical Services and Training entitled Transgender: Best Practices in Mental Health Care. The program offered 3 ethics continuing education credits for clinicians and is designed to convey the following skills and knowledge:
 - Understand basic transgender language, terminology and concepts
 - Identify and explain differences between the three separate continuums of gender identity, sexual orientation and physical/biological sex
 - Understand the transition process
 - Identify strategies of effective mental health care for transgender clients
 - Understand how to create a transgender friendly agency or practice
 - Incorporate basic knowledge of transgender issues, concepts and concerns into their current professional work
 - Refer to transgender resources and existing programs and materials addressing these concerns
- Needs: There are no programs or services targeted specifically to the LGBTQI population. JVBDS will continue to offer training opportunities for access by local providers to better understand the unique needs that may be present for this population.

- **Racial/Ethnic/Linguistic Minorities (RELM) including individuals with Limited English Proficiency (LEP)**

- Strengths: Contracted providers are expected to utilize interpreters and sign language assistance for individuals who do not speak English or are deaf/hard of hearing. There are several options available in the Tri-County area for interpretation services and those have been utilized by providers when necessary. Contracted outpatient provider accesses certified ASL interpreter services and Spanish speaking interpreter services for individuals who need those resources to participate in effective treatment. In the absence of in-person interpreter services, most agencies use a telephonic provider service such as Language Line.

- Needs: Of the three Blended Case Management providers in the joiner, there is only one bilingual staff to serve the Spanish speaking population. As can be expected, the demand for bilingual staff often exceeds the capacity to provide it. This still holds true in 2021.
- **Other (specify), if any** (including tribal groups, people living with HIV/AIDS or other chronic diseases or impairments, acquired brain injury, fetal alcohol spectrum disorders)
 - Strengths:
 - Needs:

c) Strengths and Needs by Service Type:

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 FY21-22. (Limit of 1 page)

Are there any additional 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 FY21-22. (Limit of 1 page)

Does the county currently have any suicide prevention initiatives?

☒ 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)

Juniata Valley Healing Connections (JVHC) has been the suicide prevention task force in Huntingdon, Mifflin and Juniata Counties for approximately 10 years. JVHC meets monthly and is composed of multiple provider organizations, survivors of suicide and other interested individuals. The group is affiliated with American Foundation for Suicide Prevention and participates in several fund raising initiatives every year including the planning of two Out of the Darkness Community Walks. A walk is held the first Sunday of every October for Mifflin and Juniata Counties as well as one in Huntingdon. Along with the walks, JVHC actively participates in International Survivor's of Suicide Day (SOS). JVHC has implemented the Columbia Suicide Severity Rating Scale (C-SSRS) across the Joiner in the form of an

app as well as posters distributed to organizations and school districts. The posters include a QR code which enable users to download the CSSRS App in either iOS or Android. The scale consists of 6 questions designed to determine an individual's risk toward suicide/self-harm and, if indicated, will present the person with an option to call the local crisis line.

Employment First

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

1. Please provide the name and contact information for your county employment point of contact.
Name: Bethlyn Corbin Email address: bcorbin@jvbd.org
2. Please indicate if your county follows the [SAMHSA Supported Employment Evidence Based Practice \(EBP\) Toolkit](#):
☐ Yes ☒ No
3. Please complete the following table for all county mental health office-funded, community-based supported-employment services.

County MH Office Supported Employment Data		
Please complete all columns below with data from FY 19-20. If data is not available for a category, please list as N/A. If data is available, but no individuals were served in a category, please list as zero. Data likely available from Supported Employment vendors/providers. Additional information that the county/vendor has on the population served can be included in the notes section (for example 50% of the Asian population served speaks English as a Second Language or number served for ages 14-21 includes juvenile justice population).		
Data Requested	County Response	Notes
Total Number Served	31	All via Clubhouse SE Services
# served ages 14 up to 21	5	
# served ages 21 up to 65	29	
# of male individuals served	22	
# of females individuals served	9	
# of non-binary individuals served	0	
Non-Hispanic White	30	
Hispanic and Latino (of any race)	0	
Black or African American	1	
Asian	0	
Native Americans and Alaska Natives	0	
Native Hawaiians and Pacific Islanders	0	

Two or more races	0	
# of individuals served who have more than one disability	16	
# of individuals served who have more than one disability	16	
# working part-time (30 hrs. or less per wk.)	17	
# working full-time (over 30 hrs. per wk.)	0	
Lowest earned wage	\$7.25/hr	
Highest earned wage	\$12.00/hr	
# receiving employer offered benefits; (i.e. insurance, retirement, paid leave)	2	

Supportive Housing:

DHS' five- year housing strategy, [Supporting Pennsylvanians Through Housing](#) is a comprehensive plan to connect Pennsylvanians to affordable, integrated and supportive housing. This comprehensive strategy aligns well with 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.

SUPPORTIVE HOUSING ACTIVITY *includes Community Hospital Integration Projects Program (CHIPP), Reinvestment, County base-funded projects and others that were planned, whether funded or not. Identify program activities approved in FY20-21 that are in the implementation process. Please use one row for each funding source and add rows as necessary. (However, do not report collected data (columns 3, 4 & 5) for the current year, FY20-21, until the submission of next year's planning documents.)*

1. Capital Projects for Behavioral Health				☐ Check if available in the county and complete the section.					
Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15-30 year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e., an apartment building or apartment complex).									
Project Name	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20 (only County MH/ID dedicated funds)	Projected \$ Amount for FY21-22 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22	Number of Targeted BH Units	Term of Targeted BH Units (e.g., 30 years)		Year Project first started
Totals									
Notes:									

2. Bridge Rental Subsidy Program for Behavioral Health				☐ Check 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.									
	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22	Number of Bridge Subsidies in FY	Average Monthly Subsidy Amount in FY19-20	Number of Individuals Transitioned to another Subsidy in FY19-20	Year Project first started
Totals									
Notes:									

3. Master Leasing (ML) Program for Behavioral Health				☒ Check if available in the county and complete the section.					
Leasing units from private owners and then subleasing and subsidizing these units to consumers.									
	Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY19-20	Average Subsidy Amount in FY19-20	Year Project first started
Master Leasing	90% State Base	\$53,998	\$53,998	11	13	9	9	\$357	2009
	100% State Base	\$34,978	\$34,978						
	100% State CHIPP	\$6,242	\$6,242						
	County Match	\$6,000	\$6,000						
Totals		\$101,218	\$101,218						
Notes:									

4. Housing Clearinghouse for Behavioral Health				☐ Check if available in the county and complete the section.					
An agency that coordinates and manages permanent supportive housing opportunities.									
	Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22			Number of Staff FTEs in FY19-20	Year Project first started
Totals									
Notes:									

5. Housing Support Services (HSS) for Behavioral Health				☒ Check 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.									
	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22			Number of Staff FTEs in FY19-20	Year Project first started
Supported Living Program	90% State Base	\$31,265	\$31,265	28	30			1.5	2003
	100% CHIPP	\$25,317	\$25,317						
	County Match	\$3,474	\$3,474						
Totals		\$60,056	\$60,056						
Notes:									

6. Housing Contingency Funds for Behavioral Health				☒ Check if available in the county and complete the section.					
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings, and other allowable costs.									
	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22			Average Contingency Amount per person	Year Project first started
Health Choices Reinvestment Contingency	HCREinvest ment	\$4,720	N/A	10	N/A			\$472	2015
PATH	State	\$10,620	\$10,620	12	18			\$525	2013
	Federal	\$31,859	\$31,859						
Totals									
Notes:									

7. Other: Identify the Program for Behavioral Health				☐ Check if available in the county and complete the section.				
Project Based Operating Assistance (PBOA) is a partnership program with the Pennsylvania Housing Finance Agency in which the county provides operating or rental assistance to specific units then leased to eligible persons; Fairweather Lodge (FWL) is an Evidenced-Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness; CRR Conversion (as described in the CRR Conversion Protocol), other .								
Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22			Year Project first started
Totals								
Notes:								

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

1. Provide a brief summary of the progress made on the priorities listed in the FY20-21 plan.
 - a. **Priority 1: Implement Children's Partial Hospitalization Program at TIU #11**
 - IU11 is working on opening an acute partial program to be housed at the Huntingdon Area Middle School. It will serve grades 6th through 12th. This discussion and program have been in the works for over 6 years. It is a needed and necessary service to cut down on hospitalizations, and out of home placements for our adolescents in HMJ. Currently the closest partial programs are located in Bedford. The program in Altoona closed in February 2021.
 - TIU#11 is currently in the DHS/OMHSAS licensing process as well as the CCBH (BHMCO) credentialing process. They are also beginning to hire staff to fill the positions that will be necessary for the program.
 - b. **Priority 2: Continue Expansion of Community/School Based Behavioral Health (CSBBH) in Joinder**
 - CSBBH teams were able to assist schools with continued academic and therapeutic engagement during the COVID pandemic. HMJ is fortunate to currently have teams in 5 of our school districts. Teams continued to meet with families, hold CORE meetings, and accept referrals during the last year. Both telehealth and face to face delivery was used to support families. Due to the lifting of restrictions most summer programs are being held face to face. Programs that are not able to be provided in person are being held virtually.
 - A new CSBBH team was implemented in the Juniata Valley School District in February 2021. The team includes 1 MHP, and 2 BHW positions. Hiring was a barrier, but the program is now up and running and currently serving families. Summer program will be held in person and include some siblings.
 - c. **Priority 3: Develop Law Enforcement Co-Responder Program**
 - Funding was awarded and program began in December 2020
 - Steering committee meets monthly to review prior month's encounter data
 - Recognition that MH population is only one part of the demographics being encountered. Many more encounters with aging population, drug and alcohol, domestic violence, homeless, etc. than anticipated.
 - Application for year 2 funding is underway
 - Exploring expansion to other jurisdictions
 - Remains a top priority for development across the joinder
2. Based on the strengths and needs reported in section (b), please identify the top three to five priorities for recovery-oriented system transformation efforts the county plans to address in FY21-22 at current funding levels. For **each** transformation priority, please provide:
 - A brief narrative description of the priority including action steps for the current fiscal year.
 - A timeline to accomplish the transformation 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.

- 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.
- A plan mechanism for tracking implementation of the priorities.

1. Law Enforcement Co-Responder Program and Other Engagement

☒ Continuing from prior year ☐ New Priority

Narrative including action steps:

As mentioned in last year's plan, a Law Enforcement Co-Responder Program has been implemented with Lewistown Borough Police Department on October 2020.

- Identify individuals who may need some type of services but have not yet been linked.
- Reduce the number of repeat calls to any one family/individual thereby reducing police contact.
- Provide intervention from a social services aspect rather than a law enforcement aspect.
- Explore possible options for police rather than incarceration or hospitalization.
- Reduce the number of individuals with serious mental illness entering the criminal justice system.

Timeline: Grant awarded and began funding October 1, 2020. Co-Responder was hired and began working in December 2020.

October 1, 2020: Awarded and began funding.

December 1, 2020: Interviewed and hired for position.

December 1, 2020: Data collection begins

On-Going: Monthly steering committee meetings including Chief of Police, co-responder, MJ Human Services, JVBDS, MJ AAA, and Tri-County Drug and Alcohol SCA.

May 2021: Held 2 First Responder Mental Health First Aid classes for officers, troopers, EMS, corrections officers, and probation officers.

July 2021: Re-application for PCCD funding for year 2 of the program.

August 2021: Crisis Intervention Teams Training to be held for law enforcement officers. Currently collecting registrations at time of writing.

October 2021: Begin year 2 of the project. Explore expansion to other jurisdictions including Huntingdon Borough.

Fiscal and Other Resources: The program has been 100% funded by a BJA grant through PCCD and managed by the Mifflin/Juniata Human Services Department. As expansion to other jurisdictions occurs, JVBDS is exploring opportunities within its base allocation to financially support. There is also collaboration with other systems such as Area Agency on Aging and SCA and may present an opportunity for collaborative funding due to the diverse population the program serves.

Tracking Mechanism: Program data is monitored by a steering committee that meets monthly. All data is reviewed and points collected have been adjusted based on the information presented each month. Current tracking includes:

- Number of individual contacts and nature of contacts
- Demographics of encounters.
- Disposition of encounters (referrals to services, crisis intervention, hospitalization).
- Number of diversions from the criminal justice system (if the police would have otherwise placed the person under arrest).

2. Continue to expand the services offered to youth in the school setting and beyond.

☒ Continuing from prior year ☐ New Priority

Narrative including action steps:

Upcoming Services 2021/2022:

- The HASD will again be requesting an expansion team at the Huntingdon Area Middle School for the 22/23 school year.
- The JCSD will make a request for an expansion to the Jr/Sr High for the upcoming school year.
- IU#11 is working on opening an acute partial program to be housed at the Huntingdon Area Middle School. It will serve grades 6th through 12th. This discussion and program have been in the works for over 6 years. It is a needed and necessary service to cut down on hospitalizations, and out of home placements for our adolescents in HMJ. Currently the closest partial programs are located in Bedford. The program in Altoona closed in February 2021.
- ReDCO received a satellite license to provide outpatient services in the JCSD beginning the 21-22 school year.
- MCSD will submit an application to Community Care for a CSBBH program. Meetings will be held with the county, BHARP, CCBH, and the school district to discuss needs and service options.

Timeline:

- August 2021: JCSD request expansion of CSBBH to Jr/Sr High Schools
- September 2021: ReDCo implement outpatient services in JCSD
- October 2021: IU#11 Implement Children's Partial Program
- January 2022: MCSD to submit application for CSBBH program

Fiscal and Other Resources: Managed Care Funding

Tracking Mechanism: Determined by implementation of each program.

3. Implement Children's Partial Hospitalization Program at TIU #11

☒ Continuing from prior year ☐ New Priority

Narrative including action steps:

IU#11 is working on opening an acute partial program to be housed at the Huntingdon Area Middle School. It will serve grades 6th through 12th. This discussion and program have been in the works for over 6 years. It is a needed and necessary service to cut down on hospitalizations, and out of home placements for our adolescents in HMJ. Currently the closest partial programs are located in Bedford. The program in Altoona closed in February 2021.

As mentioned before, the IU#11 is currently in the process of DHS/OMHSAS licensing as well as CCBH (BHMCO) credentialing. Staff are being hired to fill the upcoming positions.

Timeline: JVBDS will continue to monitor the progress of the partial program's development and implementation and will offer support to the IU#11 as needed. The anticipated timeline is:

- August 31, 2021: DHS/OMHSAS licensed
- September 15, 2021: CCBH credentialed
- October 1, 2021: Program implementation at Huntingdon Middle School

Fiscal and Other Resources: Managed Care Funded

Tracking Mechanism: Defined by process of licensing and credentialing until program is implemented and accepting referrals.

e) 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	☒	☒ County ☒ HC ☐ Reinvestment
Psychiatric Inpatient Hospitalization	☒	☐ County ☒ HC ☐ Reinvestment
Partial Hospitalization - Adult	☐	☐ County ☐ HC ☐ Reinvestment
Partial Hospitalization - Child/Youth	☐	☐ County ☐ HC ☐ Reinvestment
Family-Based Mental Health Services	☒	☒ County ☒ HC ☐ Reinvestment
Assertive Community Treatment (ACT) or Community Treatment Team (CTT)	☐	☐ County ☐ HC ☐ Reinvestment
Children's Evidence-Based Practices	☒	☐ County ☒ HC ☐ Reinvestment
Crisis Services	☒	☒ County ☒ HC ☐ Reinvestment
Telephone Crisis Services		
Walk-in Crisis Services	☐	☐ County ☐ HC ☐ Reinvestment
Mobile Crisis Services	☒	☒ County ☒ HC ☐ Reinvestment
Crisis Residential Services	☐	☐ County ☐ HC ☐ Reinvestment
Crisis In-Home Support Services	☐	☐ County ☐ HC ☐ Reinvestment
Emergency Services	☒	☒ County ☐ HC ☐ Reinvestment
Targeted Case Management	☒	☒ County ☒ HC ☐ Reinvestment
Administrative Management	☒	☒ County ☐ HC ☐ Reinvestment
Transitional and Community Integration Services	☐	☐ County ☐ HC ☐ Reinvestment
Community Employment/Employment-Related Services	☒	☒ County ☒ HC ☐ Reinvestment
Community Residential Rehabilitation Services	☒	☒ County ☐ HC ☐ Reinvestment
Psychiatric Rehabilitation	☒	☒ County ☒ HC ☐ Reinvestment
Children's Psychosocial Rehabilitation	☐	☐ County ☐ HC ☐ Reinvestment
Adult Developmental Training	☐	☐ County ☐ HC ☐ Reinvestment
Facility-Based Vocational Rehabilitation	☐	☐ County ☐ HC ☐ Reinvestment
Social Rehabilitation Services	☒	☒ County ☐ HC ☐ Reinvestment
Administrator's Office	☒	☒ County ☐ HC ☐ Reinvestment
Housing Support Services	☒	☒ County ☐ HC ☐ Reinvestment
Family Support Services	☒	☒ County ☐ HC ☐ Reinvestment
Peer Support Services	☒	☒ County ☒ HC ☐ Reinvestment
Consumer-Driven Services	☐	☐ County ☐ HC ☐ Reinvestment
Community Services	☐	☐ County ☐ HC ☐ Reinvestment
Mobile Mental Health Treatment	☐	☐ County ☐ HC ☐ Reinvestment
Behavioral Health Rehabilitation Services for Children and Adolescents	☒	☒ County ☒ HC ☐ Reinvestment
Inpatient Drug & Alcohol (Detoxification and Rehabilitation)	☒	☒ County ☒ HC ☐ Reinvestment
Outpatient Drug & Alcohol Services	☒	☒ County ☒ HC ☐ Reinvestment
Methadone Maintenance	☐	☐ County ☐ HC ☐ Reinvestment
Clozapine Support Services	☒	☐ County ☒ HC ☐ Reinvestment
Additional Services (Specify – add rows as needed)	☐	☐ County ☐ HC ☐ Reinvestment

Note: HC= HealthChoices

f) Evidence-Based Practices (EBP) Survey*:

Evidenced-Based Practice	Is the service available in the County/ Joinder? (Y/N)	Current number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Additional Information and Comments
Assertive Community Treatment	N							
Supportive Housing (Living)	Y	28	N/A	N/A	N/A	N/A	N/A	County Operated/Funded Program
Supported Employment	Y	13	Clubhouse Standards	ICCD	3-year certification	N		Include # Employed 13
Integrated Treatment for Co-occurring Disorders (Mental Health/SUD)	N							
Illness Management/ Recovery	N							
Medication Management (MedTEAM)	Y – Mobile Med Management	21	Successful progression through levels	Agency and BHMCO		N	N	
Therapeutic Foster Care								
Multisystemic Therapy	Y	49	TAM-R; SAM; CAM; PIR	Agency, MCO, OMHSAS/ DHS	Weekly and Monthly by Agency; MCO Audits; OMHSAS yearly	Y	Y	
Functional Family Therapy	Y	21	Rating Scale	FFT Supervisor	Staff – Weekly Supervisor-monthly	N	Y	
Family Psycho-Education	N							

*Please include both county and HealthChoices funded services.

To access SAMHSA's EBP toolkits visit:

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

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

Recovery-Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Addital Information and Comments
Consumer/Family Satisfaction Team	Y	N/A	4 surveys completed per year.
Compeer	N		
Fairweather Lodge	N		Model was tried and failed many years ago.
MA Funded Certified Peer Specialist (CPS)- Total**	Y	111	
CPS Services for Transition Age Youth (TAY)	Y	2	
CPS Services for Older Adults (OAs)	N	0	
Other Funded CPS- Total**	Y	3	County Funded
CPS Services for TAY	N		
CPS Services for OAs	N		
Dialectical Behavioral Therapy	Y	Unknown	Privately funded
Mobile Medication	Y	21	Mobile Med Management
Wellness Recovery Action Plan (WRAP)	Y	Unknown	Completed with individuals by CPS
High Fidelity Wrap Around	N		
Shared Decision Making	Y	Unknown	CYS Service, not under MH
Psychiatric Rehabilitation Services (including clubhouse)	Y	119 PR	119 Site-based and mobile; 55 Clubhouse
Self-Directed Care	N		
Supported Education	N		

Treatment of Depression in OAs	Y	Unknown	Happening in private practices and outpatient clinics.
Consumer-Operated Services	Y	30	Drop-in Center Services
Parent Child Interaction Therapy	N		
Sanctuary	N		
Trauma-Focused Cognitive Behavioral Therapy	Y	Unknown	CenClear is a certified trauma informed care clinic in both Huntingdon and Yeagertown.
Eye Movement Desensitization and Reprocessing (EMDR)	Y	Unknown	1 Therapist in private practice
First Episode Psychosis Coordinated Specialty Care	N		
Other (Specify)			

*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.

Reference: Please see SAMHSA's National Registry of Evidenced-Based Practices and Programs for more information on some of the practices.
<https://www.samhsa.gov/ebp-resource-center>

h) 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.

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

Total Number of CPSs Employed	12
Number Full Time (30 hours or more)	0
Number Part Time (Under 30 hours)	12

i) Involuntary Mental Health Treatment

- During CY2020, did the County/Joinder offer Assisted Outpatient Treatment (AOT) Services under PA Act 106 of 2018?
 - ☒ No, chose to opt-out for all of CY2020
 - ☐ 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 CY2020
- 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 CY2020 (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: _____
- If the County/Joinder chose to opt-out of providing AOT services for all or a portion of CY2020:
 - How many written petitions for AOT services were received during the opt-out period?
_____ 0 _____
 - How many individuals did the county identify who would have met the criteria for AOT under Section 301(c) of the Mental Health Procedures Act (MHPA) (50 P.S. § 7301(c))?
_____ N/A _____

Please complete the following chart with the number served and administrative costs of AOT and IOT. Please complete all cells in the chart. If services are available in your county, but no one has been served in the year, enter 0. If services are not available in your county, enter N/A.

	AOT	IOT
Number of individuals subject to involuntary treatment in CY2020	0	7
Inpatient hospitalizations following an involuntary outpatient treatment for CY2020		1

Number of AOT modification hearings in CY2020	0	
Number of 180-day extended orders in CY2020	0	2
Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY2020	0	Approximately \$1200 in court costs

j) CCRI Data reporting

The Department requires the County/Joinder to submit a separate record, or "pseudo claim," each time a Member has an encounter with a Provider. An encounter is a service provided to a Member. This would include, but not be limited to, a professional contact between a Member 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 Department with accurate and complete encounter data. The Department's point of contact for encounter data will be the County/Joinder and not other Subcontractors or Providers. It is the responsibility of the County/Joinder to take appropriate action to provide the Department with accurate and complete data for payments made by County/Joinder to its contractors and Providers. The Department will validate the accuracy of data on the encounter.

File/Report Name	Description	Date Format Transfer/Mode	Due Date	Reporting Document
837P Reporting	Reports each time consumer has an encounter with county/provider. Format/data based on HIPAA compliant 837P format	ASCII files via FTP	Due within 90 calendar days of the county/joinder accepting payment responsibility; or within 180 calendar days of the encounter	HIPAA implementation guide and addenda, PROMISE™ Companion guides.

Have all available claims paid by the county/joinder during CY 2020 been reported to the state as a pseudo claim? ☐ Yes ☒ No

k) Categorical State Funding-FY 20-21 (ONLY to be completed by counties not participating in the Human Services Block Grant)

1. Does the county currently receive state funds for Respite services?

☐ Yes ☐ No

If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

2. Does the county currently receive state funds for Consumer Drop-in Centers?

☐ Yes ☐ No

If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

3. Does the county currently receive state funds to be used for the Direct Service Worker Initiative?

☐ Yes ☐ No

If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

4. Does the county currently receive state funds to support the Philadelphia State Hospital closure?

☐ Yes ☐ No

If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

5. Does the county currently receive state children's funds to support the closure of the Eastern State School & Hospital?

☐ Yes ☐ No

If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

6. Does the county currently receive state funding for the Mayview Children's Unit Closing?

☐ Yes ☐ No

If yes, please describe the services rendered with these funds, including an estimate of the number of individuals served? If no, what services would be provided if funding was available?

7. State Categorical Funding Chart (ONLY to be completed by counties not participating in the Human Services Block Grant)

State Categorical Funding	
Please complete the following chart below for all funding received. Funding expended can be estimated for fourth quarter expenditures of FY 20-21. If no funding received for a line, please	

indicate with n/a. These numbers will be compared to the county Income and Expenditure Reports when received to ensure accuracy.

Program	Funding Received FY 20-21	Funding Expended FY 20-21	Balance of funds
Respite Services			
Consumer Drop in Center			
Direct Service Worker initiative			
Philadelphia State Hospital Closure			
Eastern State School & Hospital			
Mayview Children's Unit Closing			
Student Assistance Program			

INTELLECTUAL DISABILITY SERVICES

Intellectual Disability Services are provided to Mifflin County through a joinder arrangement with Mifflin, Juniata and Huntingdon Counties by quasi governmental services through Juniata Valley Behavioral and Developmental Services (JVBDS). Juniata Valley Behavioral and Developmental Services (JVBDS), located at 399 Green Avenue, Ext., Lewistown, PA 17044, welcomes the opportunity to respond to the needs of residents of Huntingdon, Mifflin and Juniata Counties, who have an intellectual disability and/or autism, through the submission of the 2021/2022 Fiscal Year Intellectual Disabilities (ID) Plan.

Individuals with disabilities should receive the services and supports they need in their home communities. Services and supports are coordinated by a team approach, through Service Access & Management, Inc., with approval and authorization oversight by JVBDS.

Local providers offer individuals with disabilities time in their home community to participate in a variety of activities and experiences for their everyday life. Providers work collaboratively to provide day programming, Hab-aide, companion, supported employment, pre-vocational, residential, life sharing, transportation, and supports coordination services that will support each individual and his/her specific needs to maximize their time available in the community for participation in activities which are important to the individual.

Individuals Served

	<i>Estimated Individuals served in FY 20-21</i>	<i>Percent of total Individuals Served</i>	<i>Projected Individuals to be served in FY 21-22</i>	<i>Percent of total Individuals Served</i>
Supported Employment	1	100%	2	100%

Pre-Vocational	0	0%	0	0%
Community participation	2	100%	2	100%
Base Funded Supports Coordination	70	100%	75	100%
Residential (6400)/unlicensed	1	0%	0	0%
Life sharing (6500)/unlicensed	0	0%	0	0%
PDS/AWC	0	0%	0	0%
PDS/VF	3	0%	4	0%
Family Driven Family Support Services	1	50%	2	100%

Supported Employment

JVBDS is part of a coalition that focuses on improving employment outcomes through the development of standard practices in collaboration with advocates, local School Districts, provider organizations and the Office of Vocational Rehabilitation. The local supports coordination organization, Service Access & Management, Inc. (SAM, Inc.), serving Huntingdon, Mifflin and Juniata Counties, works with local providers to identify employment opportunities.

Current employment services and supports in Huntingdon, Mifflin and Juniata counties include:

- OVR
- Supported Employment
 - Job Coaching
 - Job Finding
 - Job Development
 - Job Support
- Vocational Workshops
 - Community Participation Services

The JVBDS Advisory Board has a long-standing goal to increase the employment opportunities for individuals with intellectual disabilities.

- Supports Coordinators promote “employment first” approach.
- Employment goals included at IEP meetings.
- Employment goals explored at ISP meetings.
- Providers who focus on creating public awareness for employment opportunities for individuals with developmental disabilities.
 - Partnering with local companies/businesses to ensure that the developmental disabilities community is represented.

- Education for employers on hiring persons with developmental disabilities and identifying positions within each business that could be filled by individuals with developmental disabilities.
- Expanding in-school programming that identifies youth who have a goal of independent employment.
- Adaptive day programs targeting individuals who have a goal of independent living/employment.
- Restructuring of current employment focused programming to ensure that individuals secure meaningful employment.
- Partner through a multisystem approach to support individuals with complex needs to ensure individuals secure meaningful employment through participation in Experience the Employment Connection (EEC) joint training effort.
- Coordination and community partnership with the Huntingdon Mifflin Juniata Employment Coalition.

During FY 2021/2022, supports coordinators will identify those individuals who could benefit from participating in supported employment and link those individuals with providers who offer employment services. JVBDS coordinated and participates in the Huntingdon Mifflin Juniata Employment Coalition. The HMJ Employment Coalition seeks to provide a systematic team approach to map, identify, and address the strengths, needs, and barriers to employment throughout the tri-county. HMJ Employment Coalition also seeks to cultivate positive relationships with employers throughout the Huntingdon Mifflin and Juniata County community. JVBDS has played a key role in coordination of employment and transition events across the tri-county. This has afforded opportunity to connect with individuals as well as provide information and supports related to employment and secondary transitions both locally and across the Commonwealth. JVBDS will seek to participate in additional training opportunities that provide guidance for cross systems collaboration and to support individuals with complex needs who are seeking meaningful employment. Additionally, JVBDS will also continue to provide training opportunities that foster cross systems collaboration and individual support for people with complex needs seeking meaningful employment. ODP could assist counties with establishing employment growth activities by assisting with information, outreach and support to businesses and industries, encouraging the employment of people with disabilities.

Supports Coordination

Communities of Practice model is used to support families and ensure that each individual is afforded an Everyday Life. A team approach is used to provide a continuum of services in the least restrictive setting, and as appropriate to meet the needs of those residents with intellectual disabilities in Huntingdon, Mifflin, and Juniata Counties. Services and supports are coordinated with Service Coordination through SAM Inc., with approval and authorization oversight by JVBDS. Specific training on Lifecourse Tools is provided by JVBDS in conjunction with the HMJ Employment Coalition and ODP for Supports Coordinators, as well as ISP team members. Additional training is explored to help Supports Coordinators learn, practice, and replicate the supporting families' model for individuals with complex needs utilizing services and supports across service systems in an integrated way. Services and supports include, but are not limited to: Residential Services, including Community Living Arrangements and Family Living/Life Sharing; Adult Services, including Adult Training Facilitates/Workshops, Community Participation Services, In Home/Community Supports, Companion, Respite, Transportation, Employment Services, Home/Vehicle Adaptations, Assistive Technology, and Specialized Supplies and generic supports.

JVBDS participates in monthly meetings with SAM, Inc. to explore services and supports that are available to anyone in the community to be utilized for each individual prior to accessing paid supports and services. During those same monthly meetings, the PUNS (Prioritization of Urgency of Need for Services) categories are reviewed and all individuals in need of services and supports are assessed according to need. JVBDS reviews with the SCO the availability and utilization of natural and community supports for each individual on the PUNS list. In addition, it is reviewed what continues to be the priority of the individual and his/her family for supports needed.

Life Sharing and Supported Living:

The JVBDS Advisory Board has a long-standing goal to ensure that individuals, who can be best served through Life Sharing/Supported Living, continue to be identified and afforded that opportunity.

- Life Sharing/Supported Living is presented as the first option when exploring residential options.
- Supports Coordinators, work in tandem with local residential providers to educate families on the benefits of Life Sharing and Supported Living.
- Caseload reviews are completed annually to identify individuals who would benefit from Family Living or Supported Living as opposed to other forms of residential care.
- During the review of the PUNS list at the JVBDS/SAM Inc. monthly meeting, the option of Lifesharing is reviewed for individuals who may benefit from this support as opposed to other forms of residential care.
- JVBDS is a host site and provides ODP Provider Applicant Orientation training for new providers willing to provide Supported Living or Lifesharing.
- JVBDS continues to support current providers and seek new providers willing to serve individuals through Supported Living and Lifesharing in HMJ.
- Life Sharing providers participate in community outreach in order to elicit families who are willing to open their homes and lives to individuals with development disabilities.
- Life Sharing providers work with families to support already existing natural supports for individuals who are willing to open their homes to individuals with developmental disabilities and with whom they currently share other areas of their lives.
- Individual who are aging out of high school and demonstrate a need for residential services, are directed to explore Life Sharing or Supported Living as a first option for their residential needs.

During FY 2021/2022, Supports Coordinators will identify those individuals who could benefit from participating in Life Sharing/Family Living as an option to their residential needs. The option of Life Sharing will be discussed with these individuals and their families/teams.

The Life Sharing residential and Supported Living options have remained consistent in Huntingdon, Mifflin and Juniata counties. Advertising has seen a slight increase in interested parties however governmental regulations, such as licensing requirements, remain the largest barrier to Life Sharing growth. Additional barriers to Life Sharing and Supported Living include:

- Lack of individuals who are willing to open their homes to individuals with intellectual disabilities.
- Lack of individuals desiring Life Sharing or Supported Living.
- Lack of Supported Living Providers.

JVBDS is hopeful that with regulation changes, individuals and families willing to open their homes to Life Sharing will increase. It is our hope that the ability to utilize the existing natural relationships of

family members and friends, Life Sharing utilization will increase. ODP could assist in growing the Life Sharing option by advocate for increased reimbursement to families who are willing to open their homes to individuals with intellectual disabilities and/or autism. ODP could assist with reconsideration of the impact of some of the Life Sharing exclusions that began July 1, 2017. ODP's assistance would also be useful in education to providers regarding the Supported Living Service and the opportunities it affords to individuals with Intellectual Disabilities. Flexibility with service provision would assist with staffing for Supported Living. Across the board, difficulty with obtaining and maintaining staff in Human Services is a trend that is hard hitting for all providers.

Cross Systems Communications and Training

Community outreach and cross systems collaboration is essential to increase the capacity of community providers to more fully support individuals with multiple needs. Base funds are used to provide community outreach activities such as participation in wellness and informational fairs across Huntingdon, Mifflin and Juniata counties. Base funds are also use for mass mailings and other types of advertisements to engage providers to increase capacity and more fully support individuals with multiple needs in Huntingdon, Mifflin and Juniata counties. JVBDS is in the planning stage of website development to further community outreach and linking to community resources. JVBDS/SAM, Inc. also provides representation on the following local committees in order to access those providers who are not enrolled in the ID system but who may offer necessary services and supports for individuals with multiple needs:

- CAASP Advisory Board
- Huntingdon County Criminal Justice Advisory Board
 - Huntingdon County Multi-Disciplinary Team
- Huntingdon County Prevention Network
- Huntingdon County Transition Council
- Huntingdon Mifflin Juniata Employment Coalition
- Huntingdon Mifflin Juniata Intellectual Disability Provider Council
- Huntingdon Mifflin Juniata Mental Health Provider Council
- Huntingdon Mifflin Juniata SAP Coordination Team
- Juniata County Criminal Justice Advisory Board
- Juniata County Prevention Board
- Juniata County Transition Council
- Link to Aging & Disabilities Resource
- Local Housing Options Team
- Mifflin County Criminal Justice Advisory Board
- Mifflin County Systems of Care
- Mifflin County Multi-Disciplinary Team
- Mifflin County Roundtable
- Mifflin County Transition Council

JVBDS has developed a systematic plan to identify all persons with an intellectual disability prior to their graduation from high school. In order to see this plan through fruition, JVBDS has partnered with the six core school districts whose service delivery area lies solely within the joinder boundaries. This partnership seeks to ensure that all students with an intellectual disability have the opportunity to access specialized supports and services specific to their needs. In addition, the local Children and Youth agencies, probation departments, and Intermediate Units have been included in this planning process to ensure that all youth are identified. Planning begins often in High School. However, the focus has begun to shift to the younger individuals to help open their thinking to the opportunity and

support available now that will help guide them to successful opportunity following school. The Administrative Entity completes all Intakes for individuals with an Intellectual Disability and/or Autism. Upon determination of eligibility, the AE offers choice of Supports Coordination Organization and coordinates the appropriate referral. Supports Coordination Organizations (SCO's) implement utilizing the life course tools to support families and individuals with an intellectual disability. Families of individuals, who are not open with a Supports Coordination Organization, are encouraged to enroll their family member in the ID system through the local Administrative Entity and have their name placed on a waiting list for supports and services that can be accessed after graduation from high school.

JVBDS has developed system collaboration among social service agencies, including local children and youth agencies, local Area Agencies on Aging and the mental health system, in Huntingdon, Mifflin and Juniata Counties. The MH/ID system shares office space and are in communication with each other on a daily basis, allowing for valuable collaboration. This direct collaboration between these two systems is especially effective in avoiding State Center and State Hospital admissions by accessing supports and services immediately, as they are needed. Base funds are utilized to provide cross systems training that identifies strengths and deficits in supports and services, as well as identifies additional supports and services that are needed in order to best support individuals with multiple needs. Base funds are used to support the development and maintenance of websites that link the ID system with other local service systems to ensure that individuals with multiple needs can access the necessary services and supports. Additional local community outreach activities include:

- School district collaboration to inform about the importance of transition planning to adult services.
 - Participation in IEP meetings to ensure that individuals/families are aware of available supports and services.
 - Participation in Transition Councils to ensure that school districts and individuals/families are aware of available supports and services.
 - Participation in Student Assistance Programs to ensure that school districts and individuals/families are aware of available supports and services.
 - Annual outreach to school districts to ensure that they include the ID system when discussing transition planning with individuals/families.
- Children & Youth collaboration to educate about the importance of a timely registration for transition planning to adult services.
 - Participation in CASSP meetings to ensure that individuals/families are aware of available supports and services.
 - Participation in Transition Councils to ensure that Children & Youth and individuals/families are aware of available supports and services.
 - Participation in Student Assistance Programs to ensure that Children & Youth and individuals/families are aware of available supports and services.
- Probation department collaboration to ensure appropriate community reintegration for offenders and incarcerated individuals.
- MH/ID service systems/providers collaboration.
- Area Agency on Aging collaboration to educate about the importance of a timely registration for transition planning to adult services.
 - Regular communication with the AAAs to ensure that the AAAs and individuals/families are aware of available supports and services.
- ISP development and training for families, individuals and direct care staff.
- Information fairs participation in the local community.
- Huntingdon, Mifflin and Juniata ID Provider Showcase participation.

- HCQU outreach.
- ODP publications, agency brochures and training brochures distribution.
- Huntingdon Mifflin Juniata Employment Coalition/Community of Practice.
 - Development and maintenance of interactive web-0based Employment Supports and Guidance for individuals with multiple needs seeking Employment.
- Public speaking/training to provider agencies and family support groups.

Emergency Supports

Individuals, who present as being in an emergency situation, become a priority upon discovery of said situation. JVBDS maintain close relationships with all social service agencies in Huntingdon, Mifflin and Juniata counties. Collaboration occurs to ensure that each individual, who presents as being in an emergency, is afforded all supports and services needed to ensure that individual's health and safety, regardless of availability of county funding or waiver capacity. JVBDS, SAM, Inc., ID providers, local hospitals, local social service agencies, community and other organizations operate as a team to address these emergency needs and ensure the health and safety individuals in emergency need.

JVBDS plans for the emergency needs of residents of Huntingdon, Mifflin and Juniata counties.

**Please see MH Emergency line item on budget.*

JVBDS provides toll-free, 24 hours/day, 7 days/week, crisis intervention. In addition to the telephone crisis intervention, mobile crisis intervention can be provided both face to face and telehealth via a virtual platform. The PA Support and Referral Line is also available 24 hours/day, 7 days/week for individuals in need. Center for Community Resources (CCR) oversees staff for crisis intervention for the 24-hour toll-free crisis line. SAM Inc. coordinates with the crisis line regarding on call Supports Coordination Supervisors, available 24 hours/day, 7 days/week, in the event that an emergency situation arises. JVBDS employs three ID program specialists, who are also available 24 hours/day, 7 days/week, in the event that an emergency situation arises.

JVBDS contracts with Center for Community Resources (CCR) to provide 24-hour mobile crisis. The current telephone and mobile crisis staff is comprised of individuals who have a vast array of experience from IDD/ASD, BHRS, D&A, Mental Health Technicians, crisis or call center, internships, etc. Staff receive 160 hours minimum of New Hire Orientation and 30 hours of annual training. Training includes Mental Health First Aid, Recovery Common Ground, Cultural Competency/Special Populations (LGBTQ, Veterans, Aging, PSU, et al.), ODP Dual Diagnosis Training – ISP, Life Course Tools, in addition to a variety of additional trainings. Training is offered through ASERT, Suicide Lifeline Website, MY ODP, and additional online and traditional training supports.

In addition to the 24-hour crisis intervention available to Huntingdon, Mifflin, and Juniata Counties; Mifflin County has a Co-Responder available 24-hours per day, 7 days per week, who attends and assists with Law Enforcement on calls that could require Social Services Support. These supports could include Mental Health, Intellectual Disability and/or Autism, Office on Aging, Children and Youth, and/or other Social Service needs. The goal of the Co-Responder is to assist with the intervention to link to supports in an effort to divert incarceration and involvement in the justice system. The Co-Responder position is specific to Lewistown Borough, Mifflin County. It began as a pilot project in October 2020 and continues to present.

Throughout the course of a year, JVBDS receives notification that emergency services for individuals are needed. JVBDS reserves base funds to meet emergency needs.

An Unanticipated Emergency must meet criteria as defined by ODP. In the event of an emergency the Unanticipated Emergency process is followed:

1. Resources are reviewed
2. Waiver enrollment status reviewed
3. Availability of Base funding is identified
4. ODP Waiver Capacity Manager contacted, as needed

Administrative Funding

JVBDS enlists trainers from PA Family Network's Person Centered Thinking to provide training and education to individuals, families, providers and AE staff to ensure that the entire ID system utilizes a person-centered approach to all supports and services offered to individuals with intellectual disabilities in Huntingdon, Mifflin and Juniata counties. JVBDS will work collectively with The PA Family Network to bring Person Centered Thinking training to individuals, families, providers and county staff.

JVBDS sets aside funding for systematic training, to provide discovery and navigation (information, education, skill building) and connecting and networking (peer support) for individuals and families. Training and navigation is provided not only through The PA Family Network, but also Self Advocates United as 1 (SAU1). SAM, Inc. participates in all team meetings for all individuals open for ID services and supports in Huntingdon, Mifflin and Juniata counties. Supports coordinators develop plans for individuals based on need utilizing input from those individuals and family members. Opportunities for connecting and networking are afforded to individuals and families through various social activities sponsored by JVBDS and local ID providers. ODP has provided training to Supports Coordination Organization and Providers regarding connecting and networking in Huntingdon, Mifflin and Juniata Counties via Community Participation Supports. ODP can be supportive in these efforts by certifying complete and timely funding to ensure activities, supports and services to occur in a timely manner.

JVBDS enlists the HCQU to provide the following services in Huntingdon, Mifflin and Juniata counties:

- Assure that the basic health and safety needs of people in all licensed residential living situations are met.
- Assist in educating caregivers in residential, day program and community settings about health, nutrition, therapies, medications and treatments.
- Gather and analyze information to improve services.
- Provide information about physicians, dentists, and other practitioners, as well as access to other available health providers and support.
- Provide health-related training to individuals, caregivers, support staff, providers, families and community members.
- Assess individual health and systems of care.
- Assist and provide support with the Health Risk Screening Tool.
- Provide clinical health care expertise to county and day program providers.
- Assist supports coordinators in obtaining better information about health issues.
- Measure individual outcomes.
- Provide training and supports regarding the Fatal Four conditions.
- Participation in JVBDS Quality Management Team.

Juniata Valley Behavioral and Developmental Services reviews aggregate data provided by the HCQU and uses that data to help develop quality management goals to address deficits in health and

safety issues. If deficits are noted, improvement goals are developed and included in the annual quality management plan.

JVBDS reviews aggregate data provided by the local IM4Q program and uses that data to address quality in Huntingdon, Mifflin and Juniata counties. Information received from considerations and annual reports, generated by the IM4Q program, are reviewed for quality management purposes, to identify systemic issues. If systemic issues are discovered, they are addressed through quality management goals for the following Fiscal Year. ODP could examine the possibility of completion of remote or virtual surveys to aide in a more comprehensive completion of surveys for individuals with complex or underlying health concerns who may not wish to complete in person meetings. Individuals who have consistently declined completion of surveys in the past, may accept the option to participate in IM4Q should the option of a remote virtual survey completion be possible.

A large number of providers who actively serve residents of Huntingdon, Mifflin and Juniata Counties are responsible for ensuring that individuals will have choice regarding residential, day and other support and services. Person-centered planning offers individuals the ability to have greater control over their lives and resources. It allows them to assume responsibility for their decisions and actions. Person-centered planning also helps address issues related to aging, physical health, behavioral health and communication, among other issues. It encourages collaboration with other social service agencies that may have additional services and supports not otherwise available through the ID system. By focusing on each individual's needs, a more comprehensive plan can be developed to ensure that the individual receives all necessary supports and services that are available to them, including community and generic supports. ODP can be instrumental in assisting with this process by continuing to fund and increasing funding to HCQU's and through continuing to provide and increasing administrative dollars to counties to allow for interagency collaboration and training.

JVBDS participates in monthly meetings with SAM, Inc. and Risk Management is part of that agenda. JVBDS interacts with individuals, families, providers, advocates and the community, through aggregate data obtained from the EIM System, HCQU, ID providers, ODP, IM4Q, SAM, Inc., individuals, families, local social service agencies, etc., to ensure that all individuals receive a quality life and to address risk management issues in Huntingdon, Mifflin and Juniata counties. Information received from these sources is reviewed for risk management purposes on a quarterly basis during the Quality Management Team. The QMT is in the process of developing a standardized method of notification. If issues are identified, they are addressed through means necessary to correct the problem. Systematic issues are addressed through quality management goals for the following Fiscal Year. ODP could continue to partner with counties with ongoing communication via regional calls, virtual meetings, and ongoing updates.

JVBDS participates on the Housing Task Force that addresses housing issues for individuals with intellectual disabilities who desire to live independently in their community. The ID system is provided the opportunity to utilize the Master Leasing Program, which allows dually diagnosed (MH/ID) individuals to rent a single unit apartment from The Advocacy Alliance for a targeted period of 12 months. Master Leasing is a rental unit owned by a private landlord and the landlord has entered into an agreement with The Advocacy Alliance to be the lessee. The unit is then rented to an individual. Master Leasing Units that are funded by county base funds or managed care reinvestment funds must develop a housing plan to obtain other subsidy or living arrangements by the end of the 12 month period. Referrals for the Master Leasing Program are completed by the supports coordinator and forwarded to the SAM, Inc. Specialized Housing Specialist. The Housing Specialist reviews the referral packet and coordinates initial face to face meeting with the individual being referred to the

program. For those individuals who only carry an ID diagnosis, the Housing Specialist provides access to landlords who are willing to rent to special needs populations.

JVBDS has required providers to develop an Emergency Preparedness Plan as part of their annual Quality Management Plan since 2006. JVBDS has also partnered with local Emergency Management Services in Huntingdon, Mifflin and Juniata counties to ensure that they are aware of individuals with disabilities who reside independently and in residential settings. These partnerships ensure that the needs of the community's most vulnerable citizens are addressed, in the event of a large scale disaster. All residential settings are required to register their addresses in the Special Needs Registry as part of a Hazard Mitigation Plan that was developed in 2010. Individuals who reside with relatives or independently are encouraged to register, as well.

Participant Directed Services (PDS):

The premise behind Participant Directed Services (PDS) is that it is important for individuals with intellectual disabilities to be able to live their lives as they see fit. Several principles of PDS include choice, control and fiscal conservatism. One method of addressing these principles includes offering individuals with intellectual disabilities the ability to funnel services and supports through an Agency With Choice (AWC), therefore fostering choice and control as proactively as possible, while at the same time ensuring fiscal responsibility. Residents of Huntingdon, Mifflin and Juniata Counties are able to access services through the local Agency With Choice (AWC) as well as utilizing the statewide Vendor Fiscal/ Employer Agent (VF/EA). Supports coordinators offer PDS to all individuals during the ISP planning process.

Barriers and challenges to using AWC include:

- Participant choice and control is not inherent. Certain liability and State regulations may prevent this model from being fully participant-directed.
- Agencies may have liability-related concerns about the co-employer relationships.
- Conflicts of interest could arise for AWC who manage budget funds and provide services on which those funds can be spent.

Barriers and challenges to using VF/EA include:

- Could cause issues for participants who use a public program for a period of time, then become ineligible for that public program.
- State and Federal tax and insurance regulations can prove challenging for inexperienced VF/EA providers.
- The transition from partly publicly funded services to fully privately funded services can be difficult for a participant.
- Since the VF/EA is not the employer of the participant's workers, the F/EA can provide very little, if any, oversight of the worker.

JVBDS sets aside funding for systematic training for individuals and families. SAM, Inc. will be enlisted as a cooperative partner to ensure that all interested individuals and families are afforded the opportunity to participate in training and educational opportunities with regard to AWC and VF/EA. ODP can assist counties in promoting/increasing PDS by providing training opportunities on a local level and though continuing to provide and increasing funding for training and education opportunities.

Community for All:

According to the data received from ODP, JVBDS currently has 1 individual in a congregate setting. This setting is specified as an ICF-ID placement. Supports coordinators participate in team meetings for this individual in this setting as needed. Planning occurs for all individuals who express a desire to return to their community. At this time, there is no interest in community placement.

HOMELESS ASSISTANCE PROGRAM SERVICES

Please describe the continuum of services to individuals and families within the county who are experiencing homelessness or facing eviction. An individual or family is facing eviction if they have received either written or verbal notification from the landlord that they will lose their housing unless some type of payment is received.

Bridge Housing Services:

- Service is not provided as need is greater in other areas and there are not enough funds to cover all areas. Additionally, exploration would need to be done to find an adequate provider and there are limited administration funds for this type of effort.

Case Management:

- *Services offered:* Case management will be provided through Mifflin Juniata Human Services. Case management services include assistance in identifying needs and barriers. Case management seeks to provide the customer with the tools and skills to prevent homelessness. This may include budgeting, life skills, job prep, and referral to applicable services. MJHS proposes to serve 10 clients with \$5800.
- *Achievements/improvements and/or unmet needs/gaps:* We have been able to work with several clients on financial literacy issues during case management meetings and this has proved successful to maintaining budgets for longer than 90 days. Additional funds would allow us to increase the hours we can fund; currently the position is only part-time so we can only serve a limited number of customers.
- *Evaluation of services:* Services will be evaluated by the Mifflin Juniata Human Services Director as part of yearly monitoring and reports reviewed by the HSDF and EFSP Advisory Boards.
Changes proposed: No proposed changes

Rental Assistance:

- *Services offered:* Rental Assistance will be provided through Mifflin Juniata Human Services. Rental assistance will provide payment for rental needs or utility shutoffs that would lead to eviction. Rental assistance funds can also be used for rental payments to move people out of shelters. MJHS proposes to serve 10 customers with \$4942.
- *Achievements/improvements and/or unmet needs/gaps:* We have been able to work with several clients maintaining housing for over 90 days. Additional funds would allow us to increase the assistance we can fund; average amount of assistance is \$500. We anticipate much unmet service this year as rental prices have climbed to over \$800 a month for a 2 bedroom unit during the pandemic. Many landlords are selling properties to try to recoup losses encountered during the moratorium and there is now a housing shortage in our area. Many residents are not eligible for the pandemic funds since they did not have a decrease in income during the pandemic nor face any economic hardships due to increases in food dollars and other income, they instead

chose not to pay rent since they could not be evicted. HAP funds will be vital to meeting this need.

- *Evaluation of services:* Services will be evaluated by the Mifflin Juniata Human Services Director as part of yearly monitoring and reports reviewed by the HSDF and EFSP Advisory Boards.
- *Changes proposed:* No proposed changes.

Emergency Shelter:

- *Services offered:* Emergency Homeless Shelter is provided by Shelter Services, Inc. They are proposing to serve 15 customers with \$9,000. Additionally, emergency homeless shelter is provided to victims of domestic violence through The Abuse Network. They propose to serve 15 customers with \$5000. Services provided are temporary emergency housing, typically for 14 days.
- *Achievements/improvements and/or unmet needs/gaps:* No improvements/changes noted at this time.
- *Evaluation of services:* Services will be evaluated by the Mifflin Juniata Human Services Director as part of yearly monitoring and reports reviewed by the HSDF Advisory Board.
- *Changes proposed:* No changes proposed.

Innovative Supportive Housing Services:

- Service is not provided as meager dollars have been prioritized elsewhere.

Homeless Management Information Systems:

- County has fully implemented HMIS usage and reports regularly. Central Region CoC and Diana Myers Assoc. have been particularly helpful with this process. All HAP providers do not utilize HMIS to its full benefits. One agency is a DV provider and the other is a private faith based organization with multiple streams of funding. As MJHS is a Coordinated Entry Site, we have been trying to encourage use of CES, as well.

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

Drug and Alcohol services are provided to Mifflin County through a joinder agreement with Juniata, Mifflin and Huntingdon Counties by Tri-County Drug and Alcohol Commission (SCA). TDA/SCA is submitting their portion of the narrative through Juniata County. TDA has been an active participant in the local planning process in Mifflin County.

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

Please use the fields and dropdowns to describe how the county intends to utilize HSDF funds on allowable expenditures for the following categories. (Please refer to the HSDF Instructions and Requirements for more detail.)

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

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

Adult Services: Please provide the following:

Program Name: Clear Concepts Counseling

Description of Services: Clear Concepts Counseling will provide service planning/ case management services to inmates identified with drug/alcohol issues. Clear Concepts Counseling is a licensed counseling center for persons with drug/alcohol issues.. HSDF funding helps this agency provide services for inmates in need. These services help the customer develop a healthy lifestyle that is beneficial to them in achieving the highest level of self-sufficiency and maximum ability to remain sober upon release.

- Clear Concepts Counseling will provide service planning/case management services to 75 clients at \$2500.

Service Category: Counseling - Nonmedical, supportive or therapeutic activities, based upon a service plan developed to assist in problem solving and coping skills, intra- or inter-personal relationships, development and functioning.

Aging Services: Please provide the following:

None planned, no change from previous year.

Children and Youth Services: Please provide the following:

None planned, no change from previous year.

Generic Services: Please provide the following:

Program Name: The Abuse Network

Description of Services: The Abuse Network will provide case management services to victims of domestic violence. Abuse Network operates an emergency shelter for battered women and their children. As part of these HSDF services, clients will receive education on personal safety and domestic violence, information on community resources, and systems advocacy.

- The Abuse Network will provide case management services to 30 victims of domestic violence for \$3458

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

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

Program Name: Lumina Center

Description of Services: Mifflin County has been a victim of the rural drug epidemic. Consequently, many of the children who attend activities at the Lumina Center are directly affected by problems that stem from drug and alcohol use and abuse within a family system. Over the course of the past year, the Lumina Center has consistently serviced over 100 children from low-income families. Statistics prove that the hours directly after school and into the early evening are the times when more juvenile delinquency, teen pregnancy and risky behaviors occur. The Lumina Center attempts to make programming available to children and youth during these most crucial times. It is of utmost importance to provide a safe, drug-free atmosphere that is well supervised by caring, loving adults who are able to serve as positive role models for these youth. Many of the youth do not have positive role models in their lives, and so the Lumina Center endeavors to “fill that gap” to at least some degree. The target clientele for the Center are children between the ages of eight to eighteen years of age, except for the Rainbow Summer program that accepts children as young as six years of age. The services offered by the Lumina Center are available to both male and females. The Lumina Center is a youth center that offers free programming to the children and youth of Mifflin County. The LUMINA Center offers the following programs: Drop-In Center, After-School Program, Summer Program, and Rainbow Summer. The LUMINA Center provides a relaxed atmosphere in which teens are able to communicate and become educated on behavioral, emotional, and social issues. The main goal of the LUMINA Center is to provide preventative services and community outreach to at-risk youth in the following categories: drug and alcohol education, high-school drop-out prevention services, smoking cessation information, and training for the LUMINA Center volunteers. The LUMINA Center accomplishes these goals through Drop-In and After School and Summer Programs.

- The LUMINA Center will provide mentoring services to 100 clients at \$5000.

Interagency Coordination: (Limit of 1 page)

- Interagency coordination will be provided by Mifflin Juniata Human Services for a cost of \$30584. Services will include the following:
- Plan and manage activities and meetings designed to improve the effectiveness of county human services.
- Keep the County Commissioners informed about Human Services Department activities, plans, and projects.
- Continue to evaluate the county’s human service needs to identify gaps or duplication of services through informal assessment. When gaps in services are identified, the Human Service Director will help to develop and seek funding for program and services that address the unique needs of the local community.
- Work closely with public and private human services providers within the community. Coordinate services between these agencies whenever possible.
- Keep informed about political developments and social trends related to the human service field that could potentially impact the local community. This information will be passed along to persons/agencies that would benefit or will be impacted by the information.
- Attend and/or coordinate training as related to grant funding and activities.

- Coordinate quarterly meetings with the Mifflin County Human Services Planning Advisory Board.
- Seek additional funding sources through grants for other County Departments and local human service agencies as approved by the County Commissioners.
- It is our hope that the outreach services improve the ability of the HS office to work across the categoricals to provide a responsive and efficient delivery system.
- Service coordination funds in the amount of \$2542 will be provided through a collaborative process to provide training funds for at least 30 human services professionals.

Other HSDF Expenditures – Non-Block Grant Counties Only

Not applicable

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

Directions:	Using this format, please provide the county plan for allocated human services expenditures and proposed numbers of individuals to be served in each of the eligible categories.
1. ESTIMATED INDIVIDUALS SERVED	Please provide an estimate in each cost center of the number of individuals to be served. An estimate must be entered for each cost center with associated expenditures.
2. HSBG ALLOCATION (STATE & FEDERAL)	Please enter the county's total state and federal DHS allocation for each program area (MH, ID, HAP, SUD, and HSDF).
3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	Please enter the county's planned expenditures for HSBG funds in the applicable cost centers. The Grand Totals for HSBG Planned Expenditures and HSBG Allocation must equal.
4. NON-BLOCK GRANT EXPENDITURES	Please enter the county's planned expenditures (MH, ID, and SUD only) that are <u>not</u> associated with HSBG funds in the applicable cost centers. <i>This does not include Act 152 funding or SUD funding received from the Department of Drug and Alcohol Programs.</i>
5. COUNTY MATCH	Please enter the county's planned match amount in the applicable cost centers.
6. OTHER PLANNED EXPENDITURES	Please enter in the applicable cost centers, the county's planned expenditures not included in the DHS allocation (such as grants, reinvestment, and other non-DHS funding). Completion of this column is optional.
■ Please use FY 20-21 primary allocations, less any one-time funding and less the MA-ID federal allocation (due to the implementation of the statewide RMTS). If the county received a supplemental CHIPP/forensic allocation during FY 20-21, include the annualized amount in the FY 21-22 budget. ■ DHS will request your county to submit a revised budget if, based on the budget enacted by the General Assembly, the allocations for FY 21-22 are significantly different than FY 20-21. In addition, the county should notify DHS and submit a rebudget form via email when funds of 10% or more are moved between program categoricals, (i.e., moving funds from MH Inpatient into ID Community Services).	

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

County:	1.	2.	3.	4.	5.	6.
MIFFLIN	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	-					
Administrative Management	624		\$ 131,999		\$ 3,960	\$ 80,754
Administrator's Office			\$ 167,267		\$ 5,018	\$ 3,616
Adult Developmental Training	-					
Children's Evidence-Based Practices	-					
Children's Psychosocial Rehabilitation	-					
Community Employment	1		\$ 138		\$ 4	
Community Residential Services	6		\$ 316,881		\$ 9,506	\$ 25,391
Community Services	34		\$ 11,256		\$ 338	
Consumer-Driven Services	-					
Emergency Services	18		\$ 6,367		\$ 191	
Facility Based Vocational Rehabilitation	-					
Family Based Mental Health Services	1		\$ 1,410		\$ 42	
Family Support Services	25		\$ 19,993		\$ 600	
Housing Support Services	22		\$ 88,791	\$ 16,664	\$ 2,664	
Mental Health Crisis Intervention	65		\$ 49,967		\$ 1,499	
Other	-					
Outpatient	17		\$ 69,519		\$ 2,086	
Partial Hospitalization	-					
Peer Support Services	4		\$ 3,628		\$ 109	
Psychiatric Inpatient Hospitalization	-					
Psychiatric Rehabilitation	34		\$ 123,265		\$ 3,698	
Social Rehabilitation Services	3		\$ 94,117		\$ 2,824	
Targeted Case Management	70		\$ 67,528		\$ 2,026	
Transitional and Community Integration	-					
TOTAL MENTAL HEALTH SERVICES	924	\$ 1,152,126	\$ 1,152,126	\$ 16,664	\$ 34,564	\$ 109,761
INTELLECTUAL DISABILITIES SERVICES						
Administrator's Office			\$ 128,229	\$ 127,430	\$ 3,847	
Case Management	39		\$ 38,867	\$ 501	\$ 1,166	
Community-Based Services	48		\$ 61,908		\$ 1,857	\$ 25,199
Community Residential Services	-					
Other	-					
TOTAL INTELLECTUAL DISABILITIES SERVICES	87	\$ 229,004	\$ 229,004	\$ 127,931	\$ 6,870	\$ 25,199

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

County:	1.	2.	3.	4.	5.	6.
MIFFLIN	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
HOMELESS ASSISTANCE SERVICES						
Bridge Housing						
Case Management	10		\$ 5,800		\$ 174	
Rental Assistance	10		\$ 4,942		\$ 148	
Emergency Shelter	30		\$ 14,000		\$ 420	
Innovative Supportive Housing Services						
Administration			\$ 2,749		\$ 82	
TOTAL HOMELESS ASSISTANCE SERVICES	50	\$ 27,491	\$ 27,491		\$ 824	\$ -
SUBSTANCE USE DISORDER SERVICES						
Case/Care Management	120		\$ 29,163	\$ 76,497	\$ 875	
Inpatient Hospital						
Inpatient Non-Hospital	17		\$ 65,954		\$ 1,979	
Medication Assisted Therapy						
Other Intervention						
Outpatient/Intensive Outpatient						
Partial Hospitalization						
Prevention						
Recovery Support Services						
Administration			\$ 56,799	\$ 122,485	\$ 1,704	
TOTAL SUBSTANCE USE DISORDER SERVICES	137	\$ 151,916	\$ 151,916	\$ 198,982	\$ 4,558	\$ -
HUMAN SERVICES DEVELOPMENT FUND						
Adult Services	130		\$ 8,500		\$ 255	
Aging Services						
Children and Youth Services						
Generic Services	30		\$ 3,458		\$ 104	
Specialized Services	100		\$ 5,000		\$ 150	
Interagency Coordination			\$ 28,042		\$ 841	
Administration			\$ 5,000		\$ 150	
TOTAL HUMAN SERVICES DEVELOPMENT FUND	260	\$ 50,000	\$ 50,000		\$ 1,500	\$ -
GRAND TOTAL	1,458	\$ 1,610,537	\$ 1,610,537	\$ 343,577	\$ 48,316	\$ 134,960