

Appendix B
County Human Services Plan Template

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. Centre County Planning Team includes the following departments: Mental Health/Intellectual Disabilities/Early Intervention - Drug & Alcohol, Office of Adult Services, Commissioners Office, Financial Management, Controllers' Office. Residents of Centre County can provide feedback throughout the year via any of the above noted offices and through advisory boards. The Centre County Planning Team reviews data, provider and consumer feedback, and discusses needs and gaps in our service continuum to determine our Block Grant plan. The Planning Team meets monthly to provide timely data, fiscal reporting, and needs.
2. Each department received input from their respective providers of Block Grant services in regards to service needs, programming, measures to be monitored, and funding. Centre County Planning Team meets monthly to discuss service gaps, needs, and funding levels. The county departments and providers of Block Grant services have a variety of program evaluations, surveys, and opportunities to discuss services throughout the fiscal year. Individual departments work directly with the providers on feedback, services, needs and funding throughout the year to scope the development of the Block Grant. Individuals who receive service are provided the opportunity to give feedback on the services throughout the year and during the public hearing process. Advisory Board and Board of Commissioners meetings held throughout the year that are open to the public provide the opportunity for input from the community. Community Support Program and Consumer/Family Satisfaction Teams provide consumers and family members the opportunity to provide feedback on services. Recovery-Oriented Systems Indicators (ROSI) meetings provide opportunities to provide feedback on visions and mission statements from programs and services within Centre County. Community providers have internal evaluation reports, surveys, and offer consumer feedback opportunities during and after services are completed. Departments conduct provider review meetings for services and on-site provider reviews are conducted annually. For the Intellectual Disabilities Program, satisfaction is determined through the Independent Monitoring for Quality (IM4Q) processes, with results shared with the Centre County Quality Council, Advisory Board, and incorporated into the Quality Management plan. The Team is represented at a number of community based councils and committees that discuss services in the county. Team members discuss the Block Grant at these meetings to garner information and feedback concerning services.
3. Centre County MH/ID EI Advisory Board and the Centre County Drug & Alcohol Planning Council provides feedback throughout the year on services and needs the community is experiencing. The plan is shared with members prior to the public hearing. Our plans are posted on our county website for public review throughout the year. In February 2020, Centre County MH/ID EI D&A and Adult Services held a Provider meeting to review the fiscal reporting, planning and obligations of the providers receiving HSBG funding. With staff changes over the years and funding needs evolving over time, we felt it was important to highlight the fiscal responsibilities to providers and engage them on how to improve any

of our formats we use for the development of the HSBG Plan and Report. The training was attended by the majority of all the providers and positive feedback was received on the instruction.

4. By providing services in the least restrictive setting, it creates a safety net for individuals and families and promote an interactive service system to maximize our providers and services. The departments stress the need for services that allow residents to be proactive in their needs, disabilities, and/or crises. With this information, the departments are able to shift funding as seen as appropriate. Social deterrents of health are a critical factor amongst all of the services we address with our clients. We develop individualized plans and services based on least restrictive services.
5. Please describe any substantial programmatic and funding changes being made as a result of last year's outcomes.
 - Centre County issued a Request for Proposal (RFP) for Crisis Diversion Services (Crisis Assessment and Residential options) in early 2019 that produced no responses. In turn, Centre County then issued a RFP for the Crisis Assessment Service. Through an evaluation committee, a provider was identified in June of 2019. Centre County contracted with Center for Community Resources (CCR) and the Walk-In Crisis Assessment Center opened December 2019. The center provides an opportunity for individuals, families, agencies, and law enforcement to engage with crisis counselors 24/7 to provide intervention, support and referrals. This collaboration to bring this unique service to our community has been beneficial and we look forward to seeing it grow.
 - With the notice by our local provider to end mobile crisis and telephone crisis services, Centre County needed to quickly determine providers to maintain this crucial service. By establishing a partnership with CCR for the Walk-In Center, we were able to maintain our crisis services in our community, including the phone number with no disruption of service. The previous provider and CCR worked together to maintain continuity. As we have a new provider for this service, we will continue to review these services and how they assist those in critical times. In addition, we separated out the Delegate Service to Service Access and Management, Inc.(SAM). While separating the services, which were previously done by the same provider, we hope to provide the appropriate service during crisis times. By establishing partnerships with local law enforcement, the Emergency Department, new providers, community input, and our established provider network, we will continue to cultivate our crisis system.
 - The Children's Collaborative has seen its partnership develop a service to meet a need that was required by OCDEL but needed tailored to our needs. One service that was developed through this collaborative is the Early Childhood Mental Health/CASSP Behavioral Health support service as provided through county contract/block grant funds with Penn State University's (PSU) Clinical Staff expertise that goes onsite to daycares in the community to provide behavioral health support. The requirements from OCDEL to support families and day cares prior to a suspension or expulsion. This support has been able to sustain same site day care placement for two infants thus far. This service is a current pilot project for CCMH. This service is available now for youth up thru their transition to Kindergarten as well,

- as CCMH is able to supply funding. CCMH assesses requests in partnership with Centre County Early Intervention and PSU.
- Rental assistance continues to be a consistent and growing need in Centre County. During FY 19-20, an additional \$19,200 was added to the Rental & Mortgage Assistance Program's original allocation in an effort to serve at least 2-3 additional households each month. The decision to increase funding for this program was based on 2 years of data collection; showing the amount of additional funding needed to serve the total number of eligible clients who were turned away because funding had been depleted. With expectations being met, this funding increase of \$19,200 will continue into FY 20-21.
 - The Homemaker Services Program received an additional \$23,000 in funding during FY 19-20. The purpose of this increase was to serve more clients, have the ability to increase service hours for clients on a case-by-case basis, and offer an increased rate for caregiver agencies. With this increase, no client was turned away from the program due to a lack of funding in FY 19-20. The Homemaker Services Program is healthier and more viable now than it has been in the last decade. With that, the program will continue to see a funding increase of \$23,000 in FY 20-21.
 - Contracts for FY 20-21 will initially be budgeted for five months of funding for our providers due to the limitations on the currently approved state budget. We have communicated with providers about change in contract formatting and explained the need due to the lack of a 12 month budget. Once the remaining of the FY budget is approved, contracts will be amended to reflect the funding allocations provided in the plan unless spending adjustments are made due to the first five months.

PART II: PUBLIC HEARING NOTICE

Centre County held two virtual public hearings pertaining to the FY 2019-2020 HSBG. Our first hearing was on June 29th at 1:00pm. The second public hearing was held on June 30th at 5:30pm. Legal ad notifications and sign-in sheets are attached to this plan. Each hearing was posted on the County website, sent out via providers, and printed in local newspaper. Thirty individuals participated on the June 29th hearing. Testimony has presented by providers concerning services and support of the county looking at funding opportunities to meet the local needs. Eleven individuals attended the June 30th hearing. Testimony was provided by an individual receiving DeClutter services. She explained the need her and her son had with maintaining their housing, receiving support and guidance on how to maintain their home, and overall support system that was created for her while participating in this service.

PART III: CROSS-COLLABORATION OF SERVICES (Limit of 4 pages)

Employment:

Centre County MH/ID/EI-D&A continues to participate in the local Employment Coalition which dovetails with the local transition council. The membership consists of representatives from Administrative Entity, school districts (including the IU), Careerlink, OVR, local service providers, Supports Coordination Organization, and family members. In the past year, representatives from the AE and SCO participated in several transition/agency nights for students and families held by the local school districts. In addition to service providers and AE/SCO staff, representatives from

OVR, MATP, secondary education programs, Careerlink, and other community/civic programs also participate.

Due to COVID-19, the AE plans to develop a summer employment program for transition age students in collaboration with the SCO, school districts, local Careerlink and local providers were put on hold. Centre County AE and SCO staff participate in employment related activities and trainings including the Annual Transition Conference, Experience Employment Connection sessions, SELN events and quarterly calls with ODP Central Region Office. These ongoing opportunities will provide networking opportunities as Centre County continues to explore, develop, and expand employment opportunities. We will be returning to this opportunity and hope to see it grow. In collaboration with Penn State University, Centre County AE and SCO supported 4 young adults in their first year of the newly developed WorkLink program at University Park. Worklink is a two-year certificate program for individuals with intellectual disabilities or autism who seek a post-secondary education experience and training for employment. WorkLink is supported by a grant from the D.R.E.A.M. partnership and is located in the Penn State College of Education. Three of the four participants successfully completed their first year and are planning to continue in the program in 2020 Fall semester. The AE and SCO, along with WorkLink staff meet with parents and participants throughout the year to monitor implementation and progress in addition to obtaining feedback for improvement. This program anticipates enrollment of a second cohort of 4 individuals in Fall 2020.

Centre County continues to track expenditures related to the Employment Pilot. This funding has historically been to be used to support the individuals who are not enrolled/receiving waiver funding and who fall within the pilot guidelines. As the new and varied opportunities continue to be developed/ implemented in the upcoming year it is anticipated that the Employment Pilot funding will be used to support individuals in accessing individualized employment options as well as traditional supported employment.

The ID Program Specialist regularly reviews Employment data compiled and distributed by the Office of Developmental Programs. This information is used to review trends in Centre County and assists with the planning for employment activities in the upcoming fiscal year and longer term. The long range plan is to continue to track employment data and share information with providers, Supports Coordination, MH/ID Advisory Board, local transition council, other interested stakeholders.

CCMH provides funding for vocational training, supported employment, Transitional Employment Placements and competitive employment through job coaching, psychiatric rehabilitation, case management and CRR services. CCMH and Intellectual Disabilities Employment Committees continue to join efforts to promote employment opportunities and outcomes for youth, transition-age, adult and older adult individuals.

Centre County MH/ID/EI-D&A Office rents space to OVR, so all agencies collaborate and are easily accessible. This is a satellite office for OVR given the distance to the OVR District Office in Altoona. Career Link is utilized readily by case managers in linking individuals with employment opportunities. Career Link's Office is close in proximity and also shared with OVR Services. Career Link offers technical skill support which is utilized by staff and individuals being served. Lastly, local OVR counselors utilize MH/ID office space. This arrangement affords the SCO better coordination with OVR for intakes. The counselors are also a valuable resource for both the SCO and AE.

Housing:

Centre County is fortunate to have a continuum of housing services available for individuals and families who are experiencing homelessness or near-homelessness. Services that are offered and funded through the Homeless Assistance Program include Bridge (transitional) housing, housing case management, rental & mortgage assistance, and the Housing Program Specialist position (categorized under Innovative Housing Solutions). Additional housing programs in Centre County that are not funded through the Human Services Block Grant include: Section 811 Housing, PHARE Rental Assistance, rapid re-housing, and permanent supportive housing.

Centre County's Office of Adult Services is also actively involved with the Eastern PA Continuum of Care (CoC), South Central Regional Housing Advisory Board (RHAB), and the Coordinated Entry System (CES). Centre County is also working with local municipalities and community agencies to collect data, identify current/projected needs, and apply for grants to best support those who may be seeking assistance as a result of the COVID-19 pandemic. Recently, Centre County has applied for the Emergency Solutions Grant (ESG-CV), through the Department of Community and Economic Development, and the 2020 Pennsylvania CARES Rent Relief Program through the Pennsylvania Housing Finance Agency. If awarded, both programs will bring additional funding to Centre County for emergency shelter services, homeless prevention, and rental assistance.

For FY 2020-2021, there are two program areas to highlight: the Section 811 Housing Program and the PHARE Rental Assistance Program. Both programs are directly administered by the Office of Adult Services; there is no sub-recipient. The Housing Program Specialist, under the Office of Adult Services, is responsible for managing these programs in addition to the Rental & Mortgage Assistance Program, Family Unification Program (FUP), building and maintaining relationships with local landlords and property managers, having awareness of and connecting clients and case managers to available rental units, and being available as a housing resource both internally at Centre County Government and externally to local community agencies and residents in need.

Section 811 Housing Program

Since May 2017, Centre County Government has been the Local Lead Agency for the Section 811 Housing Program. This program is administered through the Office of Adult Services and supported by 9 stakeholders. Stakeholders include, but are not limited to: Centre County Mental Health, SAM Inc., Housing Transitions, Universal Community Behavioral Health, and Strawberry Fields, Inc. Centre County currently has 12 Section 811-designated units at Low-Income Housing Tax Credit (LIHTC) properties; 8 active and 4 pending. This is an improvement from the 8 units available (6 active; 2 pending) prior to FY 2019-2020.

One of the most valuable methods of demonstrating need for Section 811 housing is maintaining a robust wait list of eligible individuals. Currently, Centre County's Section 811 Housing Program has a healthy wait list of 30-40 households at any given time. Therefore, Centre County is not an area designated by the Self Determination Housing Project (SDHP) of PA as needing assistance for program growth. It has also been shown that, based on our wait list, Centre County has been able to secure 4 additional Section 811-designated units in the last 12 months.

Last year, the program's greatest challenge was supporting individuals who had been housed in a Section 811-designated unit but discontinued their voluntary case management services. This

presented a number of obstacles when property managers started experiencing issues such as: overdue paperwork, rent arrears, unauthorized guests/live-ins, and pest infestations. Without case management in place, it is often impossible to resolve these issues without these vital wrap-around services. In response, stakeholders have put measures in place to steer clients towards very limited services (ex: administrative case management) versus terminating entirely from the program. This allows stakeholders to maintain a relationship and updated releases should there be an issue in the future. In addition, the Section 811 Housing Program's newest eligibility criteria is that all clients on the waitlist are required to maintain services just to remain on the waitlist. Once they are housed, if they chose to terminate services, it will not impact their ability to receive rental subsidy from the program.

PHARE Rental Assistance Program

The PHARE Rental Assistance program provides rental assistance to individuals and families residing in Centre County municipalities that are impacted by the natural gas industry. On July 11th, 2019, Centre County Government was awarded its 3rd year of funding from the Pennsylvania Housing Finance Agency (PHFA). The program officially opened on January 1st, 2020 and is scheduled to run until December 31st, 2020. As of May 31st, 2020, 21 households (49 individuals) have been served by this program. It is expected that an additional 28 households will receive rental assistance to prevent homelessness or near-homelessness by the end of the calendar year. The Office of Adult Services has also applied for a 4th year of funding and is hopeful to be notified by summer 2020; allowing the PHARE Rental Assistance program to continue into 2021.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

a) Program Highlights: (Limit of 6 pages)

Please highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY19-20.

- Centre County's Crisis Assessment Service was awarded to Center for Community Resources (CCR) and was officially up and running December 15, 2019, thanks to the expedited processing support provided by the Office of Mental Health and Substance Abuse Services (OMHSAS) and Community Care Behavioral Health Organization (Community Care). To date (June 10, 2020), 132 individual encounters have occurred thru the walk-in site. The impact of COVID-19 on the walk-in site began on March 23rd with the Governor's Stay-at-Home Order; 35 walk-in encounters have occurred since that time. The provider of this service, CCR, continues to develop the utilization of walk-in services and has continued to broaden its partnerships within the community. This service addition for Centre County continues to hold excitement around this service's availability and has yet to determine its full potential, in these early stages and due to the pandemic.
- Centre County still focuses on opportunities to achieve the full initial vision of being able to offer Crisis Residential Services in the array of Crisis Intervention Services delivered in Centre.
- The four Supported Living sites funded thru MH Block Grant continue to show how staff support is effective in supporting individuals, especially with co-morbid needs, on a more permanent basis if chosen. Openings are infrequent between the 10 total Supported Living spots that are available as shown by the longevity of individual participation.
- The additional array of residential service options: Supportive Living, Community Residential Rehabilitation (CRR) and Enhanced Personal Care Home help maintain a level of fluidity between all sites and including the community.
- The Children's Collaborative initiative in Centre County has been successful in engaging Early Childhood Mental Health (ECMH), daycares, school districts, charter schools and private schools in discussions regarding and education of each other's respective systems. While highlight remains on applying Children and Adolescent Service System Program (CASSP) principles to the service-delivery, youth and families are now leading their chosen paths under the auspice of informed decision-making from both the educational and behavioral health
- Centre County Youth Service Bureau (YSB) continues to co-facilitate team meetings, to put the focus back on youth and families and to help move the Children's Service System forward in a manner that empowers youth and family. This new partnership allows for an increase in supports through the expertise that YSB brings in family engagement and their vast knowledge of family supports that exist in the community. Families are now able to access Family Group Decision

Making and Rapid Family Conferencing offered through YSB and funded by Centre County Mental Health (CCMH) as part of the new partnership. The Children's Program Specialist (aka CASSP Coordinator) for Centre County is partnering in the leadership of this new service. Requests are increasing and have continued throughout the pandemic.

- One service that was developed through this collaborative is the ECMH/CASSP Behavioral Health support service as provided through county contract/block grant funds with Penn State University's (PSU) Clinical Staff expertise that goes onsite to daycares in the community to provide behavioral health support. This support has been able to sustain same site day care placement for two infants thus far. This service is a current pilot project for CCMH.
- This service is available now for youth up thru their transition to Kindergarten as well, as CCMH is able to supply funding. CCMH assesses requests in partnership with Centre County Early Intervention and PSU.
- The Children's Collaborative has held six community meetings thus far. Topics have focused on the drive of the meetings themselves as identified through the robust discussions that have ensued. These meetings need little prompt to strike the robust discussions that have consistently occurred and little attention to agendas as they lead themselves.
- Trainings have also been offered across all stakeholders and all meeting member feedback. Trainings have included Trauma, Neurologic applications for individual impacted by trauma, systematic insight (both educational and behavioral) and community awareness.
- Centre County Crisis Intervention Team (CIT) held the 19th training session in January of 2020. CIT has now trained a total of 384 first responders. The next training is slated to be held in January of 2021 as June 2020 was cancelled.
- Centre County CIT was asked to present their history, development and structure of the local operations at the Citizens Police Academy again this year. This is reflective of the strength that CIT carries.
- The PA State Police started participating in CIT trainings in January of 2019 and are noticeably being more engaged in the partnership given the expansive territory that one barrack now covers in Centre County and the number of individuals that they encounter that need behavioral health support. They are improving their communication of these encounters, learning how to connect individuals to services and continue to develop their abilities under the Box B 302 petition allowance under the Mental Health Procedures Act (MHPA).
- CIT regularly participates in volunteer training at Centre Helps, Jana Marie Foundation events, AFSP Out of the Darkness walks, and Skills' Candlelight Vigil.
- Two Outpatient (OP) MH Providers have been certified thru the Trauma-Informed Care Center Initiative, in partnership with the Behavioral Health Alliance of Rural Pennsylvania (BHARP).
- While the above still holds true, there was a significant change to the outpatient provider system which is detailed in the bullet below. Currently, Penn State University's and CenClear's OP Clinics are providing Trauma-Informed Care Services in Centre County through the BHARP certification process.

- Effective February 2, 2020, Universal Community Behavioral Health (UCBH) dissolved their outpatient service arm to focus solely on inpatient services. Centre County held the largest outpatient site that UCBH maintained at that time. Much time, effort and detail surrounded the 1,365 individuals that had to transition to alternate outpatient providers. With the primary support of UCBH, CCBH, CenClear, Oasis Lifecare, community-based/network providers, OMHSAS and CCMH, each individual was transitioned successfully.
- Please note that some individuals are still in transition as well, but in a supportive way, as the psychiatrist and physician assistant that worked at UCBH transitioned to working for CenClear, so many individuals took advantage of that benefit and seamless care coordination. It undoubtedly was the smoothest transition many of the involved parties have seen. Only one person is known to the county who failed to transition, acknowledging her lack of response. She was quickly linked with CenClear thru the psychiatrist/PA avenue.
- CenClear utilized the Matternville OP Site initially, but recently opened an office in Bellefonte, in the same town where UCBH closed its doors, so another seamless benefit for many in transition.
- CenClear also obtained the Decision Support Center (DSC) license that UCBH had carried, so the DSC further enhances the continuity that has and is occurring.
- Centre County contracts with an Outpatient Provider that carries Mental Health and Drug and Alcohol licenses to support individuals with co-occurring needs, Crossroads Counseling.
- Centre County Community Support Program (CSP) continues to meet on a monthly basis. Attendance has been steady and participants are active. The committee has been focusing on community presentations that educate the members about services and supports and are reviewing by-laws. CSP is currently on hold with their meetings due to the pandemic. They are looking at virtual options for moving forward.
- The MH Resource Book is under its 8th update, currently in process. Due to all of the significant changes that have occurred in Centre County this past year, it needed to be updated sooner than usual.
- Another significant change that occurred as a result of county contract changes and UCBH's closure is the fact that UCBH also terminated its Crisis Intervention Services delivery. This went into effect in Centre County on January 2, 2020, ahead of the other 9 counties' CIS being impacted by this closure as CCR Walk-In Site operations were underway and able to accommodate the additional service provisions of CIS phone and mobile that UCBH vacated.
- CCR now operates all CIS in Centre County – walk-in; phone and mobile. Crisis Residential is always a consideration for enhancement as funding permits.
- CCR maintained the same Centre County Crisis Line phone number that had been previously used and known which furthered the seamless transition of CIS that ensued.
- Another change that was initiated prior to UCBH's closure, but further prompted by it, was the fact that Centre County opted to separate CIS and Delegate Services that UCBH maintained in harmony for many years. Centre County and

UCBH discussed the impact of staff recruitment and retention barriers for the past few years as they minimized UCBH's ability to delineate the two services under their one umbrella as they has previously been able to accomplish. For this and budgetary reasons, Centre County informed UCBH that CCMH intended to pull the delegate service apart from their service delivery effective January 1, 2020.

- Service Access and Management (SAM) was awarded the delegate contract for the duration of the 19-20 FY contract. SAM has partnered with all crisis-involved parties and made this transition seamless for the county and community at-large.
- CCMH funded six individuals' peer support services during FY 2019-2020. The additional approximately 55 individuals that were served were funded through HealthChoices.
- One of the Peer Support Providers in Centre County, Strawberry Fields, Inc. (SFI), recently announced their termination of that service under their provision effective, June 30, 2020. CCBH and CCMH were supportive of this closure under SFI's despair in the loss of peer support specialists over time, the lack of new peer certification interest, their inability to sustain the peer component of their Fairweather Lodge and the loss of revenue's impact on their operations. CCBH did open up discussions with SFI regarding a rate increase to preserve the service, but the other justifications outweighed the revenue issue per SFI. The last few peer service recipients have already been transitioned to another provider in the county. The last few peer staff moved on to other positions within the provider system here in Centre County.
- A provider, Skills, had requested county-funding to apply to their intent to build peer support services within their psychiatric rehabilitation programs in Centre County. So, CCMH currently has three peer support providers in contract, but will be short-lived due to the above termination notice.
- CCMH is currently in discussion with another local Certified Peer Support Provider, Peerstar, to secure a county contract potentially as CCMH acknowledges Peerstar's success in providing this service, strong county-provider relationships exist and both parties applied in partnership with Oasis Lifecare for the First Episode Psychosis Program being offered by OMHSAS. The application was submitted by CCMH on May 20, 2020.
- CCMH's Mental Health Forensic Program Specialist position continues to be a success not only for CCMH, but for the Centre County Correctional Facility (CCCF). This specialist provides support to individuals that are involved with the justice system. The Forensic Specialist spends half of every work day on site at the CCCF to bolster the mental health support needs of individuals that are incarcerated and in partnership with jail staff. The Forensic Specialist activates outpatient services provided within the jail for people that are incarcerated and want to engage in services and for people transitioning out of the jail.
- The Forensic Specialist completed 199 assessments at the correctional facility and 21 intakes to activate individuals in services during this fiscal year, thus far. During the COVID-19 shut down, The Forensic Specialist continued to support inmates and returning citizens via telehealth. All transitions were success despite

this challenge given the solid partnership that exists with this CCCF-MH partnership.

- CCMH is hearing much more release activity coming out of the SCIs as well, not just the two local SCIs, several of them in the Commonwealth. The Forensic Specialist devotes her time and efforts to support these transitions as well, when Centre County is appropriately designated as home for each returning citizen. CCMH appreciates the SCI's efforts to enhance communication.
- The Centre County Suicide Prevention Task Force continues to have a strong and active role in the community. The focus of the Task Force is to reduce stigma around mental illness and educate the community on suicide prevention resources and trainings. The Task Force created a Facebook page that highlights upcoming trainings and events within Centre County. Suicide Prevention is an area that we would like to be able to apply additional funds.
- The leadership of this task force is provided by the Jana Marie Foundation who puts forth great effort, planning and tasking of the community to fight this public health issue and empower individuals of all ages to live their lives to the fullest potential despite the barriers that life throws.
- The Jana Marie Foundation holds creative, unique and evidence-based anti-stigma campaigning and training in Centre County. Some examples of this foundation's successes are Mokita Dialogues, Stomper Projects, J.A.M. Fest, local school-based integration, MH First Aid (Youth and Adult), QPR, etc. Please visit <https://janamariefoundation.org/> for more information.
- Centre County's 14th Annual Out of the Darkness Walk was to be held in April of 2020; however, it was converted to be a virtual walk only due to COVID-9. The impact on the revenue that this event usually generates has yet to be disclosed, but is expected to show significant loss. This will greatly impact local and regional AFSP Chapters' abilities to fund campaigns, staff salaries and trainings.
- MNMC's Emergency Department (ED) employs Psychiatric Case Managers who primarily focus on the behavioral health needs of the individuals that present. Psychiatric Case Managers currently cover the ED 24/7.
- CCMH collaborates steadily with MNMC's Emergency Department (ED) and Behavioral Health Unit (BHU), Meadows Psychiatric Center and Centre County Crisis to ensure that crisis intervention and delegate services are being delivered according to the MHPA and the County MH Administrator. CCMH holds quarterly meetings, but there is also a significant amount of day-to-day communication and interactions.
- CCMH Administrator is now participating on the Child Death Review Team (CDRT) in Centre County. This group's scope has expanded to include a review of deaths in which the manner of death was determined to be suicide. This broadens the networking, depth of awareness and provides insight into the preventions that can be applied to prevent the likelihood of reoccurrence. As a result of the above inclusion, a Deputy from the Centre County Coroner's Office is again participating in the SPTF in Centre County – a great addition and link for all involved-parties.

- The Centre County Mental Health Community Committee (MHCC) continues to increase its membership and participation. This committee is strong in its partnerships. MHCC's website is actively being developed and promoted. Members of the Opportunity Centre Clubhouse maintain the website and MH activity calendar within as it develops strengths in the members who maintain it and collectively supports the mental health and general community.
- CCMH's Targeted Case Management (TCM) Unit continually addresses quality service-provision. Efficiencies have been put into place that allows TCMs to spend more face-to-face/quality time with the individuals they support. TCM Supervisors have assisted the unit in being more efficient as well by supporting referrals on the front end and streamlining TCM assignments and initial paperwork. CCMH has experienced better engagement in TCM services, less transition occurring with case managers, been able to reduce the number of people that a person needs to see to access the service thru a direct TCM referral process and better adherence to regulations and performance standards.
- CCMH has experienced significant transition in the case management units, again, this past year. Currently, CCMH employs one Administrative Case Manager and eight Targeted Case Managers. One of the TCMs just resigned effective June 26, 2020, which will reduce BCM staffing to seven.
- CCMH added an Assistant Administrator position to the MH Unit complement. This past September, Jeffrey Doeblor, was identified as the Assistant Administrator (AA) for Behavioral Health Case Management Services.
- This position was added, so that the new AA can focus on the case management service provision while the AA for MH Services focuses on administration, fiscal, overall operations and the provider system.
- Wellness Initiatives remain the focus for CCMH's case management units. The units continue to incorporate wellness principles into all aspects of service delivery including day-to-day goal planning, the intake and Individualized Service Plans (ISPs). CCMH will continue to educate staff on wellness principles and participate in on-going wellness initiatives that are offered to the county.
- CCMH is recognized as a Behavioral Health Home Plus (BHHP) provider by Community Care Behavioral Health (CCBH) due to CCMH's participation in PCORI and the Wellness Coaching Recovery Learning Collaborative. Through these initiatives, CCMH has embedded wellness principles into case management services, continues to provide wellness training to all staff and links individuals that are supported with the array of wellness tools that promote a person's independence.
- CIS operations and partnerships remain an area of focus for Centre County.
- CCMH is in a position to focus on treatment and service services needs at this time: OP, IP, CIS, Emergency Services, Youth/School-Based services, Commitments and high-risk service enhancements. This is the reasoning for the lack of additions under the following Recovery Transformation Section.
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b) **Strengths and Needs:** (Limit of 8 pages)

Older Adults (ages 60 and above)

Strengths:

- CCMH maintains a strong partnership with Centre County Office of Aging (CCOOA) which includes Project SHARE: Senior Centers and Mental Health: Activities, Resources and Education, partnering in the community in support of individuals that cross both populations when they are in crisis and/or in need of protective services, participation in the Older Adult Task Force, investigating elder abuse reports, participation in Mental Health Community Committee, sharing resources, providing education about our individual systems, participating in the Geriatric Interest Network (GIN) and Elder Abuse Task Force and communicating about Adult Protective Services.
- The CCMH Liaison and CCOOA Protective Services staff provides outreach collaboratively to individuals in the community as needed when prompted by either agency or through CIT encounters when the individual requests or agrees to additional support efforts. This partnership remains strong and effective in engaging community-based individuals in services and providing additional supports.
- CCMH's Administrative Case Managers (ACMs) are each involved in various community meetings/committees which focus on specific needs including forensic, housing, employment and community involvement. This is a great way for the ACMs to stay current, not only on the needs of older adults, but also the strengths, activities, community supports and training opportunities specific to this population.

Needs:

- Stigma continues to be a barrier regarding older adults accessing needed mental health services/supports. CCMH will continue to work with our community partners to help reduce the stigma.
- CCMH recognizes the continued resistance within the behavioral and physical health care communities that exists especially when people present with challenging or aggressive behaviors. When individuals are identified as such, many levels of service: inpatient, outpatient, mental health, drug and alcohol and medical for a few examples deny individuals access. It is imperative that people are given access to the treatment that they need even if that means that systems have to bend some to accommodate. These situations lead CCMH to continually have to think and build outside of traditional boxes and develop unique, creative plans, especially in partnership with the community at-large in Centre County.
- CCMH appreciates the ear and support that OMHSAS brings to these situations.
- CCMH appreciates the ear and support of our local managed care entities as well as they help build what is needed in unique and creative manners as well.
- Use the strength of the CCOOA and CCMH partnership to continue to secure unique avenues of how to engage and promote services that are available to enhance the wellness, security and safety of the older adult population.
- Ensure access to affordable housing for the older adult population through linkage with the Centre County Housing Authority and the Centre County Housing Program Specialist.

- Continue to search for opportunities to enhance residential service options for the older adult population, so that choice is provided to the older adult, especially those with co-morbid needs.
- CCMH wants to achieve an array that can support independent living with community-based/accessible supports versus independent living with in-home supports and mobile response ability versus a community-based home with level of care options embedded within.
- CCMH experiences on-going Enhanced Personal Care Home requests for individuals with Serious Mental Illness (SMI) and will; therefore, continue to seek opportunities to build beyond the current four bed availability provided by Eagle Valley. This level of care specific to the SMI population has proven to be successful in Centre County.

Adults (ages 18 to 59)

Strengths:

- Through an RFP process and initial partnership with Center for Community Resources (CCR), CCMH introduced a Walk-In Crisis Assessment Center to the community at the end of 2019, an expansion of wanted Crisis Intervention Services.
- CCMH complements the high-level transition work and coordination that occurred throughout this closure and transition process.
- CenClear secured a new site in Bellefonte, the town that UCBH OP Services had previously been provided in, which further supports a large number of individuals whose community mobility was also impacted during this transition. CenClear was utilizing the Matternville/State College Site in their transition. The Bellefonte site opened in May of 2020 and is slowly transitioning back to offering on-site visits in addition to the on-going use of Telehealth as allowed in response to the pandemic.
- In late 2019, UCBH informed the community of UHS' plan to terminate their OP service arm. Because of the momentum, service experience and rapid response ability of CCR being in place with the start of Walk-In Assessment Services, Centre County transitioned CIS services (phone and mobile additions for CCR) to CCR effective January 2, 2020. UCBH's OP Site in Bellefonte was closed effective February 2, 2020.
- Complements to CCR for their solid and rapid response to and help through UCBH's closure. CCR's partnership and taking of the known phone number already attached to Centre County Crisis helped to make this transition smooth.
- CCMH complements the high-level transition work and coordination that occurred throughout UCBH's OP closure and transition process. Many partners' support and help in this process are appreciated.
- CenClear secured a new site in Bellefonte, the town that UCBH OP Services had previously been provided in, which further supports a large number of individuals whose community mobility was also impacted during this transition. CenClear was utilizing the Matternville/State College Site in their transition. The Bellefonte site

- opened in May of 2020 and is slowly transitioning back to offering on-site visits in addition to the on-going use of Telehealth as allowed in response to the pandemic.
- CCMH's Administrative Case Managers (ACMs) are each involved in various community meetings/committees which focus on specific needs including forensic, housing, employment and community involvement. This is a way for ACMs to stay current, not only on the needs of adults, but also the strengths, activities, community supports and training opportunities that are available.
 - Adult Mental Health First Aid and Question, Persuade and Refer (QPR) classes are being offered readily within the community as the result of efforts by a local provider, Peerstar, and the Jana Marie Foundation.
 - CCMH has two county/block grant-funded Representative Payee options to offer individuals. A third Representative Payee option is also available in the county for individuals to access independently. This agency additionally offers Money Management services. This service also supports individuals who are involved with our Intellectual Disabilities, Drug and Alcohol, Children and Youth, Aging, Adult Services and Housing partners.
 - Mobile and Site-Based Psychiatric Rehabilitation services continue to be utilized on an increased basis within the county. These services are supported with Supplemental Service funding made available through CCBH and county/block grant funds. These services are widely used by individuals involved with all of our county block grant partners.
 - Mobile Psychiatric Rehabilitation expansion has been occurring in Centre County due to an increase in request of individuals accessing the service and the positive feedback on the service being provided on a mobile basis, especially in rural areas.
 - All Psychiatric Rehabilitation Service Providers continued to offer services via Telehealth during the pandemic and are slowly transitioning back to site and mobile-based services.
 - Due to the main campus of The Pennsylvania State University (PSU) being located in Centre County, CCMH interacts with the student population routinely, with all services. Whenever possible, students' insurances are utilized and/or they are referred for Medical Assistance benefits to support their services. County/block grant funds are used to further support this population, especially with crisis intervention and delegate services. These services are used on an increased basis by students, their families and PSU staff.
 - CCMH continues to support PSU's crisis and emergency needs. The internal crisis system provided by PSU continues to support students and their families via phone and text on all of their campuses within the Commonwealth. These costs are absorbed by the county thru block grant funds.
 - Located in Centre County are two State Correctional Institutions (SCIs). CCMH works in conjunction with both SCIs to support the mental health service needs of individuals that are incarcerated and individuals transitioning from these facilities back to their home counties. CCMH expends county/block grant funds to provide Involuntary Inpatient and Outpatient Commitment support to both SCIs.

- CCMH is starting to see a rise in the number of SCI contacts informing of an inmates potential release date. CCMH appreciates the communication as it helps with coordination of care and readiness upon the returning citizen's release.
- SCI Rockview contained a MH Unit that was closed effective October 31, 2019, which has significantly reduced the shared commitment activities. CCMH now supplies only 302 commitment support to the local SCIs. If 302s are approved, the inmate is transferred to another facility for MH Care.
- Centre County continues to provide housing support for individuals with mental illness with Housing Contingency funding provided through county/block grant funds and through health choices reinvestment.
- DeClutter services are utilized by individuals and families that need direct housing support. They can be very useful in helping people to maintain their independent housing and housing vouchers.
- CCMH provides funding for vocational training, supported employment, Transitional Employment Placements and competitive employment through job coaching, psychiatric rehabilitation, case management and CRR services.
- CCMH and Intellectual Disabilities Employment Committees continue to join efforts to promote employment opportunities and outcomes for youth, transition-age, adult and older adult individuals.
- The Career Discovery Model was not sustained in FY 19-20 due to lack of referrals and staff changes.
- CCMH supports three Community Residential Rehabilitation (CRR) sites operated by two distinct providers. All sites provide rehabilitative skill-building services. CRR sites are utilized by the community for individuals being discharged or diverted from the state hospital and correctional facilities. Referrals from these sources are consistently the priority. Centre County Housing Authority continues to support the application of housing vouchers to the CRR programs which support individual transitions to independent living.
- CCMH utilizes four independent crisis transport providers due to the increasing denials from ambulance to provide emergency crisis transports. These independent providers are supported with county/block grant funds.
- CCMH currently holds four crisis transport contracts, three are certified as Constables and the other as an MATP Service Provider.
- CCMH and Mount Nittany Medical Center (MNNMC) share crisis transportation providers through separate contracts.
- Mobile Medication Management services have been successful in Centre County as evidenced by the increase in utilization and feedback received. CCBH and CCMH fund this service. For CCMH, costs associated with this budget declined from the previous FY, but remain consistent. This was impacted, in part, due to staff transition and the pandemic.
- In addition to CCBH, CCMH supports Consumer Satisfaction Surveys for case management services on a bi-annual basis. CCMH consistently receives positive feedback from these surveys. There were 81 respondents to the FY 19-20 survey.
- CCMH currently maintains a Blended Case Management (BCM) Staff complement of 7 due to transitions.

- The ebb and flow of BCM Referrals and the staff transitions within the BCM Unit are constantly monitored and balanced as best able.
- BCM Services provided thru CCMH continue to be primarily provided via Telehealth as a result of the pandemic.
- CCMH's Program Specialist and Case Worker 3 positions continue to develop and benefit the program's services and integrity this past year in continued focus on the Forensic Population, Quality, and Community Outreach activities.

Needs:

- The momentum that the Centre County Walk-In Assessment Center was starting to obtain, has been impacted significantly due to COVID-19. Retained Revenue funds approved for the 19-20 FY supported service start-up and county block grant funds will be utilized to sustain this service which continues to reflect higher county units versus Medicaid units each month.
- Centre County CIS also experienced a significant decline in activity due to COVID-19 shut down and safety concerns, as did the local Emergency Department (ED) at Mount Nittany Medical Center (MNMC).
- The need for Delegate Services was low, but steady. A decline in commitment process activities due to safety concerns were also noted by the ED.
- Amendment to the Mental Health Procedures Act that allows for Physician Extenders, specifically Certified Psychiatric Physician Assistants (PA) in Centre County's case, to provide oversight to involuntary commitments (testimony, treatment and monitoring)
- Oasis Lifecare, the above-mentioned integrated (MH-PH) provider in Centre County, is currently supporting Involuntary Outpatient Commitments (IOCs) to their duration which has helped to support the initial IOC period. However, Oasis Lifecare is unable to do any modifications or extensions to the IOCs due to the limitations of the MHPA.
- Oasis Lifecare looks for opportunities to secure partnership with psychiatrists that are willing to help Oasis further support IOCs within Centre County.
- The fact that the psychiatrist and PA that were impacted by UCBH's OP closure secured employment with the OP provider that transitioned over 1,000 of the individuals also impacted by UCBH's closure, CenClear, was hugely supportive of all individuals, but for those on an IOC as well. The psychiatrist and PA, in support of both providers, seamlessly helped to transition large numbers of people, including people on IOCs, people on injectable medications and long-term, "med check only" individuals that expressed their desire to continue on that path.
- CCMH lost several IOCs this past year due to the community psychiatrist not being supportive of an extension despite acknowledged need. CCMH has made it a practice to submit the petition request to the psychiatrist, requesting documentation of their lack of support to extend. There are many reasons cited in these exchanges: lack of time, lack of teeth under the IOC, that people need to be hospitalized instead, that providers don't have the ability to support high-need individuals, that the person on the IOC and/or their family does not support the treatment plan under the IOC, that providers do not want the intense responsibilities especially of the person is on an injectable, etc.

- CCMH and CCBH are partnering to issue an RFP for an OP Provider to replace the loss of UCBH. While two primary OP providers, CenClear and Oasis Lifecare, took the bulk of individuals transitioning from UCBH, timely access and capacity issues remain across the board. This especially holds true if referrals are made that are viewed as being too challenging and/or time-consuming for example, such as, with IOCs and people on injections, which is why the RFP will focus in part, on this specific need within the community and on school-based OP services as has also been identified through the Centre County Children's Collaborative.
- The OP RFP Issuance is delayed due to COVID-19, but is anticipated this summer.
- Centre County will continue to explore options to expand psychiatric service-delivery in the community. CCMH and CCBH will continue to collaborate in the expansion process to support county/block grant funded, CCBH-eligible and third party insured individuals.
- CCMH continues to seek transportation linkage options for individuals that do not have access to public transportation.
- Expand community mobility options in the rural community.
- Centre County will continue to develop an array of residential service options for individual choice and unique level of care needs.
- Block grant partners are furthering housing support opportunities in support of all ages of individuals who use county services.
- Centre County will continue to collaborate with the Department of Corrections to ensure continuity of services with their home counties for individuals being released from Centre County's local SCIs.
- Additional funding to support the cost of the hearings (increasing) associated with the two local SCIs. PLEASE NOTE: While these costs did impact CCMH's FY 19-20 budget; SCI Rockview closed its MH Unit effective October 31, 2019. As a result, hearing costs have ceased and the only commitment support that Centre County now provides is for 302 commitment requests.
- The more awareness that the SCI System At-Large can offer, the better prepared CCMH can be to help support transitions – which benefits all returning citizens.
- There are no ambulance companies that are willing to transport for commitments. This is a growing issue in Centre County for both the community and the ED whose admitting facilities are largely secured offsite. MNMC maintains an adult inpatient BH Unit of 12 beds.
- CCMH has researched existing programs within the Commonwealth and plans to create a Crisis Residential Service option in Centre County. There has been a need for this service to reduce hospitalizations, reduce incarcerations for individuals with mental illness and provide a diversion option for the crisis intervention provider, local first responders and the local emergency department.
- The above continues to be an area of focus for CCMH after an attempt to combine this service with the Crisis Diversion Services RFP that was issued earlier in 2019 and in which yielded no responses.
- Secure contracts with Outpatient Providers that accept Medicare and the Medicare rate for payment of services. This is needed for individuals that are only insured under Medicare to save additional out-of-pocket expenses and individuals that are

dual-eligible (Medicare and Medical Assistance (MA)), so that MA funding can provide full supplement for the payment of the service.

- Re-develop contract negotiations with PSU to offset costs of crisis services.
- CCMH has been experiencing consistent staff turnover in Blended Case Management. CCMH will identify opportunities to enhance staff retention.
- CCMH recognizes the continued resistance within the behavioral and physical health care communities that exists especially when people present with challenging or aggressive behaviors. When individuals are identified as such, many levels of service: inpatient, outpatient, mental health, drug and alcohol and medical for a few examples deny individuals access. It is imperative that people are given access to the treatment that they need even if that means that systems have to bend some to accommodate. These situations lead CCMH to continually have to think and build outside of traditional boxes and develop unique, creative plans, especially in partnership with the community at-large in Centre County. CCMH appreciates the ear and support that OMHSAS brings to these situations. CCMH appreciates the ear and support of our local managed care entities as well as they help build what is needed in unique and creative manners as well.
- CCMH is in a position of having to offer/utilize county block grant funds in order to secure and fund the un-MA-billable time that is lost when psychiatric time is needed to support involuntary commitment processes and modifications.
- Overtime, through experiences with IOCs and changes in the OP environment, CCMH has encountered the challenges that exist in matching and balancing programmatic need with fiscal need and county reporting responsibilities.

Transition-age Youth (ages 18-26)

Strengths:

- CCMH participates in annual transition events for students that are graduating from local high schools and their parents. These events are being scheduled by each of the five local school districts.
- Psychiatric Rehabilitation Services are designed around the Transition-age Youth (TAY) population through local provider work. Skills focuses on this population thru every MH service they provide, an area of strength.
- Centre County offers a youth homeless shelter and Independent Living Program
- Certified Peer Specialist services specific to transition-age youth are being implemented by local providers in Centre County, CenClear and Skills who provides peer support through psychiatric rehabilitation services. Additional CPS Providers include SFI who has submitted their intent to terminate their peer service provision effective June 30, 2020 and Peerstar who is available for Medicaid-eligible individuals.
- Centre County began Children's Collaborative and Team Meetings have been beneficial for individuals in transition. The meetings provide a forum to inform of opportunities and allow the young adult to make informed decisions. This promotes choice and unique personal benefits.

- CCMH and Peerstar will potentially be enhancing their partnership thru the FEP Grant. Peerstar has extensive insight and community service provisions to the benefit of a wide array of populations that CCMH plans to explore further.
- Opportunity Centre Clubhouse holds evening hours devoted to transition-age youth activities.
- Opportunity Centre Clubhouse is building activities around the needs specific to individuals diagnosed with Autism Spectrum Disorders.
- The MH Forensic Program Specialist participates in transition-age youth meetings with the county forensic, court, legal, behavioral health and children and youth partners.
- Certified Peer Specialist (CPS) service providers are engaging transition-age individuals in peer support activities.
- CCMH's Administrative Case Managers (ACMs) are each involved in various community meetings/committees which focus on specific needs including forensic, housing, employment and community involvement. This is a great way for the ACMs to stay current, not only on the needs of transition-age youth, but also the strengths, activities, community supports and training opportunities specific to this population.

Needs:

- One struggle CCMH faces is the need for more affordable housing for the transition-age population who want to be independent and work on their own recovery and resiliency in a supportive and positive manner. This can be highly challenging when an individual is identified as “high risk” or if they don't have regular monthly income.
- An on-going need, which is frequently voiced by individuals in Centre County, is the lack of access to public transportation. Individuals can utilize county transportation for their medical appointments if they have Medical Assistance or pay out of pocket, which is commonly cost-prohibitive. There is a Centre Area Transportation Authority bus system; however, it is not available in the rural areas of this community.
- Individuals that are eligible for MATP are also eligible for a program unique to Centre County that supports monthly bus pass expenses that person can independently attend their medical appointments via use of the bus pass three times or more per month. It is a nice benefit that Centre County promotes.
- CCMH currently has had 10 transition-age individuals incarcerated in the Centre County Correctional Facility thus far this FY. There are zero at this time.

Children (under age 18)

Strengths:

- The Children's Collaborative initiative in Centre County has been successful in engaging Early Childhood Mental Health (ECMH), daycares, school districts, charter schools and private schools in discussions regarding and education of each other's respective systems. While highlight remains on applying Children and Adolescent Service System Program (CASSP) principles to the service-

- delivery, youth and families are now leading their chosen paths under the auspice of informed decision-making from both the educational and behavioral health
- Centre County Youth Service Bureau (YSB) continues to co-facilitate team meetings, to put the focus back on youth and families and to help move the Children's Service System forward in a manner that empowers youth and family. This new partnership allows for an increase in supports through the expertise that YSB brings in family engagement and their vast knowledge of family supports that exist in the community. Families are now able to access Family Group Decision Making and Rapid Family Conferencing offered through YSB and funded by Centre County Mental Health (CCMH) as part of the new partnership. The Children's Program Specialist (aka CASSP Coordinator) for Centre County is partnering in the leadership of this new service. Requests are increasing and have continued throughout the pandemic. Meetings occur virtually and service linkage continues. Additionally, youth, families, natural supports and providers are providing positive feedback and schools are requesting follow-up meetings.
 - CCMH is pleased with the service and partnerships that have resulted from the formation of the Children's Collaborative.
 - One service that was developed through this collaborative is the ECMH/CASSP Behavioral Health support service as provided through county contract/block grant funds with Penn State University's (PSU) Clinical Staff expertise that goes onsite to daycares in the community to provide behavioral health support. This support has been able to sustain same site day care placement for two infants thus far. This service is a current pilot project for CCMH.
 - This service is available now for youth up thru their transition to Kindergarten as well, as CCMH is able to supply funding. CCMH assesses requests in partnership with Centre County Early Intervention and PSU.
 - The Children's Collaborative has held six community meetings thus far. Topics have focused on the drive of the meetings themselves as identified through the robust discussions that have ensued. These meetings need little prompt to strike the robust discussions that have consistently occurred and little attention to agendas as they lead themselves.
 - Trainings have also been offered across all stakeholders and all meeting member feedback. Trainings have included Trauma, Neurologic applications for individual impacted by trauma, systematic insight (both educational and behavioral) and community awareness.
 - The strength is Centre County undoubtedly remains in its extensive partnerships.
 - SAP completed 113 screenings during the 2019-2020 school year.
 - CCMH had 9 individuals utilize respite. Of those 9, 5 individuals were new.
 - Centre County had 11 individuals placed out of their homes at Residential Treatment Facilities. Of those, 1 was a transfer to Centre County from a different county, 1 was discharged back home and 1 was discharged to a Therapeutic Foster Home with an overall goal of returning home.
 - Youth Mental Health First Aid and Question, Persuade and Refer (QPR) classes are being offered readily within the community.
 - SFI provides support to weekly parent support groups for the community.

- CCR and NAMI are looking to partner to grow family engagement.
- NAMI's long-term leader in Centre County passed away and left big shoes to fill in this area. New leadership is arising which are promoting additional approaches and philosophies within the community.

Needs:

- CCMH greatly benefits from more input and communication from local school districts. Conversations are robust and influence and guide service provisions and enhancements.
- CCMH needs the voices of children, adolescents and families for developing services, on-going discussions regarding the service delivery system and advocating for familial needs.

Individuals transitioning from state hospitals

Strengths:

- Centre County has the lowest number of individuals being at Danville State Hospital two years or more in comparison to the entire catchment area.
- Centre County continues to dedicate a significant amount of time and effort to state hospital diversions, admissions, discharges and oversight thru liaison activities and administrative oversight.
- CCMH is fortunate to have the support of providers in making a priority of transitioning individuals utilizing state hospital services back to their home community. Primary support comes from CRR, Psychiatric Rehabilitation, Representative Payee, Targeted Case Management, outpatient, behavioral consultation, peer support, medication support and crisis intervention providers. Individuals making this transition go through an extensive Community Support Plan (CSP) process that includes evaluation and planning from the individual directly, their loved ones, clinical teams from the state hospital, the home county and any other party that the individual deems as a natural support. The individual CSP Plan is a document that is amended as needed throughout the hospitalization and then followed in support of a person's discharge from the state hospital. It focuses on the whole person and follows Community Support Program Principles. CCMH supports a DSH Liaison and administrative oversight that puts forth effort to monitor state hospital admissions and discharges, provide, at minimum, monthly support to individuals utilizing DSH services and divert individuals from the state hospital. The liaison monitors people that have been discharged from the state hospital to the community to ensure that the needs identified within their unique CSP are being provided and supported. CCMH is currently providing support to a total of seven individuals in Danville State Hospital.
- CCMH maintains consistent communication with all of the partners associated with state hospital activities to provide better coordination of care for the individuals that we support collaboratively.

- The liaison brings community partners to DSH to facilitate communication, discharge planning and CSP process support.
- CCMH carries a bed cap of seven at DSH. This low bed cap was not a concern previously as the counties in that catchment area hold a strong relationship and mutually agreed to share beds. This meant that individual counties were not held to their bed caps when requesting admission(s). Due to this low bed cap and the risk of it being reduced further, CCMH is not in a position to apply for additional CHIPP funding if/when made available to the DSH catchment area in the future.
- The above continues to be a conundrum for CCMH – not being able to access new dollars to the community-based system that is needed through Community Hospital Integration Project Program (CHIPP) and all state hospital discharges if the county does not agree to further bed reduction at DSH.
- CCMH submitted a CHIPP Proposal twice this FY, but were denied both times since the proposal did not reflect a bed reduction nor was it agreed upon in OMHSAS' verbal response to the submissions.
- CCMH will explore gathering community input on how to proceed with CHIPP funds. We want to educate the community on how CHIPP funding works and review weighing the enhancements to community services and the loss of a bed at DSH.

Needs:

- Individuals transitioning from the state hospital identify most with the need for housing support. CCMH continues to identify ways to develop a wide array of housing options so that individuals transitioning from the state hospital can be supported with housing that meets their unique need and choosing.
- It would be highly beneficial to individuals, transitioning out of state hospitals or correctional facilities, if County Assistance Offices and the Social Security Administration would create an early application process. This would allow the appropriate supports to be in place the day of discharge/release. The delay in individuals being deemed eligible for Medical Assistance and Social Security benefits can be lengthy and jeopardize individual's access to medications, services, supports and income. CCMH does provide funding to support individuals experiencing difficulty in obtaining benefits upon their return to the community.
- Flexibility with bed availability at DSH that reflect individual and county need over administration responsibilities.
- CCMH needs the support of OMHSAS to modify and support what is needed based upon the communities' need and feedback. CCMH needs the flexibility and insight to supply creative approaches to the needs that exist within the community.
- CCMH experiences barriers especially with individuals being identified as "high risk". When issues arise, CCMH is expected to handle them. Issues are mounting which produce long periods of time for people sitting in the ED awaiting treatment, people not getting the treatment they need at all because an admitting facility cannot be secured, people being discharged back into the community with little plan or support, inpatient units discharging people prematurely because they do not want to wait for the length of time it takes for someone to be admitted to the state hospital or even acknowledge state hospital as a resource in itself. It is difficult to

achieve positive outcomes without full partnership support, openness and consistent communication.

Individuals with co-occurring mental health/substance use disorder

Strengths:

- CCMH contracts with a local provider, Crossroads Counseling, that provides outpatient psychiatric and therapy services to individuals that are diagnosed with a co-occurring disorder. This provider carries a mental health and drug and alcohol license. Crossroads is certified as a Trauma-Informed Care Center through managed care on the D&A side of services.
- There is a strong mental health and drug and alcohol partnership in Centre County. Both maintain a strong presence in Student Assistance Program (SAP), Children's Collaborative Advisory Board, County Jail Re-Entry meetings, Criminal Justice Advisory Board and Behavioral Health Alliance of Rural Pennsylvania workgroup meetings, just to name a few.
- CCMH and Drug and Alcohol share office space which enhances collaboration and access to services to the individuals we serve.
- CCMH provides Administrative Case Management (ACM) services to individuals that are receiving co-occurring services to ensure continuity of mental health and drug and alcohol services.
- Co-occurring services are delivered to individuals that are incarcerated in the county jail via individual and group treatment options.
- Individuals under this population access Centre County's DUI and Drug Court Programs.

Needs:

- CCMH will look for service expansion opportunities to further support individuals that are diagnosed with mental health and drug and alcohol disorders.
- Develop a specialized case management position that supports the needs and interests of the co-occurring population.
- Continue to develop co-occurring initiatives in conjunction with partners from Centre County D&A as available through block grant opportunities, retained revenue, reinvestment and HealthChoices.

Criminal justice-involved individuals

Strengths:

- CCMH provided continuity and collaboration with the forensic population by supplying a Mental Health Program Specialist that functions as an ACM on-site at the Centre County Correctional Facility(CCCF) half time.
- CCMH contracts with a local provider to provide mental health treatment and education groups in the CCCF with block grant funds, Crossroads Counseling.

- CCMH contracts with a provider who renders individual outpatient and consultation services to individuals who are incarcerated and staff at the CCCF, PSU Psychological Clinic. These services are provided with HSBG funds .
- Currently, there are 20 individuals who are active with CCMH and are incarcerated.
- CCMH tries to engage individuals in treatment that are coming into contact with law enforcement in an attempt to divert from incarceration. These efforts have always been in place, but have increased significantly with the growth of Crisis Intervention Team (CIT) in Centre County.
- The CIT Coordinator position falls under the responsibility of the Centre County Criminal Justice Planning Office.
- The MH Program Specialist participates in the Re-Entry Coalition, BARJ (Balance and Restorative Justice), Children's Roundtable, Transition-Age Youth, CIT Steering Commitment Meeting, Project Point of Light Team Meetings, Stepping Up Initiative and a Mental Health Review Meeting at CCCF.
- Centre County is dedicated to the Stepping Up Initiative with all of its county and community partners – Criminal Justice Planning, Commissioners, CCCF, Court Personnel, etc. MH has engaged a family member/advisory board member to participate in the steering committee activities associated with this initiative.

Needs:

- Individuals that are incarcerated consistently request assistance in finding housing and support for their transition out of the correctional facilities. Individuals are eliminated from the Housing Authority support due to their criminal justice involvement. CCMH frequently support individual's transitions from CCCF with Community Residential Rehabilitation (CRR) and Supported Living services. CCMH needs to find funding avenues to secure additional housing options for this population.
- Master Leasing and/or Bridge Housing grant opportunities need to continue to be explored by Centre County's Housing Specialist. Communication continues with the Specialist for this need.
- CCMH is experiencing a rise in these request from the SCI population as well.

Veterans

Strengths:

- CCMH has been able to enhance its partnerships with Veterans Affairs through committee work in Suicide Prevention Task Force, Zero Suicide Initiative, Mental Health Community Committee, American Foundation for Suicide Prevention, local trainings and participation in the Veterans Affairs (VA's) Mental Health Summits.
- The development of the VA's Multi Service Centers, mobile services (peer and case management) and Outpatient Clinics provide local access and services to veterans, which provides a great deal of mobility assistance in rural communities.

- CCMH offers their full service array to the veteran population.
- CIT training offers first responders insight into supporting veterans in crisis and provides service linkage options for veterans that they encounter in their day-to-day interactions.
- CCMH partners with the County VA Director as needed in support of veterans that want to access VA and MH benefits and services.
- CCMH and the County VA educate one another on resources and services.

Needs:

- CCMH benefits from receiving up-to-date information and education on the resources and services that the Veteran's Affairs/Administration (VA) has to offer. The VA has been implementing additional services that CCMH can offer as resources to local veterans. CCMH will continue to partner with VA staff to secure this information and build the partnership that exists.
- Share knowledge, insight and resources surrounding suicide prevention initiatives.
- Continue to partner in the development of trainings in the community that our mutual populations desire.

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

Strengths:

- LGBTQI expertise is growing in the area especially within the residential, outpatient and inpatient settings. These services and school districts through the Children's Collaborative meetings communicate their development, enhancements and skill-building as needed to know how to better support individuals who identify themselves in this category.
- Local network providers discuss their setting and service enhancements along these lines routinely.
- Several local therapists are available through private insurance and HealthChoices to provide local access to specialized therapeutic services to local school districts.
- CCMH takes advantage of trainings that are offered by or for this population within the community. Training access has ceased in 2020.

Needs:

- Develop avenues to engage individuals with the LGBTQI community that exist at Penn State University, local school districts and local inpatient units.
- Develop peer support training opportunities for this population through the process.
- CCMH is seeing an increase of individuals identifying themselves within this population and; therefore, will continue to seek and develop supports and services that help providers develop competencies.

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

Strengths:

- CCMH has an array of providers that are racially, ethnically and linguistically competent in their service delivery that people of all ages are able to access with their private or public insurance and/or county/block grant funds.
- Penn State University brings people to Centre County with a wide variety of backgrounds and minorities which CCMH recognizes and supports competently with delivered services.
- CCMH has the ability to link individuals to Mid-State Literacy which enhances minorities' independence, support and engagement in the community.
- Due to PSU, Centre County's more rural areas are supporting minorities with affordable housing, community mobility, community participation, education and basic life needs.
- CCMH is increasing its awareness with the expertise that local school districts have had to develop to support all of their students through Children's Collaborative Meetings that are being held in Centre County.
- This awareness is also being brought to the early education providers through these meetings which further enhances abilities by the time a youth starts Kindergarten.

Needs:

- CCMH will continue to seek resources to offer individuals further supports and services unique to their race, ethnicity or language.
- CCMH will seek trainings to enhance awareness of the needs of minority groups and adjust the service-delivery system as needed to support the unique needs of all individuals requesting services.
- Develop linkage options for individuals who need interpreter services.
- Develop health education materials that are language-appropriate with our partners at PSU, Mount Nittany Health and local school districts.
- Explore technological options that the county could look to develop with block grant funds.
- Continue to promote the dignity and worth of all persons within the service delivery system.

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

Yes No

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)

Zero Suicide

- The committee obtains monthly, on-going data related to suicide from CIT, Can Help Crisis Intervention and Delegate Services, community providers, PSU, the Coroner's Office and other partners. This committee partners with the Suicide Prevention Task Force, the American Foundation for Suicide Prevention and Mount Nittany Health.
- The surveys additionally assessed the comfort levels and confidence that employees of all ranks within an organization have (or don't have) as it pertains to recognizing, discussing, evaluating, handling and supporting individuals that are at risk of suicide when they are encountered. Organizational procedures and utilized suicide screenings were solicited as well to get a handle on what training, resources and support needs exist within the Centre County Community.
- The committee continues to identify physical health care partners and evaluate an array of suicide screening tools that will be beneficial as a standardized tool.
- This committee hosted Shared Decision-Making training presented by the Healthcare Council of Western Pennsylvania.
- A Zero Suicide Toolkit is available for use in Centre County. COVID-19 has impacted the marketing and dissemination plans made by the steering committee, but will be on hold at least until the impact of the pandemic on healthcare is minimized.

Suicide Prevention Task Force

- This coalition's membership is strong and active and holds a presence within the community. This group raises MH Awareness, collects data, and impacts the stigma associated with mental health. SPTF has rack cards, business cards, and brochures that talk about the task force and ways to get involved.
- This coalition is currently focused on raising awareness through marketing with local veterans clubs and restaurant establishments and developing Public Service Announcements and a social media campaign.
- Mental Health First Aid (MHFA) for both adults and youth and Question, Persuade and Refer (QPR) trainings are being offered throughout the community
- QPR Training is being planned for local bars/bartenders to help them identify signs of people they encounter that may be struggling.

American Foundation for Suicide Prevention (AFSP) on-going activities and support

- Centre County is fortunate to be part of an active AFSP Chapter. The leadership and volunteerism within this Chapter is strong and knowledgeable.
- The Chapter networks heavily locally, regionally and commonwealth-wide and engages the community regularly in local activities such as the annual Out of the Darkness Walk, holding anti-stigma events, bringing speakers to the area to highlight mental health, showcasing films that generate discussion surrounding mental health and educating the community at-large.

PA Act 36 of 2018, The Employment First Act requires:

State and county agencies and entities providing publicly funded education, training, employment and related services and long-term services and support for working-age Pennsylvanians with a disability that provide services and support to individuals with a disability to coordinate efforts and collaborate to ensure that State programs, policies, procedures and funding support competitive integrated employment for individuals with a disability who are eligible to work under Federal or State law.

When serving adults with severe mental illness (SMI) or children with severe emotional disturbance (SED), please describe how the county/joiner supports employment by providing the following:

1. Please outline the process the county/mental health case management system uses to identify and connect individuals with SMI to federal block-grant funded supported employment services.
 - CCMH and SFI Case Management Units connect individuals with supported employment services thru several channels:
 - The Office of Vocational Rehabilitation maintains and dually-staffs a satellite office located on-site with the MH/ID/EI-D&A Office in Centre County
 - OVR and CCMH contract with Skills who provides skill development, job development, job support, job coaching, individualized employment support and Transitional Employment Placement.
2. What issues do individuals with SMI whom the county serves indicate they experience in connecting with the Office of Vocational Rehabilitation or CareerLink?
 - CCMH hears positive feedback for the most part. The most notable trend over the past few years has been associated with OVR funding cuts which minimized the offerings that OVR had previously supplied such as school or career change/building assistance.
 - CareerLink is notable for their free offerings of technological development.
 - CareerLink maintains an office in proximity to CCMH/OVR, so their services are readily accessed by individuals in the community, professionals and behavioral health staff.
3. What activities does the county/mental health case management system perform to partner with school districts in support of pre-vocational activities identified on the Individualized Education Program (IEP) of students with SED or SMI?
 - Centre County MH and ID share an Employment Committee and Transition Committee that work in harmony with local school districts, CIU 10, youth and families. These committees hold annual opportunities for youth and families' awareness of the services and supports that are available to them.
 - These activities effectively engage youth and families with their chosen service paths.
 - They have also provided awareness to other areas of life such as income, estate planning, guardianship, dental care services, etc.
4. Does the county have a mental health point of contact for employment services?
 Yes No

Yes, two – MH Program Specialist that covers all ages and MH Services Assistant Administrator for more specialized support needs or awareness

c) 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 FY19-20 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, FY19-20, until the submission of next year’s planning documents.)**

1. Capital Projects for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15-30 year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e., an apartment building or apartment complex).									
Project Name	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20 (only County MH/ID dedicated funds)	Projected \$ Amount for FY20-21 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY20-21	Number of Targeted BH Units	Term of Targeted BH Units (e.g., 30 years)		Year Project first started

811 Project	HUD, DHS, PHFA	\$0	\$0	5	8	8	lifetime		2017
Notes:									

2. Bridge Rental Subsidy Program for Behavioral Health					<input type="checkbox"/> 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)	<i>Total \$</i> Amount for FY18-19	Projected \$ Amount for FY20-21	Actual or Estimated Number Served in FY18-19	Projected Number to be Served in FY20-21	Number of Bridge Subsidies in FY18-19	Average Monthly Subsidy Amount in FY18-19	Number of Individuals Transitioned to another Subsidy in FY18-19	Year Project first started
Notes:									

3. Master Leasing (ML) Program for Behavioral Health				<input type="checkbox"/> 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 FY18-19	Projected \$ Amount for FY20-21	Actual or Estimated Number Served in FY18-19	Projected Number to be Served in FY20-21	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY18-19	Average Subsidy Amount in FY18-19	Year Project first started
Notes:									

4. Housing Clearinghouse for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
An agency that coordinates and manages permanent supportive housing opportunities.									
	Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY18-19	Projected \$ Amount for FY20-21	Actual or Estimated Number Served in FY18-19	Projected Number to be Served in FY20-21			Number of Staff FTEs in FY18-19	Year Project first started
Notes:									

5. Housing Support Services (HSS) for Behavioral Health				<input type="checkbox"/> 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 FY20-21	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY20-21			Number of Staff FTEs in FY18-19	Year Project first started
Representative Payee	County/block grant funds	\$22,000	\$18,000	28	30			2	2009
DeClutter	County/block grant funds	\$28,000	\$28,000	25	25			2	2009
Notes:									

6. Housing Contingency Funds for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings, and other allowable costs.									
	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY18-19	Projected \$ Amount for FY20-21	Actual or Estimated Number Served in FY18-19	Projected Number to be Served in FY20-21			Average Contingency Amount per person	Year Project first started

BHARP	reinvestment	\$10,626.25	\$10,000	26	28			\$442.76	2011
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 FY18-19	Projected \$ Amount for FY20-21	Actual or Estimated Number Served in FY18-19	Projected Number to be Served in FY20-21			Year Project first started

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 FY 19-20 plan.
 - a. Priority 1: **Zero Suicide**
 - A Zero Suicide Toolkit is available for use in Centre County. COVID-19 has impacted the marketing and dissemination plans made by the steering committee, but will be on hold at least until the impact of the pandemic on healthcare is minimized.
 - b. Priority 2: **Crisis Diversion (Assessment and Residential) Services**
 - Centre County's Crisis Assessment Service was awarded to Center for Community Resources (CCR) and was officially up and running December 15, 2019, thanks to the expedited processing support provided by the Office of Mental Health and Substance Abuse Services (OMHSAS) and Community Care Behavioral Health Organization (Community Care). To date (June 10, 2020), 132 individual encounters have occurred thru the walk-in site. The impact of COVID-19 on the walk-in site began on March 23rd with the Governor's Stay-at-Home Order; 35 walk-in encounters have occurred since that time. The provider of this service, CCR, continues to develop the utilization of walk-in services and has continued to broaden its partnerships within the community. This service addition for Centre County continues to hold excitement around this service's availability and has yet to determine its full potential, in these early stages and due to the pandemic.
 - Centre County still focuses on opportunities to achieve the full initial vision of being able to offer Crisis Residential Services in the array of Crisis Intervention Services delivered in Centre. This can only be accomplished as funding permits between county and HealthChoices.
 - CCR now operates all CIS in Centre County – walk-in; phone and mobile.
 - CCR maintained the same Centre County Crisis Line phone number that had been previously used and known which furthered the seamless transition of CIS that ensued.
 - c. Priority 3: **Suicide Prevention Coordinator**
 - CCMH has been unable to make any progress on securing this position due to limited block grant funds and now the pandemic.
 - CCMH does continue to actively participate in all suicide prevention activities within the county.
 - d. Priority 4
 - e. Priority 5
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 FY 20-21 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.
- 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. (Identify Priority): Crisis Residential Services

X Continuing from prior year New Priority

- CCMH has looked at, discussed and researched this service for the past couple of years based upon it being identified as a service gap in Centre County by individuals who utilize services, families, providers, the local hospital and crisis intervention services.
- CCMH has held multiple discussions locally and regionally to identify potential partners in and surrounding Centre County. Discussion have occurred with adjacent counties, BHARP, CCBH, MNMC – ED and BHU staff, MNH, Crisis Intervention and Emergency Services and local providers and individuals.
- CCMH has toured several crisis diversion and stabilization centers that currently provide these types of services in Central and Western PA.
- The service description entails multiple facets and approaches to this service being delivered to include assessment and housing services and supports. It reflects opportunities that exist for diversion from the emergency department, inpatient units and incarceration. Law Enforcement, CIT, Mobile Crisis Intervention Services and the community will have another access point which will alleviate some of the pressure that is being felt in the local hospital and county correctional facility.
- Data is currently being collected from Crisis Intervention and Emergency Services, CCBH, CIT and MNMC/MNH. This is being sought for insight into the reported service gap, targeted impact areas, generating baseline data for future comparison and expansion opportunities.

Timeline:

- Once funding between the county and HealthChoices is secured

Fiscal and Other Resources:

- Several funding streams are being explored at this time. They include: CCBH – supplemental and MA, MA FFS, retained revenue, county/block grant funds, reinvestment thru BHARP, PSU and avenues to generate revenue.
- Reimbursement thru private insurance will be sought once data reflects a reduction in emergency and inpatient services.

Tracking Mechanism:

- Develop baseline data.

- Once services are implemented, compare data against baseline and focus on the following:
 - Utilization of services by Crisis Intervention, CIT and the community in general
 - Diversion from MNMC ED
 - Diversion from inpatient
 - Diversion from incarceration
 - Linkage to community-based services (outpatient, psychiatric rehabilitation, case management, peer support, etc.)
 - Stability and engagement of individuals utilizing the service
 - Transitions to permanent or transitional housing

2. (Identify Priority): **Suicide Prevention Coordinator**

X Continuing from prior year New Priority

Narrative including action steps:

- As deaths by suicide are on the rise locally, within the Commonwealth and nationally, the Centre County Mental Health Community is focused on enhancing prevention efforts and raising mental health awareness. The Mental Health Community Committee (MHCC) created a website and event calendar for collaboration in marketing and disseminating information related to mental health awareness, education, training and marketing events/activities. MHCC and all of its membership continue to provide mental health trainings that promote awareness and educate the community on the service-delivery system and available services and supports, educate the community on how to access services and how to handle mental health emergencies when they are encountered and how to support someone dealing with mental health needs. The Suicide Prevention Task Force and Zero Suicide Steering Committee focus on suicide prevention efforts to reduce and hopefully ultimately eliminate deaths by suicide. As this critical public health issue is being acknowledged and addressed, the need for a Coordinator has become evident. A Suicide Prevention Coordinator in Centre County could ensure that all efforts are working in harmony and that the energy is focused appropriately and in a pertinent and collaborative manner. CCMH will request the creation of such a position within the county with retained revenue funding provided through the block grant. All block grant partners will benefit from having a coordinator as it is known that suicide itself does not discriminate; it impacts people of all ages, gender, race and societies.

Timeline:

The request for a Suicide Prevention Coordinator position will be made annually.

Fiscal and Other Resources:

Retained Revenue; County/block grant funds

Tracking Mechanism:

- Suicide Prevention Coordinator's involvement in Zero Suicide, American Foundation for Suicide Prevention, Suicide Prevention Task Force, MHCC, Senior Centers, Youth and Family activities, Transition-age Youth activities and overall county coordination efforts.
- Community-wide education
- stigma reduction
- individual engagement
- reduction in the number of deaths by suicide locally

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

Note: HC= HealthChoices

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

Evidenced-Based Practice	Is the service available in the County/ Joinder? (Y/N)	Current number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Additional Information and Comments
Assertive Community Treatment	No							
Supportive Housing	Yes	11	Permanent housing sustainment or chosen transition	Provider Agency and County	Annually and per each transition	No	No	
Supported Employment	No	Not evidence-based service						Include # Employed
Integrated Treatment for Co-occurring Disorders (Mental Health/SUD)	Yes	100	Clinical Supervision and Quality Compliance	Provider Agency	weekly	Yes	Yes	SAMHSA Co-Occurring Program curriculum, Relapse Prevention Model, EMDR, Internal Family Systems
Illness Management/ Recovery	No							
Medication Management (MedTEAM)	Yes in traditional OP only though	45	Increased community tenure	Provider Agency	Every 3 to 9 months; individualized	No	Yes	County Block Grant and HC funded
Therapeutic Foster Care	No							
Multisystemic Therapy	No							
Functional Family Therapy	No							
Family Psycho-Education	No							

*Please include both county and HealthChoices funded services.

To access SAMHSA's EBP toolkits visit:

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

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

Recovery-Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer/Family Satisfaction Team	Yes	210	CCBH and County/block grant funded
Compeer	No		
Fairweather Lodge	Yes	4	
MA Funded Certified Peer Specialist (CPS)- Total**	Yes	45	
CPS Services for Transition Age Youth (TAY)	Yes	10	
CPS Services for Older Adults (OAs)	Yes	5	
Other Funded CPS- Total**	Yes	6	County/block grant funded
CPS Services for TAY	Yes	2	Being implemented soon
CPS Services for OAs	Yes	1	
Dialectical Behavioral Therapy	Yes	2	PSU
Mobile Medication	Yes	30	CCBH and county/block grant funded
Wellness Recovery Action Plan (WRAP)	No	0	This is not included in both trainings certification sites
High Fidelity Wrap Around	No		
Shared Decision Making	No		
Psychiatric Rehabilitation Services (including clubhouse)	Yes	225	Site-based and mobile psych rehab service engagement is on the rise
Self-Directed Care	No		
Supported Education	Yes	5	Psych rehab services
Treatment of Depression in OAs	Yes	20	OP
Consumer-Operated Services	No		
Parent Child Interaction Therapy	No		
Sanctuary	No		
Trauma-Focused Cognitive Behavioral Therapy	Yes	15	
Eye Movement Desensitization and Reprocessing (EMDR)	Yes	10	
First Episode Psychosis Coordinated Specialty Care	No		Centre County applied for this grant on May 20, 2020.
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.

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

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	7*
Number Full Time (30 hours or more)	2
Number Part Time (Under 30 hours)	5

***Please note:**

- While four of the one provider’s CPSs are certified, one is currently working under the 6 month grace period for completing certification and is scheduled to sit for the exam on June 30, 2020.
- Three providers were essentially eliminated (all but two – out of eleven total in this circumstance - one CPS that was grandfathered into certification and one that is working at a psychiatric rehabilitation site full-time) from this data in comparison to least year as they no longer meet the updated definition; those nine CPSs that were eliminated are not certified. Of those nine, six continue to be employed part-time as a CPS by a provider, two are employed full-time as a CPS by a provider and one retired.
- SFI is one of the above mentioned providers. While they had one CPS grandfathered into certification, the other two were not certified, but were eligible to be certified. Then, COVID-19 hit, peers left and SFI decided to terminate this service provision effective June 30, 2020.

Involuntary Mental Health Treatment

1. During CY2019, did the County/Joinder offer Assisted Outpatient Treatment (AOT) Services under PA Act 106 of 2018?
 - No, chose to opt-out for all of CY2019
 - 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 CY2019

2. If the County/Joinder chose to provide AOT, list all outpatient services that were provided in the County/Joinder for all or a portion of CY2019 (check all that apply):
 - Community psychiatric supportive treatment
 - ACT
 - Medications
 - Individual or group therapy
 - Peer support services
 - Financial services
 - Housing or supervised living arrangements
 - Alcohol or substance abuse treatment when the treatment is for a co-occurring condition for a person with a primary diagnosis of mental illness
 - Other, please specify: _____

3. If the County/Joinder chose to opt-out of providing AOT services for all or a portion of CY2019:
 - 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))?
6

	AOT	IOT
Number of individuals subject to involuntary treatment in CY2019	0	12
Inpatient hospitalizations following an involuntary outpatient treatment for CY2019		10
Number of AOT modification hearings in CY2019	0	
Number of 180-day extended orders in CY2019	0	5
Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY2019	\$0	~ \$250,000 + transportation, IP costs, delegate costs, staff

		time, data collection, hearings, attorney fees, court fees, SCI costs, etc.
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INTELLECTUAL DISABILITIES

Centre County MH/ID/EI-D&A currently uses HSBG monies to fund the following services including:

- In-Home and Community Supports
- Transportation (both public and mile)
- Community Participation Services (Chapters 2380 and 2390)
- Behavioral Support Services
- Employment Services
- Community Habilitation
- Residential Services (licensed)
- Licensed Day Habilitation for Older Adults
- Respite
- Homemaker
- Home Accessibility Adaptations
- Representative Payee services
- ASL Interpreter Services

↪ Family Driven monies are used for:

- Family Aide
- Family Support Services/Individual Payment
- Recreation/Leisure
- Home Rehabilitation
- Vehicle Accessibility Adaptations

	Estimate d/Actual FY 19/20	Percent of total Individuals Served	Projected in FY 20- 21	Percent of total individuals served
Supported Employment	12	2.7%	15	3.4%
Prevocational Services	2	<1%	2	<1%
Community Participation	2	<1%	3	<1%
Base Funded Supports Coordination	30	6%	40	7%
Residential (6400)/unlicensed	2	<1%	1	<1%
Lifesharing (6500)/unlicensed/Su pported living	0	0%	0	0%
In-Home and Community Supports	8	1.8%	12	2.7%
PDS/AWC	0	0%	0	0%

PDS/VF	0	0%	0	0%
Family Driven/FSS/Base NOS*	29	7%	30	7%
Transportation	4	<1%	5	1%

*includes individuals who use representative payee service, ASL interpreter services and emergency respite services

Supported Employment:

Centre County MH/ID/EI-D&A continues to participate in the local Employment Coalition which dovetails with the local transition council. The membership consists of representatives from Administrative Entity, school districts (including the IU), Careerlink, OVR, local service providers, Supports Coordination Organization, and family members. In the past year, representatives from the AE and SCO participated in several transition/agency nights for students and families held by the local school districts (though Spring events were cancelled due to COVID-19 Pandemic). In addition to service providers and AE/SCO staff, representatives from OVR, MATP, secondary education programs, Careerlink, and other community/civic programs also participate. Centre County AE began to participate in Centre County Transition Coordinating Council in conjunction with Central Intermediate IU #10 to continue to expand post-graduate opportunities and networks.

In FY 2019/2020 had planned to develop a summer employment program for transition age students in collaboration with the SCO, school districts, local Careerlink and local providers. Unfortunately, it was unable to come to fruition due to COVID-19 Pandemic. Centre County AE will plan to develop a summer employment program in 2020/2021. County AE and SCO staff participate in employment related activities and trainings including the Annual Transition Conference, Experience Employment Connection sessions, SELN events and quarterly calls with ODP Central Region Office. These ongoing activities will provide networking opportunities as Centre County continues to explore, develop, and expand employment.

There are approximately 10 providers qualified and willing to provide employment services in Centre County. These providers offer an array of employment services including job finding/development, Discovery/customized employment, small group employment and 1:1 job support. Two providers currently maintain county contracts to provide employment services using HSBG monies.

Centre County continues to track expenditures related to the Employment Pilot. This funding has historically been to be used to support the individuals who are not enrolled/receiving waiver funding and who fall within the pilot guidelines. As the new and varied opportunities continue to be developed/ implemented in the upcoming year it is anticipated that the Employment Pilot funding will be used to support individuals not enrolled in ID/A waivers in accessing individualized employment options as well as traditional supported employment.

The ID Program Specialist regularly reviews Employment data compiled and distributed by the Office of Developmental Programs. This information is used to review trends in Centre County and assists with the planning for employment activities in the upcoming fiscal year and longer term. The long range plan is to continue to track employment data and share information with providers, Supports Coordination, MH/ID Advisory Board, local transition council, other interested stakeholders.

In collaboration with Penn State University, Centre County AE and SCO supported 4 young adults in their first year of the newly developed WorkLink program at University Park. Worklink is a two-year certificate program for individuals with intellectual disabilities or autism who seek a post-secondary education experience and training for employment. WorkLink is supported by a grant from the D.R.E.A.M. partnership and is located in the Penn State College of Education. Three of the four participants successfully completed their first year and are planning to continue in the program in 2020 Fall semester. The AE and SCO, along with WorkLink staff meet with parents and participants throughout the year to monitor implementation and progress in addition to obtaining feedback for improvement. This program anticipates enrollment of a second cohort of 4 individuals in Fall 2020.

Lastly, local OVR counselors utilize MH/ID office space. This arrangement affords the SCO better coordination with OVR for intakes. The counselors are also a valuable resource for both the SCO and AE.

Supports Coordination:

The AE and SCO Assistant Administrators participate in weekly administrative meetings with the agency Administrator and administrative counterparts for Mental Health and Drug & Alcohol units. Both entities are part of the Communities of Practice/Charting the LifeCourse collaboration (Central 8) with Northumberland, CMSU and Lycoming/Clinton counties. Centre County AE, SCO, and Early Intervention participate in Communities of Practice/Charting the LifeCourse webinars and other activities for the 4 identified areas of focus: employment, front door initiative, family engagement and employment as they occur. Centre County AE is working with ODP Central Region Office to offer LifeCourse training for local Community Participation Services (CPS) providers in Fall 2020. Components of Charting the LifeCourse have been incorporated in both the ID and EI intake processes to assist with initial service planning.

SCO staff meet bi-weekly throughout the year. Part of each meeting is a review of waiver capacity, status of ODP initiatives, residential openings and service needs. In addition, supports coordinators have the opportunity to review any individual on their caseload. Special attention is given to individuals with known life events including upcoming graduates, individuals aging out of other systems (e.g. CYS, EPSDT), hospital/nursing home discharges, and individuals involved in the legal system. Information from these meetings related to transitions, openings, discharges and changes in need are communicated directly to the AE for planning purposes. Conversely, waiver opportunities, residential openings and new service providers are communicated to the SCO for review. Agenda items are solicited from the AE for these meetings and AE personnel are available to attend these meetings as needed and/or requested.

In addition to regularly scheduled provider meetings, Centre County AE meets quarterly with local providers of licensed day services (both Community Habilitation and Pre-Vocational) to review and discuss Community Participation Services (CPS) in an effort to increase the community experience participants. Providers are encouraged to share information, resources and successes related to service provision. These meetings will continue in 2020/2021 at the request of the providers with a focus on employment.

Individuals who choose not to participate in traditional services or pursue competitive employment are supported and encouraged by ISP teams to explore other options in their community that support community integration. The AE has ensured that SCO, residential providers, individuals, families and other stakeholders understand the options available under the service definitions in the proposed waivers. In addition, as part of the annual transition/agency nights, local organizations, groups and

agencies that are not part of the ID service system are invited to highlight community groups and events that are integrated.

Centre County AE reviews the various funding sources and service options at the time of intake to ensure that individuals and families are introduced to self-determination/participant directed services options. The AE attends planning meetings/ISPs with the supports coordinator when participant directed services are initially discussed to ensure that the individual/family understand the service model structure, service definitions and responsibilities. In the past fiscal year, Centre County AE has seen an increase in the use of Supports Brokers to assist families with the initiation and management of PDS services.

Lifesharing Supported Living:

There continues to be limited growth of Lifesharing as a residential service in Centre County. Currently there are two Lifesharing placements in Centre County (one licensed and one unlicensed) though there was a third unlicensed placement occurred in FY 2019/2020 that ended when the person in service chose to move out of Centre County. The provider of unlicensed Lifesharing makes their services available for respite as needed and appropriate. There are no local providers qualified to provide Supported Living at this time. The AE continues to discuss the development of supported living residential service with various providers.

The barrier in developing Lifesharing continues to be the difficulty in finding families/individuals willing to do the service. Many residents of Centre County are able to use their additional space to rent to students (Penn University main campus is located in Centre County) or rent space for specialty events (football weekends, graduation, Arts Fest). It is hoped that the changes to the Lifesharing service definition in the proposed Consolidated Waiver, specifically the option for family members to be paid as lifesharing providers, will have a positive impact on the development and growth of this service. PUNS data and information from the SCO will be used to identify individuals and families in need of this service.

A representative from the AE continues to participate in Lifesharing activities at the local and regional level.

Cross Systems Communications and Training:

Centre County AE and SCO regularly participate in local trainings and meetings to gain knowledge of other service systems/resources. Training on the ID system has been provided to other county offices and the local MCO by county ID staff as requested. In addition, staff from other county offices has provided overviews of services at both the SCO unit meetings and larger agency meetings.

A representative from the agency gives an overview of Intellectual Disabilities for local law enforcement entities during training for the local Crisis Intervention Teams (CIT). The CIT Coordinator has linked with ASERT to provide ASD information to CIT classes.

AE staff work with local stakeholders including local AAA, Adult Services and local Mental Health Administration to ensure the effective implementation of Adult Protective Services (APS). The AE, along with the SCO and administration from MH unit meet regularly with the local Aging Office to follow up on individuals/families involved with both agencies as well as discussing high profile cases and protective services concerns. The AE and SCO work with other stakeholders (MCO, Education system, RTF staff, Probation, CYS, ODP county housing office, Adult Services, etc.) when transitioning young adults from facility settings to the community.

The AE and SCO is also a part of the CASSP Advisory Board, which has been re-named the Children's Advisory Board. In the FY 2019/2020 the Children's Advisory Board has continued to support the Children's Collaboration whose mission is to identify and increase services for children in Centre County. These meetings bring together county agencies (MH/ID, Early Intervention, and CYS), MH and EI providers, and school representatives (pre, public and private). The group meets quarterly and offer opportunities for information sharing and training in an effort to improve the array of services for children in Centre County. Topics in FY 2019/2020 included trauma training, overview of the Mental Health system, behavioral supports for young children in childcare settings, and family engagement strategies. Training needs/topics for the upcoming FY 2020/2021 include an overview of SAP.

The SCO, with the support of the AE, present complex cases at CASSP meetings to garner the input from various service systems to better serve both the individual and family. Centre County AE and SCO collaborate internally with Centre County Mental Health and case management to address the needs of individuals dually diagnosed including team meeting participation, sharing resources and coordinating referrals. Other groups/services used to support individuals with complex concerns include DDTT, HCQU, CSRU, and PPC.

The AE conducts regular provider meetings. Waiver capacity, ODP initiatives/communications, available funding and service needs are part of the agenda. Centre County AE and SCO conducted bi-weekly video calls with local providers during the COVID-19 pandemic to provide support, discuss resources and review ODP communications. AE staff schedule an introductory meeting with all providers new to the ID system in Centre County. Part of this discussion includes service needs, waiting list information, and referral process. After meeting with AE staff new providers are scheduled to attend a bi-weekly unit meeting (attended by both SCO and AE staff). The new provider gives an overview of the services they are qualified and willing to provide. Service needs and the referral process are addressed as well.

A representative from the AE regularly attends the local Transition Council meetings held throughout the school year which is also attended by representatives from the local IU and school districts. This venue has allowed the AE to develop relationships school personnel and has enabled the office to better address the needs of transition age youth. The SCO participates in IEP meetings and updates the AE regarding changes in needs for individuals still in the school system. The Centre County AE and SCO collaborate in planning each year to address the needs of identified graduates.

Early Intervention Services (Infant/Toddler, birth through 3 years old) service coordination is part of the county offices. EI Service Coordination have participated in trainings related to Communities of Practice/Charting the LifeCourse. Early Intervention Service Coordination and EI providers are familiar with Charting the LifeCourse information which is used at transition meetings to assist families with planning.

Emergency Supports:

Centre AE maintains contracts/letters of agreement with local agencies to use non-waiver funding to provide services. Individuals are approved and authorized for services based on the need for services identified through the Office of Developmental Programs (ODP) Prioritization of Urgency of Needs for Services (PUNS) process. In addition, Centre AE also administers Family Driven/Family Support Services (FD/FSS) voucher program used to address various and unique needs of individuals not in the ID/A waiver programs.

The PUNS Management Report is reviewed regularly by AE and SCO staff to assist with the planning for waiver enrollment when waiver opportunities are available, either through maintenance capacity or ODP initiatives.

Centre County MH/ID/EI-D&A contracts with a local provider for after-hours emergencies. This provider has a call down list of county administrative personnel to contact if an emergency occurs outside of normal work hours. AE personnel monitor incident management in HCSIS during weekends and holidays to review incidents submitted by providers.

As noted above, Centre AE maintains FD/FSS funds to address the needs of individuals not enrolled in waiver programs. A portion of these dollars are not authorized in plans, but are maintained in reserve to address unanticipated needs. Each fiscal year Centre AE earmarks HSBG funds to specifically address unanticipated emergency respite needs. Utilization of FD/FSS funds and respite funds as well as other unallocated and underutilized funds are monitored monthly by AE, SCO and Fiscal personnel and could be accessed in the event of an unanticipated emergency.

In the event of an individual needs emergency services any and all of the following activities will occur:

- An assessment to determine the immediate health and safety needs of the individual and the immediate action to provide health and safety.
- The notification of appropriate entities as required or needed to ensure the immediate health and safety of the individual: Adult Protective Services (APS), Office of Developmental Programs (ODP), Office of Aging, Children and Youth Services (CYS), Department of Health, local law enforcement and necessary medical or mental health services.
- If residential services are necessary, local resources will be utilized, including identified respite providers, local shelters, and personal care homes. Program capacity at the local level will be considered in addition to the use of ODP's Statewide Vacancy list, if needed. The availability and appropriateness of local family will also be evaluated. If appropriate and necessary, ODP's procedure for Unanticipated Emergencies will be implemented to assist with planning and funding.
- Non-residential emergencies can be varied as they can include everything except housing. An assessment of the situation by the AE and SCO would need to occur to determine the type of resources needed to address the emergency. AE and SCO personnel would be responsible to identify and coordinate resources, human services supports and funding to assist with the individual.

Centre County MH/ID/EI-D&A maintains a contract with a local provider for mobile crisis, walk-in crisis, and telephone crisis services. In addition, a contracted entity provides delegate services and works closely with the local Crisis Intervention Team (CIT) and hospital emergency department.

Administrative Funding:

Centre County MH/ID/EI-D&A is part of a local Communities of Practice/Supporting Families/Charting the LifeCourse collaborative along with Northumberland, CMSU and Lycoming/Clinton counties (Central 8). The original vision of the collaborative is based on creating a Parent Mentor/Support pathway for connecting and networking opportunities for families.

Centre County AE has chosen to continue to maintain oversight of the Centre County Human Rights Team (HRT), working with local providers to review and approve restrictive procedure plans in

accordance with the applicable licensing chapters and the AE Operating Agreement. The Centre County Human Rights Committee (HRC) was formed in FY 2019/2020 with members from local providers. The current membership has 2 subcommittees. The data subcommittee reviews Incident Management data for trends and the quality subcommittee reviews the current restrictive plans for quality components.

The HCQU nurse participates in the local Human Rights Team and provider meetings as well as incident management reviews related to hospitalizations, emergency room visits and any other incident as warranted/requested. Both the SCO and AE attend the annual HCQU meeting. The annual report generated by the HCQU is shared with all SCO and AE staff, and providers. The AE continues to formally track referrals in order to identify ongoing training needs/trends for individuals, families and providers. This information will be used to identify training gaps to be addressed in AE, SCO and provider Quality Plans as warranted.

Centre County AE reviews IM4Q considerations regularly in HCSIS. Reports are reviewed as necessary at the bi-weekly unit meetings. Follow up activities are discussed to ensure that considerations are addressed. Both AE and SCO staff dialogue directly with the local program when there are questions or clarification needed regarding considerations or their resolution. A representative of the IM4Q is invited to provider meetings and the MH/ID Advisory Board to present IM4Q data. The IM4Q project was invited to the HSBG public hearings. Centre County AE participates in the Regional quarterly IM4Q meetings.

All local providers are invited to attend the provider meeting to network and discuss service needs and gaps. AE staff will attend team meetings to provide support and assist with the identification of resources for individuals with complex needs. All providers are forwarded information on training that is available and pertinent. Local resources such as HCQU, DDTT, CASSP, CSRU and PPC are available as resources to assist teams supporting individuals with higher levels of need. The AE has identified 2 providers who are qualified and willing to provide an enhanced level of habilitation (LPN) to support individuals living independently who need support around nutrition, understanding diagnoses and engaging in follow-up appointments.

Risk Management/Mitigation is an important component of every incident (whether it meets the definition to be filed or not). Part of the bi-weekly unit meetings includes a review of issues or concerns and follow up activity. The SCO monitors corrective actions related to risk and escalates identified concerns to Centre County AE in accordance with their policy. Risk management is looked both at the individual level, related to specific issues, and at the provider level via the Provider Risk Assessment process. Centre County AE participated in the Provider Risk Assessment Pilot and uses the approved tool to monitor risk of assigned providers. An important piece of incident management review is the identification and mitigation of risk. There have been instances where the AE required providers to add corrective actions to an incident that specifically addresses the identified risk.

The Housing Program Specialist (through Centre County Adult Services) has attended the bi-weekly unit meeting and the larger agency meeting to explain housing programs that are available in Centre County. The information related to eligibility, availability and the application process is explained in detail. The staff person emails updates and information to key county staff for distribution to case management staff, including the SCO as it relates to funding and housing opportunities.

Participant Directed Services (PDS):

In the current fiscal year Centre County AE has a total of 63 individuals using Participant Directed Services (33 VF and 30 AWC) – all waiver funded. These 2 service models continue to be popular due to the flexibility afforded individual and their teams. The AE provides training to the SCO at least annually on the service models. A representative from the AE attends team meetings to assist the SC, individual and families in understanding the service models so that informed choices can be made. One of the barriers for base funded PDS is the cost of the administration fee.

Centre AE is comfortable regarding promoting and increasing the use of PDS services. A current barrier to VF/AE PDS model is the real time access to utilization information from Palco. The reports shared by the regional PDS leads is helpful but the PPL portal was useful for real time monitoring. The results from AWC monitoring allows both ODP and AEs to address the gaps/needs in training for the AWC and managing employers. The PDS handbook was originally issued in 2008. It would be of great assistance if ODP would update resources to incorporate updates and changes to information in a timely manner. The CLE training that has developed and provided in FY 2019/2020 is greatly appreciated. Centre County has located and is using Supports Broker services as needed to support CLEs. Centre County AE participates in quarterly PDS calls with ODP Central Region Office. ODP Central Region PDS leads are knowledgeable and helpful when questions or concerns arise.

Community for All:

Centre County MH/ID/EI-D&A currently has 1 individual residing in a state center and no one residing in a state hospital. We are not currently involved in either the Benjamin or Jimmy litigation. There are currently 7 individuals residing in nursing facilities (includes 2 approved for short-term), 3 individuals residing in private ICF facilities and 4 individuals in personal care homes. Prior to CHC, HSBG monies were used to provide In-Home and Community Supports, Community Participation Services, Behavioral Supports, and Transportation services to individuals in nursing facilities. HSBG monies continue to be used to provide supports for individuals in personal care homes to keep them engaged in their community.

The AE and SCO work with other stakeholders (MCO, Education system, RTF staff, CYS, Juvenile Probation, ODP, etc.) when transitioning young adults from facility settings (RTF/APS) to the community. This includes regular participation in team meetings, community placement search/referrals, liaison to Central Region ODP, updating the ISP as needed and management of waiver capacity. Internally, the SCO and MH case management collaborate to identify primary case management responsibilities for individuals who are dually diagnosed.

HOMELESS ASSISTANCE PROGRAM SERVICES

Centre County is fortunate to have a continuum of housing services available for individuals and families who are experiencing homelessness or near-homelessness. Services that are offered and funded through the Homeless Assistance Program include Bridge (transitional) housing, housing case management, rental & mortgage assistance, and the Housing Program Specialist position (categorized under Innovative Housing Solutions). Additional housing programs in Centre County that are not funded through the Human Services Block Grant include: Section 811 Housing, PHARE Rental Assistance, rapid re-housing, and permanent supportive housing.

Centre County's Office of Adult Services is also actively involved with the Eastern PA Continuum of Care (CoC), South Central Regional Housing Advisory Board (RHAB), and the Coordinated Entry System (CES). Centre County is also working with local municipalities and community agencies to collect data, identify current/projected needs, and apply for grants to best support those who may be seeking assistance as a result of the COVID-19 pandemic.

For FY 2020-2021, there are two program areas to highlight: the Section 811 Housing Program and the PHARE Rental Assistance Program. Both programs are directly administered by the Office of Adult Services; there is no sub-recipient. The Housing Program Specialist, under the Office of Adult Services, is responsible for managing these programs in addition to the Rental & Mortgage Assistance Program, Family Unification Program (FUP), building and maintaining relationships with local landlords and property managers, having awareness of and connecting clients and case managers to available rental units, and being available as a housing resource both internally at Centre County Government and externally to local community agencies and residents in need.

Section 811 Housing Program

Since May 2017, Centre County Government has been the Local Lead Agency for the Section 811 Housing Program. This program is administered through the Office of Adult Services and supported by 9 stakeholders. Stakeholders include, but are not limited to: Centre County Mental Health, SAM Inc., Housing Transitions, Universal Community Behavioral Health, and Strawberry Fields, Inc. Centre County currently has 12 Section 811-designated units at Low-Income Housing Tax Credit (LIHTC) properties; 8 active and 4 pending. This is an improvement from the 8 units available (6 active; 2 pending) prior to FY 2019-2020.

One of the most valuable methods of demonstrating need for Section 811 housing is maintaining a robust wait list of eligible individuals. Currently, Centre County's Section 811 Housing Program has a healthy wait list of 30-40 households at any given time. Therefore, Centre County is not an area designated by the Self Determination Housing Project (SDHP) of PA as needing assistance for program growth. It has also been shown that, based on our wait list, Centre County has been able to secure 4 additional Section 811-designated units in the last 12 months.

Last year, the program's greatest challenge was supporting individuals who had been housed in a Section 811-designated unit but discontinued their voluntary case management services. This presented a number of obstacles when property managers started experiencing issues such as: overdue paperwork, rent arrears, unauthorized guests/live-ins, and pest infestations. Without case management in place, it is often impossible to resolve these issues without these vital wrap-around services. In response, stakeholders have put measures in place to steer clients towards very limited services (ex: administrative case management) versus terminating entirely from the program. This

allows stakeholders to maintain a relationship and updated releases should there be an issue in the future. In addition, the Section 811 Housing Program's newest eligibility criteria is that all clients on the waitlist are required to maintain services just to remain on the waitlist. Once they are housed, if they chose to terminate services, it will not impact their ability to receive rental subsidy from the program.

PHARE Rental Assistance Program

The PHARE Rental Assistance program provides rental assistance to individuals and families residing in Centre County municipalities that are impacted by the natural gas industry. On July 11th, 2019, Centre County Government was awarded its 3rd year of funding from the Pennsylvania Housing Finance Agency (PHFA). The program officially opened on January 1st, 2020 and is scheduled to run until December 31st, 2020. As of May 31st, 2020, 21 households (49 individuals) have been served by this program. It is expected that an additional 28 households will receive rental assistance to prevent homelessness or near-homelessness by the end of the calendar year. The Office of Adult Services has also applied for a 4th year of funding and is hopeful to be notified by summer 2020; allowing the PHARE Rental Assistance program to continue into 2021.

Bridge Housing Services:

Bridge Housing is a short-term, transitional housing option (12-18 months) that offers subsidized rental assistance and wrap-around case management services to homeless individuals and families; allowing them the opportunity to work towards self-sufficiency and permanent housing. Centre County currently operates 5-8 units amongst two providers: Centre Safe and Housing Transitions. Providers secure and maintain leases on the majority of units; however the tenant-based rental model is available for clients who may be in a better position to secure permanent housing upon entrance into the program. For most clients, the provider-based model is an appropriate option as they require additional supports towards obtaining permanent housing on their own.

The Office of Adult Services meets with program staff on a monthly basis and supervisory/program staff on a bi-monthly basis to discuss client needs, vacancies, applications, service gaps, community collaborations, and upcoming funding opportunities. In addition, an annual self-audit is conducted to review client files, invoices, and provider policy and procedure. The Office of Adult Services also requires that each provider submit a monthly report that identifies the number of individuals/households served, need(s) identified, Federal Poverty Level (FPL) of each household, unmet need or number of clients that could not be served (due to lack of funding or ineligibility), and current wait lists. All of this data is then collected and analyzed to determine trends and service gaps; positioning Centre County to further understand the needs of its most vulnerable residents and apply for additional grant funds as they become available.

Bridge Housing in Centre County has been successful for many individuals and families that are experiencing homelessness and are residing in either the domestic violence emergency shelter at Centre Safe or the family shelter, Centre House, at Housing Transitions. For many clients enrolled in Bridge Housing, they have been able to exit the program once they obtain a Housing Choice Voucher and secure permanent housing. Others have been able to secure steady and higher paying employment so that, upon exiting the program, they can afford permanent housing on their own without a rental subsidy. During FY 18-19, 24 individuals were served by the Bridge Housing

program. Based on current provider data, it is projected that 24 individuals will be served by the Bridge Housing Program in FY 19-20.

In addition to the rental subsidy and supports offered by Bridge Housing, providers report that their clients have other areas of high need that include: food insecurity, budget counseling, behavioral health counseling, and education. These unmet needs, and many more, often contribute to an individual or family's inability to obtain and secure permanent housing. Case managers then work with their clients to address these needs or obstacles that often fuel housing insecurity. For example, case managers can refer their clients, who are experiencing food insecurity, to their local food pantry and other food assistance programs, such as WIC, if appropriate. For budget counseling, clients can be connected to a local financial care program that is funded through the Human Services Block Grant. Case managers can also encourage their clients to contact the Centre County MH/ID/EI – D&A department to explore and understand the various behavioral health services and programs that could be available to them. Lastly, clients could learn more about CareerLink and/or the Office of Vocational Rehabilitation for educational and/or employment training opportunities.

There are no proposed changes to the Bridge Housing program for FY 2020-2021.

Case Management:

In Centre County, Housing Transitions is contracted to operate the Housing Case Management program. This program offers support, resources, budget counseling, and advocacy services to emergency shelter residents, Bridge Housing participants, and other community members who are in need of affordable housing. The case manager works with clients on a housing plan and helps them navigate housing options in Centre County that are most suitable to meet their needs. To do this, a continuous partnership with the Centre County Housing Authority, Office of Adult Services' Housing Program Specialist, county human services departments, local non-profit and faith-based entities, developers, and landlords are critical when providing these services to homeless and near-homeless individuals and families.

To best manage the diversity of client housing needs, this program provides client-centered case management and information & referral services. Client-based case management begins with an assessment to help both the client and case manager set goals towards a more sustainable financial and housing situation. Clients that receive this service may also work closely with the case manager to locate housing. Information & referral services offer support to residents who are just starting to explore their options. They can connect with the case manager regularly to receive an up-to-date listing of affordable units located throughout Centre County. During FY 18-19, 581 individuals were served by the Housing Case Management program. Based on current data from providers, it is projected that 564 individuals will be served by the Housing Case Management program in FY 19-20.

The Office of Adult Services meets with program staff on a monthly basis and supervisory/program staff on a bi-monthly basis to discuss client needs, service gaps, community collaborations, and upcoming funding opportunities. The Office of Adult Services also conducts an annual self-audit to review client files, invoices, provider policy and procedure, and to conduct staff interviews. The Office of Adult Services also requires that each provider submit a monthly report that identifies the number of individuals/households served, need(s) identified, Federal Poverty Level (FPL) of each household, unmet need or number of clients that could not be served (due to lack of funding or ineligibility), and current wait lists. All of this data is then collected and analyzed to determine trends and service gaps;

positioning Centre County to further understand the needs of its most vulnerable residents and apply for additional grant funds as they become available.

There are no proposed changes to the Housing Case Management program for FY 2020-2021.

Rental Assistance:

The Rental & Mortgage Assistance Program (RAP) provides rent or mortgage assistance to eligible homeless or near-homeless Centre County residents. This program is administered by the Office of Adult Services. RAP recipients are either self-referred or referred by human service agencies countywide. Once screened for eligibility, clients are invited to complete an intake. Office of Adult Services' staff are then responsible for communicating with the landlord or mortgage company regarding the requested amount of assistance needed to resolve the immediate crisis. Once all involved parties are in agreement regarding the assistance available, funds will be released to the landlord or mortgage company.

The RAP program "opens" on the first business day of each month. Approximately \$9,800.00 is allocated each month for eligible households. Monthly funds are often depleted quickly. During FY 2018-2019, 408 individuals were served by RAP. Based on current data, it is projected that 354 individuals will be served in FY 2019-2020.

Since the RAP program is administered by the Office of Adult Services, the Director meets with appropriate staff on a monthly basis to discuss client needs, service gaps, community collaborations, and upcoming funding opportunities. An annual self-audit is also completed to review client files, invoices, and discuss potential improvement for the coming year. It is also required that appropriate staff submit a monthly report that identifies the number of individuals/households served, need(s) identified, Federal Poverty Level (FPL) of each household, unmet need or number of clients that could not be served (due to lack of funding or ineligibility), and current wait lists. All of this data is then collected and analyzed to determine trends and service gaps; positioning Centre County to apply for additional grant funds as they become available.

There are no proposed changes to the services provided through the Rental & Mortgage Assistance Program for FY 2020-2021.

Emergency Shelter:

Centre County does not use funding from the Human Services Block Grant for emergency shelter. Alternatively, emergency shelters receive different sources of funding from federal, state, and local sources. Currently, Centre County has three permanent homeless shelters and one weather-related shelter:

- Centre House (Housing Transitions): provides shelter and services for men, women, and children;
- Centre Safe: provides shelter and services for women and children fleeing domestic violence;
- Centre County Youth Services Bureau: provides shelter and services for males and females ages 12-18;

- Out of the Cold Centre County: faith-based initiative that provides shelter between October-May on rotation amongst 12-15 churches in Centre County. The sites provide beds for 20+ individuals (men and women), ages 18+.

Innovative Supportive Housing Services:

Centre County uses funds from the Human Services Block Grant to support the Housing Program Specialist (HPS), a position within the Office of Adult Services. The HPS coordinates efforts and educates residents, county human service departments, the Centre County Housing Authority, and community agencies to help our most vulnerable residents to secure safe, appropriate, and affordable housing. These services can range anywhere from helping to navigate the local rental housing market to explaining landlord/tenant law. The HPS also administers the following housing programs: Rental & Mortgage Assistance Program (RAP), PHARE Rental Assistance, and Section 811 Housing. The HPS also leads the Centre County Housing Options Team and is actively involved with the Eastern PA Continuum of Care, South Central Regional Housing Advisory Board, Centre County Reentry Coalition, Centre County Affordable Housing Coalition, Centre County Community Safety Net, PARC (Housing Subcommittee), MH/ID Provider meetings, and the School District Youth Homelessness meetings.

Since the HPS is a position under the Office of Adult Services, the Director meets with appropriate staff on a monthly basis to discuss client needs, service gaps, community collaborations, and upcoming funding opportunities. Amongst just the PHARE Rental Assistance Program and Section 811 Housing Program, it is expected that 150 individuals will be served in FY 2019-2020.

There are no proposed changes to the services provided by the Housing Program Specialist for FY 2020-2021

Homeless Management Information Systems:

The Office of Adult Services received two licenses via the Eastern PA Continuum of Care (CoC) in January 2019. Effective July 1st, 2019, data is entered into HMIS for all clients receiving assistance from the Rental & Mortgage Assistance Program; a program funded under the Human Services Block Grant.

SUBSTANCE USE DISORDER SERVICES

This section describes the entire substance use service system available to all county residents regardless of funding sources:

1. Waiting List Information:

Services	# of Individuals*	Wait Time (days)**
Withdrawal Management	0	0-2 days
Medically-Managed Intensive Inpatient Services (4.0)	0	3-5 days
Opioid Treatment Services (OTS)	0	3-7 days (depending on the provider)
Clinically-Managed, High-Intensity Residential Services (3.5)	0	3-5 days
Partial Hospitalization Program (PHP) Services	0	0-2 days
Outpatient Services	0	3-5 days
Other (specify)	N/A	N/A

*Average weekly number of individuals

**Average weekly wait time

Wait time for access to treatment services continues to vary at each level of treatment. For each inpatient request, staff will contact a variety of treatment providers (as approved by the individual) in an effort to find the earliest bed availability date. In some cases, a delay in access to inpatient treatment is based on individual choice. Once an individual is approved at a particular level of care and a treatment date is set, staff will notify the provider if the individual needs or wishes to change the date for any reason. If a bed date/appointment time is available sooner, the provider may contact the individual directly and admit them sooner without having to seek additional authorization from the SCA.

At the outpatient level of care, individuals may contact the provider directly to arrange for services. The SCA monitors access to services at this level of care to assure that the provider is offering clients timely availability. When the start of treatment is delayed, this again is most often due to client choice.

2. Overdose Survivors' Data: Please describe the SCA plan for offering overdose survivors direct referral to treatment 24/7 in the county. Please indicate if a specific model is used and provide the following data for the State Fiscal Year 2018-2019.

# of Overdose Survivors	# Referred to Treatment	Referral method(s)	# Refused Treatment
268	268	Referral offered by medical staff	220

**Based on data provided, it is assumed that all individuals were offered the option of a treatment referral. Of the 48 individuals who accepted a referral to treatment, 20 were referred to a drug and alcohol facility. 28 individuals were referred to a behavioral health/mental health facility.

Centre County SCA continues to offer 24/7 direct referrals to individuals experiencing an overdose via its current after hours policy, which now utilizes Mount Nittany Medical Center and the Center for Community Resources staff to provide this service after regular business hours and on nights/weekends/holidays. The Center for Community Resources is a licensed mental health mobile crisis provider under contract with Centre County Mental Health/ Intellectual Disabilities/Early Intervention - Drug and Alcohol for walk in crisis assessment, telephone, and mobile assessment.

Standard Business Hours

If an individual presents at Mount Nittany Medical Center's Emergency Department (ED) during standard business hours having experienced an overdose, they are first medically cleared. Once cleared and requesting detoxification services, ED staff will contact the SCA and request assistance. Sufficient information will be collected and a referral to detox services will be made. If the individual is sufficiently stable, a full drug and alcohol assessment will be completed. This assures that they can easily make the transition from detox to rehab, if appropriate.

If there is a delay in access to this level of care due to capacity of contract providers to accept the admission, ED staff will be notified so that they can manage the needs of the individual on a medical basis (as appropriate). SCA staff will maintain daily contact with the individual during the waiting period, while making ongoing phone calls to determine if an opening has come available. If the provider is willing, the SCA will grant approval and allow the provider to proceed with contacting the individual directly when an opening occurs, knowing that the authorization for admission is in place.

After Hours/Weekends

Mount Nittany Medical Center has psychiatric case management staff assigned to the ED to assist individuals in accessing emergent treatment services who have mental health and/or substance use issues.

If an individual presents at the ED after hours or on a weekend having experienced an overdose and is requesting non-hospital detoxification services, they are first medically cleared by the ED medical staff. The ED psychiatric case manager will then contact Center for Community Resources (CCR) staff who will gather sufficient information to make the referral and will call all approved providers looking for bed availability. CCR staff have the authority to contact contracted treatment providers on the SCA's behalf to arrange for a non-hospital detoxification admission, and then approve an after hours non-hospital detox admission until the next business day. Staff will submit an after-hours detox request form and copies of all paperwork to the SCA office the morning of the next business day so that follow up can occur with the individual and the detox provider.

If there is a delay in access to this level of care due to capacity of contract providers to accept the admission, CCR staff will notify ED staff so that they can manage the needs of the individual on a medical basis (as appropriate). CCR staff will maintain daily contact with the individual until the next business day when SCA staff will take over.

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

LOC American Society of Addiction Medicine (ASAM) Criteria	# of Providers	# of Providers Located In-County	# of Co-Occurring/Enhanced Programs
4 WM	0	0	
4	0	0	
3.7 WM	15	0	
3.7	16	0	10
3.5	25	0	10
3.1	11	0	
2.5	3	0	2
2.1	2	2	1
1	3	3	1

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

Centre County continues to expand the availability of Medication-Assisted Therapies (MAT) to individuals who are uninsured and are in need of financial assistance. Currently, the SCA funds both Suboxone and Vivitrol services through both of its outpatient treatment providers (Crossroads Counseling and Quest Services) and offers Vivitrol services to individuals who are referred from the Centre County Correctional Facility.

Centre County maintains contracts for methadone maintenance with State College Medical and Discovery House (Clearfield). This affords individuals with Opiate Use Disorder with multiple options and local resources for services.

In the coming year, the SCA will continue to monitor the need for MAT resources and evaluate the need for access to this particular service.

Centre County continues to operate two very active treatment court programs - a DUI Court and a Drug Court program. The SCA will work closely with the respective treatment court teams to identify and secure the resources needed to meet the unique needs of the individuals served by these programs and to assure their sustainability.

Centre County continues to monitor increasing trends around methamphetamine and cocaine use by individuals seeking services of this office. Staff are also reporting increased client use of synthetic drugs. Treatment programs will need to be prepared to meet the needs of clients who will present with vastly different symptomology and will need treatment services that differ from that of individuals with opiate use disorder. Funding and training will be critical needs as we strive to meet the changing demands of the individuals who may be using these substances.

Finally, Centre County has completed its first full year of expanded case management services, under a funding initiative through the Department of Drug and Alcohol Programs. It is through this initiative that Centre County has provided increased support and resources to individuals who are in the early stages of recovery, are newly discharged from inpatient levels of care, and are managing multiple treatment-related needs that can interfere with their ability to be successful in long-term recovery. Long-term sustainability of this vital service will be a priority for this office in the coming year.

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

The SCA continues to work collaboratively with Dr. Kassandra Botti and staff at Mount Nittany Medical Center on availability of Narcan to first responders throughout the county. Dr. Botti/Mount Nittany serves as the Central Coordinating Entity of Narcan through the Pennsylvania Commission on Crime and Delinquency. Centre County is fortunate that all of its police departments are trained and carrying Narcan for emergency situations. In addition, the Centre County Sheriff's Department is trained and carries Narcan for emergency situations.

Under the new application recently submitted, additional persons have been identified as first responders and will be eligible to receive Narcan through this grant from the CCE. The SCA will work collaboratively with Dr. Botti and through the local Heroin and Opiate Prevention and Education (HOPE) Initiative to increase awareness and availability of Narcan to those who need this life-saving support.

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

Mount Nittany Medical Center is the only hospital facility located within Centre County. At this time, they have access to the following providers and/or services to help transition opioid overdose survivors to specialty substance use disorder treatment:

- Hospital-based psychiatric case managers
- SCA case management staff
- Contracted crisis provider authorized to make after-hours/weekend detox admission arrangements
- Crossroads Counseling, Inc., a Center of Excellence and provider of CRS services located in Centre County

If an overdose patient presents at Mount Nittany Medical Center's Emergency Department (ED) during standard business hours (Mon–Fri), medical staff will initially treat and stabilize. Once the individual is medically cleared for admission to withdrawal management services, ED staff will contact the SCA and request assistance from case management staff. A case manager will gather sufficient information to begin a bed search among providers contracted to provide medically monitored inpatient withdrawal management services (3.7 WM). If the individual is sufficiently stable, a full drug and alcohol assessment will be completed to assure s/he can easily make the transition from WM to rehab if appropriate.

If there is a delay in access to this level of care due to capacity of contract providers to accept the admission, ED staff will be notified so that they can manage the individual's medical needs (as necessary). In the event that an overdose patient is discharged from the ED prior to placement in an appropriate facility, SCA staff will strive to maintain daily contact with the person while making ongoing phone calls to determine if an opening has come available. The SCA also permits its contracted 3.7WM providers to proceed with contacting the overdose survivor directly when a bed becomes available, knowing that the authorization for admission is in place. In the interim, the survivor would be offered access to services through the Center of Excellence at Crossroads Counseling, Inc. in State College, PA. At Crossroads, the individual would have access to a treatment team which would include a therapist, a wellness nurse, a Certified Recovery Specialist (CRS), and if appropriate, MAT services as prescribed by a contracted physician. Crossroads is dually licensed to provide mental health treatment as well. It should be noted that Crossroads Counseling has also notified ED staff that they are willing to send a CRS to the ED to meet with overdose survivors at any time. If the overdose survivor is unable or unwilling to access services through the Center of Excellence, SCA staff will educate the individual about the full range of treatment and support services available in Centre County and will make referrals for any requested services.

The warm-hand-off protocol for evenings, weekends and holidays is much the same. However in lieu of SCA case management staff, Mount Nittany Medical Center has their own psychiatric case management staff assigned to the ED to assist with access to emergent treatment services for individuals with mental health and/or substance use issues. Anytime an overdose survivor is amenable to and medically cleared for transfer to medically monitored inpatient withdrawal management services (3.7 WM), the ED psychiatric case manager will contact the Center for Community Resources (CCR) staff who will gather sufficient information to make the referral and will call all approved providers looking for bed availability. CCR staff has the authority to contact contracted treatment providers on the SCA's behalf to arrange for 3.7 WM admissions. They are also authorized to assure SCA funding for 3.7 WM admissions until the next business day. CCR staff will submit an after-hours detox request form and copies of all relevant paperwork to the SCA office no later than the morning of the next business day so that a case manager knows to immediately follow up with the individual and the detox provider.

If there is a delay in access to this level of care due to capacity of contract providers to accept the admission, CCR staff will notify ED staff so that they can manage the medical needs of the individual (as appropriate). If an overdose survivor is discharged from the ED prior to a bed being secured, CCR staff will maintain contact with the individual until the next business day when SCA staff will take over.

Warm Handoff Data 2019:

# of Individuals Contacted	16
# of Individuals who Entered Treatment	0
# of individuals who have Completed Treatment	0

Note: These numbers reflect **only the number of individuals who were treated for heroin and/or other opioid overdoses** in the ED of Mount Nittany Medical Center.

One of the primary challenges Centre County has encountered with implementing a warm handoff process is that a significant number of opioid overdose survivors refuse transport to the Emergency Department after a naloxone reversal. This seems to be especially true when naloxone is administered by a police officer. Anecdotal reports from local law enforcement officers indicate that very few survivors agree to be transported to the ED for further treatment – and that most leave the scene as quickly as possible. Community conversations with opioid users indicate they hold little trust in anyone who plays a role in the criminal justice system. Many fear that despite the Good Samaritan law, interacting with police will result in charges being filed against the victim and/or witness. This fear is not completely unfounded as Pennsylvania’s Good Samaritan law does not protect the individual from felony charges. Sadly, some witnesses have expressed specific concern about being charged with “Drug Delivery Resulting in Death” should the overdosed individual fail to be resuscitated. Others fear that contact with law enforcement will result in the involvement of Children and Youth Services or jeopardize their public housing.

In an effort to maintain contact and strengthen relationships with these individuals who decline ED transport and/or treatment referral, the Centre County HOPE (Heroin & Opioid Prevention & Education) Initiative has received funding to implement a pilot program with two of our local police departments. Under this program, the day after the overdose, the officer who administered the naloxone will partner with a Certified Recovery Specialist (CRS) and attempt to make face-to-face contact with the survivor. In theory, the CRS may be able to engage the individual in conversation as they should be seen as a non-threatening presence. This initial dialogue will create a conduit which the overdose survivor may use whenever s/he is ready to explore the option of treatment and/or support services.

Centre County is also expanding its reach within its warm handoff policy to include data collection on other substances that may be involved in a life-threatening overdose situation. While it has always been the policy of the SCA to support treatment referrals and admissions for individuals who experience an overdose regardless of substance used, better data collection will allow us to better understand the trends that are occurring and help us to plan for the needs that exist in this community.

Since the inception of the warm hand-off program, this county has focused its data collection efforts on the survivors of opioid overdose. Meanwhile, each year Mount Nittany reports a significant number of their substance-related ED admissions are due to alcohol and benzodiazepines. Centre County Drug and Alcohol plans to work cooperatively with Mount Nittany to broaden efforts in SUD screening, subsequent SCA referral, follow-up protocols, and data collection for all individuals who may benefit from SUD services.

Centre County SCA staff continue to support individuals who are served by Mount Nittany Health in other departments at the medical center, through level of care assessments and access to drug and alcohol treatment. The medical severity and complexity of these cases continues to challenge the resources available, with Level 4 (Medically Managed Intensive Inpatient Services) facilities unwilling to accept them and Level 3.5 (Clinically-Managed, High-Intensity Residential Services) facilities unable to meet their needs. Centre County SCA will continue to work with the Department of Drug and Alcohol Programs, the Office of Mental Health and Substance Abuse Services, and contract providers to build a network of services that will meet the treatment needs of individuals who are referred for services, and to support the ASAM transition that is currently underway.

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

Adult Services:

Program Name: Homemaker Services Case Management

Description of Services: The Homemaker Services Case Management program provides support to low-income, disabled individuals age 18+. Referrals to this program are often made from county human services departments, local non-profits, and faith-based entities. Clients who are referred to this program are often assessed for the Homemaker Services Program (HSP). If enrolled in the HSP, they will continue to receive long-term case management and service coordination to ensure that their basic needs are met and living conditions are safe and appropriate. Clients who are not interested or eligible in the HSP may still receive long-term case management and service coordination. This service is administered by Housing Transitions.

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.

Program Name: Homemaker Services Program

Description of Services: The Homemaker Services Program (HSP) provides non-medical personal care and chore assistance services to low-income, disabled individuals age 18-59 who are not eligible for Community Health Choices. Existing clients who turn 60 may be grandfathered into the HSP if there are no other comparable services available. To be deemed eligible, individuals must have either a chronic physical disability or a temporary health condition/limitation that impacts their ability to maintain their home and/or own basic self-care. The number of hours and length of time that clients are eligible for are based on the results of their level of care assessment. This program is intended to offer relief to those who have little or no support from family and friends. Centre County has two providers contracted to offer this service: County Homemakers, Inc. and Helpmates, Inc. Both providers were selected through a Request for Proposal (RFP) process and contracts are scheduled to expire on June 30th, 2022. Having at least two providers allows for consumer choice. This service is overseen by both the Office of Adult Services and the Homemaker Services Case Manager at Housing Transitions.

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

Generic Services:

Program Name: 24-Hour Information & Referral Hotline

Description of Services: Centre County's 24-Hour Information & Referral Hotline (aka COMMUNITY HELP LINE) is the first step to connecting residents with basic needs-related programs that provide financial assistance and other resources for rent, housing/shelter, utilities, transportation, food, and medical bills/access to healthcare and insurance. Hotline staff and volunteers are also knowledgeable of resources available to help individuals and loved ones struggling with mental health, physical health, and substance abuse issues. In addition to information & referral services, hotline staff and volunteers are also trained mandated reporters and have the ability to provide short-term counseling and emotional support to residents who are experiencing a crisis and/or who just need someone to talk to. In order for residents to access this service, they can either call the local or 1-800 number, text, or send an instant message through the provider's website. This service is administered by Centre Helps.

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

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

Adult Aging CYS SUD MH ID HAP

Specialized Services:

Program Name: Basic Needs Case Management

Description of Services: Basic Needs Case Management offers short-term financial assistance coordination and service navigation to individuals ages 18+ and their families. Clients who contact or are referred to this service often need assistance with paying rent, utilities, or other basic needs that one single agency or program is unable to resolve alone. Therefore, the case manager helps package monies from county human service departments, non-profit organizations, and faith-based entities in order to help the household prevent homelessness, utility termination, and any other challenges that may impact safety and daily living. While working to resolve the immediate crisis, the case manager will help clients navigate existing programs that they may be eligible for. These services include: SNAP, LIHEAP, WIC, P-CAP, and local food pantries. The case manager will also develop reasonable short-term and long-term goals with clients that focus on obtaining and maintaining sufficient employment, securing affordable housing, and/or prioritizing spending. The ability or effort to meet these goals is often an indicator to how frequently clients may be able to receive financial assistance at the time of intake and at any point in the future. The Basic Needs Case Management program is often times, by default, the service of last resort and, through strong community partnerships, able to provide unique and creative resolutions in order to resolve incredibly complex situations. This program is administered by Centre Helps.

Program Name: Basic Needs Medical Case Management

Description of Services: Basic Needs Medical Case Management is a component of our county's free medical and dental clinic. This program provides short-term case management to all of the clinic's clients and community members who require assistance with medical and health insurance navigation, enrollment support, and referrals to other community resources. This requires the case manager to be well-versed in health care and health insurance options. They also need to be able to help interpret and effectively communicate these options to clients so they can best manage their health and personal finances. The case manager must also maintain strong partnerships with community agencies as other issues such as housing, utilities, and food security are often identified needs amongst clients. In extenuating circumstances, the case manager may advocate for financial assistance on behalf of their clients for needs such as hearing aids and dentures. This program is administered by Centre Volunteers in Medicine.

Program Name: Financial Care

Description of Services: The Financial Care program offers budget counseling (short-term services) and money management (long-term services) to clients ages 18+ who are struggling to manage their personal finances, pay bills, and prioritize expenses. Of our most vulnerable clients, many struggle with budgeting skills due to lack of education and experience. Often times, they are also living on a fixed income which does not allow for much financial change or flexibility. A Financial Care Coordinator can then meet with the client and review income, bills, and current living situation. This service is often part of a client's service plan or goal setting established by county human service

departments, non-profit organizations, and/or faith-based entities. This program is administered by Interfaith Human Services.

Interagency Coordination:

Interagency coordination funding is administered by the Office of Adult Services in an effort to maintain strong relationships and partnerships with both contracted providers and community agencies. By attending community meetings, the department stays informed of available programming, potential service gaps, and funding opportunities. The listing below highlights the county and community-facilitated groups that Office of Adult Services staff currently attends:

- Local Interagency Coordinating Council - Early Intervention
- Pennsylvania Association of County Human Services Administrators
- Regional Housing Advisory Board/Continuum of Care
- Centre County Re-entry Coalition
- Centre Moves
- Centre County Council for Human Services
- Centre County Community Safety Net
- Food Pantry Meetings
- Penn State Extension Board
- Centre County Housing Options Team
- Centre County Affordable Housing Coalition
- MH/ID Provider Meeting
- School District Youth Homelessness Meetings
- Community Harvest (PS Farm Produce Program Meeting)
- Toys for Tots Coordination
- CCCHS Audit/Finance Quarterly Committee Meeting
- CCCHS Mutual Funds Quarterly Meeting
- Food Pantry Website Coordination
- PARC (Housing subcommittee)

Funding is spent on salaries and benefits for Office of Adult Services staff.

Appendix D

Eligible Human Services Cost Centers

Mental Health

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

Administrative Management

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

Administrator's Office

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

Adult Development Training (ADT)

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

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

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

Children's Evidence Based Practices

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

Children's Psychosocial Rehabilitation Services

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

Community Employment and Employment-Related Services

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

Community Residential Services

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

Community Services

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

Consumer-Driven Services

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

Emergency Services

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

Facility-Based Vocational Rehabilitation Services

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

Family-Based Mental Health Services

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

Family Support Services

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

Housing Support Services

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

Mental Health Crisis Intervention Services

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

Other Services

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

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

Partial Hospitalization

Non-residential treatment services licensed by the Office of Mental Health & Substance Abuse Services (OMHSAS) for persons with moderate to severe mental illness and children and adolescents with SED who require less than twenty-four hour continuous care but require more intensive and comprehensive services than are offered in outpatient treatment.

Peer Support Services

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

Psychiatric Inpatient Hospitalization

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

Psychiatric Rehabilitation

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

Social Rehabilitation Services

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

Targeted Case Management

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

Transitional and Community Integration Services

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

Intellectual Disabilities

Administrator's Office

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

Case Management

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

Community Residential Services

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

Community-Based Services

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

Other

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

Homeless Assistance Program

Bridge Housing

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

Case Management

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

Rental Assistance

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

Emergency Shelter

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

Innovative Supportive Housing Services

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

Substance Use Disorder

Care/Case Management

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

Inpatient Non-Hospital

Inpatient Non-Hospital Treatment and Rehabilitation

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

Inpatient Non-Hospital Detoxification

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

Inpatient Non-Hospital Halfway House

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

Inpatient Hospital

Inpatient Hospital Detoxification

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

Inpatient Hospital Treatment and Rehabilitation

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

Outpatient/Intensive Outpatient

Outpatient

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

Intensive Outpatient

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

Partial Hospitalization

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

Prevention

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

Medication Assisted Therapy (MAT)

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

Recovery Support Services

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

Recovery Specialist

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

Recovery Centers

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

Recovery Housing

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

Human Services Development Fund

Administration

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

Interagency Coordination

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

Adult Services

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

Aging

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

Children and Youth

Services for individuals under the age of 18 years, under the age of 21 years who committed an act of delinquency before reaching the age of 18 years, or under the age of 21 years who was adjudicated dependent before reaching the age of 18 years, and requests retention in the court's jurisdiction until treatment is complete. Services to these individuals and their families include: adoption services, counseling/intervention, day care, day treatment, emergency placement services, foster family services (except room & board), homemaker, information and referral, life skills education, protective services and service planning.

Generic Services

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

Specialized Services

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