

FY 2022-2023 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 2022-2023 Human Services Plan as a joint project.

County Human Services funds incorporated into this FY 2022-2023 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 County United Way
- Katherine DeSilva, Clinton County Planner
- Elizabeth Whitty, Clinton County Planning Department, Grants Project Coordinator
- 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 Oversight, 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 community members 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, Children, and Private Practitioner Behavioral Health Services Provider groups, Community Care BH-MCO (Behavioral Health Managed Care Organization), the Lycoming County Health Improvement Coalition (LCHIC), the Clinton County Collaborative Board, KeystoneCares, Lycoming County Early Learning Team, Advocates for a Drug Free Tomorrow, Suicide Prevention Committee, Crisis Intervention Team (CIT) Steering Committee, Re-Entry Coalition, PBIS core team, Participant Advisory Committee (PAC), Executive Leadership Advisory Committee (ELAC), Consumers and Family

Satisfaction Team (CFST) Advisory Committee, Children's Services Workgroup, HealthChoices Adult Member/Family Advisory Board, HealthChoices Parent/Child/Family Member Advisory Committee, Lycoming/Clinton Human Services Steering Committee, Peer Support Specialists, Certified Recovery Specialists, CYF (Children, Youth and Families), JPO (Juvenile Probation Office), APO (Adult Probation Office), CJAB (Criminal Justice Advisory Board), Office of the Aging, Community HealthChoices, school personnel, members of law enforcement, the criminal justice system, medical personnel, local hospital systems, Physical HealthChoices, homeless shelters and service recipients of cross system services.

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 at the monthly or quarterly meetings of the Behavioral Health Adult Services Provider group, the Behavioral Health Children's Services Provider group, the Behavioral Health Private Practice group, the bi-county Reinvestment Committee, The BH Adult Services Advisory Committee's parent/family Advisory sub-committee, the adult outcomes sub-committee, the Lycoming County Human Services Task Force, the Clinton County Collaborative Board, the Lycoming County Health Improvement Coalition, NAMI of North Central PA's Board meetings and ongoing support group meetings, the Reentry Coalition Committee and ongoing meetings with the 9 school districts in the bi-county. The Plan was reviewed at the monthly Joinder Board Meeting with the six Commissioners representing Lycoming and Clinton counties on August 17, 2022. 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 comments 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 during the April and May 2022 Board meetings and invited to attend the public hearing. A Public Hearing was held on August 16, 2022, 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 Committee, 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 Providers Groups, the Reentry Committee, 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 continues to work closely with the local hospitals (UPMC and Geisinger) and law enforcement in both counties to continue the '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 area, as well as participated in the SAMHSA grant to expand Medication-Assisted Treatment in the region, including in the Lycoming County Prison. Clinton County has a very active community-based Advocates for a Drug Free Tomorrow planning group that meets monthly 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 involved population, and children and adolescents. Prior to the COVID-19 pandemic, the bi-county had an active Crisis Intervention Team (CIT) that met monthly. Although the trainings scheduled for 21/22 FY were cancelled due to COVID-19-related restrictions, the trainings remain an important component for the bi-county. The CIT Steering Committee Meetings resumed during the fiscal year and plans are underway to develop a new pool of de-escalation trainers so that the CIT Trainings can resume in 2023. Lycoming-Clinton MHID Program continues to provide Mental Health First Aid trainings in the bi-county and to expand MH First Aid for Teens to additional school districts in the bi-county.

Community-based mental health staff work within both 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 the Lycoming-Clinton MH/ID Program is providing a part-time, master's level, forensic mental health specialist in the Lycoming County Prison, and providing funding support for psychiatric services. The Commissioners from each county signed Stepping Up Initiative resolutions, formally making a commitment to keep the mentally ill out of jail. The establishment of a cross-system database for mental health, substance-use disorder, and each county prison, was completed via a grant from PCCD; this database provides monthly aggregate data.

Collaborative efforts continue between the 9 school districts in the bi-county area and the Lycoming-Clinton MH/ID Program. Mental Health case managers are assigned to work out of each of school districts, serve as members of the SAP team, and act as an initial referral source for students at risk for a Serious Emotional Disturbance (SED). A

school-based, intensive outpatient program continues to operate successfully in the Keystone Central School District, working with students who previously were in enrolled in out of county partial programs. The intent of this behavioral HealthChoices service is to avoid/reduce out of school placements 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, provide the Community-Based Case Management initiative under Behavioral Health Choices, focusing on the social determinants of health, and most specifically focusing on permanent housing needs.

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

During the 21/22FY, 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. It is anticipated that the MHID office will complete final certification during this fiscal year. In addition, the MHID office continues to collaborate with the SCA/West Branch D&A Abuse Commission, Health Choices, 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.

The MHID office had provided mental health crisis intervention services directly for the bi-county since the 1980's when it was combined with Lycoming Children & Youth Services' Evening & Emergency Services. As the crisis needs of each Program have grown in recent years it became apparent that the services needed to be split back to their respective Programs. As a result, Lycoming-Clinton MHID was able to secure a one-time CMHSBG grant to expand mental health crisis intervention services. They entered into a contract with the Center for Community Resources (CCR) to begin providing 24-hour mental health crisis intervention services, and after months of planning, this transition occurred early in the 22/23 FY.

Part II - PUBLIC HEARING NOTICE

The joint Public Hearing for all services provided by Lycoming and Clinton Counties for the FY 2022-23 Human Services Plan was conducted on August 16, 2022, 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 2022-2023 Human Services Plan. A summary sheet of the Human Services Categories and respective allocation amounts was available. The total of the six (6) line items reflected in the FY 2021-22 Human Services Plan is **\$7,127,015**

STATE/FEDERAL FUNDS	FY 2021-2022 Allocation
Mental Health Community Based Services	\$4,522,483
Behavioral Health Services Initiative (MH)	\$208,687
Intellectual Disabilities Community Based Services	\$1,252,676
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	\$153,114
Homeless Assistance Program – Clinton County	\$23,818
TOTAL	\$7,127,015

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 bi-county residents receiving MHID supports. 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.

The MHID Program, HealthChoices and the SCA participate in re-entry committees in each county. These committees include representatives from OVR, Career Link, behavioral health provider agencies and local colleges. The committee collaborates to help improve success for individuals returning to the community following incarceration. Certified Recovery Specialists from West Branch 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 HealthChoices 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 continues to recognize a need to expand employment-related services in the bi-county. Meetings are ongoing with local providers to expand their service offerings to include job development and supported employment for individuals receiving mental health supports. This area continues to be impacted by the loss of staff during the COVID 19 pandemic and the lack of ability to recruit and hire viable staff.

HOUSING:

The housing needs across Lycoming and Clinton counties have been a focus for the Mental Health community for many years. We have found that collaboration with our community partners is the key component to our ongoing success. These crucial relationships are developed and maintained by our Mental Health Program Manager and Housing Specialist throughout the bi-county. The Public Housing Authorities communicate availability of 811 housing, Section 8 lists, and new project construction, while also sharing concerns and identifying additional assistance needs of their active Lessees’ receiving mental health services. The Clinton County PHA Executive Director and Lycoming-Clinton MHID Program’s Housing Specialist are both members of the Regional Housing Advisory Board (RHAB) for the Northern Tier Continuum, which gives them up-to-date Federal, State and County housing options/funding sources.

The Lycoming-Clinton MHID Program continues to provide the Community-Based Case Management (CBCM) service for individuals with a mental health diagnosis via a contract with the BH-MCO, Community Cares Behavioral Health. The CBCM provides assessment and supports for individuals receiving mental health services in the areas of housing and other Social Determinants of health needs. The ongoing goal is to collaborate with the local Community-Based Organizations (CBO) to address the social determinant of health needs identified and prevent or divert from a higher level of care. In the first year, the CBCM worked with 82 individuals, helping 44 obtain permanent housing and connecting another 29 individuals with services to assist with other social determinant needs.

In early 2022, the federal government released a second Emergency Rental Assistance Program (ERAP) due to COVID 19, which was administered again by the bi-county Community Action program (STEP). Funding was made available to cover three months' rent, including both arrears and current rent, along with utility assistance. During the 21/22 FY, Transitions of Northeast PA began administering the McKinney Supportive Housing Program grant previously administered by the Lycoming-Clinton MHID Program. Transitions targeted 3 beds for Lycoming County and 1 bed for Clinton County Mental Health Consumers.

Due to the success rate of the Master Leasing Program, Pennsylvania Housing Affordability and Rehabilitation Enhancement (PHARE) funding was again allocated to Lycoming County for hard to place individuals with co-morbidities. Lycoming County earmarked a portion of the PHARE monies for the human service contingent to STEP for a Supported Housing Program in which Lycoming-Clinton MHID Program is a referral partner.

A local church provided an emergency warming center, including a snack and cot, for homeless individuals from January through March 2022. They anticipate repeating this service in 2023. Another partnership developed with a local, privately funded organization called My Vision 9 Project which serves homeless, underserved, and low-income individuals. Services provided include tutoring, housing, mentoring, etc.

The Lycoming-Clinton MHID Program's housing specialist maintains an up-to-date list of housing options in the bi-county and makes it available to mental health service recipients and service providers. During 2022, there was a housing shortage in the bi-county area that directly impacted mental health service recipients looking for affordable housing opportunities. As a result, the Housing Specialist expanded contacts for the up-to-date list to include newer social media (e.g., Craig's List, Facebook marketplace, etc.) and other non-traditional options. These newer contact options allowed the Specialist to identify local housing options, even during this difficult time. The Housing Specialist was able to develop working relationships with new landlords and make connections for affordable housing for service recipients.

The Lycoming-Clinton MHID Program continues to provide funding for mental health service recipients who are experiencing an emergency need for rent, utilities, or furnishings. This is provided in the form of a 0% interest loan that ensures that housing is not lost in an emergency when no other resources are available in the community.

There are multiple collaborative housing option teams in Lycoming and Clinton Counties. A seven county Northern Tier Regional Housing Advisory Board (RHAB) meets bi-monthly maintaining compliance with the regional Continuum of Care and HUD. There is a monthly Homeless Management Information System (HMIS) meeting that reviews the By Name List (BNL) of homeless individuals and families in the bi-county area. Lycoming County conducts a TASK force of approximately 60 not-for-profit/non-profit agencies that meet monthly for information and collaborative purposes updating their social services. A monthly Housing Alliance meeting at a local church provides 10-15 local homeless agencies an arena to problem solve and share information. The Housing Coalition meets monthly providing ideas and events that educate and inform the public of the homeless and housing needs in Lycoming County. In June 2022, the Coalition orchestrated a Landlord Forum, which provided landlords and agencies the opportunity to come together to discuss the needs each group is facing and identify solutions while building rapport. This opportunity was well received by the participating Landlords. Lycoming-Clinton MHID Program participates in the yearly HUD Point-in-time county wide homeless persons' count. In Clinton County there is a Clinton County Housing Coalition (a 501(c)(3) organization) which meets monthly and focuses on the housing and homeless issues of Clinton County.

Other housing and housing support services in the bi-county area include:

- American Rescue Workers (ARW) Fresh Start Program, 39 beds
- ARW Emergency Transient program for men, 6 beds
- ARW Emergency Shelter for families, men and women, 24 beds
- 14 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 Safe 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 Apartments.
- The Life Center, Clinton County’s homeless shelter, serves up to 14 women, couples, or families
- The Merit House, Clinton County’s men’s homeless shelter can house 4 men
- Certified Peer Support Specialists and Certified Recovery Specialists.
- House of Hope, a 24-bed facility for females transitional living program.
- Oxford House for women in recovery, 12 beds
- Transitions of Northeast PA, 4 beds.
- Winter warming center open January – March, 18 beds
- Master Leasing Program, 15 beds

Part IV - HUMAN SERVICES NARRATIVE

This section of the Plan includes a description of how Lycoming and Clinton County intends 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.

Student Assistance & Crisis Intervention Services

In FY 21/22 Lycoming-Clinton MH/ID Program procured a grant under the CMHSBG in the amount of \$100,000 to support the Student Assistance Program (SAP) in Keystone Central School District (KCSD). The grant provides funding to train 13 KCSD Elementary teachers as part of the district’s expansion of SAP to the elementary schools. The grant is also being used to purchase self-soothing items for elementary students to use for self-regulation in the classroom to help reduce out of class time, and to purchase items for three sensory rooms recently opened in each of the District’s elementary schools, for when a student needs to leave the classroom for a longer period.

A second CMHSBG grant was procured to expand Crisis Intervention services in Lycoming and Clinton Counties. The \$300,000 grant will provide funding to expand the current Crisis services

to include 24 hr. walk in availability and eventually, an Interim Housing program that will offer an alternative to inpatient hospitalization and incarceration, when appropriate. Throughout FY 21/22, the Lycoming-Clinton MHID Program worked closely with The Center for Community Resources (CCR), in preparation for CCR to take over the operation of MH Crisis Intervention services in the bi-county. CCR will provide telephone, walk in and mobile crisis services beginning August 1, 2022. A tight real-estate market in the Williamsport area in 2022 presented challenges for CCR in finding a building suitable for the Interim Housing program, but it is hopeful that a suitable location will be found in FY 22-23.

Community Based Organizations (CBOs) and Community Based Care Management (CBCM)

Community-Based Organizations (CBOs) - are nonprofit organizations that work at a local level to improve life for residents and normally focus on building equality across society in many areas, including but not limited to access to social services. These organizations must also be registered as a 501(c)(3) nonprofit corporation in Pennsylvania. A health care provider is not considered a CBO (Community Based Organizations).

Community Based Care Management (CBCM)- are nonprofit organizations that work to improve behavioral health outcomes, and solely utilize partnerships with Community-Based Organizations (CBOs) and providers that encourage the use of preventative services, mitigate Social Determinants of Health (SDOH) barriers, and reduce healthcare disparities.

LCHC (Lycoming Clinton HealthChoices) incorporated 4 CBO and 2 CBCM agencies into their service array in 2021-2022. Two of the CBOs and both the CBCM providers' focus was around housing; two of the CBOs had a focus on food insecurity, although referrals were made as appropriate to mitigate other SDOH (Social Determinants of Health). All data regarding CBOs and CBCM services was tracked and reported.

Pre/Post Natal Care Manager

LCHC in partnership with their BH-MCO, added a Pre/Post Natal Care Manager to outreach, engage, assess, and link members during pregnancy and post-delivery or end of pregnancy, who have an identified behavioral health need. The Pre/Post Natal Care Manager links members to behavioral health services and identifies social determinants that are currently a barrier to care or will potentially become a barrier following delivery. The Pre/Post Natal Care Manager continues to follow up with the member for up to one year post-delivery to assess for Post-Partum Depression, Substance Use, and SDOH barriers, and to facilitate a warm hand off to any additional services and resources needed to support the member, child, and family.

If the pregnant member does not have an identified behavioral health need or is not utilizing high level behavioral health services, the Pre/Post Natal Care Manager coordinates with the Physical Health MCO to transfer the member to their prenatal programs.

COVID-19 Alternative Payment Arrangements (APAs)

The Lycoming-Clinton HealthChoices Program and its subcontracted managed care partner, Community Care, have been committed to sustaining the provider network since the onset of the COVID-19 pandemic and the public health emergency (PHE) declaration in March 2020. Initially, the COVID APAs were implemented to support providers as they continued to deliver essential behavioral health services to HealthChoices members during stay-at-home orders. The rapid expansion of telehealth service delivery began in March 2020 following an Office of Mental Health and Substance Abuse Services (OMHSAS) Bulletin that authorized expanded telehealth services. LCHC offered COVID Alternative Payment Arrangements (APA) and the primary goals of the COVID APAs were to develop a payment method to stabilize the workforce (pay/preserve staff), ensure that providers continue to provide HealthChoices members with access to essential Behavioral Health services, and to distribute funds to providers quickly through “bridge payments” and reconcile payments later through the claims processing system. APAs were made for the following services: ambulatory, inpatient mental health, residential substance use disorder, and Residential Treatment Facilities (RTF). In July 2021, non-hospital substance use detoxification programs were removed from the APA as these services had rebounded to their pre-COVID utilization levels. After OMHSAS published the mandatory minimum rates for all substance use treatment levels of care, the COVID APA payments for non-hospital residential levels of care ended on December 31, 2021. Based on a careful review of data and feedback from providers across Pennsylvania and in partnership with Community Care, the Lycoming-Clinton HealthChoices Program decided to continue the COVID APAs for ambulatory, inpatient mental health, and RTF services through June 30, 2022. Additional COVID payments focused on sustaining the behavioral health workforce through the following strategies: short-term financial support through a one-time, year-end payment was offered to providers at the end of CY 2021; these one-time year-end payments, coupled with rate increases during CY 2021 and implemented in February 2022, provided short-term financial support to providers. Providers are scheduled for a second round of rate increases to be implemented in July 2022 along with an additional APA which is focused on recruitment and retention targeted at Providers physically located in Lycoming or Clinton County.

Peer Support

Considering the challenges in locating Certified Peer Support (CPS) certification trainings during the past year, one Peer Support provider in our counties, Recovery Community Connections, coordinated a locally held Forensic Peer Support Certification training during FY 2021-2022. This training allowed for an expansion of capacity for peer support services in our counties. Training attendance was made possible through continued collaboration with HealthChoices to assist with funding individuals to attend peer support certification training, 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, the provision of HealthChoices reinvestment funds made possible the implementation of a Community Based Peer Support agency, which currently offers Certified Recovery Support services; this provider is presently in the licensing process to also offer Certified Peer Support services by January 2023, to meet the needs of our growing co-occurring MH/SUD population.

School Based Mental Health Services

Keystone Central School District, the sole district encompassing Clinton County, partnered with HealthChoices to direct 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 at that time; the program was subsequently fully implemented in the Fall of the 21/22 school year, and 39 students were served.

Three School Based MHOP providers also served 600 students throughout Lycoming and Clinton counties during the 2021-2022 school year. These providers have also been offering telepsychiatry services within their school buildings; this endeavor is not only increasing access to psychiatric and medication management services, but it has also significantly improved coordination of services 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 CFST surveys, and outreach conducted with providers, members, and other stakeholders, indicated 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 childcare/caregiving demands. Providers particularly noted that active engagement of family members in treatment, 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 permitted providers to serve more individuals per day. Similarly, reduced travel 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. To assist Lycoming-Clinton mental health providers in sustaining and enhancing telehealth services, HealthChoices has earmarked reinvestment funds for allocation to providers for purchase of telehealth equipment, platform fees, and for purchase and implementation of DocuSign to ensure protection of client health records.

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 has demonstrated a growing 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 to strengthen collaboration and communication regarding medications and treatment.

NEEDS:

Many older adults are not familiar with the behavioral health system or 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. Formalized community support 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 available in both counties, Peer Support, Clubhouse, Community Residential Rehabilitation (CRR), Independent Living Services (ILS), Community Employment and Social Rehabilitation (Clinton County Community Connections) and a Social Services Support Aid to assist Targeted Case Managers. In addition, a Pre/Postnatal Care Manager was added to the HealthChoices program last year to provide outreach, coordination, and support to pregnant women and new moms with serious mental illness. HealthChoices continues to provide a Transportation Fund to assist adults and families in attending behavioral health appointments, physical health appointments, community support groups, and to travel to and from inpatient facilities for treatment. This fund assisted more than 400 members during 2021 and has served to increase access and engagement in services for this population. There is ongoing collaboration with the Criminal Justice System to divert or reduce the length of incarceration for individuals with serious mental illness. A Certified Forensic Peer Specialist training was held in Lycoming County during 2021 to expand existing services to support individuals and those participating in re-entry programs, in both counties. Recognizing the need for a 24-hour crisis walk-in and/or diversion facility, MHID has identified a new provider who will begin offering walk-in, mobile, and telephone crisis services in our counties beginning in summer 2022. Services will operate out of the MHID offices in both counties initially, however the provider is planning the purchase of a facility as soon as possible, to also add a crisis housing component to their services. The intent of the crisis housing component is to help individuals avoid inappropriate utilization of local jails and/or hospital emergency departments when in crisis.

NEEDS:

Intensive, coordinated, community-based support for seriously mentally ill (SMI) adults is needed, to reduce the number of adults who cycle in and out of state hospitalization, inpatient treatment, and the criminal justice system. Individuals in our counties with SMI typically experience comorbid physical health conditions, housing instability, and multiple care coordination needs; their social support networks are small, and their relationships are commonly conflictual and unstable. Formalized transitional support could provide a safety net

to SMI adults through information, linkage to resources, and assistance as part of discharge planning, during transition back into their communities, and for engagement in treatment.

Transitional Age Youth (ages 18 through 26)

STRENGTHS:

Lycoming-Clinton works closely with Lycoming and Clinton County CYS Independent Living Programs to identify transition age youth who will be transitioning to the adult mental health system. Youth in our counties utilize the Community Residential Rehabilitation Program, Independent Living Program, Clubhouse, Site-Based and Mobile Psychiatric Rehabilitation, and/or Clinton County Community Connections while in high school and beyond.

Youth/Transitional Age Youth (TAY) Peer Support is currently being provided by one agency, who collaborates closely with Keystone Central School District to meet the needs of students. Lycoming-Clinton youth are also routinely connected with OVR to assist with education and employment.

NEEDS:

Many transitional-age youth in Lycoming and Clinton counties are diagnosed with serious mental illness, serious emotional disturbances, and psychosis. However, specialized treatment and support remains a primary need for this population. There is a long-term troubling trend in our counties of a lack of community-based services that effectively address TAY treatment needs. The TAY population is the most difficult to engage in services and can be quite challenging to reintegrate into the community; this population would best be served by an intensive, collaborative, multidisciplinary service.

Children (Under age 18)

STRENGTHS:

The highest percentage of funding for Children's Services is managed by the Lycoming-Clinton HealthChoices Program. A sizeable portion of HealthChoices funding continues to be 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 program quality initiatives. 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.

HealthChoices is currently working to expand specialized services for children and adolescents in Lycoming-Clinton County. Anticipated specialized programs include Parent Child Interactive Therapy (PCIT) with the inclusion of an in-home model. The PCIT mobile therapeutic model is

designed to support transference of skills from an organized therapeutic setting to the member's home environment allowing interventions to be differentiated and accommodated to best meet the members and families' strengths and needs. Discussions have also included expanding the services offered by our current Multi-Systemic Treatment (MST) provider to include a specialty focus on individuals with Problem Sexualized Behaviors (PSB). The model works for 3 to 4 months with young people aged 12-17 years of age and their caregivers while they are placed away from home, thus improving the skill level of the child's current placement while also assisting young person's family to identify the issues which may present difficulties to plan a successful return home. Additionally, to respond to the continued strain on families in finding proper care and mental health support for their child/adolescent during the summer months, HealthChoices has begun discussions with providers and is reviewing opportunities to re-initiate a Summer Therapeutic Program (formerly known as STAP).

School-based services continue to grow in our region. Keystone Central School District, the sole district encompassing Clinton County, partnered with Health Choices to direct reinvestment funds to 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 at that time; the program was subsequently fully implemented in the Fall of the 21/22 school year, and 39 students were served.

The three School Based OP providers served 600 students throughout Lycoming and Clinton counties during the 2021-2022 school year. These providers have also been offering telepsychiatry services within their school buildings; this endeavor is not only increasing access to psychiatric and medication management services, but it has also significantly improved coordination of services for children and their families who regularly face transportation, travel time, and other barriers to engagement in services.

With assistance through state funding and other financial support, local schools were able to increase mental health support (i.e., social workers, contracted therapists, Trauma counselors). Local districts have also partnered with agencies and local resources (i.e., NAMI and HealthChoices) in holding Mental Health events. These events took place throughout the month of May within three school districts in Lycoming/Clinton counties to educate students on mental health, coping skills, wellness strategies, and to encourage positivity through positive affirmations.

The Child and Adolescent Service System Program (CASSP) that was reintroduced in 2020 continues to receive a large number of referrals; 89 members have received CASSP support since the start of 2022. The CASSP Coordinator works to collaborate with county 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 and provider barriers, and endeavors to promote the least restrictive levels of care, to ensure follow up care for youth leaving out of home placements and assists with program development. In coordination with HealthChoices, CASSP is working to capture data pertaining to provider referrals and time to access or authorize service, which is estimated to start being presented in 2023. In reference to recommendations for out of home placement, the CASSP coordinator worked closely during the 2021 -2022 year with HealthChoices, MHID Target Case Management supervisors, and the county Mental Health Director to develop a formal system for mental health providers and child serving systems to follow to ensure each member is receiving an appropriate support when moving to higher levels of care.

With an increase in out of home referrals, the Joinder and HealthChoices recognized a need for support and expansion of Targeted/Blended Case Management (TCM) services. There are currently two Targeted/Blended Case Management providers in Lycoming-Clinton County: Service Assess and Management (SAM) and the Joinder MHID Targeted Case Management services. As they forged through the pandemic, Joinder MH TCMs continued to meet families in the home and provide face to face support to ensure continuity of care and connection to resources were being provided to clients of all ages. A support that has been implemented which is less discussed or known is the Enhanced TCM/BCM service. The Enhanced TCM/BCM role was developed to provide support, coordination, and outreach to children who are placed in an out of home facility (i.e., RTF placements, CRR-Host homes), and their families. The Enhanced TCM/BCM follows the child during placement, participates in treatment team reviews, and assists with coordination and discharge planning as the child reintegrates into their community. In light of the increase in out of home placement referrals recognized over the past year, this Enhanced TCM position was expanded beyond MHID TCM to also include Service Access and Management BCM. All children in Lycoming-Clinton County who receive a mental health out of home placement referral are followed or supported by either an Enhanced TCM/BCM or CASSP.

The SCA is working to further expand family support by offering the Strengthening Families Program for adolescents between 10-14 years of age. The program focuses on strengthening parenting skills, building family strengths, providing education to decrease problematic behaviors, and providing skills to prevent teen substance use. Historically the program primarily was hosted in the Williamsport Area School District, but it will now also be presented in Keystone Central School District and local churches. Most importantly, a second contract was established between the SCA and an inpatient facility for adolescent males in need of rehabilitation and withdrawal management treatment, expanding accesses to desperately needed treatment for this special population.

NEEDS:

Lycoming-Clinton has a full continuum of mental health treatment services for children under the age of 18. However, there continues to be 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 various levels of care which has decreased our members' ability to access services. This has resulted in providers having longer wait lists, and families waiting months for initiation of services. Unfortunately, staffing shortages are being experienced across the state, in all levels of care, and have resulted in closures to some routinely utilized Residential Treatment Facilities, Group Homes, and CRR host homes. These closures have had an impact on youth requiring more intensive mental health facilities. As previously discussed, HealthChoices is working to address this barrier by funding provider training to increase specialized services/treatment modalities, skills, and provider competencies in outpatient and community-based services; working with providers on contract agreements; and partnering with local colleges for attending and graduating students.

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

Lycoming-Clinton continues to identify coordination of services and Community Support Planning with the State Hospital as a strength. This includes the community support planning (CSP) process, liaison meetings, clinical team meetings, participation in commitment hearings at the State Hospital, and meeting with the consumers themselves to identify their goals and desires for community living. Family/significant others involvement is always a positive asset for consumers during their stay and for planning discharge and community living. A variety of options are available to clients including CRR's, Personal Care Boarding Homes, and independent living with supports, which have been beneficial to Lycoming-Clinton County individuals. Lycoming-Clinton currently has four (4) beds procured at the Atlas/Coal Township Enhanced Personal Care Homes in Northumberland County. Targeted Case management, Clubhouse, Psychiatric Rehabilitation, Mobile Psychiatric services, Partial Hospitalization have been of great value.

NEEDS:

Lycoming –Clinton could benefit from an LTSR to add to its array of residential options for the bi-county area. Consumers within the State Hospital environment are on locked wards with a completely structured day. A small step to a structured environment upon discharge to the community could prove to be quite beneficial, ease this transition for many individuals. The LTSR can also provide a safety factor with a locked door preventing independent travel into community settings which a consumer may not be able to negotiate safely or independently at the time of discharge. There are also individuals that have behavior issues, arson histories, and are registered with Megan’s law, for whom finding housing options for in the community is rather difficult. Additional supported housing options would also be of benefit for individuals with serious mental illness and discharge from State Hospital, as well as for diversion from State Hospital. Service availability for individuals without Medicaid, is a challenging issue. 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 as well as more certified peer support services. 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 continues to be a significant lack of psychiatry services available for follow up appointments that can be scheduled within 30 days from discharge, as well as a system to store injectable medication until the follow up appointment is available.

Individuals with co-occurring mental health/substance use disorder

STRENGTHS:

During the last fiscal year, 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 presently offers Certified Recovery Support services, provides education and support for families, and is in the process of licensing to provide Certified Peer Support services. This provider is also currently exploring certification to offer Family Peer Support. Community Care and HealthChoices persist in coordinating local training opportunities for providers to enhance co-occurring competency; trainings offered in 2021 focused on Medication Assisted Treatment, outreach/engagement, and support for families/caregivers.

NEEDS:

The top three diagnoses for Lycoming-Clinton HealthChoices adult members are Opioid-related disorder, Major Depressive disorder, and Alcohol-related disorders, demonstrating a need for co-occurring competent providers. The pandemic had a detrimental impact on the local

behavioral health workforce, as all providers experienced the loss of clinical and licensed staff; agencies are in the process of rebuilding their workforce, with mostly newly graduated and less experienced staff. Mental health providers need continued education regarding SUDs (Substance Use Disorder) to increase co-occurring competency, to increase referral to SUDs services, and improve coordination of care with SUDs providers.

Criminal Justice-involved individuals

STRENGTHS:

Lycoming and Clinton Counties both have well established Criminal Justice Advisory Boards (CJAB), each with its own Mental Health Sub-committee. Both CJAB MH Sub-committees are working on establishing new goals for the upcoming year including post Covid revitalization of Crisis Intervention Team (CIT), Steering Committees, and CIT trainings. The Lycoming – Clinton CIT Coordinator will also coordinate and develop other mental health trainings that the agency provides to the local community. The anticipated impact associated with the CIT Training Project includes both process/systemic outcomes and individual consumer quality of life outcomes. Our intent continues to be the evolution of local law enforcement agency CIT policies and to develop a larger pool of CIT trained police officers and first responders to develop a crisis response that tracks diversion of individuals with a mental illness from the criminal justice system, and provide treatment and community supports.

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 for line staff. It has also expanded to include trainings for juvenile and adult probation officers, GEO Reentry Services, The Transitional Living Centers (Men and Women) and other county first responders.

The Stepping Up Initiative had been 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 JAG grant for the Stepping Up Initiative to coordinate multi-agency data collection in Lycoming and Clinton Counties. This data collection assists us and our community partners with identifying trends and areas of need within our catchment for planning purposes and provides measurable data to assist with tracking effectiveness. Although Lycoming-Clinton has implemented significant efforts to address the burden which SMI places on our criminal justice system and the taxpayer, we continue to encounter obstacles such as fewer resources, decreased budgets, insufficient funding, and lack of an overall understanding of the mental health system and coordination of support within our community of service providers. We recognize that without change, individuals with mental illnesses will

continue to cycle through the criminal justice system resulting in missed opportunities for treatment, increased cost, and a deterioration of overall public safety.

Lycoming Clinton County MH/ID also actively participated on a committee to address the increasing number of veteran's involved in the criminal justice system and to establish a Veteran's 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 for encouragement support, and guidance. The shared experiences of the Mentors and Veterans are critical in assisting the Veterans 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 has included a forensic mental health case manager as part of their Veteran's court team since 2020.*

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

MH/ID also participates on the Clinton County CJAB Community Reentry Planning Committee which consists of representatives from Adult Probation, the County Commissioners, the Clinton County Housing Authority, Clinton County Correctional Facility and West Branch Drug and Alcohol with past members from Lock Haven University. A Returning Citizen's Program house has been added this past year through the work of this committee and the Clinton County Housing Authority. It houses up to six individuals transitioning back to the local community with the support of a housing authority case manager. Individuals are referred through the Reentry Assessment team at the Clinton County Correctional Facility which also has a MH/ID forensic worker as a participating member. Presently there is one individual being served who is assigned a Forensic MH case manager. This project is primarily funded through PHARE funds and other grants.

Lycoming County has contracted a Reentry Coordinator position through GEO. The Lycoming County Reentry Coalition has been revitalized with MH/ID as an active member of this committee along with several other community stakeholders.

The Lycoming Clinton MH/ID Program continues to strongly prioritize jail division through our Mental Health Services Forensic Unit. The unit consists of a supervisor who also performs the duties of a boundary spanner for the courts, MH/ID, prisons, and local providers. There are also three forensic case managers, and a contracted master's degree forensic mental health

specialist that is serves individuals in the local prison. The unit deals with all forensic consumers involved with probation and parole in the bi-county area, mental health courts, both county prisons, supervised bail programs, and pre-release, as well as assists with the CIT team. This Unit provides excellent coordination of care for jail diversion, reentry, and individuals at each intercept point in the judicial system.

Also increasing the depth of our resources for prison diversion is the agency's new crisis provider. Center for Community Resources will provide mobile crisis services as well as temporary housing, safety and support options that will complement the existing services for prison diversion for the seriously mentally ill.

NEEDS:

- Lycoming-Clinton continues to develop services for justice involved individuals a priority. Currently there is a need for housing resources for county jail discharge planning for the difficult to place individual. PHARE projects in both counties do provide some additional resources. A Master Leasing Program started in May of 2018 in Lycoming County through PHARE funds whose target population is reentry has decreased its' support for seriously mental ill forensically involved consumers.
- There continues to be a need for an Ex-Offender Mentoring Program in both Lycoming and Clinton County to pursue motivational interviewing for ex-offenders, and to encourage the training and use of Forensic Peer Support Specialists to assist with this need.
- Sustainability for the CIT Program through community partners and Train the Trainers program.
- Continue to promote the Stepping Up Initiative in both counties by forming and participating in an official Stepping Up team with other county stakeholders, as well as attending the national Stepping Up Conference.
- Access to a local or regional evaluation and restoration of competency program. The State Forensic Hospitals continue to have long wait list for competency evaluations/treatment which ultimately strains our local county jail staffing and other limited psychiatric resources.
- Continue to provide and meet mental health educational needs of the entire forensic community (law enforcement, probation officers, correctional officers, prison medical staff, deputies, district attorneys, public defenders, and Judges)
- Continue the psychiatric services in both prisons to evaluate and treat inmates pharmacologically.

Veterans

STRENGTHS:

Lycoming and Clinton County have Veteran's Treatment Court. Both counties have productive Veteran's Affairs Offices. Each county participates with the Hometown Heroes, a local program whose mission is to recognize the contribution of our veterans who have served. There is a VA outpatient clinic in Williamsport that was established in July 1997, which clinic provides primary care, psychiatry, PTSD social services, counseling, lab, nutrition counseling, immunizations and a social worker on site Tuesday and Thursdays. There is a VET center in Williamsport that has after work hours and weekend hours. The services are free of charge for readjustment counseling and outreach to those who served in combat zone, and their family members. Services provided include individual and group counseling, marital and family counseling, bereavement, substance use information and referral, military sexual trauma, referral to applying for VA benefits and job counseling, and referral for homeless VETS services. The Armed Forces Reserve Center in Williamsport, also offers a Family Assistance Center, which is available for ALL military, veterans, and their families who are eligible to receive assistance for the following:

- ID Cards/DEERS
- Crisis intervention
- Tricare
- Financial Assistance
- Legal Assistance
- Information/referral/outreach
- Exceptional Family Member
- EFAC for Natural Disaster

Each VA medical Center has a Suicide Prevention Coordinator. Lycoming County utilizes Angelique Cortez 570-830-7033 through the Wilkes-Barre VA and Clinton County utilizes Kate Gavin 814-943-8164x4536 through the Altoona Region.

This past year the MH Director for the Lycoming -Clinton Joinder Program presented on judicial actions for the Veteran's Affairs offices to strengthen partnerships.

NEEDS:

The Lycoming Clinton Joinder will have a new Crisis Services provider in 2022/2023 and it will be important to promote the new crisis number with the veteran's offices in the bi-county. It is also vital to continue to facilitate partnerships and support our community veterans.

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 for referrals in Lycoming County. The outpatient provider has also provided space for a Trans-Cendence Group to be held monthly. A Peer Support provider continues to develop a partnership with a local LGBTQI support organization, and currently offers their meeting rooms for support groups. HealthChoices, Community Care, and the SCA (Single County Authority) routinely offer training opportunities for community-based providers in our counties to improve their clinical competency with this population. HealthChoices providers are also routinely educated about and required to adhere to OMHSAS-11-02 *Guidelines to Ensure Affirmative Environments and Clinically Appropriate Services for Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex Consumers and their Family Members* as well as to adhere to Community Care LGBTQIA+ Performance Standards. HealthChoices includes expectations from both documents as an integral part of reinvestment planning and new program development. 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 RTF, Lycoming-Clinton providers continue 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 would also be beneficial to engage individuals in treatment, as well as to expand additional social support.

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 (Medical Assistance) 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 (CFST) 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 cultural competency 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, though minimally, in a variety of clinical and administrative positions in provider agencies throughout Lycoming and Clinton counties. During 2021, a series of Cultural Humility trainings developed by Community Care Behavioral Health were offered to HealthChoices provider agencies, as well as ongoing resources, information, and support regarding delivering culturally competent services. HealthChoices and Community Care continue to monitor access to services, utilization rates, and client satisfaction by race and ethnicity to identify and address any disparities. HealthChoices and Community Care are presently exploring the use of GeoAccess to identify gaps in treatment availability for Black/African American members as well as the development of a system to track like-race practitioners and practitioners specializing in RELM populations within Community Care's database system.

NEEDS:

Smaller populations can too easily be overlooked. Efforts to conduct face to face CFST surveys in alternative or unconventional locations should be intensified to ensure an adequate, diverse sample of individuals can share their views about behavioral health services. There is a shortage of Black/African American treatment providers in Lycoming Clinton counties, and there are limitations on identifying culturally competent care. Community Care collects information from providers during credentialing and re-credentialing regarding voluntary disclosure of race (for private practitioners) and specialization working with minority populations (practitioners and facilities); but based on the information for our counties, the number of providers who are Black/African American or who specialize in this minority population do not meet the needs of Black/African American individuals in our counties. This is

a critical deficiency because Black/African American individuals are more likely to trust and engage with Black or African American providers, yet they are unlikely to find one in Lycoming-Clinton; most importantly, research reports that Black/African American providers are known to provide more appropriate and effective care to Black and African American individuals.

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, which focuses on raising awareness that HIV medications are preventing sexual transmission of HIV. U=U stands for "Undetectable = Un-transmittable," 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 County. 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 is 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 client's home. They also adapted their support groups and outpatient mental health appointments to be held virtually. Understanding clients were impacted by the pandemic socially, AIDS Resource utilized client coordinators who work 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 (Pre-Exposure Prophylactic) clinic, 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. Consumers are struggling to fill prescriptions for a PEP regimen, 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.

Pre/Post Natal Population

STRENGTHS:

Pre/Post Natal Care Manager trained in both Mental Health and Substance Use disorders available to assist this population.

NEEDS:

More services and Providers trained to work with this population and increased coordination with physical health, especially for people that do not qualify for the behavioral HealthChoices benefit.

C. Strengths and Needs by Service Type: (items-c) #1-7 below)

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

- a. How is telehealth being used to increase access to services?
- b. Is the county implementing innovative practices to increase access to telehealth for individuals in the community? (For example, providing technology or designated spaces in the county for telehealth appointment.) **(Limit of one page).**

(Limit of 1 page)

Telehealth is being used to increase access to services in Lycoming and Clinton counties in many ways. Providers are using technology to obtain digital signatures for behavioral health services and Community Care's website includes a best practice and training document for Providers' use. There is also a Fraud, Waste & Abuse Compliance & Telehealth Webinar available on the Community Care website. The website refers to other outside tools such as: The American Psychological Association free continuing education to help guide consideration of telehealth practice, Telepsychology Best Practice 101 Webinar Series, and The National Association of Social Workers resources including informed consent forms and standards for technology in social work. Additional resources include Addiction Technology Transfer Center (ATTC) Network, Center for Excellence on Protected Health Information (CoE-PHI), National

Consortium of Telehealth Resource Centers, and the How to Prepare for a Video Appointment with Your Mental Health Clinician. Members are encouraged to connect with their health care provider over the phone or through video using the internet. Other informational articles for members include: What You Need to Know About Telehealth, How to Prepare for a Video Appointment with Your Mental Health Clinician, Tips to Keep Your Telehealth Visit Private, Telehealth from a Member's and Provider's Perspective, and Help with Your Phone & Internet Services During the COVID-19 Outbreak.

According to telehealth surveys conducted with Lycoming-Clinton HC providers and members, utilization of HIPAA (Health Insurance Portability Accountability Act) compliant telehealth platforms continues to maximize provider access for members; it has allowed more flexibility for clients in scheduling and engagement in services, has addressed barriers to access and choice, and has allowed families and providers to serve more people, more efficiently without the barrier of transportation or travel time. Adult and child providers are successfully offering a range of services via telehealth including assessments, medication management, case management, peer support, PHP/IOP, and outpatient therapy. Nearly all telehealth services are delivered through two-way, interactive videoconferencing to members in their own homes; however, because some areas of our region lack adequate internet and cell phone coverage, some individuals are connecting with providers via land line telephone calls. Telehealth has increased access to psychiatry services that would otherwise not be available, with wait times that are much sooner than would be permitted in a traditional setting. Telehealth is presently still being utilized by providers to overcome access and lack of service availability barriers (due to staffing crisis) as well as to alleviate the prohibitive cost of gas. Data analysis of telehealth utilization during 2021 indicates decreased “no show” rates, high member satisfaction, enhanced convenience for practitioners and members, and access to other settings and providers in real time. Satisfaction surveys conducted by the Lycoming-Clinton Consumer/Family Satisfaction Team during 2021 regarding members’ experiences with telehealth shows satisfaction rates above 90% for the survey question: “provider was able to meet all of my behavioral health needs.”

Providers and members in some parts of our rural counties have less reliable access to Wi-Fi, broadband internet, computers or tablets, and cell phone services which interferes with ability to implement and use telehealth services. In addition, telehealth platforms, user fees, and HIPAA related technology requirements are costly and often not routinely affordable to providers. To support providers in offering telehealth as an option and to expand access to telehealth delivered services, a HealthChoices reinvestment plan has been developed to fund provider technology needs; technology to be funded includes telehealth platforms, staff training, DocuSign, and monthly user fees. As a means for reducing client technology barriers to telehealth, HealthChoices utilizes a Basic Necessities fund to assist clients with internet connections, cell phone minutes, “hot spot” devices, and other related needs.

The availability and utilization of telehealth services is regularly monitored by HealthChoices and Community Care by use of a claims-based Place of Service code to indicate that a service was delivered by telehealth.

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

Yes No

If yes, please describe how this is occurring. If no, indicate any plans to embed TIC in FY22-23. (Limit of 1 page)

LCHC along with their BH-MCO have made available recordings of an **Evidence-Based Practice Seminar Series**. This series is designed to be an introduction to a selection of frequently used Evidence-Based Practices (EBPs) and is available on the Community Care website. Through this series, participants will develop a fundamental understanding of the function and benefit of EBPs as well as challenges and limitations to their use. This series includes: Evidence-Based Practices for Individuals with Serious Mental Illness, Trauma Assessment and Treatment for Adults, Evidence-Based Practices for the Assessment and Treatment of Trauma Symptoms in Children & Adolescents, CBT for Anxiety and Depression, Multisystemic Therapy, Autism Spectrum Disorder: Applied Behavior Analysis, and Internalizing Disorders: Cognitive Behavior Therapy for Anxiety and Depression. Many of the BH-MCO Care managers have developed competencies and expertise through training and experience in Trauma-Informed Care (TIC). LCHC has allocated funds for provider training and certification in **Eye Movement Desensitization and Reprocessing (EMDR)** which is an Evidence Based psychotherapy treatment that was originally designed to alleviate the distress associated with traumatic memories. LCHC Providers and system partners were offered training in **Trauma 102: Basic Skills of Trauma-Informed Care**. This was a 2-hour workshop facilitated by Lakeside Global Institute. They were also offered **Compassion Fatigue, Secondary/Vicarious Trauma, and the Importance of Self Care** through Relias and **What's the Big Deal About Trauma?** Through PA Care. Across our covered services, we have therapeutic staff who are trained or certified in **TF-CBT (Trauma Focused Cognitive Behavioral Therapy) (Trauma Focused Cognitive Behavioral Therapy), Trauma Informed CBT for Substance Use Disorders** and our providers offer **Evidence Based Outpatient Trauma Support Groups**.

LCJB is in their third year of working towards **certification in the Sanctuary Model**. The Sanctuary® Model is a blueprint for clinical and organizational change which, at its core, promotes safety and recovery from adversity through the active creation of a trauma-informed community. The Sanctuary Model's focus is not only on the people who seek treatment, but equally on the people and systems who provide that treatment. A trauma-informed organization is one that recognizes the inherent vulnerability of all human beings to the effects of trauma and organizes system-wide interventions aimed at mitigating the negative effects of

adversity and stress that are manifested in the clients served and the organization itself. LCJB is on track to receive certification around year-end December 2022.

3. 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)

Lycoming-Clinton Joinder Board, which includes Mental Health, Intellectual Disabilities, Early Intervention, Behavioral HealthChoices and Lycoming Children & Youth Services, has a Diversity Committee that initiated diversity training for all employees during FY 21-22. The Committee intends to implement more formalized CLC Training as part of the ongoing initiative.

All LCJB staff were offered training in **Healing Racial Trauma: Racial Socialization as a Clinical Strategy for Black Youth** through the PA Care Partnership. Community Care Behavioral Health and their Social & Racial Justice Steering Committee also offered HC providers, stakeholders, and community partners a series of five virtual trainings to increase culturally competent service provision: ***Making the Unconscious Conscious Through Cultural Humility; All these 'isms: Understanding Privilege, Power, and Oppression in Professional (and Personal) Relationships; Cultural Sensitivity Leadership in Behavioral Health; Intersectionality; and Disparities in Diagnosis and Treatment in Child Psychiatry.***

Community Care has been offering a **Leadership Forum** for interested behavioral health provider leadership teams, in conjunction with experts from Penn State's Smeal Business College. The Forum is held through monthly virtual learning sessions, which began in December 2021 and continued through May 2022. The Leadership Forum was designed to meet providers' leadership needs and to help them enhance their organizational culture, improve workforce retention and retention, ensure diversity and inclusion, manage change, and adjust to new service delivery models (e.g., telehealth and remote work). Ongoing training opportunities for **Community Care's care managers** are abundant and include topics that go beyond mandatory training. Educational offerings include annual mandatory training around race and ethnicity, cultural diversity, and stigma.

LCHC shared information with all providers and system partners about training through SAMHSA (Substance Abuse and Mental Health Services Administration), **Improving Cultural Competency for Behavioral Health Professionals.**

4. 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 FY22-23. (Limit of 1 page)

The LCJB sponsored a **required Diversity 101 Training** for all staff. In addition, 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 (County Commissioners Association of Pennsylvania) Online Training web site on the topic of Diversity, Equity, and Inclusion.

The LCJB hired a **Compliance Officer in 2022** to work toward compliance and growth in this and other areas. The LCJC formed a Diversity, Equity, and Inclusion committee. The committee members focus on developing strategies to provide activities and training to staff and the community to improve health inequities, diverse hiring practices and inclusion.

Connecting Physical and Behavioral Health

The Lycoming-Clinton HealthChoices Program participated in the Regional Accountable Health Councils (RAHCs) which provide regional strategic community-wide efforts to improve health outcomes across the state. The purpose of the RAHCs is to implement the planning and coordination of activities that promote health equity, address regional Social Determinants of Health (SDOH) needs, reduce health care costs, and improve the quality of health care, with the goal of advancing a more accountable and equitable health care system. Lycoming/Clinton was included in the Regional Health Transformation Plan and LCHC continues to work through the RAHCs to move toward interventions that improve health outcomes.

As our community of members grows in diversity of abilities, cultures, and languages, there is increasing concern regarding population groups who are underserved and are at-risk of being unserved if they are not able to understand their rights and treatment options or to communicate their needs effectively. Although much cooperation exists with a community agency who can provide ASL (American Sign Language) assistance, there are no options in our counties for interpreter assistance available to providers who encounter clients speaking languages other than English. For this reason, HealthChoices has developed a reinvestment plan for the purchase of the Pocketalk Plus Voice Translator. This handheld device is a HIPAA and GDPR compliant solution to the lack of foreign language interpreters accessible in our counties. Currently being utilized by an education system partner, the Pocketalk Plus Voice Translator supports 82 languages via text-to-translate; the built-in camera translates text, the written word, and signs. These devices are small, mobile, and can be used in the community, facilities, schools, or offices. HealthChoices intends to purchase five devices to be made available to providers in both counties.

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

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 Center for Community Resources (CCR) initiated their role as provider for Mental Health Crisis Intervention Services in Lycoming and Clinton Counties, in August 2022. CRR brings a comprehensive approach to crisis support by offering a 24-hour mobile access line, telephone support, chat options, texting capabilities, and walk- in support. This level of support will offer a diverse and immediate response for individuals who are suffering from a mental health crisis and/or having thoughts or feelings of Suicide.

Lycoming-Clinton MH/ID partners with a local National Alliance of Mental Illness (NAMI) chapter known as NAMI of North Central PA (NCPA) in hosting the county's Suicide Prevention Committee (SPC). The county SPC mission is to promote collaborative efforts of community members, service providers and agencies and develop strategies to prevent suicides through public education and awareness, community action and local grassroots advocacy. The Suicide Prevention Committee supports those affected by suicide, provides education surrounding prevention and post-vention, and focuses efforts on reducing the stigmas associated with suicide and mental illness. The committee is also committed to efforts and discussions that reduce access to lethal means and methods of self-harm. NAMI NCPA has also worked to provide education to county partners surrounding the "988" initiative that was launched in July of 2022. Individuals who dial "988" will now be routed to the National Suicide Prevention Lifeline to help provide an immediate and direct response to those in crisis; "988" in Lycoming-Clinton County will be supported by Center for Community Resources (CCR).

Mental Health First Aid continues to be offered and facilitated by the Joiner employees to prison staff, law enforcement, first responders, School Districts, clergy, and parishioners located within our bi-county region. To ensure access across ages, Lycoming County BLAST IU 17 offers classes for Mental Health First Aid for youth. Another training offered to all providers and agency partners this year was QPR (Question, Persuade, Refer). QPR training is for those on the "front lines" of suicide prevention that teaches individuals how to interview potentially suicidal persons, determine immediate risk of suicide, and help reduce the risk of a suicide attempt or completion through a safety planning and referral process.

In 2022, the Annual Suicide Prevention Walk in Lycoming County held its 6th annual event. Other efforts of awareness have been made in Mill Hall by a local family, who over the years has organized the In Memory of Cimarron & Benjamin Thomas Suicide Memory Walk.

6. 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		
<ul style="list-style-type: none"> • Please complete all rows and columns below with FY 20-21 data. • If no data available, list as N/A. • If data is available, but no individuals were served within a category, list as zero (0). Include additional information for each population served in the Notes section. (For example, 50% of the Asian population served speaks English as a Second Language or number served for ages 14-21 includes juvenile justice population).		
Data Requested	County Response	Notes
i. Total Number Served	9	
ii. # Served ages 14 up to 21	0	
iii. # Served ages 21 up to 65	8	
iv. # Of male individuals served	3	
v. # Of females individuals served	6	
vi. # Of non-binary individuals served	0	
vii. # Of Non-Hispanic White served	7	
viii. # of Hispanic and Latino served	0	
ix. # Of Black or African American served	2	
x. Asian	0	
xi. # Of Native Americans and Alaska Natives served	0	

xii.	# Of Native Hawaiians and Pacific Islanders served	0	
xiii.	# Of multiracial (two or more races) individuals served	0	
xiv.	# Of individuals served who have more than one disability	0	
xv.	# Of individuals served working part-time (30 hrs. or less per wk.)	0	
xvi.	# Of individuals served working full-time (over 30 hrs. per wk.)	0	

Data Requested	County Response	Notes
i. lowest hourly earned wage of individuals served (ex: minimum wage)	Minimum wage	
ii. highest hourly earned wage of individuals served	n/a	
iii. # of individuals served who are receiving employer offered benefits; (i.e., insurance, retirement, paid leave)	n/a	

7. Supportive Housing:

a. Please provide the following information for the county housing specialist/point of contact (POC).

- **Name(s):** Virginia (Ginny) Noble & Rae Weber
- **Email address(es):** [gnoble@joinder.org](mailto:g noble@joinder.org) & rweber@joinder.org

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

This comprehensive strategy aligns with the Office of Mental Health and Substance Abuse Services (OMHSAS) planning efforts, and OMHSAS is an integral partner in its implementation.

Supportive housing is a successful, cost-effective combination of affordable housing with services that help 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.

b. SUPPORTIVE HOUSING ACTIVITY *includes Community Hospital Integration Projects Program funding (CHIPP), Reinvestment, County base-funded projects and others that were planned, whether funded or not. Identify Project Name, Year of Implementation, and Funding Source for all housing projects operationalized in SFY 20-21 and 21-22. Next, enter amounts expended for the previous state fiscal year (SFY 20-21), as well as projected amounts for SFY 22-23. If this data isn’t available because it’s a new program being implemented in SFY 21-22, do not enter any collected data. Please note: Data from projects initiated and reported in the chart for SFY 21-22 will be collected in next year’s planning documents.*

1. Capital Projects for Behavioral Health	<input type="checkbox"/> Check if available in the county and complete the section.
--	---

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

Project Name	2. Year of Implementation	3. Funding Sources by Type (including grants, federal, state & local sources)	4. Total Amount for SFY 20-21 (only County MH/ID dedicated Funds)	5. Projected Amount for FY22-23 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in SFY 20-21	Projected Number to be Served in SFY22-23	Number of Targeted BH Units		9. Terms of Targeted BH Units (e.g., 30 years)
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.

1. Project Name	2. Year of Implementation	3. Funding Source by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 20-21	5. Projected \$ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY 20-21	7. Projected Number to be Served in SFY22-23	8. Number of Owners/ Projects Currently Leasing	9. Number of Units Assisted with Master Leasing in SFY 20-21	10. Average Subsidy Amount in SFY 20-21
Totals									
Notes:									

4. Housing Clearinghouse for Behavioral Health	<input type="checkbox"/> Check if available in the county and complete the section.
---	---

An agency that coordinates and manages permanent supportive housing opportunities.

1. Project Name	2. Year of Implementation	3. Funding Source by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 20-21	5. Projected \$ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY 20-21			7. Projected Number to be Served in SFY22-23	Number of Staff FTEs in SFY 20-21
Totals									
Notes:									

5. Housing Support Services (HSS) for Behavioral Health	<input type="checkbox"/> Check if available in the county and complete the section.
--	---

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

1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 20-21	5. Projected \$ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY 20-21			7. Projected Number to be Served in SFY22-23	8. Number of Staff FTEs in SFY 20-21
HealthChoices Community-based Case Management	2021	BH HealthChoices	\$0	\$111,919	0			83	0
Totals			\$0	\$111,919	0			83	0

Notes:	
---------------	--

6. Housing Contingency Funds for Behavioral Health

Check if available in the county and complete the section.

Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings, and other allowable costs.

1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 20-21	5. Projected \$ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY 20-21		7. Projected Number to be Served in SFY22-23	8. Average Contingency Amount per person
Totals								
Notes:								

7. Other: Identify the Program for Behavioral Health

Check if available in the county and complete the section.

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

1. Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total \$ Amount for SFY 20-21	5. Projected \$ Amount for SFY22-23	6. Actual or Estimated Number Served in SFY 20-21			7. Projected Number to be Served in SFY22-23
Totals								
Notes:								

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

i. Provide a brief summary of the progress made on the priorities listed in the FY21-22 plan.

a. Priority 1: Transition Support for SMI Adults

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, and MHIP 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. Through engagement with the VBP (Value Based Purchasing), outpatient providers experienced increased collaboration and coordination with IP and other OP providers and were able to realize an increase in follow-up rates post-discharge. Case management and Peer Support providers, two levels of care which can continue meeting with clients during inpatient admission, were most often responsible for assisting individuals with aftercare follow-through.

b. Priority 2: Telehealth Services

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 continue to benefit from telehealth services offered by providers as a blend with or alternative to, face to face services. During 2021, one area of focus was on developing and implementing solutions for the most common challenges to client access and use of telehealth services. HealthChoices is currently utilizing unrestricted funding to help offset Wi-Fi, broadband internet, and cell phone costs, for individuals to utilize telehealth services. HealthChoices is also planning collaboration with CCBH and local behavioral health providers to create standardized infographics and FAQ (Frequently Asked Questions) 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. In addition, HealthChoices has dedicated reinvestment funding toward behavioral health provider telehealth related upgrades, user fees, and DocuSign software to ensure HIPAA compliance and protection of client health information.

c. Priority 3: Outreach and Engagement of RELM Populations

Continuation of COVID-19 protocols prevented in-person CCBH member and family advisory board meetings, which was a barrier to scheduling meetings in a wider variety of locations to increase RELM member engagement in forums concerning their behavioral health services. HealthChoices' Consumer/Family Satisfaction Team (CFST) has increased the representative sample sizes of RELM mental health consumers surveyed annually, to ensure that a meaningful sample of diverse individuals can share their experiences and opinions about behavioral health services. CFST survey results are being presented with a breakout by race/ethnicity, to determine if any statistically significant discrepancies exist in access, treatment, or satisfaction; no discrepancies among RELM populations have been identified to date.

- i. Based on the strengths and needs reported in section (b), please identify the top three to five priorities for recovery-oriented system transformation efforts the county plans to address in FY22-23 at current funding levels.

For **each** transformation priority, please provide:

- a. A brief narrative description of the priority including action steps for the current fiscal year.
- b. A timeline to accomplish the transformation priority including approximate dates for progress steps and priority completion in the upcoming fiscal year. Timelines which list only a fiscal or calendar year for completion are not acceptable and will be returned for revision.
- c. Information on the fiscal and other resources needed to implement the priority. How much the county plans to utilize from state allocations, county funds, grants, HealthChoices, reinvestment funds, other funding, and any non-financial resources.
- d. A plan mechanism for tracking implementation of the priorities.

1. Community Based Intensive Support for SMI TAY and Adults

Continuing from prior year New Priority

a. Narrative including action 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. Persistent rural health disparities and barriers to mental health treatment also continue to preclude appropriate diagnosis and engagement in treatment for transition age youth (TAY) with first episode psychosis. As a result, our local mental health system struggles to help a significant population of transition age youth and adult members who remain suspended in phases of untreated and "undertreated" psychosis. Lycoming-Clinton Joinder has been awarded funding from OMHSAS and will implement a Coordinated Specialty Care team for First Episode Psychosis (CSC -FEP) program for SMI individuals ages 16-30 to provide community-based, intensive, team-delivered treatment and support. In the current fiscal year, the county selected Community Services Group (CSG) as the primary provider and is in the preliminary stages of implementation planning.

b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables)

July 1, 2022-Sept. 30, 2022

With support and assistance from Joinder and HealthChoices:

- CSC FEP provider will assign and coordinate team roles and responsibilities by leveraging existing program staff in outpatient therapy, peer support, Decision Support Center, and psychiatry.

- CSC FEP provider will subcontract with a local case management provider and a local substance use disorder services provider to share their professional staff to fulfill remaining roles on the team.

October 1, 2022-December 31, 2022

With support and assistance from Joinder and HealthChoices:

- CSC FEP team staff providing Supportive Employment and Education services will complete required training; all team members will participate in new team training.
- CSC FEP provider will develop service description, policies, procedures, and a quality management plan.

January 1, 2023-March 30, 2023

With support and assistance from the Joinder and HealthChoices:

- CSC FEP provider will develop and execute a multifaceted marketing plan, targeting behavioral health and physical health providers, system partners, and potential clients/families.
- CSC FEP provider will meet with providers, community groups, member advisory boards, etc. to increase awareness of this new service, decrease stigma, and to explain how it works.

April 1, 2023-June 30, 2023

With support and assistance from the Joinder and HealthChoices:

- CSC FEP provider will begin accepting referrals and collecting data; a minimum of 20 clients will be served.
- **Fiscal and Other Resources:** Lycoming-Clinton plans to use the Community Mental Health Services Block Grant (CMHSBG) First Episode Psychosis Program (FEP) funding award, HealthChoices, and MH/ID base funds for this priority, with the support of staff resources from CCBH.
- **Tracking Mechanism: (example: quarterly and annual goals met; deliverables provided)** Participation in the program evaluation is mandatory for all CMHSBG funded programs. Programs must be able to complete the required battery of assessments, as well as tracking adverse events and objective functional outcomes for quarterly reporting to the county and OMHSAS. The CSC FEP Team provider will also complete fidelity monitoring with HeadsUp.

2. Outreach and Engagement of RELM Populations

Continuing from prior year New Priority

a. 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 seek 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. During the current fiscal year, in collaboration with HealthChoices, the CCBH Lycoming-Clinton Provider Relations Representative has been actively searching and recruiting potential providers representative of RELM populations to offer mental health services in Lycoming and Clinton counties. Lycoming- Clinton HC providers have also not been offered training opportunities that focus not only on enhancing their ability to effectively deliver services that meet the general social, cultural, and linguistic needs of consumers, but that also advises and informs them about the unique experiences and challenges which are specific to African American and other RELM populations residing in our rural counties.

b. Timeline: (provide a quarterly breakdown of priority; activities, goals, and deliverables)

July 1, 2022-June 30, 2022 (and ongoing)

- HealthChoices will collaborate with Community Care’s Community Relations Coordinator to schedule Member and Parent/Family Advisory Board Committee Meetings in a wider variety of locations to increase RELM member engagement and voices in forums concerning their behavioral health services.
- Community Care will track the number of practitioners and facilities voluntarily disclosing a specialization in RELM population, and practitioner race/ethnicity/religion, through multiple projects occurring around network availability.
- HealthChoices and Community Care will also continue to work with Lycoming Clinton providers to get race, ethnicity, language, and specialization information during the credentialing and re-credentialing process to assist members in finding culturally competent care.

September 1, 2022-June 30, 2023

- Community Care developed a Targeted Accessibility Analysis to identify gaps in same-race or culturally competent treatment availability for Black/African American HealthChoices members. Throughout 2022 and 2023, Community Care will complete a Targeted Accessibility Analysis for Community Care contracts with disparities (such as Lycoming Clinton) and provide an update to contract leadership regarding accessibility to culturally competent care.
- Recognizing that many RELM individuals are patients of River Valley Health & Dental Center, a local FQHC providing physical and behavioral health, this provider will be targeted for distribution of culturally relevant educational information regarding mental health, Community Care, HealthChoices, treatment, and resources.

September 1, 2022-July 1, 2023

- HealthChoices will increase availability of behavioral health information and resources for RELM populations through network-wide distribution of materials developed by CCBH, SAMHSA, MHA (Mental Health America), and other trusted sources in languages other than English.

- HealthChoices will direct reinvestment funds toward the purchase and management of several **Pocketalk Plus Voice Translator** devices, to be made available for borrowing to Lycoming-Clinton behavioral health providers. This device is HIPAA and GDPR compliant, supports 82 languages via text-to-translate, and a built-in camera translates text, the written word, and signs. These devices are small, mobile, and can be used in the community, facilities, schools, or offices.
- HealthChoices will offer training regarding the use of Pocketalk to all in-network behavioral health providers.

October 1, 2022-April 2023

- HealthChoices will partner with Community Care, local experts, stakeholders, and providers to develop a Lycoming Clinton population-specific “cultural humility” training.
- HealthChoices providers who attend the training will complete a pre and post training assessment to determine knowledge gained; attendees will also be required to achieve a post-training assessment score of 80% to obtain a certification of attendance/participation.

c. Fiscal and Other Resources: Lycoming-Clinton Joinder 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.

d. 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. Information to be tracked will include increase in service penetration rate for RELM populations; increase in number of behavioral health providers added to the Lycoming Clinton HealthChoices network which are representative of RELM populations and/or offer a related specialty; and pre/post cultural humility trainings scores.

ii. 22-23 Priorities

- 1. Crisis Service/ Crisis Residential**
- 2. Implementation of Evidence-Based Child/Youth Problem Sexual Behavior Treatment: Multisystemic Therapy for Problem Sexual Behaviors (MST-PSB)**
- 3. Forensic Mental Health Outpatient Program – MH Court**
- 4. Hoarding Intervention Treatment and Support Services**
- 5. Children food insecurity - LCHC has identified food insecurity to be a need and priority in Lycoming and Clinton counties. This is being addressed using the Community and School Based behavioral health (CSBBH) teams connecting with three separate CBOs. These are West End Christian Community Center, Salvation Army Lock Haven, and Salvation Army Renovo.**
- 6. First Episode Psychosis**

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 checked="" type="checkbox"/> Reinvestment
Psychiatric Inpatient Hospitalization	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Partial Hospitalization - Adult	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input checked="" 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 checked="" type="checkbox"/> Reinvestment
Crisis Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Telephone Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Walk-in Crisis Services	<input 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 type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis In-Home Support Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Emergency Services	<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 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 type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Social Rehabilitation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrator's Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Housing Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Peer Support Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Consumer-Driven Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Mental Health Treatment	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Behavioral Health Rehabilitation Services for Children and Adolescents	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input checked="" 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 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

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

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

Evidenced-Based Practice	1. Is the service available in the County/ Joinder? (Y/N)	2. Current number served in the County/ Joinder (Approx.)	3. What fidelity measure is used?	4. Who measures fidelity? (Agency, county, MCO, or state)	5. How often is fidelity measured?	6. Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	7. Is staff specifically trained to implement the EBP? (Y/N)	8. Additional Information and Comments
Assertive Community Treatment	NO							
Supportive Housing	NO							
Supported Employment	YES		Clubhouse International Measures	Provider and ICCD	Triennially	NO	YES	Include # Employed
Integrated Treatment for Co-occurring Disorders (Mental Health/SUD)	YES						YES	Two outpatient clinics are dually licensed in Lycoming-Clinton
Illness Management/ Recovery	NO							
Medication Management (MedTEAM)	NO							
Therapeutic Foster Care	NO							
Multisystemic Therapy	YES		Blueprint Model	Agency	Annually	NO	YES	
Functional Family Therapy	NO							
Family Psychoeducation								

*Please include both county and HealthChoice's funded services.

To access SAMHSA's EBP toolkits visit:

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

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

(Below: if answering yes to #1. service provided, please answer questions #2 and 3)

Recovery-Oriented and Promising Practices	1. Service Provided (Yes/No)	2. Current Number Served (Approximate)	3. Additional Information and Comments
Consumer/Family Satisfaction Team	Y	720	
Compeer	N		
Fairweather Lodge	N		
MA Funded Certified Peer Specialist (CPS)- Total**	Y	83	
CPS Services for Transition Age Youth (TAY)	Y	14	
CPS Services for Older Adults (OAs)	N	13	
Other Funded CPS- Total**	Y	476	Decision Support Center
CPS Services for TAY		79	
CPS Services for OAs		52	
Dialectical Behavioral Therapy	Y	36	
Mobile Medication	N		
Wellness Recovery Action Plan (WRAP)	Y	4	
High Fidelity Wrap Around	N		
Shared Decision Making	Y	476	Decision Support Center
Psychiatric Rehabilitation Services (including clubhouse)	Y	138	Clubhouse, site-based, and mobile psych. rehab
Self-Directed Care	N		
Supported Education	N		
Treatment of Depression in OAs	Y		EMDR, Mindfulness EBPs
Consumer-Operated Services	N		
Parent Child Interaction Therapy	Y	27	
Sanctuary	Y	578	Joinder TCM services
Trauma-Focused Cognitive Behavioral Therapy	Y	200	Children's MHOP & School Based MHOP
Eye Movement Desensitization and Reprocessing (EMDR)	Y	58	
First Episode Psychosis Coordinated Specialty Care	Y	10/year	County has been awarded a CMHSBG Grant; to be implemented during 2023
Other (Specify)	N		

*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.samsha.gov/ebp-resource-center>

g) Certified Peer Specialist Employment Survey:

Certified Peer Specialist” (CPS) is defined as:

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

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

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

Name and email of county CPS Point of Contact (POC)	Lori Humbert, humbertl@csgonline.org Jillian Park, jpark@skillsgroup.org
Total Number of CPSs Employed	9
Average number of individuals served (ex: 15 persons per peer)	7-12 per peer
Number of CPS working full-time (30 hours or more)	5
Number of CPS working part-time (under 30 hours)	4
Hourly Wage (low and high)	\$ 12-19
Benefits (Yes or No)	Yes, for full time, no for part time

i) Involuntary Mental Health Treatment

1. During CY2021, did the County/Joinder offer Assisted Outpatient Treatment (AOT) Services under PA Act 106 of 2018?
 - No, chose to opt-out for all of CY2021
 - 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 CY2021 (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 CY2021:
 - 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_____
4. Please complete the following AOT/IOT chart as follows:
 - a. Rows I through IV fill in the number
 - i. **AOT services column:**
 - 1) Available in your county, BUT if no one has been served in the year, enter 0.
 - 2) Not available in your county, enter N/A.
 - ii. **IOT services column:** if no one has been served in the last year, enter 0. (Row V)
Administrative costs of AOT and IOT

	AOT	IOT
I. Number of individuals subject to involuntary treatment in CY2021	0	9
II. Number of inpatient hospitalizations following an involuntary outpatient treatment for CY2021		1
III. Number of AOT modification hearings in CY2021	0	
IV. Number of 180-day extended orders in CY2021	0	0
V. Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY2021	0	\$80,575

i) CCRI Data reporting

DHS requires the County/Joinder to submit a separate record, or "pseudo claim," each time an individual has an encounter with a provider. An encounter is a service provided to a Member. This would include, but not be limited to, a professional contact between an individual and a provider and will result in more than one encounter if more than one service is rendered. For services provided by County/Joinder contractors and subcontractors, it is the responsibility of the County/Joinder to take appropriate action to provide the DHS with accurate and complete encounter data. DHS' point of contact for encounter data will be the County/Joinder and no other Subcontractors or Providers. It is the responsibility of the County/Joinder to take appropriate action to provide DHS with accurate and complete data for payments made by County/Joinder to its subcontractors or providers. DHS will 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 2021 been reported to the state as a pseudo claim? Yes No

j) Categorical State Funding-FY 21-22 (ONLY to be completed by counties not participating in the Human Services Block Grant)

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

Yes No

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

Funds were used to assist families with paying qualified individuals to care for their child/ren when in need of downtime. Two families have signed agreements for these funds. Funds that are not provided directly to families for respite service go toward staff costs in the planning/arranging of the respite.

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

Yes No

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

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

Yes No

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

Funds are used to cover cost of Administrative Case Management. 82 individuals served.

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

Yes No

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

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

Yes No

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

Funds were used for Student Assistance Program (SAP). 560 students received service.

6. Does the county currently receive state funding to support the closure of the Mayview Children's Unit Closing?

Yes No

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

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

State Categorical Funding			
Please complete the following chart below for all funding received. Funding expended can be estimated for fourth quarter expenditures of FY 21-22. 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 21-22	Funding Expended FY 21-22	Balance of funds
Respite Services	\$4,519	\$0	\$4,519
Consumer Drop-in Center	n/a	n/a	n/a
Direct Service Worker initiative	\$52,977	\$52,977	\$0
Philadelphia State Hospital Closure	n/a	n/a	n/a
Eastern State School & Hospital	\$62,143	\$62,143	\$0
Mayview Children’s Unit Closing	n/a	n/a	n/a
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 21-22</i>	<i>Percent of total Number of Individuals Served</i>	<i>Projected Number of Individuals to be Served in FY 22-23</i>	<i>Percent of total Number of Individuals Served</i>
Supported Employment	5	2%	8	3%
Pre-Vocational	0	0%	0	0%
Community participation	12	5%	20	7%
Base-Funded Supports Coordination	200	82%	225	78%
Residential (6400)/unlicensed	0	0%	0	0%
Lifesharing (6500)/unlicensed	1	1%	1	1%

PDS/AWC	2	1%	3	1%
PDS/VF	0	0%	0	0%
Family Driven Family Support Services	23	9%	30	10%

Supported Employment: “Employment First” is the policy of all of the commonwealth’s 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, contributing to society, and having one’s rights as a citizen fully respected... in other words, an everyday life. 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, 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 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. The AE also has a representative on the County sponsored Diversibility Committee on the Employment Sup-Committee.

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. 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 has also recently restructured our Intake procedure by increasing face to face time with Individuals/Families to ensure understanding of the ID/A system and process as well as begin the Charting the Life Course tools and trajectory. The Intake Specialist will also be administering Trauma Assessments to all ID/A applicants to assist with service planning.

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 life goals. 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 and supports the PA Family Network to educate families about the self-direction option. Information is also shared on the

Joinder's Website as well as through other groups such as a local Autism Support Group. 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 this must be supported for every person. Choice about where to live and whom to live with are paramount to an Every Day Life. Lycoming-Clintons' vision for Life Sharing is to provide an additional option for an Every Day Life by educating the community, consumers, and families in order to increase Life Sharing opportunities as an alternative to other living arrangements. Lycoming/Clinton values the opinions and experience of our consumers/families, providers, administrators, and technical assistants who all work to provide the best possible service delivery. Lycoming/Clinton currently serves 39 individuals in Life Sharing. 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 13 families who selected this option. A new option this year is to support participants to successfully transition from a licensed Residential Habilitation service into Life Sharing or Supported Living services where two, one-time per participant, Transition to Independent Living payments will be made to the provider. Lycoming/Clinton will encourage Providers to take advantage of this opportunity.

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 other 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 more fully support individuals 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 22/23. 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 22/23, the AE will continue to 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 fluid. Information on resources available through CYF is easy to obtain and pass on to families, and CYF representation at meetings can also be arranged quickly and easily. Because of the number of individuals shared by MH and ID, communication and collaboration occur 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. Lycoming-Clinton MH re-instated our Child and Adolescent Social Service Program (CASSP) that works closely with other child serving agencies who are dealing with children's mental health issues and encourages the agencies to plan together. 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.

Telephone Crisis Service

This service is a 24-hours a day, 7-days a week, telephone hotline service provided to individuals in crisis and callers who represent or seek assistance for individuals in crisis. This service screens calls and provides assessment, counseling, consultation, and referral. The provision of Telephone Crisis Services requires that the telephone be answered by a Crisis Intervention Specialist or a member of Crisis leadership. Crisis Intervention Specialists will be supervised by a member of the Center for Community Resources (CRR) leadership.

Walk-In Crisis Service

Walk-In Crisis Services are provided in a face-to-face meeting with an individual in crisis, or a person who represents or is seeking assistance for individual in crisis, at the provider's service site. Because this is a face-to-face contact, the service includes assessment; information and referral; crisis counseling; crisis intervention; crisis resolution; accessing community resources and back-up, including emergency services and psychiatric or medical consultation. This service also provides evaluation, follow-up contacts, and referrals for the purpose of facilitating entry into an appropriate mental health treatment program. Services are provided by a Crisis Intervention Specialist or a member of Crisis leadership who meet the definition of a Crisis Worker and/or Mental Health Professional. Crisis Intervention Specialists will be supervised by a member of CRR leadership. Walk-Crisis Services are provided 24 hours a day, 7 days a week in Lycoming County and Monday through Friday 0800 am to 0430 pm in Clinton County.

Mobile Crisis Service

This service is a 24 hours per day, 7 days a week, mobile crisis intervention which occurs at the place where the individual in crisis is located. Services include crisis intervention assessment, counseling, resolution, referral, and

follow-up. Service back-up and linkages with other services are also provided. Mobile crisis services cannot be accessed directly but can be obtained through approved sources which include the telephone crisis intervention program. Services are provided by a Crisis Intervention Specialist. Crisis Intervention Specialists will be supervised by a member of CRR leadership.

Follow-up services are provided on an as-needed basis for any crisis contact. Follow-up contacts are made with the individual or with the individual's parents if the individual is a child or adolescent. These follow-ups are initiated by a Crisis Intervention Specialist or a member of CRR leadership. Crisis Intervention Specialists will be supervised by a member of CRR leadership. The purpose of the follow-up is to assess the status of the consumer and the effectiveness of services provided in the initial contact. During each contact with a consumer, effort is made to remove barriers and facilitate initiation of services with the appropriate community resources. These efforts may be in collaboration with Lycoming-Clinton MH-ID Program's Administrative Case Management, as well as, Blended Case Management, Family Based, or other Behavioral Health services offered in the bi-county. Follow-ups may be made in-person, via telephone or a mobile intervention.

A specific number of follow-ups are not required, but follow-ups will be based on consumers' individual needs. Follow-ups are made on all mental health hospitalizations with the intent of encouraging the consumer to follow through with discharge recommendations from the hospital and to ensure safety when returning home.

Arrangements are currently being made for a Respite component to CRR's crisis services that will include temporary relief in the form of short-term Respite as a bridge while more permanent services are coordinated.

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 they serve as needed on an emergency basis using Waiver and/or 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.

**If the AEs Waiver Capacity increase does not occur to meet immediate emergent needs (such as over a weekend), the AE will seek alternate temporary services in the interim.

- CRR's crisis service, in the event of an emergency needing approval/authorization of services or case consultation and disposition when necessary.
- CRR's crisis service will document all contacts which will be reviewed daily by the AE who will notify the respective SCO.

Employee's of CRR's crisis service complete numerous trainings prior to beginning employment including general training in the areas of ID and Autism. The Administrative Entity along with the Joinder's SCO have developed a Crisis Intervention Training for ID/A Services for both the Community and CRR. CRR staff will attend 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 is part of a collaborative we call the Central Eight which is in the process of developing a plan 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 participation in Agency Risk Management meetings, Family meetings and our website. Information, education, skill building, and networking will continue at Team meetings. We have also restructured our Intake Specialist position to

include starting the LifeCourse framework and chairing a Support Group. 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. Our Quality Specialist is also monitoring Providers ensuring Individual's HRST is current. Lycoming/Clinton ID Unit will be looking to ODP to provide Technical Assistance as requested.

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

The Administrative Entity contracts with Advocacy Alliance, Inc. 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 the needs of our individuals. In addition, subsidized housing as well as Pennsylvania Housing Finance Agency and their Affordable Housing Initiatives are another service utilized.

An additional service Lycoming/Clinton hopes to develop 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.

Lycoming/Clinton AE will continue to ensure that anyone who is eligible to self-direct their services and wishes to do so is able to do so as well as provide individuals with information about participant direction during intake and enrollment, and upon request by the individual or ODP. Lycoming/Clinton AE will continue to be knowledgeable about all regulations, waivers, and policies relating to self-direction and performing all other functions specified in the Administrative Entity Operating Agreement, including but not limited to service authorization, incident management, performing AWC provider monitoring/quality assessment and

improvement activities, voluntary and involuntary termination of an Employer or Managing Employer, and voluntary and involuntary termination of AWCs that are participating in the agency with choice model.

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 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 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.

Charting the LifeCourse and the PA Family Network play a huge role in panning a life trajectory for Individuals that excludes congregate settings and prioritizes the opportunity to enjoy an Every Day Life.

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 Betsy Reichenbach, 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 2022-2023, 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 2022-2023.

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 2022-2023.

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 2022-2023.

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 2022-2023.

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 2022-2023.

**CLINTON COUNTY
2022-2023 HOMELESS ASSISTANCE PROGRAM (HAP)**

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

CLINTON COUNTY CONTINUUM OF SERVICES: 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 navigation services. Other homeless assistance funding sources include DCED Emergency Solutions Grant, PHFA PHARE Grant, United Way Grant, Emergency Food and Shelter Grant, and the recently received 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 Grant Project Coordinator in the Planning Department, Elizabeth Whitty, 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 Care Navigator oversees program management. She oversees CCHC care navigators, 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 bimonthly 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. 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:** Jeff Rich, CCHC Vice President, is the Northern Tier Regional Housing Advisory Board Co-Chair and Eastern PA Continuum of Care Board Member. Jackie Condor is the Northern Tier Coordinated Entry Manager. Keshia Conway, CCHC Senior Care Navigator, and Elizabeth Whitty, Clinton County Grant Project Coordinator, are also active Northern Tier RHAB and Eastern PA CoC members.
- **HMIS Implementation:** Keshia Conway, CCHC Senior Care Navigator, 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.

Bridge Housing Services:

- *Please describe the bridge housing services offered. Include achievements and improvements in services to families at risk or experiencing homelessness, as well as unmet needs and gaps.*
- *How does the county evaluate the efficacy of bridge housing services? Please provide a brief summary of bridge housing services results.*
- *Please describe any proposed changes to bridge housing services for FY 22-23.*
- *If bridge housing services are not offered, please provide an explanation of why services are not offered.*

CCHC Bridge Housing Services: Clinton County does not currently offer bridge housing services. A recent client needs, and demographics survey does not justify offering this service.

Case Management:

- *Please describe the case management services offered. Include achievements and improvements in services to families at risk or experiencing homelessness, as well as unmet needs and gaps.*
- *How does the county evaluate the efficacy of case management services? Please provide a brief summary of case management services results.*
- *Please describe any proposed changes to case management services for FY 22-23.*
- *If case management services are not offered, please provide an explanation of why services are not offered.*

CCHC Case Management: Our Care Navigators encourage and help participants to create a housing plan that mitigates barriers in obtaining permanent housing. By identifying these barriers, Care Navigators 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 care navigators 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:

- *Please describe the rental assistance services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.*
- *How does the county evaluate the efficacy of rental assistance services? Please provide a brief summary of rental assistance services results.*
- *Please describe any proposed changes to rental assistance services for FY 22-23.*
- *If rental assistance services are not offered, please provide an explanation of why services are not offered.*

CCHC 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:

- *Please describe the emergency shelter services offered. Include achievements and improvements in services to families at risk or experiencing homelessness, as well as unmet needs and gaps.*
- *How does the county evaluate the efficacy of emergency shelter services? Please provide a brief summary of emergency shelter services results.*
- *Please describe any proposed changes to emergency shelter services for FY 22-23.*
- *If emergency shelter services are not offered, please provide an explanation of why services are not offered.*

CCHC 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.

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. As the restrictions imposed by the COVID-19 Pandemic began to relax, the Life Center was able to shelter more clients while still observing isolation and social distancing requirements. In 2021, the Life Center sheltered a total of 25 households, composed of 34 individuals, for an average of 55 nights. CCHC continues to offer hotel vouchers to provide off-site shelter to help maintain program capacity.

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. In 2021, the Merit House served 36 individuals in shelter and by utilizing hotel rooms. The average length of stay was 34 nights. Case Management services are available to Merit House clients on a voluntary basis.

Innovative Supportive Housing Services:

- *Please describe the other housing supports services offered. Include achievements and improvements in services to families experiencing or at risk for homelessness, as well as unmet needs and gaps.*
- *How does the county evaluate the efficacy of other housing supports services? Please provide a brief summary of other housing supports services results.*
- *Please describe any proposed changes to other housing supports services for FY 22-23.*
- *If other housing supports services are not offered, please provide an explanation of why services are not offered.*

CCHC 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.

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. The Clinton County Correctional Facility, Clinton County Probation, and Care Navigators from both CCHC and CCHA 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.

Throughout 2021, the RCP focused on shifting from a Master Leasing model to providing services in a six-unit double-house owned by CCHC. Many sources of grant funding were pooled to completely renovate the property. Our first participants moved in in May 2022.

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.

Homeless Management Information Systems:

- *Please describe the current status of the county's implementation of the Homeless Management Information System (HMIS). Does every Homeless Assistance provider enter data into HMIS?*

CCHC Homeless Management Information Systems: Keshia Conway, CCHC Senior Care Navigator, 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. All clients receiving assistance are tracked through HMIS.

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

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

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, Instagram, 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/or other drug use. Staff also provides outreach with various human service providers to ensure community awareness of the services available.

While business hours are 8:00 a.m. to 4:30 p.m. Monday through Friday, The Commission provides 24-hour access to a Case Manager by cellular phone. The toll-free number is forwarded to this service after hours for easy client access. Individuals calling in on any other designated line to the main office after hours will be directed by the voice mail system to the appropriate cellular phone number in cases of emergency. This allows the CMU to conduct screenings as needed. In addition, 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, or when necessary, 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 offer coordination of services to all active clients in order to provide continued support and more closely monitor clients’ treatment and non-treatment needs. This helps to improve client retention in treatment, proves as a catalyst for self-sufficiency, and helps 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 the 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 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 are to 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 are designed to empower the individual in developing the skills necessary to achieve and maintain self-sufficiency and appropriate supports in recovery from substance use disorders.

Please provide the following information:

1. Waiting List Information:

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 per person

The SCA does not typically experience waiting lists, in the strict sense of the definition, certainly not on a weekly basis. There was a brief and very rare exception with one of our outpatient providers from September 2021 to early October 2021 that has not presented since that time. 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. Our largest outpatient provider, and the only one serving both counties, has been particularly pressed this past year to make such accommodations.

On an inpatient level we find client needs can be 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. One of the providers with which we are contracted for hospital-based care has demonstrated notable improvement with regard to communications and admissions for our clientele. Still, facilitating the sharing of medical records on the off-hours can present a significant challenge.
- 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.

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

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.

If 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 the SCA’s database, completed and maintained primarily by CRS staff as they conduct warm handoffs. This data is then utilized in the completion of DDAP’s monthly warm handoff report. The data collected 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 case management, CRS, and/or MAT services.

# Of Overdose Survivors	# Referred to Treatment	Referral method(s)	# Refused Treatment
39	18	Hospital referral for face-to-face with CRS on site or by phone	17

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

LOC American Society of Addiction	# Of Providers	# Of Providers	# Of Co-Occurring/Enhanced Programs

Medicine (ASAM) Criteria		Located In-County	
4 WM	2	0	1>
4	2	0	1>
3.7 WM	8	0	6>
3.7	8	0	6>
3.5	39	0	16>
3.1	10	0	0
2.5	3	0	2>
2.1	3	3	2>
1	6	6	4

>Denotes the program is believed to qualify for the designation though DDAP has not yet made official determination. Two outpatient and four intensive outpatient providers hold mental health licensure as well as DDAP licensure.

3. **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, nearly half of all presentations, both for screening and warm handoff, are for alcohol use disorders. Therefore, restrictions on these substance specific funds exclude the largest representation 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 five-year plan period

The Commission is coordinating 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).

The primary needs among our treatment providers are qualified staff in sufficient quantity to meet the needs. Once recruited, providers are taxed to keep staff due to the demands of the job and limited funds, inhibiting their ability to pay a competitive wage. Provider feedback is that there simply are not enough skilled applicants to meet their recruitment needs. Consulting psychiatrists are still needed as well. 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.

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

The Commission has been designated as the Centralized Coordinating Entity (CCE) for Clinton County and has made distributions to the adult probation office, county correctional facility, Lock Haven University police and health services, Sugar Valley Fire Company, Lock Haven City Police Department, Clinton County Sherriff's Department, Clinton County Courtrooms, and Goodwill Hose Company in collaboration with the Central Mountain High School as well as supplying its own office. Also, among those receiving distributions are Renovo EMS, Sproul State Forest, Kettle Creek State Park, Community Care Behavioral Health, Crossroads Counseling, Inc. of Lock Haven, Clinton County Dept of Emergency Services, and Tri-County Harm Reduction. Out of The Commission's own supply we have provided Narcan to the Renovo Police Department and others also. Additional recipients this year included Blanchard Church of Christ and CareerLink. Since the inception in the third quarter of 2018 through June 30, 2021, The Commission distributed a total of 269 kits. Between community distribution days and the organizational partnerships, The Commission provided 167 kits from July 1, 2021, through June 30, 2022. Prorated, this represents a distribution increase of roughly 40%.

The Lycoming County CCE representation is currently in transition. Consequently, we regret to report that data is unavailable.

However, the SCA is pleased to report it has held 13 Narcan distribution events in the communities of Lycoming and Clinton Counties to date in 2022 and distributed a total of 105 kits in the process.

5. **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 five (5) hospitals with emergency departments in the bi-county area and services have been extended across campuses. Of the three (3) remaining hospitals: there have been limited patient encounters at two (2), though The Commission continues to pursue conversations with those providers (under another shared parent company) about expanding the service; and the last 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 with alcohol between July 1, 2021, and June 30, 2022, constitute 47%. Heroin and opioids accounted for approximately 17% of these presentations to the hospitals; stimulants 17%, and cannabis 13%. 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 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. 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. Medical records are forwarded to CMU if needed.
 - 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	414
# Of Individuals who Entered Treatment	177
# Of individuals who have Completed Treatment	Unknown #

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

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

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

FY 2022-2023

Clinton County Planning Team and Needs Assessment

Autumn Bower, Assistant Director, Clinton County Children & Youth Services

Katherine DiSilva, Clinton County Planning Department

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

Total Clients Served through Clinton County - 2587

CLINTON 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:

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 Group Homes 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 an average year, but due to the excessive increase in fuel prices, this year's cost could possibly double.

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 provided mainly through virtual contact, although in some cases, when face to face contact is necessary, 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. Online 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.