

FY 2021-2022 COUNTY HUMAN SERVICES PLAN

LYCOMING AND CLINTON COUNTY

INTRODUCTION

The Department of Human Services has developed the content for counties to submit a consolidated County Human Services Plan. Lycoming and Clinton Counties have agreed to the development of the FY 2021-2022 Human Services Plan as a joint project.

County Human Services funds incorporated into this FY 2021-2022 Human Services Plan include:

- Mental Health Community Based-Funded Services
- Behavioral Health Services Initiative (BHSI)
- Intellectual Disabilities Community Based-Funded Services
- Act 152 of 1988 Drug and Alcohol Services
- Homeless Assistance Program Funding
- Human Services Development Funds

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

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

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

Part I - COUNTY PLANNING PROCESS

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

- Keith Wagner, MH/ID/HealthChoices Administrator, Lycoming-Clinton Joinder Board
- Lori Kriner, Fiscal Officer, Lycoming-Clinton MH/ID Program
- Matthew Salvatori, Administrator, Lycoming Children & Youth Services
- Shea Madden, Executive Director, West Branch Drug & Alcohol Abuse Commission
- Jennifer Reeder, Assistant Director, West Branch Drug & Alcohol Abuse Commission
- Autumn Bower, Director, Clinton County Children & Youth Services
- Marie E. Hensel, Fiscal Officer, Clinton County Children & Youth Services
- Ron Frick, Lycoming United Way
- Katherine DeSilva, Clinton County Planner
- Kari Kepler, Clinton County Planning Department, Grants Administrator
- Jim Hicklin, Director, Lycoming-Clinton Mental Health Services
- Kathryn Lynn, Assistant Administrator, Lycoming-Clinton Administrative Entity
- Jacqueline Miller, Director, Lycoming-Clinton HealthChoices
- Kelly Gordon, CASSP Coordinator, Lycoming-Clinton MH/ID Program
- Rae Weber, Manager, Lycoming-Clinton Mental Health Services
- Deanna Kimble, Quality Manager, Lycoming-Clinton HealthChoices
- Vanessa Shellman, Clinical Manager, Lycoming-Clinton HealthChoices

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

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

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

Members of the Human Services Planning Team participate in stakeholder meetings regularly. Input on the Plan was received, and the planning process discussed by Team members on the following dates: The Behavioral Health Adult Services Advisory Committee's parent/family Advisory sub-committee on September 17, 2020 and March 24, 2021. The adult outcomes sub-committee on March 18, 2021. The Behavioral Health Adult Provider group on June 15, 2021 & July 2, 2021. The Lycoming County Human Services Task Force on June 17, 2021. The Behavioral Health Children's Provider group on June 17, 2021. The Clinton County Collaborative Board on June 25, 2021. The Lycoming County Health Improvement Coalition on June 24, 2021. NAMI of North Central PA's Board on June 16, 2021. The Plan was reviewed at the monthly Joinder Board Meeting with the six Commissioners representing Lycoming and Clinton counties on July 21, 2021. Notices of the Board meeting and discussion topic were sent directly to providers of human services, partner agencies, and consumer groups. Attendees of the Board meeting were provided the opportunity to make comment and suggestions during the meeting. The Lycoming-Clinton Human Services Advisory Board members were also given the opportunity to offer input into the Plan's development and invited to attend the public hearing. A Public Hearing was held on July 19, 2021 at which the Plan was reviewed, and attendees were provided the opportunity to provide comment.

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

The following boards were involved in the development of the Human Services Plan: the Lycoming-Clinton Human Services Advisory Board, the Lycoming-Clinton HealthChoices Reinvestment Advisory Board, NAMI of North Central PA Board of Directors, the Peer Support Providers Group, the Lycoming County Health Improvement Coalition, the Lycoming County Human Services Task Force, the Clinton County Collaborative Board, the Adult and Children's Behavioral Health Services Groups, and both the Lycoming and Clinton County Criminal Justice Advisory Boards.

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

Both Lycoming and Clinton County continue to emphasize services for residents that are in the most natural and home like setting as appropriate for the need. For example, both counties have responded to the significant increase in substance abuse prevention and treatment needs brought on by the dramatic increase in opioid abuse by focusing on the development of local services. The SCA has worked closely with the local hospitals and law enforcement to develop a 'warm hand-off' process for individuals who have experienced an overdose. Also, the SCA has partnered with the State of

Pennsylvania in administering the Centers for Excellence in the bi-county, as well as, participating in the SAMHSA grant to expand Medication-Assisted Treatment in the region. Clinton County has a very active community-based Advocates for a Drug Free Tomorrow planning group that meets regularly to discuss concerns and implement new ideas.

Each county has also recognized the increase in mental health needs among special populations, such as the criminal justice system and children and adolescents. Prior to the COVID-19 pandemic, the bi-county had an active Crisis Intervention Team that met monthly. Although the trainings scheduled for 20/21 FY were cancelled due to the COVID-19-related restrictions, the trainings remain an important component for the bi-county. Meetings and trainings will resume in fall 2021. Lycoming-Clinton MHID Program continues to provide Mental Health First Aid trainings in the bi-county and during FY 20/21, expanded the trainings to include MH First Aid for Teens in the Keystone Central School District.

Community-based mental health staff work within each of the county prisons. Clinton County has entered into a contract agreement with a local mental health provider to supply mental health services directly in the Clinton County Prison, while Lycoming-Clinton MH/ID Program is providing a full-time, master's level, forensic mental health specialist in the Lycoming County Prison. The Commissioners from each county signed Stepping Up Initiative resolutions, committing to keep the mentally ill out of jail. Work is nearing completion on a cross-system database for mental health, substance-use disorder, and each county prison, via a grant from PCCD.

Collaborative efforts continue between the 9 school districts in the bi-county and the Lycoming-Clinton MH/ID Program. Mental Health case managers are assigned to work out of each of the school districts in the bi-county, serve as members of the SAP team, and as an initial referral source for students at risk for a SED. During FY 20/21 a school-based, intensive outpatient program began in the Keystone Central School District. The intent of this behavioral HealthChoices service is to avoid out of school placements in partial programs by providing intensive therapeutic services in the school.

A need for safe, affordable, permanent housing continues to be a major issue in both counties. Cross-system collaborations to address housing needs for residents in each county are underway with an emphasis on collaborating with landlords to meet the needs locally. The Lycoming-Clinton MH/ID Program and the SCA, West Branch Drug and Alcohol Abuse Commission, will be providing the new Community-Based Case Manager initiative focusing on the social determinants of health. Housing has been identified as a major focus for this initiative.

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

During the 20/21FY, there was a continued emphasis on trauma-informed services. The Lycoming-Clinton MHID office, along with Lycoming CYS and the BLaST Intermediate Unit 17, continued working with the Sanctuary Institute to implement the Sanctuary Model of trauma-informed care across each Program. In addition, the MHID office continues to collaborate with the SCA - West Branch D&A Abuse Commission, the HealthChoices MCO - Community Care Behavioral Health, the President Judges and County Commissioners from each county and Robert Reed from the State Attorney General’s office, to develop a trauma-informed community.

Part II - PUBLIC HEARING NOTICE

The joint Public Hearing for all services provided by Lycoming and Clinton Counties for the FY 2021-22 Human Services Plan was conducted on July 19, 2021, pursuant to the Sunshine Act, 65 Pa.C.S 701-716.

During the Public Hearing, it was noted that it is required that a Public Hearing be held prior to submission of the FY 2021-2022 Human Services Plan. A summary sheet of the Human Services Categories and respective allocation amounts was available. The total of the 6 line items reflected in the FY 2020-21 Human Services Plan is \$7,339,625

STATE/FEDERAL FUNDS	FY 2020-2021 Allocation
Mental Health Community Based Services	\$4,528,483
Behavioral Health Services Initiative (MH)	\$208,687
Intellectual Disabilities Community Based Services	\$1,459,290
Behavioral Health Services Initiative – (Substance Abuse)	\$586,579
Act 152	\$215,235
Human Services Development Fund - Lycoming County	\$114,423
Human Services Development Fund – Clinton County	\$50,000
Homeless Assistance Program – Lycoming County	\$153,112
Homeless Assistance Program – Clinton County	\$23,816
TOTAL	\$7,339,625

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

Additional stakeholder input was received through attendance at the various board and committee meetings described in Part I.

Part III - CROSS-COLLABORATION OF SERVICES

EMPLOYMENT:

Lycoming-Clinton MH/ID works collaboratively across human service programs to provide employment services by contracting with service providers in both Clinton and Lycoming Counties. Job training and support are provided to individuals with intellectual disabilities and mental illness. Community Services Group operates a nationally accredited vocational and psychiatric rehabilitation program in Williamsport, Pa. called the Commerce Park Clubhouse. The Clubhouse offers vocational experience and skills building in the areas of food service and clerical. The Clubhouse offers transitional, supported, and independent employment. Participation in programming at the Clubhouse is available to our consumers residing in Lycoming and Clinton Counties. Clinton County Community Connections offers a social rehabilitation program with an employment track for individuals diagnosed with mental illness. Participants are offered simulated work experience in a supportive environment to build marketable skills.

Career Link and the Clinton County Assistance Office are represented on the Clinton County re-entry committee. The committee collaborates to help improve success for individuals returning to the community following incarceration. The Certified Recovery Specialists from West Branch developed and provide a presentation for employers in Lycoming County which talks about the advantages of hiring someone with special needs. The SCA, and Lycoming-Clinton MH/ID make regular referrals to the Office of Vocational Rehabilitation for vocational support and assessments. The SCA has collaborated with Health Choices to establish a recovery resource center in both Lycoming and Clinton Counties which offers computer access to web sites such as Career Link, local temp agencies, Indeed, Monster and Williamsport Help Wanted. A "Felon Friendly List" of employers is also posted and maintained at the resource centers.

Lycoming-Clinton MH/ID recognizes the need to expand our current employment program. The COVID 19 Pandemic delayed plans last year to begin developing a continuum of services which supports the consumer from the time of the initial referral to OVR, to gainful employment. Meetings are currently under way with Clinton County Community Connections to expand their service offerings to include job development and supported employment for our MH consumers.

HOUSING:

Collaboration and community partnership are the key elements for both Lycoming and Clinton counties' housing needs. The housing specialist and the mental health program manager for the Joinder meet frequently throughout the year with various key staff and executive directors for the public housing authorities in each county to discuss progress in grants and housing programs the Joinder has under its auspices. Additionally, the public housing authorities communicate areas of concern and need that the housing specialist can possibly assist them with. These collaborative efforts lead to assisting mental health consumers in public housing units in the event of crisis, hospitalization and times of lost income. Additionally, the Clinton County PHA executive director is very active with the Clinton County PHARE funding and the Northern Tier Regional Homeless Advisory Board, on which the Joinder housing specialist is also an active participant. In the 2020/2021-year numerous opportunities have been added to the Lycoming and Clinton County areas which include housing options and federal/state funding.

In 2021 the federal government released the Emergency Rental Assistance Program (ERAP) due to COVID 19. This million-dollar program in partnership with DHS administered by our local STEP/Community Action program can cover up to 12 months of rent including past and present rent due along with utility assistance. In 2021, the Department of Corrections along with a non-profit agency is opening a 24-bed transitional living program for males returning to the community from State Prison facilities. This facility will provide wrap-around supportive services including but not limited to employment, education, recovery, and daily living skills along with referrals to partnering agencies for added services. In August 2021, Sojourner Truth Ministries is planning to open Sojourner House of Hope a 12-bed facility for women in the community mentoring them through the process of becoming self-sufficient. This 6-to-9-month program is funded completely through the church and is open to all Lycoming County women. In 2021 the Lycoming /Clinton Joinder Board received reinvestment dollars from Lycoming-Clinton HealthChoices to administer a Supportive Housing Program to individuals with a Mental Health diagnoses. This program has allowed for a Community Based Case Manager (CBCM) to assess individuals in need of housing and other areas of Social Determinants of Health in hoping to divert them from a higher level of care. These areas include but are not limited to health care, alcohol and drug use, family circumstances, parenting support, transportation, education, employment, and Independent Living for Seniors.

Lycoming and Clinton Counties had various funding streams for the 2020 year: an Emergency Solutions Grant for emergency shelter, rapid rehousing, and homeless prevention a partnership that included Clinton, Lycoming and Bradford Counties. A 2020 CARES Grant in the amount of

\$165,680 included street outreach, emergency shelter, rapid rehousing and homeless prevention for Clinton, Lycoming and Tioga Counties.

Lycoming and Clinton County are both recipients of Pennsylvania Housing Affordability and Rehabilitation Enhancement (PHARE) funding due to the success rate of the Master Leasing Program. In 2021, PHARE funds were again released to the Transitional Living Center, Inc. in Lycoming County to administer a supportive housing program. This program can pay up to one year of rental assistance along with budgeting and supportive services partnering with the referral source. Lycoming County earmarked \$200,000 of PHARE monies for the human service contingent to STEP, Inc. for a Supported Housing Program in which community agencies are a referral partner. This 18-month housing initiative helps renters in danger of being evicted, homeowners in danger of foreclosure, and homeless county residents to secure stable housing.

The Joinder Housing Specialist keeps an updated list of housing options to assist consumers to review their housing choices in the Lycoming/Clinton counties. There are several private landlords that will contact the Joinder Housing Specialist with open units seeking a consumer through the MH/ID agency. These private landlords report they appreciate the support of services that are readily available to the consumer that actively respond to the consumer when needed. The Housing Specialist along with the Lycoming Housing Coalition is currently compiling an extensive landlord list to be used by the collaborative agencies. The Joinder also has a small contingency fund available to consumers that may need emergency rent, utilities or furnishings. This 0% loan is to ensure that housing is not lost in the case of an emergency when no other resources are available in the community. The Joinder also has HealthChoices Reinvestment monies for Supportive Housing services and Safe & Healthy homes. A portion of these reinvestment dollars are administered by West Branch D&A agency as part of a housing initiative.

There are multiple collaborative housing options teams in Lycoming and Clinton Counties. A seven County, Northern Tier Regional Housing Advisory Board (RHAB) meets monthly maintaining compliance with the regional Continuum of Care and HUD. Lycoming County Housing Alliance meets on a monthly basis with its main focus on a four-apartment complex for families experiencing homelessness called Journey House, and HUD Point-in-Time county wide homeless persons' count. The Lycoming County Housing Coalition meets monthly and concentrates on educating the community and private landlord sector on various options and opportunities for landlords and their properties. In Clinton County there is a Clinton County Housing Coalition, which is a 501(c)(3) organization meeting monthly, that focuses on the housing and homeless issues of Clinton County.

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

- 20 CRR beds (bi-county)
- Independent Living Support services (bi-county)
- Mobile Psychiatric Rehabilitation Services (bi-county)
- Homeless Assistance Program (HAP) monies (bi-county)
- Emergency Food and Shelter Program monies (EFSP)
- 2 Homeless Shelters in Lycoming County (Saving Grace and ARW)
- 2 Homeless Shelters for Domestic Violence Victims, (bi-county)
- Family Promise program is a 14-person Transitional Housing Program and a double house (Promise House) serving 2 families in Lycoming County
- Journey House is a Transitional Housing Program that serves 4 families in Lycoming County
- Habitat for Humanity provides Permanent Housing for low-income families
- Liberty House is a HUD funded Supportive Housing Program that can serve up to 31 women and children in Lycoming County
- Clinton County has an 811 PRA Permanent Supportive Housing Initiative with Oak Grove Apts
- The Life Center, Clinton Counties homeless shelter serves up to 14 women, couples, or families
- The Merit House, Clinton Counties men's homeless shelter can house 4 men
- Certified Peer Support Specialist and Certified Recovery Specialist.
- House of Hope, a 24-bed facility for females transitional living program.
- Lycoming/Clinton Joinder HealthChoices Reinvestment supportive housing contingency funds.

Part IV - HUMAN SERVICES NARRATIVE

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

MENTAL HEALTH SERVICES

a. Program Highlights

Please highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY 20-21.

Peer Support

Despite the challenges of identifying certification trainings being held during the past year, Lycoming-Clinton gained three new Certified Peer Support specialists during 2020-2021, expanding peer support services capacity for adults and transition age youth in our counties. Training attendance was made possible through continued collaboration with HealthChoices to assist with funding individuals to attend peer support certification trainings, and to complete the certification test. This past year, Certified Peer Specialist providers were able to successfully sustain their services through utilization of telehealth and leveraging social media platforms such as Facebook for education/information events and support groups.

Last year, a second provider obtained their license to offer Youth and Transition Age Youth (TAY) Peer Support in our counties. The provision of HealthChoices reinvestment funds made possible the implementation of a Community Based Peer Support agency, which currently offers Certified Recovery Support services, and is on track to also offer Certified Peer Support services by year-end to meet the needs of our growing co-occurring MH/SUD population.

School Based Mental Health Services

Continued expansion of School Based Outpatient (OP) Services occurred last year to one additional district, to increase access to mental health services for our most rural students and their families, and for students at-risk for out of home placements. Although the pandemic resulted in local schools primarily employing virtual learning for most of the school year, School Based OP providers were able to stay engaged with clients via telehealth, when not physically in

school. Keystone Central School District, the sole district encompassing Clinton County, also partnered with HealthChoices to use reinvestment funds for implementation of a School Based Intensive Outpatient Program (IOP) for students ages 12-18. Because virtual learning was in place for most of the 2020-2021 school year, full implementation of the IOP was not possible; the program will be fully implemented in the Fall of the 21/22 school year.

Currently, three School Based OP providers have entered agreements with six local school districts to offer telepsychiatry services within their buildings beginning in the Fall; this endeavor will not only add crucial psychiatric and medication management capacity, but it will also significantly improve coordination of care for children and their families who regularly face transportation, travel time, and other barriers to engagement in services.

Telehealth Services

The increased flexibility to receive services from home through telehealth in response to the pandemic, supported local providers in sustaining critical and essential mental health services for our counties. Telehealth flexibilities also significantly reduced several access barriers commonly experienced by individuals in our area when attempting to find a provider, and stakeholder response to telehealth has been overwhelmingly positive.

Responses to HealthChoices consumer/family surveys, and outreach conducted with providers, MH clients, and other stakeholders, indicate that implementation of telehealth during the pandemic resulted in a 64-75% reduction in transportation barriers, 35-45% reduction in scheduling issues (due to work, school, other appts), and a 30-40% reduction in scheduling issues due to child care/caregiving demands. Providers particularly noted that active engagement in treatment, especially in regard to family member/parental involvement in treatment services, dramatically increased through utilization of telehealth. Mental health providers also consistently reported extraordinary decreases in “no show” rates, with some recognizing “show” rates as high as 95%. A reduction in staff travel in our rural area, allowed providers to serve more individuals per day, and also decreased response time during crisis situations; staff were able to meet individuals virtually, and provide “face to face” services without the barrier of travel time. Most importantly, across all levels of outpatient and community-based levels of care, 65% of consumers surveyed indicated a desire to continue using a combination of in-person and telehealth for delivery of their mental health services.

b. Strengths and Needs:

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

STRENGTHS:

Implementation of Community HealthChoices/Long Term Services and Supports (CHC/LTSS) in our counties is demonstrating an increase in coordination of PH/BH care and support for older adults in our community. Case management, Mobile Psychiatric Rehabilitation, and Peer Support providers are successfully engaging older adults in services in their own homes, personal care homes/nursing homes, and in the community. Because older adults often have comorbid or chronic health conditions and typically seek help for concerning symptoms first from primary care physicians (PCPs), there has been ongoing outreach and education between behavioral health and physical health providers, and with the Bi-County Office of Aging, to strengthen collaboration and communication. The county and HealthChoices routinely provide printed educational resources and information to the Office of Aging regarding older adult behavioral health, depression, and reducing stigma.

NEEDS:

Considerable attention is needed with this population, to increase both engagement and retention in behavioral health services. Many older adults are not familiar with how to access behavioral health resources in our counties; lack of transportation, physical disabilities, and a perceived stigma regarding addressing mental health needs are also common barriers to participation in treatment. Older adults in our counties have higher rates of readmission to inpatient treatment, a concerning rate of unidentified substance use disorders, have poorer outcomes following inpatient hospitalization, and have fewer natural supports to encourage long-term recovery. Although there are dedicated staff in local provider agencies who serve older adults, there currently are no specialized services or programs to specifically address the complex needs for this population. Outreach, education, and formalized community supports could fill this gap in services, for older adults.

• **Adults (ages 18 and 59)**

STRENGTHS:

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

Drop-In Center, Community Employment and Social Rehabilitation (Clinton County Community Connections), and a choice of two providers of Targeted Case Management. Expansion of evidence-based practices and programs (including TF-CBT, DBT, and EMDR) is ongoing; HealthChoices financially supports continued education and completion of professional certifications through a provider training fund. There is also ongoing, formal collaboration between behavioral health providers across all levels of care to support adults in transitioning back to the community from inpatient treatment and other behavioral health facilities located outside of our counties.

GeoGroup is restarting the Lycoming County Re-Entry Coalition this summer, which will support the successful return of individuals into the community from incarceration, thus helping to reduce recidivism rates. The Re-entry Coalition will focus on education, family, health services, treatment, employment, mentorship, housing, etc. to help the transition be as seamless as possible for incarcerated individuals returning to the community. The coalition will be split into subgroups to better focus in each area and the coalition be comprised of professionals, family members and members of our community who previously were incarcerated to ensure the areas of focus are relevant to the needs within our community.

The availability of telehealth since the pandemic has been essential in reducing access barriers to treatment services for individuals of all ages. The expansion of telehealth services permitted more flexibility in scheduling for both providers and clients, and community-based services in our counties surprisingly experienced increased engagement and client retention in services.

NEEDS:

There is a need for diversion services to avoid inappropriate utilization of local jails and/or hospital emergency departments, and to prevent rapid readmissions to MHIP facilities. Transitional supports for SMI adults are a priority to reduce the number of adults who cycle in and out of state hospitalization, inpatient treatment, and the criminal justice system. Individuals in our counties with SMI typically experience comorbid physical health conditions, housing instability, and multiple care coordination needs; their social support networks are small, and their relationships are commonly conflictual and unstable. Formalized transitional supports could provide a safety net to SMI adults through information, linkage to resources, and ongoing assistance as part of discharge planning, during transition back into their communities, and consistent engagement in treatment.

Lycoming and Clinton counties are designated as Health Professional Shortage Areas (HPSA). There is a substantial and critical need for telehealth to continue to be an option for the rural and underserved individuals living in our counties. LC HealthChoices and OMHSAS telehealth survey responses suggest some provider reluctance to continue offering telehealth post-

pandemic, without the benefit of education/training regarding best practice standards and regulations for telehealth, documentation procedures, billing processes, obtaining signatures, service delivery expectations, and guidance regarding Fraud, Waste, and Abuse. Moreover, many geographic areas of Lycoming and Clinton County do not have access to reliable, affordable, internet services. Beyond the availability of internet access, some residents lack access to technology, such as computers and smart phones with the capabilities to access the internet.

Transitional Age Youth (ages 18 through 26)

STRENGTHS:

Lycoming-Clinton works closely with Lycoming and Clinton County CYS Independent Living Programs to identify youth who will be transitioning to the adult mental health system. Youth from our counties have successfully utilized Community Residential Rehabilitation services, and we continue to work with system partners, Health Choices, and Community Care to identify expansion opportunities for this level of care. Youth also regularly engage in Independent Living Services Programs, Clubhouse/Supported Employment services, and/or Clinton County Community Connections while in high school and beyond. Last year, a second provider was approved by OMHSAS to offer Youth/Transitional Age Youth Peer Support, further increasing access to community supports for TAY. Though permanent housing needs persist for this population, the McKinney program and the PHARE grant in Clinton County continue to be beneficial to assisting this population with affording housing.

NEEDS:

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

Children (Under 18)

STRENGTHS:

The highest percentage of funding for Children's Services is managed by the Lycoming-Clinton HealthChoices Program. A significant portion of HealthChoices funding is devoted to Intensive Behavioral Health Services (IBHS) formally known as Behavioral Health Rehabilitative Services (BHRS). HealthChoices assists county children's providers in meeting staffing and/or training needs for their approved services, and HealthChoices continues to offer funding towards training and/or program quality initiatives. One of the initiatives that HealthChoices will be sponsoring for our children's serving systems is to provide training on ACT 65. The focus of the ACT 65 training is to provide further education and understanding for application of the amended law within social service practices. Transportation funds awareness and distribution remains a continued initiative by HealthChoices to assist families with any barriers they may be encountering with traveling to necessary appointments. In addition to continued training support, HealthChoices has expanded their team by adding a Clinical Oversight position to further support expansion and enhancement within the children's service provider network for our region, while assisting current children's providers with any service barriers. With the addition of the Clinical Oversight position and assessing barriers, it was recognized there were a lack of providers whom were comfortable working with members diagnosed with an eating disorder. Upon further review it was recognized that eating disorders within young adolescents has been increasing in our region and with a lack of providers many individuals were not being properly diagnosed. To support members and enhance providers skill set, HealthChoices coordinated with the counties local MCO and offered an Introduction to Diagnosis and Treatment of Eating Disorder training. HealthChoices continues to organize monthly meetings with providers to support consistency in the application of IBHS policies, best practice guidelines, and review of service provisions.

School based services continue to grow in our region. An Intensive School Based Outpatient program was developed for Keystone Central School District. This program supports students up to 30 hours per week, and acts as a step down from inpatient or a Partial Hospitalization Program (PHP). Two Community and School Based Behavioral Health (CSBBH) programs continue to operate and advance in our region. These programs continue to have a positive impact within the community. School Based Outpatient providers continue to meet regularly with their respective school districts to explore additional services that can be offered during the school day to reduce students' stress, anxiety, and frustration. Most recently, local school districts began collaborating with county providers, our Managed Care Organization (MCO), and HealthChoices to implement school based Tele-Psychiatry for the 2021 – 2022 school year. By

expanding Tele-Psychiatric care locations into our school settings, it will expand access to psychiatric care for children or families and assist with medication compliance.

Our region now offers a choice of two school-based Partial Hospitalization Programs (PHP) and Blended Case Management providers for members to access when seeking services. By expanding the PHP providers in our bi-county region it has increased members ability to access this level of care sooner and allow ease of attendance without long travel times to outlying counties. In an effort to support members year-round both PHP programs offer a summer program, which has assisted in reducing referrals during summer months to higher levels of care. Diversified Treatment Alternatives Centers (DTAC) worked to expand their service population to include elementary school aged youth to 12th grade, while the BLAST IU 17 PHP continues to provide services to children between the grades of seventh (7th) through twelfth (12th). As aforementioned, Blended Case Management is now offered through the Joinder and Service Access and Management (SAM). Both providers continue to take referrals and coordinate to assist members in accessing services within the community.

The Child and Adolescent Service System Program (CASSP) was restructured within the bi-county to offer a more intensive CASSP process. The CASSP Coordinator has collaborated with all school districts, mental health providers, Juvenile Probation, Children and Youth Services, Drug and Alcohol Providers, Home Health Aide / Home Nursing Providers, and MH/ID to strengthen collaboration and systems. CASSP offers meetings to address system barriers, provider barriers, promote least restrictive levels of care, ensure follow-up care for youth leaving out of home placements, and assists with program development. The CASSP Coordinator developed the CASSP Advisory Board that is comprised of representatives from the bi-county child serving systems, schools, and law enforcement. The Board's goal is to bridge gaps in children's services, increase communication and understanding of systems, and to provide education and support to partners for enhanced working relationships.

The Children's Services Workgroup of Lycoming and Clinton Counties has set a goal to open a Short-Term Residential Treatment Facility for youth within our region. The workgroup consists of the following agencies from both Lycoming and Clinton County: Children and Youth Services, MH/ID, Juvenile Probation, Drug and Alcohol, Community Care Behavioral Health, HealthChoices, and CASSP. Youth within our region who require residential level of care are frequently placed over two hours away due to limited local residential options. This has been a constant barrier to scheduling home visits and family sessions. A local residential facility will reduce clients estimated length of stay, allowing ease for participation in home visits and family sessions without the barrier of transportation and travel time.

NEEDS:

Lycoming-Clinton has a full continuum of mental health treatment services for children under the age of 18. There is limited availability of support groups and socialization opportunities, such as after-school and summer programs, for this population. As previously discussed, Lycoming-Clinton lacks local residential options and respite care access, which limits family sessions and home visits. COVID-19 barriers have compounded this problem. Our region also has a staffing shortage for the levels of care or services within the new IBHS regulation. Unfortunately, the staffing deficits and standards/requirements within the new IBHS regulations has decreased our members ability to access this level of care. This has resulted in providers having longer wait lists and caused an inability to access services prescribed from a Written Order in a timely manner. As previously discussed, HealthChoices is working to address this barrier by funding provider trainings for these positions and working with local colleges to establish partnerships for attending and graduating students.

SPECIAL/UNDERSERVED POPULATIONS:**Individuals Transitioning out of State Hospitals:****STRENGTHS:**

Lycoming-Clinton continues to identify coordination of services for discharge planning with the State Hospital a strength. This includes the community support planning process, the liaison meetings, clinical team meetings, participating in 304/305 hearings at the State Hospital and frequent meetings with the consumers themselves to identify their goals and desires for community living. Family involvement as much as possible is always a benefit for consumers planning for discharge and community living. A variety of residential options including CRR's, Personal Care Boarding Home, Nursing Homes and independent living with supports has been a benefit to Lycoming-Clinton Counties.

NEEDS:

Lycoming-Clinton could benefit from an LTSR to add to its array of residential options for the bi-county area. There are individuals that have behavior issues, arson histories and criminal histories (Megan's Law) that are difficult to find housing options for in the community. Additional supported housing options would also be of benefit for individuals with serious mental illness who discharge from or are diverted from the State Hospital. Service availability for individuals without Medicaid is an issue at times. Individuals who could benefit from ID services many times have to wait on wait lists for services. A wide array of options for programming and vocational services during the day could be beneficial. Community treatment

teams such as ACT teams to serve these individuals may also be of benefit to assist in maintaining independence and assisting with recovery goals. There is a need for psychiatry so follow up appointments can be within 30 days from discharge, and for a system to store injectable medication until the follow up appointment is available.

Individuals with co-occurring mental health/substance use disorder

STRENGTHS:

In response to the emerging increase in requests from individuals and systems seeking community supports for co-occurring conditions, HealthChoices partnered with a local Recovery Community Connection organization to develop and implement a licensed free-standing recovery-focused peer support program. The program currently offers Certified Recovery Support services and is on track to also provide Certified Peer Support services by year end, as well. Although the pandemic limited the ability to offer local training opportunities for providers to enhance co-occurring competency, Community Care and HealthChoices identified and shared multiple webinar-based training sessions attended by local providers, which focused on best approaches and practices in serving this population. Recognizing the increase in adults with SMI being diagnosed with methamphetamine/stimulant use disorders, last year HealthChoices partnered with one of our co-occurring outpatient clinics to implement specialized methamphetamine treatment intensive outpatient services.

NEEDS:

Mental health providers are generally deficient in identifying their clients for referral to SUDs services and in coordinating care with SUDs providers. Lycoming Clinton has many chronically homeless adults with a tri-morbidity of mental health, physical health, and substance use disorders, who are not able to live independently and survive through dependency on fragmented services. Additional trainings to increase MH providers' competency with treating co-occurring members are scheduled for Fall 2021.

Justice involved individuals

STRENGTHS:

Lycoming and Clinton Counties both continue to have strong and well-established Criminal Justice Advisory Boards (CJAB), each with a Mental Health Sub-committee. The impact of Covid19 continued to delay the goals of both committees into the 20-21 fiscal year. Lycoming Clinton MH/ID hired a full time CIT coordinator in the January of 2020. This position also includes the coordination and development of other mental health trainings and public events

that the agency provides to the local community. The anticipated impact associated with the CIT Training and Coordination Project includes both process/systemic outcomes and individual consumer quality of life outcomes. Our intent continues to be to develop a larger pool of CIT trained police officers and first responders in order to develop a crisis response that tracks diversion of individuals with a mental illness from the criminal justice system. CIT trainings are being planned for the winter and spring of 2022.

Mental Health First Aid training has and continues to be offered to both the Lycoming and Clinton County prisons' staff to increase the awareness and understanding of mental illness. It has also expanded to include trainings for juvenile and adult probation officers, support staff and other county first responders.

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

Lycoming Clinton County MH/ID also actively participated on the committee to address the increasing number of veterans' involved in the criminal justice system and to establish a Veterans' Court in Lycoming and Clinton Counties. The Lycoming County Veteran's Court /Veteran Mentoring Program officially began in January 2019. The motto of the veteran's mentoring program is: *No One is Left Behind. Mentors are paired with a Veteran to provide support as they work through the Veterans Court program. Mentors are present as an ally and friend to assist Veterans through this difficult time. The shared experiences of the Mentors and Veterans are critical in assisting the Veterans to regain control of their lives and successfully connect to and maintain treatment, leading to successful completion of the Lycoming County Veterans Court Program. Clinton County VA court now includes a forensic mental health case manager as part of their Veteran's court team.*

Both Lycoming and Clinton Counties' Veterans' court has representatives from Adult Probation, West Branch Drug and Alcohol, the Public Defender and District Attorneys' office, a counselor, who is a veteran, as well as local Veteran mentors / volunteers, and representatives from the VA Center in Altoona and the Wilkes-Barre VA Center and Hospital.

Lycoming County Mental Health Court and Clinton County Behavioral Health Court each have MH/ID Forensic Targeted Case Managers (FTCM) who are involved with assessing, and identifying individuals to participate on the respective courts. The FTCM then work with the identified individuals to help them complete the 3 phase requirements. These phases include maintaining stable housing, maintaining, and using reliable transportation, attending counseling and medication management appointments, and making appointments with probation officers and other community providers/resources to graduate from treatment court and return to regular probation supervision with a stable support system. This past year, the Lycoming County Mental Health Court received an increase in referrals and therefore had more individuals accepted into the program than in previous years. Both counties have started their own ex-offender mentoring programs through adult probation.

The Lycoming Clinton MH/ID Program continues to strongly prioritize jail diversion through our Mental Health Services Forensic Unit which is now under the umbrella of the Community Integration Support and Integration Services Unit. This unit consists of a Targeted Case Management supervisor, who also performs the duties of a boundary spanner for the courts, MH/ID, prisons, and local providers. There are also 3 Forensic Targeted Case Managers, and a Psychological Associate who works from the Lycoming County Prison. Due to staffing changes the Psychological Associate is presently a contracted position who goes to the prison weekly. Plans are underway to have the services of this position provided by a community-based organization. The CSI Unit works with forensic consumers involved with the bi-county probation and parole offices, mental health courts, county prisons, supervised bail and pre-release, and assists with the CIT team. This Unit provides excellent coordination of care for jail diversion, support of the seriously mental ill who are presently incarcerated, reentry and individuals at each intercept point in the judicial system.

NEEDS:

- Lycoming-Clinton has made services for justice involved individuals a priority in the past several years. Currently there is a need for housing resources for county jail discharge planning, although PHARE projects in both counties do provide additional resources. A Master Leasing Program started in May of 2018 in Lycoming County through PHARE funds whose target population is reentry has continued to support several of our consumers.
- There needs to be continued support for Ex-Offender Mentoring Program in both Lycoming and Clinton County which is presently supported by adult probation.

- Sustainability for the CIT Program through community partners.
- Continue to promote the Stepping Up Initiative in both Counties by forming and participating in an official Stepping Up team with other County stakeholders.
- Alternatives to ordering seriously mental ill incarcerated individuals to the state hospitals for medication stabilization and treatment. The State Forensic Hospitals continue to have long wait list for competency evaluations/treatment which ultimately strains our local county jail staffing and other resources.
- Continue to provide and meet the mental health educational needs of the entire forensic community (probation officers, correctional officers, prison medical staff, deputies, district attorneys, public defenders)
- Increase psychiatric services in the prison to evaluate and treat inmates pharmacologically.
- Continue to support the recently hired Reentry Coordinator position in Lycoming County and the Reentry Treatment Team in Clinton County to increase the connection between release, probation / parole and treatment follow through.
- Consideration of an additional identified forensic case manager to accommodate the courts request for an increase in mental health court participants (due to the increase in applicants) and to support our partnership with the courts. It would also better support the needs of the increased amount of criminal justice involved consumers who are presently with regular targeted case managers.

Veterans

STRENGTHS:

Both Lycoming and Clinton County have active Veteran’s Affairs offices to provide services to local veterans. Lycoming County offers psychiatric care, social worker supports and counseling through both the Vet Center and the Williamsport VA Outpatient Clinic which is affiliated with the Wilkes Barre VA Hospital. Clinton County services are affiliated with the James E. Van Zandt VA Medical Center. The Armed Service Reserve Centers also provide crisis intervention, financial and legal assistance, information on military and educational benefits, partnering with CareerLink for employment assistance and chaplain referrals.

Clinton County participates in the Veteran’s Justice Outreach program which assists justice involved veteran’s with getting the treatment that they have earned. They have a representative on the Clinton County’s Veteran’s Treatment Court along with representatives from the District Attorney, Public Defender, Sheriff’s department, MH/ID, Adult Probation, and West Branch Drug and Alcohol.

The Lycoming County Veteran’s Court partners with the Veterans Mentoring Program and has been active for several years. The motto of the Veteran’s Mentoring Program is “No one left

behind”. Mentors are paired up with a veteran to provide support as they move through the Veteran’s court Program. The shared experiences of mentors and veterans are critical in helping the veteran to successfully complete treatment, regain control of their lives and successfully reconnect to society.

NEEDS:

Lycoming-Clinton needs to strengthen their partnership with Veteran’s services to better educate each other on the services available through each respective entity in order to provide comprehensive treatment for local veterans.

Caseworkers need to continue to avail themselves to trainings offered through the Veterans Affairs Offices and hospitals.

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

STRENGTHS:

Behavioral health providers who are sensitive and appropriately responsive to the unique needs of LGBTQI individuals, continue to be recruited for Lycoming and Clinton counties; an outpatient provider affiliated with the AIDS Resource Center recently expanded her practice, and the local NAMI organization has started offering a monthly virtual support group for LGBTQI teens and transition age youth. HealthChoices, Community Care, and the SCA frequently offer training opportunities for community -based providers in our counties to improve their clinical competency with this population. Providers are also making strides in developing policies and processes that reduce barriers to participation in treatment. As we recognize an increase in children and adolescents self-identifying as transgendered who are being admitted MHIP and RTFs, Lycoming-Clinton continues to locate and refer families to facilities that serve LGBTQI youth and promote safe and supportive milieus to avoid traumatization.

NEEDS:

LGBTQI adults are more than twice as likely as heterosexual adults to experience a mental health condition and are at a higher risk than the general population for suicidal thoughts and suicide attempts. LGBTQI youth in general, are more likely to be homeless. Many people in this population struggle with behavioral health in silence, and face worse health outcomes as a result. Early intervention, comprehensive treatment, and family support are key resources which are lacking in our counties for this population. Providers need trauma-informed and socially competent training; specialized peer support training and services staffed by self-

identifying LGBTQI adults are also needed to engage individuals in treatment as well as expand additional social supports.

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

STRENGTHS:

The racial and ethnic composition of Lycoming-Clinton counties' residents is predominantly white; only 7% of residents identify as African American, and less than 1% self-identify as Hispanic. Based on the most recent annual report of MA funded behavioral health services utilization for Lycoming-Clinton HealthChoices members, 23% of members who participated in services identified as African American, and 21.6% identified as Hispanic. HealthChoices employs a Consumer/Family Satisfaction Team which conducts surveys with a stratified representative sample of all members regarding their satisfaction with behavioral health services, equity of access to services and treatment experiences, and concerns. HealthChoices monitors and responds to issues related to significant statistical discrepancies in service access, utilization, and satisfaction among racial/ethnic cohorts, as well as through the Community Care member complaint process, the Provider Performance Issues (PPI) process, and the annual Community Care member satisfaction survey. Information provided in the community about MH/ID, HealthChoices, and Community Care are available in alternative languages other than English, and interpreter services are also offered to assist individuals in accessing and participating in treatment. Racial/Ethnic and Linguistic minorities are represented in a wide variety of clinical and administrative positions in provider agencies throughout Lycoming and Clinton counties.

NEEDS:

Smaller populations can too easily be overlooked. Awareness and tracking of barriers that exist for RELM populations is needed to be well-informed, and to effectively respond to treatment disparities. Efforts to conduct face to face CFST surveys in alternative or unconventional locations should be intensified to ensure a diverse sample of individuals have the opportunity to share their views about behavioral health services. Recruitment and retention of minority psychiatrists and clinicians, most especially African American behavioral health professionals, are critically needed for our counties. African American individuals are more likely to trust and engage with African American providers, but they are significantly less likely to find one in Lycoming and Clinton counties.

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

People Living with HIV/AIDS

Strengths

Located in Williamsport, the AIDS Resource Center is a non-profit community-based organization that provides HIV prevention programs, HIV and STD testing, and living assistance to those living in our bi-county region with and/or affected by HIV or AIDS. The AIDS Resource Center provides various outreach and education opportunities to inpatient hospitals, county schools, day treatment centers for youth and adults, and reentry programs surrounding sexual health, condom usage, and STI preventatives. Currently AIDS Resource is working to promote a national informational campaign U=U, that focuses on raising awareness that HIV medications are preventing sexual transmission of HIV. U=U stands for "Undetectable = Untransmittable," indicating that if a person with HIV is on HIV meds (antiretroviral therapy, or ART) with a consistently undetectable HIV viral load, the virus cannot be transmitted to a sex partner.

To assist all county individuals in having access to safer sex tools (i.e., condoms, lubrication, etc..), AIDS Resource offers the option of mailing resources to individuals' home in a confidential nature. This service along with free STI and HIV testing extends to all community members within Lycoming and Clinton counties. For individuals who are concerned they have encountered and/or shared a sexual experience with a partner whom they are aware tested positive for HIV, AIDS Resource provides an HIV test kit which are mailed to the individuals' home.

As with other agencies impacted by COVID, AIDS Resource had to adapt their services, which are free to their clients, and develop new strategies to meet their clients' needs. Prior to the Pandemic, the center offered in-person hygiene and food pantry gatherings throughout the month. To accommodate, they partnered with local businesses to have their food and hygiene service delivered to their clients' home. They also adapted their support groups, which are facilitated by licensed staff, and outpatient mental health appointments were held virtually. Understanding that clients were impacted by the pandemic socially, AIDS Resource utilized client coordinators who worked to organize social gatherings within the community. Other services offered at their center for clients include Smoking Cessation programs, a mail order pharmacy that sends prescriptions to the client's home, the PREP clinic (Pre-Exposure Prophylactic), and PEP (Post Exposure Prophylaxis) service.

Needs

Though advancements have been made over the years, there is still a stigma and misunderstanding surrounding HIV, AIDS, and sexual health. AIDS Resource continues to work diligently to diminish stigmas associated with sexual health, increase education, raise awareness of local resources, and work to provide support and a sense of comfort surrounding sexual health. It has also been shared consumers are struggling to fill prescriptions for a PEP regiment, due to a lack of providers who are comfortable with prescribing the medication. This medication is not typically in stock at local pharmacies which makes it difficult for individuals to have the medication filled within 72 hours exposure as required for the medication to be effective.

C. Strengths and Needs by Service Type:

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

Yes No

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

Individual employees have participated in CLC Trainings during the past year, but it was not organized or required for all employees. The Lycoming-Clinton Joinder Programs including Mental Health, Intellectual Disabilities, Early Intervention, Behavioral HealthChoices and Lycoming Children & Youth Services has created a Training Team that will be implementing more formalized CLC training in the coming year.

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

Yes No

If yes, please describe the DEI efforts undertaken. If no, indicate any plans to implement DEI efforts in FY21-22. (Limit of 1 page)

All employees of Lycoming-Clinton Joinder Programs including Mental Health, Intellectual Disabilities, Early Intervention, Behavioral HealthChoices and Lycoming Children & Youth Services are required to complete a three-hour online training from the CCAP Online Training web site on the topic of Diversity, Equity and Inclusion.

Does the county currently have any suicide prevention initiatives?

Yes No

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

Suicide Prevention Initiatives

The Lycoming-Clinton Mental Health Program provides an on call crisis services 24 hours a day Monday through Sunday to assist individuals and families in the bi-county area with any mental health crisis, including suicide prevention, through our assessment and crisis intervention services. The county currently is in the process of meeting with state crisis providers to help identify areas for local expansion needed within our current crisis service delivery. Our hope is that through these collaborative meetings a formal suicide assessment and enhanced trainings for staff may be identified. Lycoming-Clinton MH/ID collaborates with our community partners (i.e., local churches, colleges, law enforcement, first responders, hospitals, schools, human service agencies, and NAMI) to coordinate and develop strategies to decrease incidents of suicide, and raise awareness of suicide prevention through community outreach.

Mental Health First Aid continues to be offered and facilitated by the Joinder employees to prison staff, law enforcement, first responders, clergy and parishioners located within our bi-county region. To ensure access across ages, Lycoming County BLAST IU 17 offers classes for interested attendees on Mental Health First Aid classes for youth. The Center for Community Resources is offering a 6 week Zoom program for suicide survivors 25 years and older. The program utilizes SAMHSA's workbook *A Journey Toward Health and Hope*, which will be guided by PhD level clinicians.

As was experienced by many community groups, COVID 19 impacted our local suicide prevention committees. Currently the Suicide Prevention Task Force, which was organized through the United Churches of Family Life and Education Committee (UCLC), is requesting to combine their services and coordinate with other suicide prevention committees which are active in our counties. The UCLC reached out to NAMI chapter of Northcentral Pennsylvania to combine efforts to offer a unified and comprehensive approach to coordinating and managing efforts surrounding suicide. On July 16, 2020, the FCC adopted rules to establish 988 as the new, nationwide, easy-to-remember 3-digit phone number for Americans in crisis to connect with suicide prevention and mental health crisis counselors. Beginning July 16, 2022, dialing "988" will route calls to the National Suicide Prevention Lifeline. As per report, it is NAMI of Northcentral Pennsylvania's goal to work with local community networks to promote and educate the community on "988" through various marketing campaigns and attendance at local venues.

Besides local organizations, our community is blessed to have individuals donating their time to raise awareness on suicide prevention and fight against stigmas associated with mental illness. A graduate from South Williamsport High School, organized a successful Suicide Prevention Walk at the South Williamsport Complex this year; NAMI of NC PA will be continuing this walk annually, in honor of her services as she works on attending graduate school. Other efforts of awareness have been made by another local high school student, who over the years has organized the In Memory of Cimarron & Benjamin Thomas Suicide Memory Walk located in Mill Hall. NAMI of North Central PA has continued through the pandemic to distribute magnets and brochures with local and national numbers for crisis intervention, suicide hotlines, and an available text line. Our community partners, including non-profits and other stakeholders, continue to work diligently to combat the stigma of depression, anxiety, and suicidal ideations with an overarching goal to decrease suicides within our community.

Employment First

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

1. Please provide the name and contact information for your county employment point of contact.
Name: James Hicklin Email address: jhicklin@joinder.org

2. Please indicate if your county follows the [SAMHSA Supported Employment Evidence Based Practice \(EBP\) Toolkit](#):
 Yes No

3. Please complete the following table for all county mental health office-funded, community-based supported-employment services.

County MH Office Supported Employment Data

Please complete all columns below with data from FY 19-20. If data is not available for a category, please list as N/A. If data is available, but no individuals were served in a category, please list as zero. Data likely available from Supported Employment vendors/providers. Additional information that the county/vendor has on the population served can be included in the notes section (for example 50% of the Asian population served speaks English as a Second Language or number served for ages 14-21 includes juvenile justice population).

Data Requested	County Response	Notes
Total Number Served	12	
# served ages 14 up to 21	0	
# served ages 21 up to 65	12	
# of male individuals served	5	
# of females individuals served	7	
# of non-binary individuals served	0	
Non-Hispanic White	12	
Hispanic and Latino (of any race)	0	
Black or African American	0	
Asian	0	
Native Americans and Alaska Natives	0	
Native Hawaiians and Pacific Islanders	0	
Two or more races	0	
# of individuals served who have more than one disability	0	
# of individuals served who have more than one disability	0	
# working part-time (30 hrs. or less per wk.)	0	
# working full-time (over 30 hrs. per wk.)	0	
Lowest earned wage	0	
Highest earned wage	0	
# receiving employer offered benefits; (i.e. insurance, retirement, paid leave)	0	

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

Check if available in the county and complete the section.

Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15-30 year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e., an apartment building or apartment complex).

Project Name	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20 (only County MH/ID dedicated funds)	Projected \$ Amount for FY21-22 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22	Number of Targeted BH Units	Term of Targeted BH Units (e.g., 30 years)		Year Project first started
Totals									
Notes:									

2. Bridge Rental Subsidy Program for Behavioral Health

Check if available in the county and complete the section.

Short-term tenant-based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.

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

3. Master Leasing (ML) Program for Behavioral Health

Check if available in the county and complete the section.

Leasing units from private owners and then subleasing and subsidizing these units to consumers.

	Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY19-20	Average Subsidy Amount in FY19-20	Year Project first started
Totals									
Notes:									

4. Housing Clearinghouse for Behavioral Health

Check if available in the county and complete the section.

An agency that coordinates and manages permanent supportive housing opportunities.

	Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22			Number of Staff FTEs in FY19-20	Year Project first started
Totals									
Notes:									

5. Housing Support Services (HSS) for Behavioral Health

Check if available in the county and complete the section.

HSS are used to assist consumers in transitions to supportive housing or services needed to assist individuals in sustaining their housing after move-in.

	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22			Number of Staff FTEs in FY19-20	Year Project first started
	McKinney Grant (HUD)	\$88,495	\$0	17	0			1	2011
	HealthChoices Reinvestment Funds	\$63,448.60	\$0	304	0			1	2016
	HealthChoices Community-based Case Management	\$0	\$108,580	0	50			1	2021
Totals		\$151,943.60	\$108,580	321	50				
Notes:									

6. Housing Contingency Funds for Behavioral Health	<input type="checkbox"/> Check if available in the county and complete the section.
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Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings, and other allowable costs.

Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22			Average Contingency Amount per person	Year Project first started
Clinton PHARE Grant	\$9,650	\$9,650	30	30			\$321	2015
Totals								

Notes:	
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7. Other: Identify the Program for Behavioral Health

Check if available in the county and complete the section.

Project Based Operating Assistance (PBOA) is a partnership program with the Pennsylvania Housing Finance Agency in which the county provides operating or rental assistance to specific units then leased to eligible persons; **Fairweather Lodge (FWL)** is an Evidenced-Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness; **CRR Conversion** (as described in the CRR Conversion Protocol), **other**.

Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22			Year Project first started
Totals								
Notes:								

d) Recovery-Oriented Systems Transformation:

1. Transition Support for SMI Adults

Continuing from prior year

Narrative including actions steps: Individuals in our counties with SMI typically experience prolonged comorbid physical health conditions, housing instability, and multiple care coordination needs; their social support networks are small, and their relationships are commonly conflictual and unstable. These individuals are chronic high utilizers of MHIP treatment but are less likely to have family and other supports to help with discharge planning, engagement in aftercare, or medications; as a result, they are at increased risk for multiple readmissions to MHIP treatment or admission to a state hospital, with longer lengths of stay. As a means for enhancing and expanding support for SMI adults transitioning back to their community from MHIP treatment, a Value Based Plan agreement was implemented between HealthChoices, Community Care, MHIP Providers and MH and SUD OP providers, during the 2021 calendar year. The plan employs a multifaceted approach, with increased communication, cooperation, and accountability between providers to address barriers to treatment and support individuals in living well and permanently, in their own communities.

Timeline:

➤ Increase awareness of and referrals to community based ambulatory outpatient services and supports

In partnership with local MHIP facilities, Lycoming-Clinton outpatient providers (Psych Rehab/Mobile Psych Rehab, CPS/CRS, and Co-occurring OP therapy) will offer informational sessions about their services on a monthly basis to patient groups on-site. Sessions will include infographic materials for patients regarding how patients can initiate services prior to discharge, and the importance of attending aftercare. (September 30, 2021)

➤ Improve the ability of family members and natural supports to assist individuals in engaging in aftercare and sustaining community tenure.

In partnership with local MHIP facilities, educational sessions for families and natural supports will be offered on-site focusing on the support provided to the patient during admission, planning for discharge, the importance of attending aftercare, “what to expect” following the first few days after discharge, and additional resources and support that is available to families in our community. (by October 1, 2021)

➤ Intensify efforts to engage individuals in community based/aftercare services during MHIP admission

- Through collaboration with HealthChoices and Community Care via the Value Based Plan, determine opportunities to implement financial incentives for ambulatory providers to meet with members during admission. (by January 2022)
- HealthChoices will partner with providers engaged in the VBP to build a clinical bridge across IP and OP services, utilizing videoconference technology or a telephone call during IP admission to introduce or initiate aftercare. (by June 30, 2022)
- Providers of peer support, BCM/TCM, and other levels of care that are able to meet with clients during MHIP, will be incentivized to assist high risk, SMI, chronically homeless individuals in development of a

discharge/relapse prevention plan which will include strategies for addressing immediate housing needs and barriers to engagement in services. (by September 1, 2021)

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

Tracking Mechanism: Activities and outcomes related to this priority will be tracked as per the data collections requirements of the Value Based Plan, as well as, through monthly HealthChoices/Community Care oversight meetings, and quarterly OMHSAS monitoring of the HealthChoices program.

2. Telehealth Services

X New

Narrative including actions steps: Utilization of telehealth during the pandemic has maximized mental health provider access for county residents of all ages, particularly in light of the fact that behavioral health providers in our region experienced an average 23% staff turnover rate during the pandemic. Telehealth has allowed more flexibility in scheduling and engagement in services, has addressed barriers to access and choice, and has allowed providers to serve more people, more efficiently without the persistent barriers of transportation or travel time. Response from clients and mental health providers to telehealth utilization has been overwhelmingly positive; individuals living with mental illness in Lycoming and Clinton counties would continue to benefit from telehealth services offered by providers as a blend with or alternative to, face to face services.

Timeline:

- **Support providers in sustaining and improving quality mental health services delivered via telehealth**
 - A series of telehealth education trainings regarding best practice standards, documentation procedures, billing processes, obtaining signatures, HIPPA compliant platforms, service delivery expectations, and guidance regarding Fraud, Waste, and Abuse will be offered to behavioral health providers in Lycoming and Clinton counties. (by January 2022)
 - In partnership with HealthChoices and Community Care, monitor, compare, and study the impact of telehealth services on client treatment outcomes including access, effectiveness, satisfaction, and cost during and post-pandemic. A better understanding of “what works best for whom” will be needed to ensure that telehealth is integrated into treatment in a responsible, intentional way. (July 1, 2021, ongoing)
 - In partnership with HealthChoices and Community Care, monitor and study the impact of telehealth services on behavioral health staffing patterns (e.g., recruitment, turnover, productivity, satisfaction) pre, during, and post-pandemic, to assist behavioral health providers in rebuilding their workforce. (July 1, 2021, ongoing)

- **Develop and implement solutions for the most common challenges to client use of telehealth**
 - Identify and allocate unrestricted funding resources to help offset Wi-Fi, broadband internet, and cell phone costs, for individuals in need to utilize telehealth services. (March 1, 2021, ongoing)
 - Collaborate with HealthChoices and behavioral health providers to create standardized infographics and FAQ documents to inform and prepare clients for successful engagement in telehealth services (platform being used, applications to download, how to join the session, how to troubleshoot technological issues, etc.) (by March 1, 2022)

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

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

3. Outreach and Engagement of RELM populations

Continuing

- b. **Narrative including action steps:** Lack of diversity among mental health professionals in Lycoming Clinton, and stigma related to mental illness and seeking treatment is a reality for many RELM populations living in our rural communities. These concerns contribute to an aversiveness or reluctance to seeking help. Strategies to increase RELM awareness of behavioral health services, increase accessibility of services, and to ensure equitable behavioral health services for racial/ethnic minorities, are vital to address and prevent disparities in behavioral health care utilization.

Timeline:

- **Targeted intensified community education and awareness**
 - In coordination with HealthChoices and community partners, conduct informational outreach and anti-stigma activities throughout the counties during February (Black History Month), May (MH Awareness Month) and July (BIPOC MH Month). Billboards focusing on reducing stigma will also be strategically placed in both counties based on RELM population by geographic area. (Feb, May, & July 2022, and ongoing)
 - HealthChoices will collaborate with Community Care’s Community Relations Representative to schedule Member and Parent/Family Advisory Committee Meetings in a wider variety of locations to increase RELM member engagement and voices in forums concerning their behavioral health services. (Feb, March, June, September, October 2022)
- **Expand opportunities for RELM consumer involvement and contribution to system change**

- HealthChoices' Consumer/Family Satisfaction Team will double the representative sample sizes of RELM mental health consumers surveyed annually, to ensure a meaningful sample of diverse individuals can share their experiences and opinions about behavioral health services (July 1, 2021, ongoing)
- HealthChoices will collect recommendations from stakeholders throughout the year as part of CCBH Advisory Board meetings to identify alternative and unconventional locations to meet with RELM populations in our community to discuss gaps in community resources and services, and to encourage and facilitate participation in local behavioral health focused workgroups, committees, and advisory boards. (July 1, 2021, ongoing)

➤ **Increase access to culturally competent providers representative of RELM population.**

- Collaborate with HealthChoices and RELM community partners to develop a resource list of local behavioral health practitioners and facilities who offer a specialization in a minority population; share list with partners and stakeholders, and post for easy access to the Lycoming-Clinton MH/ID, and Lycoming-Clinton HealthChoices websites. The resource list will be maintained and updated annually by HealthChoices staff (January 1, 2022, and ongoing)
- In collaboration with HealthChoices, the Community Care Lycoming-Clinton Provider Relations Representative will actively recruit potential providers representative of RELM populations to offer mental health services in Lycoming-and Clinton counties.

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

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

e) Existing County Mental Health Services:

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

Services By Category	Currently Offered	Funding Source (Check all that apply)
Outpatient Mental Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Inpatient Hospitalization	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Partial Hospitalization - Adult	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Partial Hospitalization - Child/Youth	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family-Based Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Telephone Crisis Services		
Walk-in Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Residential Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis In-Home Support Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Emergency Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Targeted Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrative Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Transitional and Community Integration Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Employment/Employment-Related Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Residential Rehabilitation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children’s Psychosocial Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Adult Developmental Training	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Facility-Based Vocational Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Social Rehabilitation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrator’s Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Housing Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Peer Support Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Consumer-Driven Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Community Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Mental Health Treatment	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Behavioral Health Rehabilitation Services for Children and Adolescents	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Inpatient Drug & Alcohol (Detoxification and Rehabilitation)	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Outpatient Drug & Alcohol Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Methadone Maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Clozapine Support Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Additional Services (Specify – add rows as needed)	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment

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	No							
Supported Employment	YES	125 Adults	ICCD Clubhouse Model Measures	Provider agency and ICCD	Triennially	No	YES	Include # Employed
Integrated Treatment for Co-occurring Disorders (Mental Health/SUD)	YES	600 youth and adults				Yes: SAMHSA Integrated Tx for CoC DOs	YES	Two providers are currently dually licensed MH and D&A
Illness Management/ Recovery	No							
Medication Management (MedTEAM)	No							
Therapeutic Foster Care	YES	0						
Multisystemic Therapy	YES	40 youth	Blueprint Model	Agency	Annually		YES	
Functional Family Therapy	No							
Family Psycho-Education	No							

*Please include both county and HealthChoices funded services.

To access SAMHSA’s EBP toolkits visit:

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

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

Recovery-Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer/Family Satisfaction Team	YES	615	Increase in number surveyed due to telehealth survey also completed last year
Compeer	NO		
Fairweather Lodge	NO		
MA Funded Certified Peer Specialist (CPS)- Total**	YES	92	
CPS Services for Transition Age Youth (TAY)	YES	12	
CPS Services for Older Adults (OAs)	YES	14	
Other Funded CPS- Total**	YES	100	
CPS Services for TAY	NO		
CPS Services for OAs	NO		
Dialectical Behavioral Therapy	YES	50	
Mobile Medication	NO		
Wellness Recovery Action Plan (WRAP)	YES	50	
High Fidelity Wrap Around	NO		
Shared Decision Making	YES	400	Decision Support Center
Psychiatric Rehabilitation Services (including clubhouse)	YES	143	Clubhouse, MPR-S, and site based
Self-Directed Care	NO		
Supported Education	NO		
Treatment of Depression in OAs	NO		
Consumer-Operated Services	YES	50	Adult MH Drop-in Center
Parent Child Interaction Therapy	YES	10	
Sanctuary	YES	500	Increased # of providers trained
Trauma-Focused Cognitive Behavioral Therapy	YES	200	Increased # of providers trained
Eye Movement Desensitization and Reprocessing (EMDR)	YES	100	Increased # of providers trained
First Episode Psychosis Coordinated Specialty Care	YES	1	
Other (Specify)			

*Please include both county and HealthChoices funded services.

**Include CPS services provided to all age groups in total, including those in the age break outs for TAY and OAs.

Reference: Please see SAMHSA's National Registry of Evidenced-Based Practices and Programs for more information on some of the practices.

<https://www.samhsa.gov/ebp-resource-center>

h) Certified Peer Specialist Employment Survey:

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

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

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

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

Total Number of CPSs Employed	10
Number Full Time (30 hours or more)	6
Number Part Time (Under 30 hours)	4

i) Involuntary Mental Health Treatment

1. During CY2020, did the County/Joinder offer Assisted Outpatient Treatment (AOT) Services under PA Act 106 of 2018?
 - No, chose to opt-out for all of CY2020
 - Yes, AOT services were provided from _____ to _____ after a request was made to rescind the opt-out statement
 - Yes, AOT services were available for all of CY2020
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 CY2020 (check all that apply):
 - Community psychiatric supportive treatment
 - ACT
 - Medications
 - Individual or group therapy
 - Peer support services
 - Financial services
 - Housing or supervised living arrangements

Alcohol or substance abuse treatment when the treatment is for a co-occurring condition for a person with a primary diagnosis of mental illness

Other, please specify: _____

3. If the County/Joinder chose to opt-out of providing AOT services for all or a portion of CY2020:

- How many written petitions for AOT services were received during the opt-out period?
__None_____
- 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))?
__None_____

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

	AOT	IOT
Number of individuals subject to involuntary treatment in CY2020	0	12
Inpatient hospitalizations following an involuntary outpatient treatment for CY2020		4
Number of AOT modification hearings in CY2020	0	
Number of 180-day extended orders in CY2020	0	3
Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY2020	0	\$67,020

j) CCRI Data reporting

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

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

Have all available claims paid by the county/joinder during CY 2020 been reported to the state as a pseudo claim?

Yes No

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

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

Yes No

Respite funds are used to assist families with paying the costs for short-term care of their children by individuals qualified to meet the child/ren’s special needs. Four families have signed agreements to use these funds. In addition, funds are used to cover indirect costs of staff who plan and/or arrange the respites on behalf of the families.

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

Yes No

If State funds were available, the county we provide funding to support the consumer drop-in center located in Williamsport. Mental Health base funds were used in the past to support the Beacon Hub drop-in center, but due to flat funding the county’s is no longer able to provide funding assistance and this has resulted in the drop-in center reducing its hours of operation from 5-days per week to 3-days per week.

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

Yes No

The Direct Service Worker Initiative funds are used to provide administrative case management service to 88 bi-county residents who are need of some ongoing mental health case management support, but do not rise to the level of needing BCM-level support.

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

Yes No

Lycoming-Clinton was not directly impacted by the closure of the Philadelphia State Hospital, but if additional state funds were available the bi-county would use them to expand state hospital diversion services for bi-county residents. Lycoming-Clinton often has a waitlist of individuals in need of more intensive, long-term supports that are provided by the state hospitals. Community-based services targeting these individuals are very limited currently.

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

Yes No

The state children’s funds are used to support our local student assistance programs in the nine school districts in the bi-county. 518 students were served with these funds.

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

Yes No

Lycoming-Clinton has been working with HealthChoices and their BH-MCO to develop intensive, school-based services for children to help keep them in their home-school and in the family home. Any additional funding related to the closing of the children’s unit would be used to expand these community-based, intensive services that can prevent out of home/out of the community placements.

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

State Categorical Funding			
Please complete the following chart below for all funding received. Funding expended can be estimated for fourth quarter expenditures of FY 20-21. If no funding received for a line, please indicate with n/a. These numbers will be compared to the county Income and Expenditure Reports when received to ensure accuracy.			
Program	Funding Received FY 20-21	Funding Expended FY 20-21	Balance of funds
Respite Services	\$4,519	\$4,519	\$0
Consumer Drop in Center	\$0	\$0	\$0
Direct Service Worker initiative	\$52,977	\$52,977	\$0
Philadelphia State Hospital Closure	\$0	\$0	\$0
Eastern State School & Hospital	\$62,143	\$62,143	\$0
Mayview Children’s Unit Closing	\$0	\$0	\$0
Student Assistance Program	\$117,798	\$117,798	\$0

INTELLECTUAL DISABILITY SERVICES

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

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

With that in mind, please describe the continuum of services to registered individuals with an intellectual disability and autism within the county. In a narrative format, please include the strategies that will be utilized for all individuals registered with the county, regardless of the funding stream. In completing the chart below regarding estimated numbers of individuals, please include only individuals for whom Base or HSBG funds have been or will be expended. Appendix C should reflect only Base or HSBG funds except for the Administration category. Administrative expenditures should be included for both base and HSBG and waiver administrative funds.

**Please note that under Person-Directed Supports (PDS), individuals served means the individual used Vendor Fiscal/Employer Agent (VF/EA) or Agency with Choice (AWC) for at least one service during the fiscal year. The percentage of total individuals served represents all funding streams. The percentage might not add to 100 percent if individuals are receiving services in more than one category.*

Individuals Served

	<i>Estimated Number of Individuals served in FY 20-21</i>	<i>Percent of total Number of Individuals Served</i>	<i>Projected Number of Individuals to be Served in FY 21-22</i>	<i>Percent of total Number of Individuals Served</i>
Supported Employment	4	1%	8	1%
Pre-Vocational	0	0	0	0
Community participation	14	2%	20	3%
Base-Funded Supports Coordination	550	91%	560	89%
Residential (6400)/unlicensed	0	0	0	0
Lifesharing (6500)/unlicensed	0	0	0	0
PDS/AWC	3	1%	5	1%

PDS/VF	0	0	0	0
Family Driven Family Support Services	30	5%	39	6%

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

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

Employment is about opportunities, relationships, rights, and responsibilities. It is about being a member of the community, having a valued role, making a contribution to society, and having one’s rights as a citizen fully respected. Lycoming/Clinton Administrative Entity is committed to supporting ODPs Employment First policy as evidenced by the employment focused services available to the individuals we serve which begins with transition age youth. Employment focused services that are currently available include: a summer work program geared toward transition age youth with an evolving curriculum that adapts to local employment trends with plans to add a paid employment experience, a short term employment preparatory program geared toward individuals who need only minimal assistance with preparing for employment, job finding, and job support; a functioning café which provides skill development for individuals interested in working in the food service industry and Advance Supported Employment for those who need extra support in gaining/maintaining employment. A recent addition to employment services offered includes the Discovery process, a person-centered planning process that involves getting to know a person before supporting them in developing a plan for employment. Customized Employment is designed to personalize the employment relationship between an individual and an employer to meet each other’s needs. It is customized in a way that identifies the strengths, conditions, and interests of the individual through the Discovery process. Assistance can also be provided through Benefits Counseling. Often, a fear of losing benefits and transportation costs are barriers to employment for individuals. Benefits Counseling can assist in decreasing the misconceptions of employment and how it will affect benefits as well as working benefits such as assistance with transportation costs. Lycoming/Clinton AE continues to improve employment opportunities by addressing barriers in our Quality Management Plan and encourages employment and/or employment related Outcomes for each Individual. Lycoming/Clinton is also attempting to recruit Transportation Providers through the Provider Qualification process as transportation to/from employment is a significant barrier for those we serve. Lycoming/Clinton currently serves 81 individuals who are gainfully employed.

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

1. Lycoming/Clinton AE will invest in systems change efforts that result in increased community-based, integrated employment opportunities, including self-employment for individuals served in the ID Unit.
2. Lycoming/Clinton AE will raise the expectations of employment goals for children with a disability at an early age by encouraging/supporting Early Intervention Providers training to Work with parents and publicly funded programs to shift expectations towards this goal.

3. **Promote Integrated Settings starting at a young age. Support inclusion by supporting parents and encouraging IEP teams that integrated settings is not an outcome they should expect in school or as an adult and to assist students with a disability transition into a job and to succeed as productive citizens.**
4. **Promote and encourage employment-based outcomes as first consideration and preferred outcome for ID services.**
5. **Promote/Encourage Paid Work Experience. As per Executive Order 2016-03 Recommendations: “One of the best predictors of whether students with a disability will work as adults is if they get at least one paid work experience before they leave high school.” Lycoming/Clinton AE will promote/encourage Providers to include paid work experiences offered through Summer Work Experience Programs for High School Students and expand work experience programs.**
6. **Lycoming/Clinton AE will encourage Providers to Qualify for Waiver Employment Services which includes education/certification and specialized training for employment related service staff and supporting new programs offering Increasing Pre-Employment Skill Development, Discovery/Customized Employment, and Benefits counseling in order to improve competitive-integrated employment outcomes.**
7. **Support: Waiver Access to High School Seniors Comprehensive Transition Programs (CTP)
New ideas and programs such as Vanpool incentive program by PennDOT and other supporting services.**
8. **Lycoming/Clinton AE commits to a Leadership role in promoting Employment First. AE staff will focus on emerging needs and new practices by attending and facilitating training. Lycoming/Clinton has assigned an Employment Point Person whose role is to promote Employment First, share information and represent the AE in employment related promotions.**

Supports Coordination:

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

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

Lycoming/Clinton AE assists the SCOs in engaging individuals and family members in conversations about natural and community supports in several ways. Initially, the AE meets with new individuals/family members at the time of intake to provide information about the ID/A system and the role natural/community supports play in meeting the needs of the individuals we serve. Natural/Community supports are sometimes identified at the time of the initial

meeting, but more importantly individuals/family members are encouraged to begin thinking about the role natural/community supports will play in their family member's lives moving forward. A review of natural/community supports also occurs when the SC meets with the family for the first time. It is then that the SC reviews the Lifecourse Framework with the individual and family. A discussion about natural/community supports also occurs at the time of the annual review, and when a new service is being requested. Lastly, our Regional Collaborative plays an important role in providing information, training, and supporting each other.

The AE currently assists Supports Coordinators to effectively plan for individuals on the waitlist by regularly reviewing the PUNS to assure the needs and levels reflected on the report are accurate, keeping SCs informed of vacancies in the waivers as they are projected to become available so that the SCOs can identify priorities for the vacancy, and by sharing such information as projected EPSDT age outs and high school graduates. Support Coordinators are regularly challenged by the AE to attempt to create innovative, value driven solutions to common issues that families experience. With the support of family and friends, people with disabilities can and should decide how to live their lives.

Families need information, resources, and training. They need connections with other families and support services. Listening to people with disabilities and their families is key to providing supports that help them achieve an Every Day Life. The AE shares information from PA Family Network and other Sources with local SCOs and supports the PA Family Network to educate families about the self-direction option. Information will also be shared on the Joinder's new Website this year. The AE ensures opportunity for a Waiver or Base Funded participant to exercise choice and control in identifying needs and managing waiver services and other supports in accordance with their needs and personal preferences by ensuring Participant Directed Support Service option is presented to individuals and families by the AE upon Intake and Waiver enrollment. In addition, SCOs will offer this option when offering Provider Choice annually and upon need for service. The AE assists the SCO by following the AE Policy #012 Participant Directed Services and Financial Management of Services (FMS) Options: Agency with Choice ISO/Vendor Fiscal ISO and offering Technical Assistance as needed.

Lifesharing and Supported Living:

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

Lycoming/Clinton AE promotes personal choice and control over all aspects of life and must be supported for every person. Choice about where to live and whom to live with are paramount to an Every Day Life. Lycoming-Clinton's vision for Life Sharing is to provide an additional option for an Every Day Life by educating the community, consumers, and families in order to increase Life Sharing opportunities as an alternative to other living arrangements. Lycoming/Clinton values the opinions and experience of our consumers/families, providers, administrators, and technical assistants who all work to provide the best possible service delivery. Lycoming/Clinton currently serves 46 individuals in Life Sharing, which is an increase from 39 last year. A new service option was recently offered to families where families could provide Life Sharing to their adult family member. Lycoming/Clinton's expectation was that this new service will continue to significantly increase the Life Sharing service option. To date, there have been

12 families who selected this option. Lycoming/Clinton has found that locating, educating, and retaining Life Sharing families is our largest barrier. Providers of Life Sharing services have moved to social media to locate, educate, and share information as well as social media networking that has proven to increase the Life Sharing option. SCs have been reminding families at a minimum during Annual reviews of this option and additional families are interested in providing Live Sharing to their family member as a result. The expectation is that Life Sharing Programs will continue to increase.

Cross-Systems Communications and Training:

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

Lycoming/Clinton MH/IDA regularly meets with providers to review what services are successful and which are struggling. Base money has been, and will continue to be, used to support services for individuals not in waiver. One example is using base funds to serve dually diagnosed individuals (MH&ID) in an Independent Living program through a local provider. This program began in 17/18 and will continue in 21/22. Base funding is also utilized to assist with the purchase of home adaptations, medical equipment and Respite for caregivers.

Lycoming/Clinton MH/ID will support effective collaboration and communication with local school districts through our involvement in the County Transition Council, and IEP Meetings. The regularity of these meetings provides an opportunity to facilitate ongoing collaboration and communication, and address barriers to same if problems are identified in the process. In 21/22, the AE will collaborate with the EI unit to engage Families of young children with Community of Practice/Supporting Families networks in order to share information, begin the process of a Life Trajectory and connect Families.

Communication and collaboration with Lycoming Children and Youth and the Lycoming-Clinton Mental Health Program occurs on an as needed basis either in person, by phone or electronically. MH/ID shares an office with Lycoming Children and Youth, therefore communication and collaboration with that Agency is simple. Information on resources available through CYS is easy to obtain and pass on to families, and CYS representation at meetings can also be arranged quickly and easily. Because of the number of individuals shared by MH and ID, communication and collaboration occurs more formally and with more regularity. An MH/ID Supervisors meeting occurs monthly, as well as an MH/ID Administration meeting. Risk management meetings also occur on an as needed or regular basis. Information is shared at these meetings to assure caseworkers in other service delivery systems know how to access formal ODP services, and SCs know how to access services in the other service delivery systems. The AE works jointly with AAA on nursing home referrals ensuring Individuals/Caregivers are aware of their rights and collaborate regarding Individuals in need of Older Adult Protective Services. Information regarding Community Resources and ID/A supports are shared on the Joinder Website as well as through Community of Practice/Supporting Families.

Emergency Supports:

- Please describe how individuals in an emergency situation will be supported in the community (regardless of availability of county funding or waiver capacity).
- Please provide details on the county's emergency response plan including:
 - Does the county reserve any base or HSBG funds to meet emergency needs?
 - What is the county's emergency plan in the event an individual needs emergency services, residential or otherwise, whether within or outside of normal working hours?
 - Does the county provide mobile crisis services?
 - If the county does provide mobile crisis services, have the staff been trained to work with individuals who have an ID and/or autism diagnosis?
 - Do staff who work as part of the mobile crisis team have a background in ID and/or autism?
 - Is training available for staff who are part of the mobile crisis team?
 - If the county does not have a mobile crisis team, what is the county's plan to create one within the county's infrastructure?
- Please submit the county 24-hour emergency crisis plan as required under the Mental Health and Intellectual Disabilities Act of 1966.

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

- *An individual is at immediate risk to his/her health and welfare due to illness or death of a caretaker.**
- *An individual, living independently experiences a sudden loss of their home.**
- *An individual loses the care of a relative or caregiver without advance warning or planning.**

Specific to the ID Unit:

- **Lycoming/Clinton MH/IDA Crisis Unit will provide a mobile intervention service from 4:30 p.m. to 8:00 a. m. Monday through Friday and 24-hour coverage on weekends and holidays.**
- **The Crisis Unit will respond to requests for emergency/crisis services by providing an initial screening/assessment to determine the most appropriate level of intervention and assure the health, safety and welfare of the Individual.**
- **The Crisis Unit will provide information and referral resources for community-based services and supports.**
- **The Crisis Unit, in the event of an emergency, will contact the SCO Director (Title, Name, Phone Here) or (Title, Name, Phone Here).**
- **The Crisis Unit will, when indicated, consult with the appropriate SCO Supervisor and Supports Coordinator for case consultation and disposition when necessary.**
- **The Crisis Unit will document all contacts in the CPR Web Data System and forward a summary of the contact to the SCO Supervisor and Supports Coordinator via email for review and follow up by the SCO.**
- **The Supports Coordinator will contact the consumer during the same business day to assess the situation and assure health, safety, and welfare.**

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

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

- Please describe the county's interaction with PA Family Network to utilize the network trainers with individuals, families, providers, and county staff.
- Please describe other strategies the county will utilize at the local level to provide discovery and navigation services (information, education, skill building) and connecting and networking services (peer support) for individuals and families.
- Please describe the kinds of support the county needs from ODP to accomplish the above.
- Please describe how the county will engage with the Health Care Quality Units (HCQUs) to improve the quality of life for individuals in the county's program.
- Please describe how the county will use the data generated by the HCQU as part of the Quality Management Plan process.
- Please describe how the county will engage the local Independent Monitoring for Quality (IM4Q) Program to improve the quality of life for individuals and families.
- Please describe how the county will support local providers to increase their competency and capacity to support individuals who present with higher levels of need related to: aging, physical health, behavioral health, communication, and other reasons.
- Please describe how ODP can assist the county's support efforts of local providers.
- Please describe what risk management approaches the county will utilize to ensure a high quality of life for individuals and families.
- Please describe how the county will interact with individuals, families, providers, advocates and the community at large in relation to risk management activities.
- Please describe how ODP can assist the county in interacting with stakeholders in relation to risk management activities.
- Please describe how the county will utilize the county housing coordinator for people with autism and intellectual disabilities.
- Please describe how the county will engage providers of service in the development of an Emergency Preparedness Plan.

Lycoming/Clinton ID Unit is participating PA's Community of Practice Initiative and are currently working with our Regional Collaborative in identifying Regional as well as County specific approaches to assisting families in connecting to people they find supportive, easily obtain information they need to support their family member, assist them in a vision for the future, charting the LifeCourse and assistance as opposed to referrals to additional agencies.

Lycoming/Clinton ID Unit has identified a local team to plan events/strategies to support families and spread the message of the LifeCourse principals. We have reached out to PA Family Network to be a part of this process. Other local level strategies are to provide discovery and navigation, connecting and networking for families through a local website, participation in Agency Risk Management meetings and Family meetings. Information, education, skill-

building, and networking will continue at Team meetings. Lycoming/Clinton ID Unit will continue to engage the local HCQU for assessments, training, and information as needed and encourage Waiver Providers to utilize this resource. Lycoming/Clinton ID Unit will be looking to ODP to provide Technical Assistance as requested.

Lycoming/Clinton's local HCQU as well as Providers participate in our County Risk Management meetings and assist the Team in identifying issues of concern through networking with Providers and IM/IM4Q/HCQU data. This is reviewed by the Team and areas that need improvement are added to the County Quality Management Plan in order to enhance the quality of life for the individuals we serve. HCSIS data reports are also utilized. Examples would be to decrease I2I abuse, increase employment opportunities, and eliminate restraints. Further identification of concerning issues can be found in the process of QA&I/AE/ Provider Monitoring as well as SC monitoring of services, health/safety, and welfare.

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

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

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

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

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

Participant Directed Services (PDS):

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

Individuals who Self Direct choose to accept the authority to make decisions over some or all of their supports and services and they accept responsibility for taking a direct, leadership role in managing these supports and services. Through Self Direction, individuals have more control and flexibility to live as independently as they are able in their homes and communities.

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

Lycoming/Clinton AE is available to our SCOs for technical assistance in the provision of self-directed services such as providing training in relation to ODP Policy such as recruiting employees and DSP use of overtime. The AE also assists with addressing barriers such as State policies, regulations, funding and service definitions as well as assist with ongoing problem-solving to help people with disabilities plan for their future.

Agency With Choice

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

Vendor Fiscal/Employer Agent Financial Management Services/Palco

- Participant or surrogate recruits, interviews, and hires Direct Support Professionals. Participant or surrogate is the Common Law Employer of qualified Direct Support Professionals.

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

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

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

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

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

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

The segregation of people with disabilities is a human rights violation. In order to ensure the right of people with disabilities to live in the community and receive the support that they need to participate in society as equal citizens, the AE, or designated SCO representative, participates in Transition Meetings and discusses a range of services and supports such as housing (including supported housing), care in the family home, case management support, and supported employment, as well as access to mainstream services such as behavioral health/medical care to encourage a smooth transition to the community. The AE will also monitor Waiver Capacity or request additional Capacity, if deemed necessary as well as secure Base Funding as an interim source to ensure funding upon transition and ongoing. Opportunities for a full community life are dependent on adequate supports and the commitment to build capacity within the larger human service delivery system, creating community services as an alternative to institutional services.

Lycoming/Clinton AE notes a rise in referrals from RTFs, Prisons/County Jails, Children and Youth as well as other congregate settings, and of Individuals who have unique physical and/or behavioral health needs. People with disabilities who have both physical and/or behavioral health challenges need to receive the medical/behavioral treatment and supports needed throughout their lifespans. When individuals, families, and providers plan and modify supports to meet these challenges, people are more able to live an Everyday Life. Opportunities for a full community life are dependent on adequate supports and the commitment to search out that support within the Human Service System involving partners and systems beyond the traditional ID/A service system. Lycoming/Clinton AE has established relationships with various Providers who are willing to Individualize Supports, utilize various funding sources and build "Step Down" programs to support Individuals with unique needs in the community. These providers also recognize that competent, dedicated staffing is key to service delivery as well as continual ongoing support from the AE and ODP.

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

HOMELESS ASSISTANCE PROGRAM

Lycoming County – Homeless Assistance Program

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

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

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

- **Grantee:** Lycoming County United Way (LCUW)
- **Administrative Oversight:** Ronald Frick, President and Michelle Trotz, Administrative Manager – LCUW, prepares applications, monitors procedure and compliance, and assists with reporting to funding agencies. Mya Toon, Chief Procurement Officer - Lycoming County Fiscal Services, manages all county-directed grant funding along with review of fiscal operations.
- **Program Operator:** LCUW oversees the program with help with guidance from a Community HAP Board comprised primarily of homeless providers. LCUW will oversee the functions of the program along with the allocation of funding to the awarded programs within the county.
- **Program Oversight:** A HAP board has been assembled to include members of the Lycoming County community, including representatives from HAP funded shelters and other homeless service agencies. The board meets to review applications and determine funding levels several times a year. We hope to move to quarterly formal meetings at some point in the future.
- **HAP Providers:** Staff members of the funded shelters and other homeless service agencies that work with community connections to ensure proper use of the allocated funds.
- **Fiscal Operations:** All processing of payments and accounting services are performed by LCUW's finance department. Partnering with Mya Toon at the County office, all fiscal transactions are monitored closely.

- **Reporting:** Awardees of HAP funding are required to submit monthly and quarterly reports detailing the categories of which the funds were used. All reporting is reviewed at the LCUW office and then by Mya Toon when yearly reports are drafted and submitted from LCUW to the County Fiscal Services Office.

During FY 2021-2022, LCUW expects to allocate HAP funds in the following categories:

Bridge Housing: HAP monies are used to fund this service which assists individuals in moving from homelessness into permanent housing. This is usually the next step when leaving an emergency shelter. This service provides resources to stay in a shared facility or apartment for up to 18 months for a small co-pay depending on income. Case management services are also included to assist with independent living goals. The County evaluates the success of this component through monthly review and monitoring of submitted agency reports. There are no proposed changes to this component for FY 2021-2022.

Case Management: HAP monies are used to fund this service as it is designed to assist in identifying needs and the reasons why individuals became homeless or near homeless. The focus of Case Management is to provide the tools and skills that are needed to prevent individuals from ever being in a homeless situation again. The many services include budgeting, life skills, job preparation, home management and referral to drug and alcohol services, if necessary. The County evaluates the success of this component through monthly review and monitoring of submitted agency reports. There are no proposed changes to this component for FY 2021-2022.

Rental Assistance: If an individual is in danger of being evicted from their apartment or home, the Lycoming County HAP can assist with payments for rent, mortgage, security deposits and utilities. The HAP provider works with landlords to maximize the ability to stay in an individual's apartment or home, or work to find a more affordable apartment. HAP can also be used to move individuals out of shelter into an affordable apartment. The County evaluates the success of this component through monthly review and monitoring of submitted agency reports. There are no proposed changes to this component for FY 2021-2022.

Emergency Shelter: HAP monies are used to fund this service if an individual is currently homeless and has no permanent residence or are a victim of domestic violence. The Emergency Shelter component provides shelter for a short period of time. During that time, case management services are also provided to assist with securing more permanent housing. The County evaluates the success of this component through monthly review and monitoring of submitted agency reports. There are no proposed changes to this component for FY 2021-2022.

Innovative Supportive Housing Service: This component enables the service provider to design a supportive housing service for homeless and near homeless persons that is outside the scope of existing HAP components and addresses unique county needs. In the past, HAP monies had not been applied to this category, but during the FY of 2018/19, Innovative Support Housing Services were provided to those effected during the Government Shutdown and other events that happened throughout the FY. Innovative Supportive Housing Services have seen an increase and plan to continue through FY 2021-2022.

CLINTON COUNTY
2021-2022 HOMELESS ASSISTANCE PROGRAM (HAP)

CLINTON COUNTY CONTINUUM OF CARE

The following description of the Clinton County homeless continuum of care applies to our HAP funding allocation which supports the operations of our emergency homeless shelters, our innovative supportive housing services, and our case management services. Other homeless assistance funding sources include DCED Emergency Solutions Grant, PHFA PHARE Grant, United Way Grant, Emergency Food and Shelter Grant, and the newly created DHS Emergency Rental Assistance Program. Utilizing all these available resources, Clinton County provides effective, comprehensive services to households experiencing homelessness. Also, centralizing administration of these funding sources eliminates duplication of services and improves cost effectiveness.

All applicants for homeless assistance access services through the Eastern PA Continuum of Care's Connect to Home Coordinated Entry System by calling 2-1-1 or presenting at a designated access site.

- Grantee: Clinton County Board of Commissioners
- Administrative Oversight: The Clinton County Grants Administrator in the Planning Department, Kari Kepler, manages all county-administered grant funding to the program sub-recipient. She prepares applications, monitors procedures and compliance, reviews fiscal operations, and coordinates reporting.
- Program Operator: The Clinton County Housing Coalition, Inc. (CCHC), a 501(c)(3) nonprofit corporation, operates the Life Center, the Merit House, the Returning Citizens Program, and all the County's rental assistance programs. Keisha Conway, CCHC Senior Case Manager oversees program management. She oversees CCHC case managers, Lock Haven University interns, AmeriCorps workers, and volunteers.
- Program oversight: The CCHC Board of Directors Vice President of Operations is Jeff Rich. He is also the Executive Director of the Clinton County Housing Authority. The CCHC Board meets monthly and has representatives from many county departments including Mental Health and Intellectual Disability, Children and Youth Services, and Probation and Parole. Other member agencies are Roads to Peace, Lock Haven University, The Salvation Army, Crossroads Counseling, Lock Haven Police Department, Veterans Multi Service Center, Keystone Central School District, Property Management Agencies, Churches, and several public advocates.
- Fiscal operations: The Clinton County Housing Authority (CCHA) is the management agent for the Clinton County Housing Coalition, Inc. and provides all accounting, and payables services in-kind. Monthly reports provided to the CCHC Board detail all spending and account balances. The county Grants Administrator closely monitors fiscal transactions as they flow through the County to and from the various State Agencies, i.e., DHS, DCED, and PHFA.
- Reporting: CCHA compiles the required reports outlining grant spending by grant type and category. These reports are then reviewed and submitted by the Grants Administrator.

- **Continuum of Care Participation:** Jackie Condor is the Northern Tier Coordinated Entry Manager, Northern Tier Regional Housing Advisory Board Co-Chair and Eastern PA Continuum of Care Board Member. Jeff Rich, CCHC Vice President, Keshia Conway, CCHC Senior Case Manager, and Kari Kepler, Clinton County Grants Administrator, are also active Northern Tier RHAB and Eastern PA CoC members.
- **HMIS Implementation:** The county Grants Manager, Keri Kepler, is an HMIS/Client Track user for ESG program reporting. Keshia Conway, CCHC Senior Case Manager, is an HMIS/Client Track user for client data entry and tracking. Jackie Condor, CCHC Coordinated Entry Manager, is an HMIS/Client Track user for oversight of the Coordinated Entry By-Name-List.

RECENT ACCOMPLISHMENTS

Reentry Housing Program: Our Returning Citizens Program (RCP) continues to assist inmates who are eligible for parole but lack a home plan. We primarily use PHARE funding for this purpose. In 2020, the COVID-19 Pandemic caused a freeze in caseload for most of the year. Services were provided to four (4) inmates, who were eligible for release but lacked a home plan during this time. The Clinton County Correctional Facility, Clinton County Probation, and Case Managers from the Clinton County Housing Authority provide cooperative case management for the program. As participants gain income, their share of the rent increases; providing program income to help sustain the program. RCP also helps participants obtain the documents necessary to gain employment, i.e., Birth Certificates and Photo ID's, and GED's. Participants are strongly encouraged to attend weekly case management sessions where they create goal plans, recognize achievements, and explore support options from many human service providers in the county.

PREP (Prepared Renter Education Program): PREP is designed to give renters the budgeting and tenant/landlord relationship tools they need to maintain stable housing. Since implementing the program in 2014, nearly 360 participants have attended. In 2020, classes were halted due to the COVID-19 Pandemic. During this hiatus, trainers developed an on-line version of PREP suitable to be viewed remotely. Classes can now be offered both in-person and remotely depending on the situation.

The Life Center Emergency Shelter Program: The Life Center is Clinton County's only provider to offer services to families experiencing homelessness. CCHC supports the Life Center by paying for the property's mortgage, utilities, and maintenance costs. The Life Center covers all living expenses, food, transportation, life skills training and support services to residents. Through these supports, residents exiting the program self-sufficient. Again, the COVID-19 Pandemic severely limited the number of clients served due to isolation and social distancing requirements. In 2020, the Life Center sheltered a total of 24 households, composed of 46 individuals, for an average of 62 nights. CCHC negotiated an agreement with the Lock Haven Motel to provide off-site shelter to help maintain program capacity. Case Management was provided primarily through phone contact.

The Merit House Emergency Shelter Program: The Merit House provides overnight shelter for single men experiencing homelessness. It is a first come, first served overnight shelter where residents can sleep, bathe, and do laundry. Services are available from 6:00pm until 8:00am the following day. Despite the COVID-19 Pandemic, the Merit House served 33 individuals by utilizing hotel rooms at the Lock Haven Motel. Case Management was provided primarily through phone contact.

HOMELESS ASSISTANCE PROGRAM SERVICES

Case Management: Staff encourage and help participants to create a housing plan that mitigates barriers in obtaining permanent housing. By identifying these barriers, Case Managers can provide counseling services either in-house or through partnerships with other providers to reduce the risk of returning to homelessness. The many services include budgeting, life skills, job preparation, home management, renter education, and referral to drug and alcohol services if necessary. In-house case management is performed by the CCHC Case Managers and is available to all program participants. Efficacy is measured by the number of participants who maintain or increase income and maintain permanent housing for six months following program exit.

Rental Assistance: Rental Assistance for homeless or at-risk of homeless households is offered using DCED Emergency Solutions Grant funds for Rapid Rehousing and Homelessness Prevention Rental and Financial Assistance. Eligible participants can receive financial assistance to pay security deposits, past due balances, and application fees. Rental Assistance provides monthly rent payments directly to landlords. Assistance is tapered as participants become self-sufficient. Clients gain access to services through the Connect to Home Coordinated Entry System. Efficacy is measured by the number of participants who maintain or increase income and maintain permanent housing for six months following program exit.

The DHS Emergency Rental Assistance Program also provides rental and utility assistance for both arrears and future months. Clients access this service by completing an application on the DHS COMPASS website, or by submitting a paper application. Eligibility is open to households with up to 80% Adjusted Median Income, making this program accessible to many more households than traditional programs. Efficacy is determined by DHS based on extensive demographics submitted by local program administrators.

Emergency Shelter: Short-term shelter, either live-in or overnight, for households experiencing homelessness. Applicants are received from the By-Name-List of the Connect to Home Coordinated Entry System. The goal is to place participants into permanent housing within 30 days (Housing First). During their stay, participants are encouraged to participate in case management services, life skills training, and “Prepared Renter Education Program”. Participation in case management is voluntary. Efficacy is measured by the number of participants who maintain or increase income and maintain permanent housing for six months following program exit.

Innovative Supportive Housing Services: By using PHARE funding, our Returning Citizens Program provides Bridge Housing for parole-eligible inmates who lack a home plan. Eligible participants receive room and board while participating in intensive case-management from CCHC and Parole. Assistance is tapered as participants become self-sufficient. Efficacy is measured by the number of participants who maintain or increase income and maintain permanent housing for six months following program exit.

Homeless Management Information Systems: The county Grants Manager, Keri Kepler, is an HMIS/Client Track user for ESG program reporting. Keshia Conway, CCHC Senior Case Manager, is an HMIS/Client Track user for client data entry and tracking. Jackie Condor, CCHC Coordinated Entry Manager, is an HMIS/Client Track user for oversight of the Coordinated Entry By-Name-List

PROJECTED BUDGET

Budget figures are based on projected need for 2020-2021 fiscal year, or **\$66,333.00**.

Case Management: \$24,900.00 to support one-half FTE for case management staff to serve 60 households.

Emergency Shelter: \$30,200.00 to support one fifth of the Life Center and Merit House Emergency Shelter operation costs to serve 60 households.

Innovative Supportive Housing Services: \$4,600.00 to support one-third of the Returning Citizens Program operation costs to serve 5 participants.

Administration: \$6,633.00 (10%) to cover the general administrative costs required for program oversight, implementation, and compliance by the county.

SUBSTANCE USE DISORDER SERVICES

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

The Commission provides in-house case management services. The Case Management Unit (CMU), ultimately overseen by the Executive Director and secondarily by the Assistant Director, consists of Case Management Supervisors, and Case Managers. Treatment services are then provided by contractual agreement. The Commission also employs Certified Recovery Specialist (CRS) staff who are integral in the process of individuals accessing care.

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

While business hours are 8:00 a.m. to 4:30 p.m. Monday through Friday, The Commission provides 24-hour access to a Case Manager by cellular phone. The toll-free number is forwarded to this service after hours for easy client access. Individuals calling in on any other designated line to the main office after hours will be directed by the voice mail system to the appropriate cellular phone number in cases of emergency. This allows the CMU to conduct screenings as needed. In addition, CRS staff is available by their own on call line. Hospitals may contact the CRS on call staff directly or the Case Manager to seek services for patients presenting outside of standard business hours.

Screenings occur at the first point of client contact and emergent care needs are addressed at this time. A qualified Case Manager, Case Management Supervisor, the Assistant Director, or the Executive Director completes this process by telephone or face-to-face contact. Also at this time, clients are asked whether they

are covered by a medical insurance carrier (e.g., private insurance carrier, Medicare, or Medical Assistance). Privately insured clients are offered assistance in accessing those benefits, locating a provider, and accessing services. If they should decline, they are otherwise directed to contact their carrier regarding drug and alcohol coverage and how to access it. Those covered by Medical Assistance are verified via PROMISE and seen or scheduled at that time. Individuals who report no coverage but indicate they are working full-time or receiving a steady income, such as Unemployment Compensation benefits, are asked to provide documentation of their income by the time of assessment. Clients who are reportedly unemployed or employed part-time and receiving no benefits are asked to apply for Medical Assistance. Individuals are provided access to a computer at The Commission and offered guidance in applying from its office. Those who are unable or choose not to do so are given information as to how to access it online and/or provided a paper application for completion and submission. Any of the above documentation or combination thereof, is considered sufficient for determination of eligibility for case management services and possible funding for treatment.

Once screened and determined eligible for services, clients are scheduled for an assessment with a Case Manager, Case Management Supervisor, the Assistant Director, or Executive Director. The assessment is conducted and a referral, where appropriate, is made for the designated level of care (LOC) with a provider best suited to meet the individual's specific needs. Every effort is made to see that the individual walks away with an appointment time or time of admission/transportation for treatment.

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

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

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

necessary to achieve and maintain self-sufficiency and appropriate supports in recovery from substance use disorders.

1. Waiting List Information:

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

*Average weekly number of individuals

**Average weekly wait time

The SCA does not experience waiting lists, in the strict sense of the definition, on a weekly basis. This does not mean, however, that all resources are abundant, extensive efforts are not required or our people never wait.

On an outpatient level our providers, while taxed at times, will make accommodations upon request in order to meet the need of the moment. Such a request is made at any time an individual would otherwise be scheduled in excess of 2 weeks later or at any time the individual’s need dictates. We also offer to the client the option of different providers that could see him or her sooner.

On an inpatient level we find clients are increasingly difficult to accommodate in one or more ways. For example:

- Those currently on MAT and in need of inpatient treatment require additional records and assurances of being accepted back upon their return or are at higher dosages of the medication than the inpatient facilities determine they are reasonably able to accept.
- Medical complications have become prevalent and require programs appropriately positioned to afford the necessary care. While that does not always necessarily mean a hospital-based program, it does mean an exhaustive search for the right facility.
- Pregnant women also require prenatal records that can pose a barrier to timely admissions.

The other issue is that individuals are increasingly specific regarding their preferences in inpatient facilities and will choose not to go to other offered providers. The motivational interviewing approach and use of the ASAM criteria grant still more weight to client choice than was historically the case and this can be a contributor to an individual’s wait for admission to treatment.

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 2019-2020.

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

opportunities presented by an overdose situation. As a result, individuals referred by a hospital following an overdose will be:

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

While business hours are 8:00 a.m. to 4:30 p.m. Monday through Friday, The Commission provides 24-hour access to a CRS and a Case Manager by cellular phone (DDAP's SCA Model) seven days a week, 365 days a year. The toll-free number is forwarded to Case Management on call after hours for easy client access. Individuals calling in on any other designated line to the office after hours will be directed by the voice mail system to the appropriate cellular phone number in cases of emergency. This allows the CMU to conduct screenings as needed. The physical healthcare providers above are provided with both the toll-free number and the direct cell phone numbers for after-hours referrals. Every effort is made to have a CRS made available on site at the hospital upon referral during business hours and by phone after hours. As opportunities present, The Commission also has made Case Management staff available for face-to-face contact during business hours.

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

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

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

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

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

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

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

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

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

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

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

Overdose data is derived from a spreadsheet completed and maintained primarily by CRS staff as they conduct warm handoffs. This, along with the SCA’s database, is utilized in the completion of DDAP’s monthly warm handoff report. This data is inclusive of all hospital contacts, regardless of insurance, and delineates whether or not the individual suffered an overdose, the substance(s) presenting, at which campus and on which unit, the outcome with regard to services (including refusal of said services), and involvement in or referral to MAT services.

# of Overdose Survivors	# Referred to Treatment	Referral method(s)	# Refused Treatment
75	14	Hospital referral for face-to-face with CRS on site	41

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

LOC American Society of Addiction Medicine (ASAM) Criteria	# of Providers	# of Providers Located In-County	# of Co-Occurring/Enhanced Programs
4 WM	2	0	1>
4	2	0	1>
3.7 WM	17>	0	12>
3.7	18>	0	12>
3.5	33	0	12>
3.1	14	0	0
2.5	4	3	3>
2.1	3	3	2>
1	5	5	3

>Denotes the program is believed to qualify for the designation though DDAP has not yet made official determination. One outpatient and two intensive outpatient/partial hospitalization providers hold mental health licensure as well as DDAP licensure. Those intensive outpatient/partial hospitalization providers will be classified as intensive outpatient only upon complete transition to ASAM.

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.

The Lycoming Clinton SCA contends that more resources need to be given to treating alcohol use disorders. While the need to address the numbers of opioid use disorders and increasing stimulant use is real, approximately half of all presentations, both for screening and warm handoff, are for alcohol use disorders. Therefore, restrictions on these substance specific funds exclude the majority of the people we serve. The Lycoming-Clinton SCA has established superlative care to this population among its goals and identifying means by which it can best do so among its objectives in its three-year plan period

The Commission is currently exploring resources and options with its outpatient providers to better serve families, not only in tandem with those who suffer from the substance use disorder but also independently as the identified client. Family members are in need of someone to help them manage their own suffering and develop healthier coping mechanisms, and research demonstrates that by working with the family system we greatly improve the chances of a successful recovery for the individual with the SUD as well. Furthermore, it serves to disrupt the cycle and prevent SUDs in the subsequent generation(s).

At the risk of repeating the needs reported in years past, we continue to lack access to medically managed intensive inpatient services. Having one in closer proximity to Lycoming and Clinton Counties would improve access both in overcoming transportation barriers and in opportunity to develop a stronger professional relationship with the provider.

The primary need among current treatment providers remains consulting psychiatrists. Provider feedback is that there simply are not enough psychiatrists to meet the recruitment needs. With the growing demand for co-occurring care, the community would benefit greatly from having more options for psychiatry among its outpatient substance use disorder treatment providers. Co-occurring licensed facilities help to centralize care and minimize the loss of individuals to the barrier of having to fragment services across multiple providers. Also lacking locally are qualified staff to serve the specialized needs of the LGBTQI community and those with gambling disorders, both of which demonstrate increasing numbers in need.

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

The Commission has been designated as the Centralized Coordinating Entity (CCE) for Clinton County and has made distributions to the adult probation office, county correctional facility, Lock Haven University police and health services, Sugar Valley Fire Company, Lock Haven City Police Department, Clinton County Sheriff's Department, Clinton County Courtrooms, and Goodwill Hose Company in collaboration with the Central Mountain High School as well as supplying its own office. Also among those receiving distributions are Renovo EMS, Sproul State Forest, Kettle Creek State Park, and Community Care Behavioral Health. Out of The Commission's own supply we have provided Narcan to the Renovo Police Department and others also. Additional recipients this year included Crossroads Counseling, Inc. of Lock Haven, Clinton County Dept of Emergency Services and Tri-County Harm Reduction. Since the inception in the third quarter of 2018 through June 30, 2021, The Commission has distributed a total of 269 kits.

The Lycoming County CCE has distributed Narcan to a total of 78 entities. Among these were twenty-eight (28) police departments, twenty-six (26) ambulance/EMS providers, 2 County Coroner's Offices, one (1) K9 Search & Rescue Team, two (2) Primary Care Physician Offices, District Attorney's Detectives, County Bail Release Program, Pre-Release Center, County Prison, Juvenile Probation Office, Adult Probation Office, Domestic Relations Office, eleven (11) treatment providers, one (1) "other" providers, and the SCA. Per the relaxed guidelines on distribution, Lycoming County has also distributed a box of Naloxone to a handful of individuals who contacted the CCE.

The SCA is pleased to report it has provided a total of five (5) trainings regarding Narcan via webinar and held eight (8) community distribution events over the course of the last fiscal year.

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.

A Certified Recovery Specialist and Case Manager Services Agreement with UPMC Susquehanna has been executed that retains The Commission to provide Screening, Brief Intervention and Referral to Treatment (SBIRT) services as an independent contractor. Originating with their Williamsport Hospital campus, UPMC is also the parent company of two (2) of the other four (4) hospitals with emergency departments in the bi-county area and services have been extended across campuses. Of the two (2) remaining hospitals: there have been limited patient encounters at one, though The Commission continues to pursue conversations with that provider about expanding the service; and the other transfers such patients to one of the aforementioned UPMC campuses.

The Commission is also honored to be providing Medication Assisted Treatment (MAT) services. A Project Manager coordinates this venture, ensuring the physical health and behavioral health needs are met as seamlessly as possible by case management, provider and service team efforts. This community-based endeavor and expanded CRS services are utilized in the warm hand-off process to ensure swifter access to MAT as appropriate.

In addition to the noted protocols with regard to the 24/7 direct referral to treatment for overdose cases, The Commission has provided these services to a much broader audience. While state efforts, until recently, had been focused on opioid overdoses in the E.D., The Commission has from the beginning been serving multiple settings within its hospitals (e.g., acute care, intensive care, labor and delivery, psychiatric floor, etc.), wherever the need presents. In addition, there have been no limitations imposed with regard to the substance(s) involved. In fact, our statistics indicate that those presenting primarily as a result of alcohol hover around the 50% mark. Heroin and opioids have accounted for approximately 15% (Clinton County) and 18% (Lycoming County) of these presentations to the hospitals; stimulants have increased to 11% for Lycoming and 19% for Clinton, and cannabis to 16% Clinton and 18% Lycoming. In each case, as appropriate, every effort is made to facilitate door-to-door treatment. At times this does mean inpatient treatment. In other cases, it may mean MAT, community-based treatment services, and/or continued CRS contacts.

The process is established as follows:

Step 1: CRS receives call. The CRS on call schedule has one primary CRS on per week. On call schedule is created by MAT Coordinator/CRS Supervisor.

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

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

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

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

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

- i. During business hours: CRS makes referral to outpatient agency and case management as needed
- ii. After business hours: CRS makes referral to outpatient agency and case management as needed

· Refusal of treatment:

- i. CRS offers on call contact information and adhesive cell phone wallet.

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

Step 7: If client accepts ongoing CRS services:

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

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

Warm Handoff Data:

# of Individuals Contacted	490
# of Individuals who Entered Treatment	141
# of individuals who have Completed Treatment	Unknown#

#The Commission has no current means of tracking treatment completion.

HUMAN SERVICES DEVELOPMENT FUND/HUMAN SERVICES AND SUPPORTS

Lycoming County

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

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

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

Adult Services: Please provide the following:

Program Name: Confer Home Health Services

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

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

Program Name: Favors Forward

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

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

Aging Services: Please provide the following:

Program Name:

Description of Services:

Service Category: Please choose an item.

Children and Youth Services: Please provide the following:

Program Name: Firetree Place

Description of Services: Description of Services: This allocation is made to support the provision of a variety of Life Skills educational opportunities for approximately 75 at-risk children and youth as a component of Firetree's after school, summer and weekend programs. The program is designed to keep at-risk children engaged in positive pro-social activities and develop the skills needed to be successful in life. Life skills provided include education on gangs, drugs, alcohol and tobacco prevention/awareness, self-esteem/self-worth, personal safety, suicide prevention, nutrition and healthy eating, diversity, positive peer relations/conflict resolution and community awareness.

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

Program Name: Jersey Shore Summer Recreation Program

Description of Services: Life Skills educational services are provided to between 75 and 100 at-risk youth in the Jersey Shore Borough and surrounding area of Lycoming County as part of an organized summer recreation program. Life Skills educational topics covered during this summer program include drug, alcohol and tobacco prevention/awareness, self-esteem/self-worth/self care, personal safety, nutrition and healthy eating, diversity, positive peer relations/conflict resolution and community awareness.

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

Generic Services: Please provide the following:

Program Name:

Description of Services:

Service Category: Please choose an item.

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

Adult Aging CYS SUD MH ID HAP

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

Program Name:

Description of Services:

Interagency Coordination: (Limit of 1 page)

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

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

Other HSDF Expenditures – Non-Block Grant Counties Only

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

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

Category	Allowable Cost Center Utilized
Mental Health	Social Rehabilitation Services
Intellectual Disabilities	
Homeless Assistance	Emergency Shelter
Substance Use Disorder	

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

Mental Health:

Social Rehabilitation Services: This service is designed to supplement the Community Mental Health Base Funds to provide payment for Social Rehabilitation Services to approximately 75 individuals who are in need of socialization services and do not have any other means to pay for the service. Social Rehabilitation provides daily, structured and unstructured activities for adults with mental illnesses. The activities occur both in a facility and in the community. HSDF funds allocated for social rehabilitation services are passed on to the Lycoming-Clinton MHID program which

contracts with local providers Community Services Group, Skills Inc., and Roads to Freedom to provide social rehabilitation services to Lycoming County residents.

Homeless Assistance:

Emergency Shelter: If an individual is experiencing homelessness and has no permanent residence or is a victim of domestic violence, Emergency Shelter designated HSDF funds are used to provide brief shelter housing generally up to 30 and in some cases 60 days. During that time, case management services, life skills training, and “Renter Education” is also provided to assist in securing more stable housing. The American Rescue Workers and YWCA’s Liberty House shelter program are contracted providers of this service.

HUMAN SERVICES DEVELOPMENT FUND/HUMAN SERVICES AND SUPPORTS

CLINTON COUNTY

County Planning Team and Needs Assessment

Clinton County

Autumn Bower, Director, Clinton County Children & Youth Services

Katherine DiSilva, Clinton County Planner

Clinton County has always used our HSDF allocation to support programs and services that impact the people of our county by filling in some of the gaps in funding or service delivery. Some of the funding can fall under both adult services and specialized services.

Total Clients Served through Clinton County - 2628

HUMAN SERVICES DEVELOPMENT FUND/HUMAN SERVICES AND SUPPORTS

CLINTON COUNTY

Adult Services:

Program Name/Description: Confer Home Health

Description of Services: Specializes in the Home Health discipline. Provides Homemaker services to adult clients with debilitating physical conditions including the terminal ill in Clinton County. The services to these clients include personal care in the form of; bathing, grooming, dressing, mouth care, shaving, help getting out of bed, and medication reminders, as well as home support: cleaning, laundry, shopping, meal preparation also Alzheimer support for patients and families (note – hospice and Alzheimer support do not involve providing any medical services, but rather homemaker supports to the individual and the family.) Home Health can be the difference from staying at home verses going to assisted living. Gowns, masks, gloves, hand sanitizers and added cleaning supplies will be included as expenses for the new fiscal year.

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

Generic Services:

Adult Aging CYS SUD MH ID HAP

Program Name/Description: Clinton County Community Connections

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

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

Adult Aging CYS SUD MH ID HAP

Specialized Services:

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

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

Program Name/Description: Infant Development Program – Perinatal Program

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

For the new fiscal year both Infant Development Programs will be fully staffed and the services are provided mainly through virtual contact, although in some cases, when face to face contact is necessary, COVID sanitizing procedures are followed.

Program Name/Description: Ross Library

Description of Services: Funds are used to provide basic literacy skills and promote language and developmental skills for the children of Clinton County. On line based programs have begun with virtual story time and theme based bingo. Science, Technology, Engineering and Mathematics (STEM) classes will also be available as well as Art classes. The library is also working with the United Way in setting up the Dolly Parton Library, which is a free library for children under the age of 5. The Ross Library is still partnering with day care facilities and other youth organizations, who will also benefit from this funding.