COUNTY HUMAN SERVICES PLAN
FY 2017-2018

Carbon-Monroe-Pike
Mental Health and Developmental Services
Drug and Alcohol Commission
Carbon County Homeless Assistance Program
Carbon County Human Service Development Fund

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Fiscal Year 2017-2018

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: CARBON

A. The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith.
B. The County assures, in compliance with Act 80, that the County Human Services Plan submitted herewith has been developed based upon the County officials' determination of County need, formulated after an opportunity for public comment in the County.
C. The County and/or its providers assures that it will maintain the eligibility records and other records necessary to support the expenditure reports submitted to the Department of Human Services.
D. The County hereby expressly, and as a condition precedent to the receipt of state and federal funds, assures that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; and the Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (Contract Compliance regulations):

1. The County does not and will not discriminate against any person because of race, color, religious creed, ancestry, origin, age, sex, gender identity, sexual orientation, or disability in providing services or employment, or in its relationship with other providers; or in providing access to services and employment for individuals with disabilities.
2. The County will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

Signatures	*Please Print*	
Wayne E. Nothstein	Wayne E. Nothstein Commissioner	Date: 6/08/17
Tom J. Gerhard	Tom J. Gerhard Commissioner	Date: 6/08/17
William J. O'Gurek	William J. O'Gurek Commissioner	Date: 6/08/17

Appendix A
Fiscal Year 2017-2018

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: Carbon, Monroe, and Pike

A. The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith.

B. The County assures, in compliance with Act 80, that the County Human Services Plan submitted herewith has been developed based upon the County officials' determination of County need, formulated after an opportunity for public comment in the County.

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COUNTY COMMISSIONERS/COUNTY EXECUTIVE

Signatures

Tina Clymer, Administrator	Date: 6/26/17
Monroe County	Date: 6/26/17
Pike County	Date: 6/26/17
Carbon County	Date: 6/26/17

Appendix B

County Human Services Plan

INTRODUCTION

Part I. County Planning Process

Carbon-Monroe-Pike Mental Health and Developmental Services (CMP) is pleased to submit the Fiscal Year 2017-2018 County Human Service Plan. CMP has a history of multi-county, cross systems collaboration for the provision of services within our communities. Four years ago we enhanced this collaboration by expanding the participants in the planning group. The group has become more diverse and has expanded our creativity and our ability to implement innovative human service models to serve our communities.

1) The critical stakeholders include individuals we serve, families of those we serve, the provider network within each of our agencies, educational institutions, hospitals, local businesses, community members, providers, and human service staff.

2) Within our counties, planning is a continuous activity. We participate in numerous multi-county, cross-system planning teams. These groups and activities are comprised of or include the critical stakeholders listed above. Many of the advisory boards listed below are comprised of self-advocates, peers, community members, providers, and staff. Additional groups that supply information for planning include Children's Integrated Planning Committee; Quality Assurance Developmental Services Consumer Advisory Panel; Pocono Providers MH/ID Association; Community Health Connections; Consumers Support Programs; the Tri-County Human Service Directors; and the Criminal Justice Advisory Boards. All of these groups meet on a regular basis and conduct various annual needs assessments. We have participated in two follow up Mapping Sessions with the Center of Excellence and groups formed from our original three sessions remain active. Additionally, needs are assessed through data and information from the Consumer and Family Support Team, The Independent Monitoring Team, Community Care Behavioral Health's quality process, Intellectual Disability Incident Management, Developmental Services' Quality Assurance, and an internal annual staff satisfaction survey.

   The County Human Service Planning Team, formed four years ago to fulfill the requirements of the Human Service Plan directive under Act 80, met on 12/1/16, 2/23/17, and 5/25/17. See Attachment 1 for agendas, minutes, and attendance sheets from these meetings. This process has proven to be most valuable for coordinating services, cross-systems trainings, relationship building, and development of new initiatives. Members of the team include leadership from the Area Agency on Aging, The Office of Children and Youth, the Drug and Alcohol Single County Authority, and The Office of Mental Health and Developmental Services. In addition, representatives from the Monroe County Grants Office, the Carbon County Action Committee, Pike County Human Services Development Fund, Pocono Alliance, providers, and community members are also members of this planning team.

3) Many of the agencies involved in the planning process include information from their advisory boards. Advisory boards that were involved in the planning process include: The Carbon-Monroe-Pike Mental Health and Developmental Services Advisory Board, Monroe County Children and Youth Advisory Board, Pike County Children and Youth Advisory Board, Carbon County Children and Youth Advisory Board, Monroe County Area Agency on Aging Advisory Board, Carbon County Area Agency on Aging Advisory Board, Pike County Area Agency on Aging Advisory Board, Carbon-Monroe-Pike Drug and Alcohol Advisory Board, Pocono Alliance Governance Board, Community Care Behavioral Health Provider Advisory Committee, Community Care Behavioral Health Family Advisory Committee, and Community Care Behavioral Health Member Advisory Committee.

4) The counties will use funds allocated from the state based on the needs identified during the planning process and on services developed from previous years of planning. All funded activities will meet the individual mission and vision statements of the human service agencies. Individual agency priorities are described in detail in the following sections of the plan, but common issues include safe, affordable housing, transportation, employment, public awareness, and access to psychiatric services. The counties are focused on utilizing funds for services that are least restrictive. We believe that the individuals we serve should be as independent as possible. We utilize the interagency process to ensure that the individual and family are involved in the planning and that the team is working together for common goals set by the person/family being served. The team meets to review the strengths and needs, highlight what has been tried in the past and what has worked in the past, highlight personal medicine that has been or may be effective, discuss what possible services and supports can be implemented to assist the individual and family, and create timelines and contingency plans. By focusing on the issues highlighted above, we support people within the community in an effort to help those we serve remain in or return to the least restrictive setting.

5) No major programmatic or funding changes were made based on the plans from last year, other than those outlined in the individual narratives. Without increases to the budget, and continued need for existing services, there were no funds available for new services or programs. Restoration of the 10 percent cut to base funds in MH from 2010 would enable growth in services. However, for a second year, MH/DS and D&A both recognized a savings of base dollars due to Medicaid expansion with a decrease in outpatient costs. The savings have allowed us to plan for additional staff or activities as outlined in the individual narratives.

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

The planning process for the HSDF and HAP programs in Carbon County includes coordination with the planning processes of Aging and Children and Youth through the input and involvement of the Human Services Agency. HSDF and HAP services are provided by the Carbon County Action Committee and have traditionally been a large recipient of human service funds in Carbon County due to extensive service gaps in those services. Those programs are closely involved in the planning process along with the Drug and Alcohol joinder (Carbon, Monroe, Pike) and the MH/DS joinder (Carbon, Monroe, Pike).

The HSDF and HAP programs are administered in Carbon County under the auspices of the Human Services Agency. The human services staff determines need through the input of the clients and service providers of all of the categorical programs, county officials during human service meetings, Inter-Agency council meetings, and general public hearings. The planning process is coordinated by the County Administrator, who uses this input along with current knowledge regarding service gaps, past expenditures, and subsequent evaluation of expenditures.

In regards to the Carbon County Homeless Assistance and Human Service Development Fund programs:

1. A planning meeting was held in conjunction with the public hearing meeting. County Human Service planning team members were in attendance at the meeting and the meeting was open to service providers and individuals from the community to attend. Please refer to the attendance sheet for a listing of those in attendance.

2. At the end of the meeting, stakeholders were given the opportunity to discuss and provide input on the plan. There were no stakeholders or visitors in attendance on this occasion.

3. The County Human Service Agency also accepted input from the Carbon County Action Committee for Human Services and its governing Board of Directors during the development of its HAP and HSDF portions of this plan. Included in this planning process was both quantitative and qualitative information gathered as a result of the Carbon County Action Committee's needs assessment process which accepts input from other area service providers and committees; service recipients; county residents, businesses, and other area stakeholders.

4. The issue of least restrictive settings is not applicable to HSDF or HAP proposed services which are offered either in a client's private home or the subcontractor's business office.

5. No substantial changes are anticipated under the FY 2017/2018 HAP program other than the inclusion of the additional $5,000 of HSDF targeted for HAP Emergency Shelter Assistance. Substantial programmatic changes under Carbon County's HSDF program include:

- The elimination of its Generic Homemaker Services Program as a direct result of decreased caseloads & waiting lists coupled with an increased availability of waiver and other similar services over the past few fiscal years; and

- The county's decision to utilize $5,000 of its FY 2017/2018 HSDF allocation for HAP Emergency Shelter Assistance as a direct result of the Carbon County Action Committee for Human Service's increased demand for emergency hotel lodging ranging in stay from a couple of nights to a little more than a week until other housing or shelter arrangements can be secured.

Carbon County contracts with the Carbon County Action Committee for Human Services to operate the Carbon County HAP and HSDF programs. The Carbon County Action Committee offered a summary description of the county's FY 2017/2018 HAP and HSDF planned services for presentation at the hearing by Ms. Susan Ziegler, Carbon County Office on Aging Administrator. Please see the attendance sheet for a listing of those in attendance.

A public hearing for the Human Service Non-Block Grant was held on May 25th 2017 at the Monroe County Area Agency on Aging, 724 Phillips Street, Stroudsburg, Pennsylvania. The hearing was held for

the Carbon County HSDF and HAP programs in conjunction with the Carbon, Monroe, Pike County MH/DS and Drug and Alcohol programs. Included in this plan as an attachment are the minutes of the hearing, attendance record and proof of publication of the hearing notice.

Part II: Public Hearing Notice

Agenda

Meeting Minutes

Attendance Sheet

Proofs of Publication

PUBLIC HEARING
for
DHS HUMAN SERVICE PLAN

May 25, 2017

Carbon-Monroe-Pike

AGENDA

I. Introduction and Overview

II. Summary of Plan by Agency

III. Stakeholder Input and Discussion

IV. Wrap-up

(570) 420-1900, ext. 3364
www.cmpmhds.org

CARBON-MONROE-PIKE
DHS HUMAN SERVICE PLAN
PUBLIC HEARING

May 25, 2017

MINUTES

A public hearing was convened on this date at 10:22 a.m. at Monroe County Area Agency on Aging, 724 Phillips Street, Stroudsburg, Pennsylvania for the FY 2017-18 DHS Human Service Plan.

In attendance were representatives from human service agencies (see attached attendance sheet). This meeting was advertised in *The Pocono Record, The Times News, Pike Dispatch, the Carbon County web site, and the Carbon County calendar.* In addition, the information was widely disseminated via e-mail and telephone contact from various program office staff and the Human Service Planning Team.

Tina Clymer opened the meeting with a brief welcome and general overview of the plan. Participants introduced themselves.

Ms. Clymer discussed the new section of the plan on cross collaboration of employment and housing that was written from everyone's input. The group reviewed the section and approved it after additional comments. Ms. Schatz Newton commented that Carbon County receives the same housing grant as Monroe County, which is very beneficial.

<u>Intellectual Disabilities</u>

Fred Beltz reviewed the ID section of the plan which is representative of the larger program in general. The funding for the services included in the plan is around $3.5 million, about $1.5 million is directed toward services. In the scheme of things, that is not very large. The larger portion of the ID program, around $45 million, is funded through the Federal Medicaid Waivers. ODP requests a focus on certain areas such as life sharing, employment, and multi-system collaboration. Over the years, multi-system collaboration has happened frequently out of necessity to share resources. In the area of employment, there are a lot of things going on. Everyday there are new webinars in addition to provider and staff training. OVR is accentuated a lot these days, but there is still struggle with their participation because they haven't kept up with the volume and flow of referrals and responsibilities that they have been asked to address. To assist with addressing these needs, they are working more collaboratively and making themselves more available. CMP has always been successful with life sharing programs. Numbers began to level off the past few years due to the younger graduates not being keen on this type of setting. They prefer to live on their own or with their own family. CMP is examining ways to enhance this program to better accommodate their wishes. With the new service definitions that ODP has proposed, families may possibly become life sharing providers for their own relatives. This allows individuals to be supported and stay with their own natural families without the threat of bouncing around or being moved from place to place. Thirty people have been identified in this year's graduating class.

Changes from ODP are going to shape this coming fiscal year. ODP's Waiver changes have been submitted to CMS and are awaiting review. The expected approval date is effective July 1, 2017. CMS sent ODP a list of 100 questions, one for each Waiver, for a total of 200 questions. The state is changing to a fee schedule for all services, which is a change for licensed residential services who were previously reimbursed on a cost-based retrospective basis that was confusing and hard to manage on a yearly basis and caused variation across the state. The fee schedule is designed to preserve funding for services over time. Regulation changes are expected in late fall, November/December. The final list of changes should be received soon.

There is a shift of philosophy in the program toward more quality assessment and improvement to be based more closely on performance and be more value driven from compliance and regulatory review than in the past. Also shaping the future for ODP is the CMS Final Rule on Community Integration that has been considered in the development of the Waiver in the service descriptions. It is a priority for DHS to be in compliance and have a solid transition plan to meet the deadlines for the Final Rule. Pennsylvania has until the fall of 2022 to comply but so far the state is not backing off of its plan to meet the earlier timeline of 2019.

ODP has redefined its system to include individuals with autism. They will also be eligible for the Federal Medicaid Waiver program where previously they were not. CMP is looking at data of individuals they know who have an autism diagnosis. They looked at a Waiting List of those with autism and, of the 30+ people who were identified as CMP consumers, approximately 20+ have already been registered.

Mental Health

Jennifer Williams reported that program priorities include the Behavioral Home Health Pay for Performance project with Community Care. A wellness nurse works with the Targeted Case Management department to identify goals for hypertension and smoking cessation among consumers. Another priority is the Forensic program which continues to grow in collaboration with Emergency Management and Community Mental Health. The Targeted Case Management department has expanded by three case managers and an additional supervisor to meet community needs. Mental Health Awareness, another priority, includes the Mental Health Walk, the public service announcement shown at a Monroe County movie theater, and pharmacy bags with CMP's contact information in Pike County. They are still looking for a good outlet in Carbon County. It was recommended to visit the Zimmerman's Ice Tea office since they have not returned phone calls. The Customer Service Initiative is working toward providing better customer service to all points of contact. The CASSP department is looking to enhance children's services. Professional development will extend training to staff, providers, and the community. Housing will be expanded.

The five priorities in the plan are increasing psychiatric time. One provider is successfully using doctors outside the area via telepsych. TCMC and two Area Health Education Centers (AHEC) will also provide psychiatric service. The second priority is children's services. There is no inpatient behavioral health unit for children and adolescents at area hospitals. Recently there has been an increase of length of stay in emergency rooms due to no beds availability in the community. Ms. Schatz Newton expanded on how many children and how long they had extended emergency room stays due to no beds being available. They also have trouble getting services approved for some of the children. Emergency departments are telling the parents that if they leave the hospital for any length of time, they will contact Children and Youth for neglect. Jamie Drake also shared that it becomes more complicated if there is a drug or alcohol issue. There are two local residential facilities closing. There are only a few drug and alcohol treatment facilities available for adolescents, the most accessible are near Pittsburgh. To conclude the discussion, Ms. Clymer summarized that finding a residential treatment facility is practically impossible for any adolescent in the three counties who has a developmental services diagnosis, mental health diagnosis, any history of sexual acting out, aggression, or drug/alcohol issue. She shared that PACA is trying to address the issue because it is a statewide problem. Ms. Clymer suggested this topic be addressed at the Crisis Intervention Meetings since all the human services agencies are having difficulty with emergency departments. It was recommended to schedule a meeting with the leadership at all local hospitals (e.g. Blue Mountain, Myers, LVHN – Pocono, St. Lukes, Lehigh Valley/Allentown), and consider inviting Crisis.

The third priority for the Mental Health plan is safe, affordable housing. The latest is a reinvestment project that includes Master Leasing, Bridge Funding, and Supportive Housing services. The fourth priority is community awareness which involves the public service announcement, community events, Mental Health Walk, creating a Facebook page, and creating list serves to disseminate information. The forensic program is the fifth priority. This program has had a large increase in the number of consumers who need to be served in the correctional facilities. Community resources and state institutions are involved in the program. If funding cuts to probation and parole are approved in the current budget, supports may be further diminished. Adelaide Grace shared that Monroe County Children and Youth have 208 children on the Foster Care list as of this morning. Carbon County C&Y has 41.

Drug and Alcohol Commission

Ms. Drake reported on the Waiting List. Bed availability cannot keep up with those who need detoxification and rehabilitation. New programs take time to open, typically a few years to complete licensing, Medical Assistance, etc. D&A is forced to find alternate ways to provide the needs of the consumers, particularly for opiate detox. These individuals are filling hospital beds leaving no availability for those detoxing from alcohol which can be life threatening. Ms. Drake is meeting with providers about the option of ambulatory detox from opiates on an outpatient basis with a partial hospitalization program tied to it. Medication Assisted Treatment has not had a waiting list but has a lot of turnover with doctors which puts more demand on other providers. They are also working locally to get Vivitrol to a mobile unit that is now available. They are struggling to find locations for the mobile unit to park. Still seeking a location in Monroe and Carbon Counties; Pike County has one location established on the campus where the Jail is. Outpatient in Carbon County is an issue because the number of addicted people versus the population of the county is way over. As a result, the Functional Unit has over 200 consumers because the other provider (Path) has not been able to maintain staff to service the community as expected.

The next plan requirement is to look at available Narcan resources. D&A has distributed 370 Narcan kits through community training. They are currently out of their supply. Ms. Drake is looking for an alternative resource such as purchasing vouchers for people to purchase a kit at a pharmacy. People are using them and coming to the office looking for a replacement, particularly those from NA and AA who are tied to people who are struggling.

Resources to address the opioid epidemic include the Warm Hand Off policy which struggles in the hospitals, partially due to staff changes and training. D&A repeatedly goes into the hospitals to retrain, but the doctors are not ordering a consult. Therefore, the social worker does not get to see the person to talk to them about the Warm Hand Off program. D&A is looking into creating a rubber bracelet like the ones everyone wears that will have the 24-hour toll free phone number printed on the underside for First Responders and Ambulances to give to those not yet ready to seek treatment. That would replace giving them a piece of paper that can easily be lost. Children in schools who are left behind after overdoses are being addressed. Many individuals who have overdosed have children in elementary schools. D&A plans to purchase stuffed animals with long arms that the kids can hang in their room. They will attach a card that says "Hang in There" with the numbers for resources where they can talk to someone. They are receiving many calls from schools asking them to come in to talk to these kids as it happens.

D&A also has their Opiate Task Force operating in Carbon and Monroe Counties. Just completed last week is a strategic planning process with the University of Pittsburgh Technical Assistance Center who comes in for free and does a strategic plan. It has been done in Carbon, and will be done in Monroe in the near future at one of their meetings. They come back with plans, goals, and objectives and, as a result, they have asked Carbon to operate in a program called *Operation Trojan Horse*, a DEA program. When someone has overdosed and they can find the bags, they identify where the bags came from by the markings, and, within a few days, give that information to the local authorities.

The Monroe Task Force is working with the Nurse Family Partnership on case management of pregnant women who give birth to babies addicted to opiates. A staff person is currently working under a grant for Vivitrol at the Monroe County Correctional Facility and, starting July, will split her time doing outreach to find women who are pregnant and using, and help get them into services before they give birth. This will hopefully keep some of those mothers and babies together in Women and Children programs as opposed to being separated.

D&A has started initial discussions for Police Assisted Placement and Treatment, particularly in Pike County. They have worked with the Gloucester Initiative from Massachusetts who has an outreach program where people can come to their local police station to request help with their addiction.

Treatment Service Expansion – In addition to their Vivitrol project and Outreach Case Manager, they are looking to partner with Street2Feet to help get individuals who are homeless into treatment. In Pike County, Pyramid has identified a location and hopes to open their outpatient services at the beginning of the new fiscal year.

Emerging Trends show that those addicted to opiates are now adding methamphetamines to the mix. January showed a big increase in this trend. It is very difficult to get these people into a bed when they have not eaten or slept for days. They are very paranoid and facilities do not want to take them due to no clearance. The hospitals ship them back to D&A providers who have no resources to manage this population with multiple medical concerns.

Recovery oriented services is a new topic this year. That is D&A's Recovery Support Specialists. There is a fulltime person in Carbon and one, through a provider, who covers Monroe and Pike Counties. They are hoping to expand the use of these employees in hospitals to engage with those who are not yet ready to enter treatment and encourage them to make the commitment to seek help.

By February 2017, D&A spent more funding in patient services than they did in all of FY 2016-17. They have been able to maintain open spending in all levels of care where, typically, they were out of money. They are funding a lot more people but for shorter periods of time because they are utilizing the Recovery Support Specialists to help people apply for and get Medical Assistance. It is stretching their dollars to help more people.

Carbon County Homeless Assistance Program and Human Service Development Fund

Concerning HAP, no changes are anticipated in the 2017-18 (HAP) Homeless Assistance Program operations. Because of limited funding, prioritization for HAP funding remains with the provision of homeless and near-homeless related Rental Assistance and Case Management services.

The county's HAP allocation was reviewed which provides rental assistance to eligible homeless or near-homeless families including assistance with security deposit, first month's rent, utility deposit, and/or utility payment. Some programmatic changes are reflected in the county's 2017-18 HSDF plan including removal of the Generic Homemaker Services program as a result of decreased caseloads and waiting list, increased available waiver, and other similar services, and Emergency Shelter Assistance due to an increase in emergency hotel lodging.

Monroe County Human Service Development Fund

Nancy Brown reported that there are changes to service categories and they are having difficulty assigning them correctly. She will have a discussion with MH/DS to clarify.

Area Agency on Aging

Brian LaVacca reported that all caseloads have changed in the Aging Waiver, Medical Assistance, the Options Program, the lottery funds, and protected services. The Aging Waiver caseload has dipped below 200 which is a low for them. The Options Program caseload is around 275 and Protected Services caseload is around 35-40, around the higher end. They continue to advocate for the preservation of the lottery funds and also for the expansion of lottery funds because Aging Services across the Commonwealth are so dependent on those funds.

Managed Care is expected to go "live" in the southwest in Pennsylvania in January 2018 and rollout in the northeast in January 2019. Comprehensive Care Connection (CCC) has been developed as the MCO to contract with to keep AAAs at the table for certain aging-related services through managed care. E.g. Service Coordination and Nursing Home Transition. Joining CCC required a resource investment and financial investment in addition to a readiness review process that they are now ready to go through. They are starting at the southwestern part of the state but will be here around the end of August. They are looking to see what they can expand upon for them to be ready to become part of CCC as it moves forward, with the intent to contract with the designated MCOs to carry out some of those services in Monroe County. Carbon County is further behind Monroe County in the process.

Home and Community Based Services is proposed to see a $6 million cut, which would be the state's part of Medicaid Funded Services. This would cause a big problem for the aging population because people who should be on Waiver may not be added because they would cut the slots and start a waiting list.

Stakeholder Input and Discussion No stakeholders or visitors were present.

The next regular meeting of the County Human Service Planning Team Meeting was scheduled for Thursday, September 21, 2017 at 10:30 a.m. in Aging's Conference Room.

The meeting was adjourned at 11:25 a.m.

Respectfully submitted,

Mary Fisher O'Brien

Mary Fisher O'Brien, Secretary

PUBLIC HEARING DHS Human Services Plan, FY 2017-18

in conjunction with the Human Services Planning Team Meeting

Date: **Thursday, May 25, 2017**
Time: **10:00 am**
Location: **Monroe Co. Area Agency on Aging, 724 Phillips Street, Stroudsburg, PA**

Print Name	Signature	Affiliation (e.g. citizen, consumer, family, provider, agency)
1. Sallianne Schatz-Newton	Sallianne Schatz Newton	Carbon CEY
2. Susan Zeigler	[illegible]	Carbon AAA
3. Dr. Samuel [illegible], M.D	[illegible] M.D	Shaw, MH/DS Adv. BD
4. Brian LaVacca	[illegible]	Monroe County Area Agency on Aging
5. Tina Clymer	[illegible]	CMP MHDS
6. Jennifer Williams	Jennifer Williams	CMP MHDS
7. Nancy Brown	Nancy Brown	MC Fiscal Affairs
8. Fred Bell	Fred Bell	CMP
9. Adelaide W. Grace	Adelaide W Grace	Monroe Co Children + Youth
10. Jamie Drake	[illegible]	CMP O/A
11. Mary Fisher O'Brien	Mary Fisher O'Brien	CMP MH/DS
12.		
13.		

(over)

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CARBON MONROE PIKE MH/DS
732 PHILLIPS ST

STROUDSBURG, PA 18360

ACCOUNT # 400002787

RECEIVED
MAY 17 2017

Proof of Publication Notice in the Pocono Record

Kelli McFall, Advertising Manager of the Pocono Record having been duly sworn according to law, deposes and says the Pocono Record is a Newspaper of general circulation published at 511 Lenc Street, Stroudsburg, Monroe County, Pa. The Pocono Record was established on April 2, 1894 and ha been regularly published and issued in Monroe County since that time. The printed notice attached to this affidavit is exactly the same as was printed and published in the regular editions and issues of the Pocono Record on the dates listed below the bottom of this notice. I certify that I am duly authorized to verify this statement under oath and am not interested in the subject matter of the attached notice or advertisement. All allegations in this affidavit as to time, place, and character of publication are true.

Copy of notice

PUBLIC NOTICE
PUBLIC HEARING
Carbon-Monroe-Pike Mental Health and Developmental Services, Carbon-Monroe-Pike Drug and Alcohol Commission, Carbon County Homeless Assistance Program, and Carbon County Human Service Development Fund will hold a Public Hearing to present and receive comments on the FY 2017-18 County Human Service Plan on Thursday, May 25, 2017 at 10 a.m.
The meeting will be held at Monroe County Area Agency on Aging, 724 Phillips Street, First Floor, Stroudsburg, PA 18360.
For special accommodations, contact Mary O'Brien at (570) 420-1900, ext. 3364.
P - May 14

Kelli McFall

Commonwealth of Pennsylvania
County of Monroe

Sworn to and subscribed
to before me this day May 15, 2017

Lois A. Kirkwood

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Lois A. Kirkwood, Notary Public
Stroudsburg Boro, Monroe County
My Commission Expires March 2, 2019
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

PUBLICATION	EXPIRE DATE	AD CAPTION	# TIMES	AMOUNT
PM Pocono Record	05/14/2017	PUBLICNOTICEPUBLICHEARINGC	1	41.75

ORDER NUMBER 0000533964 START DATE 05/14/2017 END DATE 05/14/2017

POCONO RECORD Classified

DEADLINES: In Column Ads: 4PM Mon.-Fri. for following day
Public Notices & Auction Ads: 3PM 2 business days prior to publication
Display Ads: 4PM 3 business days prior to publication

Legals

PUBLIC NOTICE
BID NOTICE

The Hemlock Farms Community Association is soliciting sealed bids for goods and services listed below.

Bids will be received until the time specified on dates indicated, at which time all bids will be opened and publicly read at the Association Office.

Contact Susan Amy, Hemlock Farms Community Association, 1007 Hemlock Farms, Lords Valley, PA 18428; or by calling 570-775-4200 ext. 119 between 8 a.m. and 4 p.m. daily; or email at: sue.amy@hfca.com.

The HFCA reserves the right to waive any informalities in or reject any or all bids, or any part of any bid.

Award of contracts is anticipated to occur by the Board of Directors at the Board meeting following the bid opening, or at a subsequent Board meeting.

The HFCA is a Pennsylvania Not-For-Profit Corporation, subject to PA State Sales Tax.

BID ITEMS
RFP - Information Technology Infrastructure Upgrade
DATE AND TIME OF BID OPENING
11 a.m. June 7, 2017
P - May 14

PUBLIC NOTICE
CDL TRAINING

EAST STROUDSBURG AREA SCHOOL DISTRICT will hold a CDL/School Bus Driver training classes from May 22 to May 25, 2017. If we do not get 10 more participants, the class will be cancelled.

Class time is from 5 to 8:30 p.m. Attendance is required on all dates.

Please call the transportation office at 570-5500 ext. 1902 to register. There is a $50 fee for 20 days.

The $50 charge will be reimbursed upon successfully being hired by the East Stroudsburg Area School District as a bus driver.

P - May 12, May 13, May 14, May 19, May 20, May 21

PUBLIC NOTICE
NOTICE OF INTENT TO ISSUE
Title V Operating Permit
Permit No: TV-48-00005

Under 25 Pa. Code §127.521, the Department of Environmental Protection (DEP) intends to issue a renewal Title V Operating Permit to Bendit Realest, Swiftwater Facility, located at 2 Public Square, Wilkes-Barre, PA 18701-1815.

Any person wishing to provide DEP with additional information that they believe should be considered prior to the issuance of the permit may submit the information to the Department of Environmental Protection at the address shown below. A 30-day comment period, from the date of this publication, will exist for the submission of comments. Each written comment must contain the following:

* The name, address and telephone number of the person(s) submitting the comments.
* The reference number of the proposed permit (specifically permit 845-00005).
* Concise statements regarding the relevancy of the information or objections to the issuance of the permit.

A public hearing may be held if DEP, in its discretion, decides that such a hearing is warranted based on the information received.

All persons submitting comments or requesting a hearing will be notified of the decision to hold a hearing by publication in the newspaper or in the Pennsylvania Bulletin, or by telephone, where the DEP determines such notification by telephone is sufficient.

Written comments or requests for a public hearing should be directed to Mr Norman Frederick Chief, Facilities Permitting Section, Department of Environmental Protection, Northeast Regional Office, 2 Public Square, Wilkes-Barre, PA 18701-1815, (570) 826-2511.

For additional information, contact Mark L. Mott, Permit Reviewer, Air Quality Program at the same address and phone number.

P - May 12, May 13, May 14

PUBLIC NOTICE
PUBLIC HEARING

Carbon Monroe Pike Mental Health and Developmental Services, Carbon Monroe Pike Drug and Alcohol Commission, Carbon County Homeless Assistance Program, and Carbon County Human Service Development Fund will hold a Public Hearing to present and receive comments on the FY 2017-18 County Human Service Plan on Thursday, May 25, 2017 at 10 a.m.

The meeting will be held at Monroe County Area Agency on Aging, 714 Pillow Street, East Stroudsburg, PA 18301.

For special accommodations, contact Mary O'Hara at (570) 420-3001 ext. 236.

P - May 14

Lessons

MUSIC LESSONS IN YOUR HOME
Saxophone, Flute, Clarinet, Drums
570-460-1114

Personals

ADOPT: CONSIDERING ADOPTION? I'd love to talk with you. I am a loving, stable woman who dreams of providing my love and home as a child. Call Claire 877-236-8071. Text: 917-777-4013. www.claire.love.com

ADOPTION: A musical family, financially secure family, WISHES TO ADOPT WITH LOVE. Expenses paid. 1-877-804-1763

ADOPTION: Your baby will be cherished and raised with love, laughter, & a financially secure home. Expenses paid. Please call Ellen & Steve 1-516-361-8289

MEET LOCAL SINGLES: Flirt, chat and meet lifelong friends. Free trial. Real Talk! Try it free. Call Now: 844-878-3118

ADOPT: Are you pregnant and considering adoption? We are a loving, kind, committed couple looking forward to sharing our love with a child. Let us share your life. Please call Doug & Jenny at 1-877-486-3597

AUTO INSURANCE Starting at $49/MO. Call for quote from top rated companies. $25 Bonus for insurance call 888-320-7537.

HAVE YOU BEEN BITTEN BY BEDBUGS? Don't Suffer! Call A Pest Bite Kill. We kill the bugs for good. 24/7 service. Call 844-276-1221 (rotary) for a free quote and evaluation.

LIVING WITH KNEE OR BACK PAIN? Medicare recipients may qualify to receive a pain relieving brace at little or no cost. Call now! 877-920-7178

Medical

LUNG CANCER? And 60+ Years Old? It Affect You and Your Family? May be Entitled to a Significant Settlement. Call Mesothelioma Center at 855-419-3011

NEED LEGAL ADVICE? Call for consultation with your lawyer in Injury, DOT, Workers's Comp, Criminal Defense, Divorce and Bankruptcy. Free Case Eval. 24/7. 844-845-3566

NO MONEY DOWN CABLE. Get an HD Digital Satellite System for just $19.99. 2 Year Price Guarantee and Hundreds of Channels. No Money Down! CALL NOW! 877-224-1008

PAYING TOO MUCH FOR CAR INSURANCE? Not sure? Want better coverage? Call 877-775-6020 now for a free quote and learn more today!

Pocono Record

BOX REPLIES: NOW AVAILABLE FOR PICKUP
Monday-Friday 8 AM ONLY, 8:30 AM - 5:00 PM
NO REPLIES
ATTENTION DUE TO LIMITED SPACE BOX REPLIES NOT PICKED UP WITHIN 30 DAYS OF AD EXPIRATION WILL BE DISPOSED OF

REDUCE YOUR CABLE BILL TO $19.99! Unlimited calls, HBO, Showtime, Starz, Cinemax included for FREE DVR upgrade with 1 yr. Dish Network contract. Ask for FREE DVR upgrade with 1 yr. Dish contract. CALL NOW 888-969-8790.

SAVE YOUR HOME! Are you behind payments? Are Mortgages Denied & Loan Modifications in vain? Lack Time/Desire/Ability to make Payments? Foreclosure Looms? FAIL! Homeowners Relief Unit now for Help! 855-82-0881.

BATHS TO DIRECT TO ALL INCLUDED. PACKAGES. START-ING AT $50. Call 844-214-5416

SWAP OF PURE: Save $1500 & get new bonus! 2-15 Wait is over! $1000's Free Jewelry & Coat (850 value) Affordable Parcels Brand! Call 877-291-6309

YOU DON'T HAVE TO LIVE with bad credit, bad, high interest rates! Get a FREE consultation today and start improving your credit. Call 844-445-4400 NOW!

Miscellaneous

DRIVEWAY STONE
up to 30 Tons
Delivered & Spread
Paul Tenley 570-402-0112

FINGER PINTERS
Protect toy of the spring
Wholesale Only 13 Per min
Sales 570-654-9258

GUNS WANTED
GET TOP DOLLAR
For Gun Collections, Estate Guns & Used Guns
Dunkelberger's Sports Outlitter
585 Main St., Stroudsburg
or Rte. 209
Brodheadsville
Call for in-home appraisal!
"43 yrs Experience"
570-421-7950

XIMBALI PIANO
Very little regular use
1400 USD 570-807-8811

AURORA 2X50 TURN MOWER 2004 24 HORSE, year 2015, 32 cut, ZLS-HP, 35 running hours, $12,500. Call 570-131-1909

OAK DINING ROOM TABLE - Hand crafted table with 4 chairs on casters, call 570-472-9698

OXYGEN Anytime, Anywhere, No tanks to refill, Medicaid approved. Free Info Kit 844-616-3621

STOLTZ FUR FARM DUCT OPENING FOR THE SEASON, MAY 15th. Drop Prices, Large Selection Select Good Quality & Variety. Mon. - Fri. 9 to 4, Sat. 9 to 3. Take Rte 940 Pocono Summit. Every Day, 9 to 3:30 at Canadensis United Methodist Church Junctions of Rte 390 & 447

Say it with a Happy

Wanted to Buy

WE BUY GUNS
All types,
Single pieces,
Collections, Estates,
Trusted, Federal & State Licensed Firearms Dealer
Buckhill Firearms LLC
918 Rte 390, Mount Bethel, PA
570-595-2636

4 HO DRIVING DESK & CHAIR $1 CHERRY 570-272-0629

EQ LARGE DRESSER OLD ROW FRONT ALL WOOD 570-421-6628

BRAND NEW LUMIA Microsoft Windows Phone unused NEW. Call 570-992-9233

BROTHER SEWING MACHINE NEVER USED STILL IN BOX $50. 570-917-0629

CHERRY DINING ROOM TABLE 41x72 in good condition set of 10 leaves pads $300 570-629-4517

KITCHEN TABLE & 2 CHAIRS LIGHT OAK, DROP LEAF $50 570-992-9619

Leather Rocker/Recliner By Lane Burgundy color. Better than Barcalounger. $25 570-992-9233

NEW BOAT SEATS Marine in color Grants. Paid $400 will sell for $150 570-977-9157

ARCHERY Power release good condition $75 570-223-1128

USED CEDAR SIDING Have 600 sq ft. Call for information price $35 570-977-9157

WOMEN'S GOLF SET All for sale with bag 50.00 cobra irons Taylor made 570-618-1647

KOOL AIR FAN HEATERS $100 SPECIAL EDITIONS BOX $125 NEW 570-972-0623

CALICO FEMALE CAT 1 year old. All shots & spayed. Very friendly. 570-977-9107

FOR HORSE HAMMOND

Garage and Yard Sale

LAKE HARMONY Estate Sale by Caring Transitions 5/12, 5/13, 5/14 9a-3p 256 Lake Harmony Rd Off the Old Rockside. Tools, Antiques, Furniture, Kitchen Items & more

CHECK THIS OUT
MARSHALLS CREEK-Pocono Bazaar Flea Market, OPEN SAT & SUN New merchandise, All sports & WWE, Kitchen & Housewares Outlet, Bamboo Sheet & Pillow Outlet EVERYTHING AT WHOLESALE PRICES! Building 6D, 570-977-7566

STROUD TWP 105 Palmer Ave off Traffic. 10-5p Every Friday & Saturday in May. Primers, Bibs, lawn mower, exercise equip, fabric washable wallpaper, much more

TOBYHANNA ESTATE SALE 2174 Tinsia Rd. 5/13 & 5/14, 10-5. Furniture, bedding, fireplace, pictures, tools, and more.

Auctions

ALWAYS BUYING JEWELRY CINDY FODOR wants to BUY your Fine Jewelry (any age/condition) Costume Jewelry 570-807-8553

★★ DOTTA AUCTION CO, INC ★★ Specializing in Antiques, Real Estate, Furniture, Jewelry, Coins, Sports Cards and Guns. Buy or Sell. Call 610-759-7389 DottaAuctionsInc@verizon.net

Wanted to Rent

AMC REGISTERED Female Boxer 2 yrs old. Black & white. Friendly, shots & neutered. $325.00. 570-242-1700 or 484-570-898-2006

ST. BERNARD PUPS females Vet checked - ready to go $700 570-271-5099

Pets and Supplies

TOP CASH PAID FOR OLD MEN'S WRIST WATCHES! Rolex, Patek Philippe, Omega, Heuer, Audemars Piguet, Vacheron, Cartier, Longines, Universal, Breitling, Chronographs, Daytona, Submariner, GMT - Master, Monophase, Day Date, Speedmaster. Call 1-800-401-0440

Child Care Offered

Lauren's In-Home Child Care- M-F, Jonathan. All Ages welcome. Affordable per day rate/per child. 14 yrs exp., excellent references. Stroudsburg, PA. 215-940-7829

Home Care Offered

LOOKING FOR SOMEONE TO TAKE CARE OF YOUR LOVED ONE IN YOUR HOME with light housekeeping in the East Stroudsburg area? Call Zenoda 570-236-3072 after 3 PM.

General Help Wanted

Locust Ridge Contracting
40 Elm Road
Hazleton, PA 18202
TRI-AXLE DRIVERS
CDL Required.
Experienced Roller Operator/Paving Crew
Call 570-646-3324
Or Apply in Person
Competitive wages and benefits
Pre-emp drug test. DOE

7 WEEK POSITION
Have Fun and Make $$$. 5/16 - 6/30, Tues - Fri 9:15 am - 2:30 pm
Family Amusement Park
908-459-4521

7 WEEKS PART TIME Moms, Dads, Seniors, College Students and All Others. Fun jobs at Family Amusement Park Now accepting applications 908-459-4521

AUTO BODY & OR B TECH-
For busy & friendly state of the art shop. Prev. exp & must have own tools. Year-round work. Uniforms. Salary neg. Call 973-267-8451

AUTO MECHANIC
We are looking for a special person.

PROOF OF PUBLICATION

THE TIMES NEWS, LLC

LEHIGHTON, CARBON COUNTY, PENNSYLVANIA
TAMAQUA, SCHUYLKILL COUNTY, PENNSYLVANIA

Commonwealth of Pennsylvania)
) ss.
County of Carbon)

Scott A. Masenheimer, being duly sworn according to law does depose and say:

1. THAT The Times News, LLC is a newspaper of general circulation published each weekday, except holidays, by Pencor Services, Inc. Its places of business are Lehighton, Carbon County, Pennsylvania and Tamaqua, Schuylkill County, Pennsylvania .

2. THAT The Times News, LLC was established on May 1, 1967, as the immediate successor to the Jim Thorpe-News, which was established on April 1, 1927.

3. THAT the affiant is the General Manager, of The Times News, LLC and as such is authorized by the publisher, Pencor Services Inc., to take this affidavit.

4. THAT the affiant is not interested in the subject matter of the notice or advertising.

5. THAT all of the allegations of this affidavit as to time, place and character of publication are true.

6. THAT copy of the notice or advertising attached hereto was printed and published in the regular daily editions and issues of The Times News, LLC on the following dates:

MAY 13, 2017

PUBLIC NOTICE
PUBLIC HEARING
Carbon-Monroe-Pike Mental Health and Developmental Services, Carbon-Monroe-Pike Drug and Alcohol Commission, Carbon County Homeless Assistance Program, and Carbon County Human Service Development Fund will hold a Public Hearing to present and receive comments on the FY 2017-18 County Human Service Plan on Thursday, May 25, 2017 at 10:00 a.m. The meeting will be held at Monroe County Area Agency on Aging, 724 Phillips Street, First Floor, Stroudsburg, PA, 18360. For special accommodations, contact Mary O'Brien at (570) 420-1500, ext. 3364.
May 13

Scott A. Masenheimer

Sworn to and subscribed before me, this 15 day of May A.D., 2017

Rebeka Costenbader

NOTARIAL SEAL
Rebeka Costenbader, Notary Public
Lehighton Borough, Carbon County
My Comm. Expires November 17, 2020

PUBLIC NOTICE

Estate of Diane Marie Bittner, late of 48 Hillside Place, Kunkletown, PA 18058, deceased.

Letters Testamentary in the above estate have been granted to the undersigned who requests all persons having claims or demands against the estate of the deceased make known the same; and all persons indebted to the descendent to make payment, without delay to: **Donna Evans, Executrix**, 2345 Mountain Road, Slatington, PA 18080.

May 13, 20, 27

PUBLIC NOTICE

INCORPORATION NOTICE

NOTICE IS HEREBY GIVEN THAT Articles of Incorporation have been filed and approved with the Department of State, Harrisburg, Pennsylvania on May 9, 2017, under the Business Corporation Law of 1988, as amended, for the incorporation of: **LITTLE GAP ASSOCIATES, INC.**

Mark A. Primrose, Esquire
17 North Sixth Street
Stroudsburg, PA 18360

May 13

PUBLIC NOTICE

PUBLIC HEARING

Carbon-Monroe-Pike Mental Health and Developmental Services; Carbon-Monroe-Pike Drug and Alcohol Commission; Carbon County Homeless Assistance Program; and Carbon County Human Service Development Fund will hold a Public Hearing to present and receive comments on the FY 2017-18 County Human Service Plan on Thursday, May 25, 2017 at 10:00 a.m. The meeting will be held at Monroe County Area Agency on Aging, 724 Phillips Street, First Floor, Stroudsburg, PA 18360. For special accommodations, contact Mary O'Brien at (570) 420-1900, ext. 3364.

May 13

PUBLIC NOTICE

ESTATE OF SUSAN M. JOHNSON, late of the Borough of Tamaqua, Schuylkill County, Pennsylvania 18252.

LETTERS TESTAMENTARY have been granted to the undersigned who requests all persons having claims or demands against the Estate of said Decedent to make known the same and all persons indebted to the Decedent to make payments without delay to:

Kimberly A. Haldeman
247 VanGelder Street
Tamaqua, PA 18252

80 FOR SALE

32' heavy duty alum. ext. ladder. $100. 570-325-5745.

BOAT - 12' alum. Star Craft, gd. cond. Trailer also avail, but needs work. 610-377-2762.

Largest Selection of New & Like New Preowned Furn. Also Preowned Appliances. No Money Down, Financing, Credit cards. Buy online 24/7 570-386-4758 www.ahnerfurniture.com

110 COMING EVENTS

BUS TRIP - Sponsored by Mahanoy City Blessed Theresa Golden Age to Vermont & New Hampshire, Aug. 14-18. $779 dbl. occupancy. Incl. 4 breakfasts, 3 dinners, lunch at the Trapp Family Lodge & more. Call Elizabeth 570-773-1753.

120 PERSONALS

A DIVORCE $219 TOTAL. No-Fault. Uncontested. Free info Davis Divorce Law. No Travel 1-800-486-4070

150 WHO CAN DO IT

*#1AAA JUNK REMOVAL Clean out garage.

150 WHO CAN DO IT

TONY'S TREE SERVICE & MORE
Small Jobs Welcome. Free Estimates. Fully Insured. 610-377-2304 Cell # 570-239-1922

160 CHIMNEY CLEANING

S-K Evans Services
Cleanings incl. inspections, repairs, point work, caps, relining, stoves, inserts, access., dryer vent, waterproofing. 610-826-5267 or 1-866-PA-EVANS.

220 ARTICLES WANTED

ALWAYS BUYING rifles, shot-guns & pistols. ED'S SPORT SHOP, 308 W. Broad St., Tamaqua. 570-668-1080

"Cash paid for guns"
Buy-Sell-Trade
Will travel to you.
Call Shawn
Ten-x Sport Shop
570-578-2922
FFL Dealer

320 LIVESTOCK

HORSE BOARDING box Stalls avail. In West Penn Twp. Daily turnout, all board fencing. Heated Lounge. Outdoor arena. Quality care. 570-386-4493.

345 YARD SALES

JIM THORPE Community Yard Sale, 6/24 & 25, 8-3 Carbon County Friends of Animals, 77 W. 13th St. (rear). All proceeds benefit CCFOA. Spots avail. for $10 per spot total for both days & pd. by 6/16/17. Call 570-325-9400 to reserve your spot. Must sign waiver.

MAHONING VALLEY huge garage sale, 1118 Mahoning Dr. West, Lehighton. Fri. 8-3 & Sat. 8-2. Aquarium 30 gal., beer signs, kid's 4-wheeler, baby items, full sz. arcade game, records, furniture, HH items, clothes kids & adults.

NEW RINGGOLD Bargain Barn Multi Family Indoor Sale, Sat. 5/13, 8-3. GPS-1134 Summer Valley Rd. Basket Raffle to benefit MADD - over 100 Prizes! Sale features something for everyone. Clothing, furniture, antiques, collectibles, 100's of new Cherished Teddies, Dept. 56 Xmas items, Wood, coal & oil stoves, 3 pt. mower & snowblower, Ford 8N tractor, horse drawn carriage, Coca Cola items, just to name a few. Too much too list, come check it out and contribute to MADD.

NEW RINGGOLD,

BUSINESS SERVICES

TIMES NEWS CLASSIFIEDS 1-800-443-0377

Hunsickers Home Improvements Inc.
from footer to roof we do it all for the homeowner.
Fully Ins.-Free Estimates
PA023297
484-553-8408

TREE SERVICE
PA 070208
Complete Tree Service
Fully Insured
JMS TREEWORKS
570 668-1088

MILLER'S LAWN & LANDSCAPE
Lawn Mowing, Bed Renovations, Mulch, Stone & More!
Free Estimates
Fully Insured
570-778-1085

BEIDLER Tree Service
Pruning - Topping
65' Bucket Truck
Free Estimates
Fully Insured
570-386-3092

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CARL GUSTAFSON
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Pa-HIC#111692

$100 OFF of repairs of $1,500 or more!
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in Weissport
www.hillscollision.com
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COLLISION REPAIR DONE RIGHT!

Hine's Lawns & Landscaping LLC.
Commercial & Residential
Fully Insured
• New Lawn Installation • Landscape Installations
• Hardscaping "including walkways, patios and retaining walls"
• Tree and shrub trimming and removal • Lawn & Landscape clean up
Call for a free estimate. 570-401-6687

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Commercial or Residential
Mowing, Landscaping, Cemetery Work, Hydroseeding, Sodding
570-645-8420
Cell 570-401-8420

LANDSCAPE DESIGN PA007834
PETRITSCH LAWNS
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NEW LAWNS • PATIOS
STONE WALLS • WALKWAYS
GRADING THRU PLANTING
EP Henry Wall Systems • Dealer & Installer
43 years
www.petritschlawns.com

Commonwealth of Pennsylvania
County of Pike } *ss.*

PUBLIC NOTICE
PUBLIC HEARING
Carbon-Monroe-Pike Mental Health and Developmental Services; Carbon-Monroe-Pike Drug and Alcohol Commission; Carbon County Homeless Assistance Program; and Carbon County Human Service Development Fund will hold a Public Hearing to present and receive comments on the FY 2017-18 County Human Service Plan on Thursday, May 25, 2017 at 10 a.m. The meeting will be held at Monroe County Area Agency on Aging, 724 Phillips Street, First Floor, Stroudsburg, PA 18360. For special accommodations, contact Mary O'Brien at (570) 420-1900, ext. 3364.
42B(27)

Sue Doty-Lloyd

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

May 18

A.D. 2017 and the affidavit further states that she is not interested in the subject matter of this notice or advertisement and that all of the allegations of the statement as to time, place and character of publication are true.

Pike County Dispatch

Kelli Doro

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

Sworn to and subscribed to before me this 18 *day of* May *A.D. 2017*

Commission Expires 4-25-2021

Commonwealth of Pennsylvania
Notarial Seal
CHRISTINA WARMAN – Notary Public
MILFORD BORO, PIKE COUNTY
My Commission Expires Apr 25, 2021

LEGALS CONTINUED

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page 1373.

BE SOLD AS
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SHAWN STEW-
UNDER PIKE
NTY JUDGMENT
017-00095.

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n Stewart defen-

LEGALS CONTINUED

the Court of Common Pleas, Pike County, Civil Division, to Execution No. 1390-2015r sur Judgment No. 1390-2015 at the suit of US Bank National Association vs Edward D. Mabel and Mary M. Mabel defendants, I will expose to sale of public vendue or outcry in the Pike County Administration Building, 506 Broad Street, Milford, PA 18337 on Wednesday, June 14, 2017 at 11:00 am prevailing time in the aforenoon of said date:

Philip Buek, Sheriff
Pike County, Pennsylvania

Milstead & Associates
1 E. Stow Road
Marlton, NJ 08053
42/44B(105)

SHERIFF SALE

June 14, 2017

By virtue of Writ of Execution issued out of the Court of Common Pleas, Pike County, Civil Division, to Execution No. 900-2016r sur Judgment No. 900-2016 at the suit of Nationwide Advantage Mortgage Company vs Helen Webb, in Her Capacity as Heir at Law of Donna L. Webb, deceased and Unknown Heirs, Successors, Assigns and All Persons, Firms or Associations Claiming Right, Title or Interest From or Under Donna L. Webb, Deceased defendants, I will expose to sale of public vendue or outcry in the Pike County Administration Building, 506 Broad Street, Milford, PA 18337 on Wednesday, June 14, 2017 at 11:00 am prevailing time in the aforenoon of said date:

BY VIRTUE OF A WRIT

LEGALS CONTINUED

ford, PA 18337

IMPROVEMENTS THEREON CONSIST OF: Residential Dwelling

SEIZED AND TAKEN IN EXECUTIN AS THE PROPERTY OF Helen Webb, in her capacity as Heir at Law of Donna L. Webb, Deceased and Unknown Heirs, Successors, Assigns and All Persons, Firms or Associations Claiming Right, Title or Interest from or Under Donna L. Webb, Deceased

Philip Buek, Sheriff
Pike County, Pennsylvania

Milstead & Associates
1 E. Stow Road
Marlton, NJ 08053
42/44B(116)

SHERIFF SALE

June 14, 2017

By virtue of Writ of Execution issued out of the Court of Common Pleas, Pike County, Civil Division, to Execution No. 1063-2013r sur Judgment No. 1063-2013 at the suit of Bayview Loan Servicing, LLC vs Cynthia N. Reid and Gregory Richardson defendants, I will expose to sale of public vendue or outcry in the Pike County Administration Building, 506 Broad Street, Milford, PA 18337 on Wednesday, June 14, 2017 at 11:00 am prevailing time in the aforenoon of said date:

By virtue of a Writ of Execution No. 1063-2013-CV

Bayview Loan Servicing, LLC
v.
Cynthia N. Reid and Gregory Richardson owner(s) of property situate in the LEHMAN TOWNSHIP, PIKE County, Pennsylvania,

LEGALS CONTINUED

otary of the Commonwealth of Pennsylvania to Cynthia N. Reid and Gregory Richardson defendants, owner, or reputed owners of the aforesaid real property for execution upon a judgment on the amount of $238,115.46, plus costs, & interest. The sale made subject to all past due and current real estate taxes unless otherwise announced at sale.

Notice to all parties and claimants is hereby given that a schedule

199.02-02-40

PROPERTY ADDRESS: 185 Stoney Hollow Circle Bushkill PA 18324

IMPROVEMENTS: Residential Dwelling

SOLD AS THE PROPERTY OF: Agnus Brooks, a/k/a Agnes Brooks
Donald McLean, a/k/a Donald T. McLean

ATTORNEY'S NAME: Roger Fay, Esquire

SHERIFF'S NAME: Pike County Sheriff

The sale is made by virtue of a Writ of Execution issued by the Prothonotary of the Commonwealth of Pennsylvania to Donald McLean a/k/a Donald T. McLean and Agnus Brooks a/k/a Agnes Brooks defendants, owner, or reputed owners of the aforesaid real property for execution upon a judgment on the amount of $56,805.28, plus costs & interest. The sale made subject to all past due and current real estate taxes unless otherwise announced at sale.

LEGALS CONTINUED

Philip Buek, Sheriff
Pike County, Pennsylvania

Milstead & Associates
1 E. Stow Road
Marlton, NJ 08053
42/44B(116)

PUBLIC NOTICES

EXECUTOR'S NOTICE

Estate of Dorothy H. Ricciardi, deceased, late of 131 Fairview Dr., Wild Acres, Dingmans

PUBLIC NOTICE PUBLIC HEARING

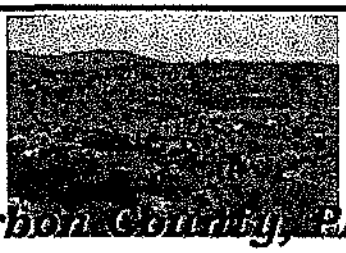
Carbon-Monroe-Pike Mental Health and Developmental Services, Carbon-Monroe-Pike Drug and Alcohol Commission, Carbon County Homeless Assistance Program, and Carbon County Human Service Development Fund will hold a Public Hearing to present and receive comments on the FY 2017-18 County Human Service Plan on Thursday, May 25, 2017 at 10 a.m. The meeting will be held at Monroe County Area Agency on Aging, 724 Phillips Street, First Floor, Stroudsburg, PA 18360. For special accommodations, contact Mary O'Brien at (570) 420-1900, ext. 3364.

42B(27)

PUBLIC NOTICE

PUBLIC HEARING The Porter Township Zoning Hearing Board will conduct a public hearing on Tuesday, June 13, 2017 at 6 p.m., in the Municipal Building 2186 Route 402, Dingmans Ferry, PA:

To consider the request of James & Maryanne Meglino for an appeal of the Zoning Officer's letter of determination dat-



Welcome to Carbon County, PA

Information

Calendar of Events

Links

Invitation to Bid

Employment Opportunities

About Carbon County

About the County

Maps

Public Hearing – May 25, 2017

Carbon-Monroe-Pike Mental Health and Developmental Services; Carbon-Monroe-Pike Drug and Alcohol Commission; Carbon County Homeless Assistance Program; and Carbon County Human Service Development Fund will hold a Public Hearing to present and receive comments on : The FY 2017-18 County Human Service Plan. The meeting will be held at 10:00 AM at 724 Phillips Street, Stroudsburg, PA 18360.

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Employment Opportunities

About Carbon County

About the County

Maps

Photos

Contact Us

County Facilities

Phone / E-mail Directory

County Municipalities

Carbon County - Local Government Calendar

Today May 2017

Print Week Month Agenda

Mon	Tue	Wed	Thu	Fri	Sat	Sun
May 1	2	3	4	5	6	7
			10:30am Comm			
14						14
21						21
28						28
			PUBLIC HEAR			
			10:30am Comm			
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			10:30am Comm			
			10:45am Carbo			

PUBLIC HEARING

When Thursday, May 25, 2017

Where 724 Philips Street, Stroudsburg, PA 18360 (map)

Description Carbon-Monroe-Pike Mental Health and Developm ental Services, Carbon-Monroe-Pike Drug and Alco hol Commission, Carbon County Homeless Assista nce Program, and Carbon County Human Service Development Fund will hold a Public Hearing to pre sent and receive comments on The FY 2017-18 C onty Human Service Plan. The meeting will be hel d at 10:00 AM at 724 Philips Street, Stroudsburg, PA 18360

more details add to my calendars

Events shown in time zone: Eastern Time

Google Calendar

Part III. Cross-Collaboration of Services

Employment:

The counties utilize and leverage various resources and funding sources to maximize services for individuals preparing for employment, seeking employment opportunities, maintaining a job, and moving toward greater economic security with higher wages or benefits. The skills and competencies required for employment often make the difference between success and failure in preparation for employment or when trying to retain a job once it is acquired. County agencies connect a wide spectrum of individuals in age, ability, and culture with employment programs. Most case management services assist participants with establishing employment and/or educational goals. Education needs are assessed and referrals are made to training programs and institutions of higher learning. The menu of training options also offers a safe, stimulating environment for individuals planning to succeed in the workforce and community. Pre-vocational training assists individuals to reach a greater level of self-sufficiency and independence in work environments, and creates opportunities for job shadowing, placement, supported employment, and school to work transition.

The counties partner with the Office of Vocational Rehabilitation and the County Employment Offices along with local employment providers to administer services to those we serve. We rely heavily on the case management entities and Recovery Specialists within our agencies and provider agencies to make connections and linkages to the community providers for support services and to assist those we serve in getting linked to employment agencies and opportunities. For individuals who are jointly served, we utilize the interagency process whenever necessary to ensure that planning is being done in a collaborative manner.

Some of the agencies utilized for education and employment include Carbon County Community College and Northampton Community College (with locations in Pike and Monroe County) Adult Literacy and Continuing Education Programs. These programs include certificate programs for GED, Hospitality, and CDL to name a few. We also partner with CareerLink, PoconoInfo, PathStone, AARP's Senior Community Service Employment Program (SCSEP) and Local SCSEP Programs not through AARP, and Work Force Development services.

Housing:

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

Carbon, Monroe, and Pike Counties each present different challenges with regard to housing that is both safe and affordable. CMP MH/DS has a staff position of Housing Coordinator. This individual, along with many housing providers from the area, participate in the Local Housing Options Team and the

Regional Housing Options Team. The Housing Coordinator works closely with the Action Committee in Carbon County and the Housing Authority representatives for each of the counties to maximize the Mainstream Vouchers available, the limited Section 8 Vouchers, the public housing availability, and other housing opportunities within our counties. These group members also collaborate closely with Resources for Human Development's Street 2 Feet group, CrossRoads, Peaceful Knights, Family Promise, The Salvation Army, Senior Housing Opportunities, Self Determination Housing Programs, and the numerous case management and Recovery Specialist entities throughout our counties to maximize limited resources. County Children and Youth in Carbon and Monroe Counties have a a housing initiative grant for preventing placement of children by offering one-time payments to assist with overdue rent, mortgage, or utilities. The county has dedicated Reinvestment Funds to create a Flexible Housing Fund that serves the same type of function. We work as a group to link those we serve to the limited resources that are available.

In addition, agencies utilize interagency planning to link those we serve to supports through Emergency Shelter Assistance, faith based assistance, and assistance programs such as LIHEAP, Rent Rebate, CHORE Minor Home Repair Assistance, Weatherization, Furnace Repair, and Fuel Assistance.

The Local Housing Options Team and the Regional Housing Options Teams discuss opportunities to generate and leverage new funding opportunities. One example of this leveraging is to use HSDF for Generic Housing Related Case Management Services, which enables the county and the Action Committee to utilize a portion of HSDF Supported Housing Related Case management and CSBG and HAP Rental Assistance funds as match in its annual Emergency Solutions Grant application. This method has generated an additional $40,000 in 2015 and $30,000 in 2016 for housing services.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

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

Throughout the year there has been a great deal of community collaboration. Our staff continues to be highly involved with organizations throughout the three counties. Some of these include the Judges' Round Tables, Suicide Prevention Coalition, Lehigh Valley Health Network Pocono, St. Luke's Health Network, The Interagency Councils for all three counties, Child Advocacy Center Advisory Board, AHEC Advisory Board, Monroe County Victim of Crime Organization and Violence Against Woman Association, Family Promise Advisory Board, Reality Tour Advisory Group, Street to Feet Homelessness Advisory Committee, The Carbon County Re-entry Coalition, and many more.

We maximize our opportunities by applying for and utilizing HSDF Funding and HUD Funding. We are continually looking for other appropriate grant opportunities.

a) Program Highlights: (Limit of 6 pages)

Highlight the achievements and other programmatic improvements that have enhanced the behavioral health service system in FY 16-17.

- We successfully completed Phase One and Two of a Pay for Participation Program that continues. The Wellness Nurse continues to work collaboratively with our Targeted Case Management Department (TCM) to promote wellness for the consumers they serve. We are in Phase 3 of the Behavioral Health Home Pay for Performance Project with Community Care Behavioral Health. Our Wellness Nurse and TCM Supervisor presented at the Population Management Kick Off of Phase 3. They also attended a Wellness Coaching Train the Trainer event to be certified trainers for conducting our internal wellness coaching training and booster sessions throughout the year. They hope to improve symptoms of COPD, Diabetes, Obesity, Hypertension, and Metabolic Syndrome. They have worked on smoking cessation, improved sleep, healthier eating, stress reduction, and increased physical activity. The nurse has also worked with high risk consumers and their medical providers to help integrate care. We have been seeing some great outcomes for those who have participated and will continue this project. An additional benefit of this project is that we have been able to contract with a Certified Peer Specialist to assist and to participate in the quality assurance team. We are hopeful that we will be invited to participate in Phase Four of this project. The Wellness Nurse and the TCM Supervisor have both been certified to be Mental Health First Aid Trainers and QPR (Question Persuade Refer) Trainers, offering these trainings to our providers and our communities.

- Our Forensic Case Management Department (FCM) continues to excel and create positive outcomes. In addition to the FCM (Forensic Case Manager) we added last fiscal year, we have added an additional FCM, therefore this department consists of three FCM's and a supervisor. The supervisor has enhanced and expanded our CIT (Crisis Intervention Team) groups that were created with the grant that has since concluded. The FCM Supervisor serves as the coordinator for our CIT. We have made significant progress with collaborating with the police departments, as the majority of the departments submit crisis data sheets on individuals with mental health concerns that are involved with the officers and our team follows up. We have been collaborating and working with probation and parole, both county and state and are working on creating better relationships with our other emergency responders including ambulance and fire response. The coordinator has attended several trainings and continues to gather knowledge to be able to further develop our CIT Program. She has also become a Mental Health First Aid Trainer and QPR (Question, Persuade, Refer) Trainer, so that we can offer these trainings to all first responders and our communities in general.

- We have been collaborating with our Emergency Management entities in all three of our counties. We have a DCORT (Disaster Coordination Outreach Response Team) that offers assistance with behavioral health resources. Our Director of Case Management is our DCORT Coordinator and manager for our team and our responses. We have recently been invited to several county emergency management drills, trainings, and mock scenarios to develop our relationship and partner with them during many different types of emergency situations including vehicle accidents, shootings, weather events, natural disasters, etc.

- Mental Health Awareness continues to be a highlight for our counties. Our most significant example of this continues to be our Mental Health Awareness Walk. This year's slogan was "Together we recover!" This event has been going on for 17 years and has grown each year (Rain or shine). It is attended by people of all ages and backgrounds. This year we had a record number of people participate. We had just shy of 900 people in attendance. Speakers included commissioners, state representatives, consumers, and agency staff. We had information tables set up consisting of 24 community entities, agencies, and resources including behavioral health providers, insurance companies, hospitals, and community businesses. This was followed by a picnic lunch, sharing of recovery stories, and dancing.

To enhance awareness, created a public service announcement that is played at the Cinemark Theater in Stroudsburg before every movie and in the lobby on a continuous loop. This announcement highlights that mental health issues are common and that services are available.

We also have a public service announcement that is being printed on pharmacy bags in Pike County. This provides information regarding how to get services.

- We have started a Customer Service Initiative to improve our agency and provide better customer service for our consumers, employees, government, providers, and schools. The purpose of this initiative is to move to a level of excellence that creates an environment where we will be considered the first choice, and the premier choice, of case management/support coordination service providers in the communities we serve. In the beginning we gathered data, selected and revised surveys, selected service teams, developed committees, set up a team building session, and developed next steps. We believe that strong customer service is at the heart of everything we do within Carbon-Monroe-Pike Mental Health and Developmental Services. Customer service is an all-encompassing top-to-bottom/bottom-to-top philosophy and approach in

the delivery of services that each of us practice day in and day out. The outcomes from the surveys were very positive, we implemented several fixes, have a plan to work on a few more complex areas, involved our advisory board, and created a special publication with the outcomes of the individual surveys.

• Our CASSP (Child and Adolescent Service System) Coordinators who are liaisons to the child serving systems have been working with CCBH and Health Choices to monitor, coordinate, and strengthen our least restrictive philosophy. The coordinators are involved in several system meetings to provide input, suggestions, and support regarding families and youth in our communities. Recently we re-implemented holding CASSP Team Meetings in each county to create and enhance our relationships with all child serving systems including, education, child welfare, juvenile justice, drug and alcohol, behavioral health, early intervention, and developmental services. It is helpful to create these relationships so we can problem solve, discuss barriers, promote teamwork, collaborate, and work on producing least restrictive, recovery focused options for our youth and families that we work with in all of these systems. Our CASSP Coordinators also participate in team meetings and provide mental health assessment for our schools as part of their Student Assistance Programs (SAP). They provide the team with mental health resources, information, training, and suggestions for general and individual situations. The Children's Roundtable has evolved and expanded over the past year and this has brought about several committees and events that involve our communities. The Children's Roundtable Mini Summits and Forums have addressed grief and loss; suspected child abuse /neglect reporting procedure; legal updates for truancy/dependency/delinquency; Question Persuade Refer (QPR) suicide prevention training; youth psychiatric medication discussion; substance use awareness; Aevidum presentation; Pennsylvania Youth Survey (PAYS) review and trauma will be the topics for this coming fall. The CASSP Coordinators and other MH/DS employees are involved in these committees and assist in the planning and participating in the events. We have also been highly involved in the Children's Advocacy Center, being on their board and assisting with information and continuing education regarding mental health services and resources. Referrals have increased and we continue to collaborate between child welfare and law enforcement. There are multi-disciplinary investigative team (MDIT) meetings that address working collaboratively for the benefit of our youth, family, community, providers, and agencies.

• Professional development and education of our staff, community, and providers to fight stigma and promote recovery are a priority for us. We have increased the number of CMP MH/DS staff, school district staff, and provider staff that have become certified to train Mental Health First Aid (MHFA) and Question Persuade Refer (QPR), which are both in the National Registry of Evidence–based Practices and Policies (NREPP). QPR is a suicide prevention training that we continue to offer to our schools, providers, sister agencies, and our community. We have 22 trainers who are certified to deliver this training as we continue to receive an increasing number of requests. MHFA is broken down into two main types: adult and youth trainings. The adult training has several curriculums designed to train different populations which are: higher education; public safety; military members, veterans, and their families; and older adults. We have trainers certified to teach both the adult and youth and trainers who are certified in all of the adult curriculums. We currently have 20 certified trainers who are continuing to provide these trainings for our communities, schools, sister agencies, providers, law enforcement, correctional facilities, to name a few. By the end of the fiscal year, we will have 26 certified trainers.

• We have expanded and enhanced our housing resources through a reinvestment plan. CMP Health Choices in collaboration with the Monroe County Homeless Advisory Board (MCHAB) selected a provider to master lease or provide bridge funding for up to 12 apartments throughout

Carbon, Monroe and Pike Counties with the goal of providing safe and affordable housing opportunities for Medical Assistance-eligible adults with a mental illness and/or a substance abuse disorder who are: homeless; at risk for institutionalization; at risk for homelessness and/or temporarily unable to secure adequate income to maintain decent and affordable housing. In addition, the provider will provide for contingency funds to assist members to remove financial barriers to assist them in being successful. This project also includes a full time coordinator to provide housing support services which include, but are not limited to: screening and selection of program participants; locating apartments; assisting members with budgeting; explaining the sublease rental agreement; and providing community resource lists and recommending supportive behavioral health and other services that may benefit the member and assist in their successful tenancy. This coordinator will work closely with our CMP MH/DS Housing Coordinator as we will be referring to this program.

b) <u>Strengths and Needs:</u>

Older Adults (ages 60 and above)

- Strengths:
  - Through Administrative and Targeted Case Managers we continue to collaborate with the Office of Aging in providing appropriate services to older adults.
  - The C-M-P MH/DS Housing Coordinator continues to reach out to nursing homes in our communities to build working relationships and offer Mental Health First Aid and QPR Trainings. Progress has been minimal, but the efforts continue.
  - We have current copies of the Memorandum of Understanding for each county Area Agency on Aging. We have worked collaboratively to meet the needs of numerous older adults living in the community. Staff from CMP MH/DS sit on the local Older Adult Task Force.
  - Blue Mountain Health Systems has an Older Adult Psychiatric Unit at their Palmerton Site in Carbon County.

- Needs:
  - We have made little to no progress in being able to influence nursing homes to accept individuals with Mental Illnesses.
  - Early identification of the aging population with serious mental illness could be improved to prevent reactionary planning. We would like to develop a system with The Area Agency on Aging that would identify individuals who need mental health supports prior to hospitalization or crisis.
  - Some training in Mental Health First Aid has been provided to personal care homes in the past, but staff in these facilities continue to need additional training focusing on what is developmentally appropriate for the aging population and how aging is affected by mental illness.

Adults (ages 18 and above)

- Strengths:
  - The wide array of residential services for CHIPP and Base-funded individuals remains a strength in our counties. It includes residential services, including rent subsidy, Master Leasing, supported independent living apartments,

supported independent living programs, CRR, Specialized CRR, and Specialized Personal Care Homes.
    - Supportive mental health services such as outpatient, case management, ACT, certified peer specialist, psychiatric rehabilitation, social rehabilitation, supported employment, a Warm Line, mobile crisis, medical mobile, crisis residential, and extended acute care are available in the community.
    - Community Care Behavioral Health, our Health Choices Department, and local providers have partnered with us to continue to expand availability of Tele-psychiatry.

- Needs:
    - Safe, affordable housing remains one of the highest needs within our three communities. This is especially true for individuals living on SSI (Disability) and those who have no income. The amount that they receive monthly, often around $550.00, will not cover rent in a one bedroom apartment in any of our counties. The Fair Market Rent for a one bedroom apartment in Carbon County is $815, Monroe County is $943, and Pike County is $861. The rental market, is much higher than the surrounding counties in the northeast. In addition, recently our mental health vouchers through the Monroe County Housing Authorities are being put on hold due to lack of funding. We have 25 vouchers of which 5 are unable to be utilized due to the hold. The Section 8 Housing List has been closed for new application for a very long time.
    - Transportation continues to be a barrier and is complicated by the limited housing market. Monroe and Carbon Counties both have public transportation; however, many of the individuals we serve do not live on bus routes. They are often dependent on Shared Ride, but this is unreliable and can take a full day for an hour long appointment. Pike County has no public transportation. This has often been a barrier for individuals to follow through with their treatment plans and for them to access community activities that are part of their personal medicine in their wellness-recovery plan. It has also increased our “no show” rates for the outpatient providers.
    - Despite our additions of Tele-psychiatry, access to a psychiatrist is a challenge. It is very difficult to recruit and maintain a psychiatrist in our three counties. We often lose them to bordering states or the Lehigh Valley.
    - Despite adding a new, innovative provider for employment, we have difficulty finding employment opportunities for individuals with serious mental illnesses. We need to focus on transitioning youth so that we can intervene with employment concepts earlier in a person’s recovery. The provider was unable to find successful employment opportunities for the individuals that were identified.
    - Medicare’s requirements continue to limit the access that their members have to therapists and psychiatrists. In fact, this issue has gotten worse over the past year. We have less providers who have Medicare qualified staff and those that do are not taking new referrals.

- We need increased availability of evidence-based practices/promising practices such as Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, and Trauma Informed Systems of Care.

Transition-age Youth (ages 18-26)

- Strengths:
  - As a result of a reinvestment plan from three years ago, a provider developed a Supported Independent Living Program for Transition Age Youth. This program provides supported living in apartments throughout the community. The youth are then given the option to participate in a Transition Age Psychiatric Rehabilitation Program that is also open to youth in the community.
  - Targeted Case Management is available for youth.
  - CASSP Coordinators are highly involved with Transition Age Youth who have a history of multiple agency involvement. They assist in the transition from the children's system to the adult system.

- Needs:
  - Youth who have been in a higher level of care such as a Residential Treatment Facility or Therapeutic Foster Care and/or have chronic mental health symptoms and want to work toward independence do not have a professionally staffed housing option that can provide case management and the acquisition of independent living skills. Our current programs require that youth already have the ability to live independently.
  - Provider staff at RTF and Therapeutic Foster Care/CRR Programs need training to address discharge needs such as independent living skills, vocational/employment issues, and linkage to income and benefits. Often youth coming out of foster care, RTF, and CRR lack the skills they need to take part in an independent living situation.
  - While Community Care Behavioral Health has approved additional providers who are ABA Certified, additional specialized services for youth on the Autism Spectrum are needed.
  - As indicated with adults, we have difficulty finding employment for youth in this age group who have a history of mental illness. The educational system needs to work in greater partnership with the Office of Vocational Rehabilitation (OVR) and provide meaningful vocational opportunities at a younger age.

Children (under 18)

- Strengths:
  - We have few youth in RTF and CRR Placement. The three county monthly averages for RTF are 18. Our three county monthly averages for youth in CRR placement is 11.
  - A wide array of services are available including outpatient, school-based outpatient, BHRS, family based, PCIT, Rapid Response, Student Assistance Program, school-based partial, and respite.
  - All of the CASSP Coordinators and their supervisors have been SAP trained.

    - School-based Outpatient is available in four school districts and 10 individual schools within our three counties.
    - We have a strong CASSP System. CASSP Coordinators are highly involved with youth at risk of, or involved with, out-of-home placements. Our Monroe County CASSP Coordinator is a shared position (jointly funded) with MH/DS and Children and Youth.
- Needs:
    - There are no inpatient mental health beds in our three counties for youth and at times it is very difficult to find beds that are available within a reasonable distance. This is becoming increasingly difficult. There are times when youth remain in local emergency departments for multiple days and then are ultimately discharged to their parent or guardian with minimal intervention being provided. This is even more prevalent when the youth has a diagnosis of autism or intellectual delay and if they have any history of aggression.
    - Residential Treatment beds are becoming increasingly difficult to find. Programs have closed and remaining programs are either full or indicated that the youth being referred have an acuity level that is too high for their program.
    - Therapeutic Foster Care/CRR for youth has become less available. The providers have fewer host families that are willing to work with youth who have a history of aggression, sexual acting out, or ID issues. Additionally, CRR Group Home options are limited. Some youth, especially some of the older adolescents do not do well in family settings, but do not require RTF level of care. Having CRR Group Home as an option for them would provide an opportunity for them to live in the community.
    - There is a lack of affordable options for summer activities for children.
    - There is a lack of child certified psychiatrists in our counties.
    - Access to psychiatry in general is limited.
    - Despite training that has been provided through QPR and Youth MHFA, additional training on mental health is needed for school personnel.
    - Development of vocational programs at the target age of 14.
    - More community based alternatives to divert youth from RTF admissions.

Individuals transitioning out of state hospitals

- Strengths:
    - We have successfully completed six CHIPP Projects.
    - CHIPP Coordinators are involved in the CSP Meetings for each person and we require that a Discharge CSP be completed.
    - The CSP Plan follows the individual into the community where regular meetings are held to review and update the plan. The CHIPP Coordinators and/or the county case managers attend these meetings.
    - Crisis plans for each individual are reviewed and updated during these meetings.
    - There is excellent communication between individuals, families, providers, CCBH Staff, and county staff.

- Needs:
  - More discharge options for individuals with co-occurring disorders.
  - Better coordination of benefits prior to discharge. Those returning to the community need to be able to apply prior to discharge and receive their Medicaid benefits immediately upon discharge.
  - CMP has identified the need for at least 6 beds in a Regional Long Term Structured Residence to increase in the discharge and release options for consumers in the state hospital, extended acute care, and the criminal justice system. This project has been stalled due to funding and finding a regional partner. While we do not consider this to be an ideal situation for community based living, it has been identified as a need based on CSP recommendations.

Co-occurring Mental Health/Substance Use Disorder

- Strengths:
  - We have a variety of providers who have a co-occurring component.
  - The Mental Health Outpatient provider is co-located with the Drug and Alcohol provider in Pike County.
  - The county mental health staff and the SCA staff work very well together.
  - There are two Inpatient Drug and Alcohol Treatment Programs located in Monroe County, one of which also includes a detoxification program. One of these programs is expanding in the new fiscal year.
  - Our staff greatly benefits from the trainings provided by Drexel University.
  - Pyramid Behavioral Health opened an Outpatient Mental Health and Substance Abuse Clinic in Monroe County and is in the process of doing the same in Pike County.
  - Multi-agency participation on Carbon, Monroe, and Pike County Opioid Task Forces.
  - A provider in Monroe County, Pocono Mountain Medical, was chosen as a Center of Excellence. They have begun the process of serving individuals from our area.
  - Warm Hand Off has been developed in Carbon and Pike Counties. This is being developed in Monroe County as well.
- Needs:
  - Additional availability and affordability of services such as Suboxone are necessary.
  - Drug and Alcohol confidentiality laws prohibit collaboration in some cases.
  - The Opioid Crisis continues to ravage our area. There are an alarming number of deaths occurring from overdoses.

Justice-involved individuals

- Strengths:
  - CIT has had a positive impact in our three counties improving collaboration and training and this program continues to grow and develop.
  - Expansion of our Forensic Department, now consisting of 3 Forensic Case Managers and a supervisor to work with justice involved individuals.
  - Individuals who are incarcerated are able to apply for Medicaid benefits prior to release. Our FCM's have access to the Compass shortened application for inmates to help individuals apply for Medicaid.
  - Involvement in all three counties Criminal Justice Advisory Boards and projects.
  - Carbon County started a Veterans Court and our FCM is involved with weekly meetings to assist with mental health resources, services, and information.
  - We are beginning the discussion of some form of a day reporting center being created in Carbon County and CMP MH/DS is part of this planning team and will be part of the day programming.
  - We offer T4C (Thinking for a Change) Cognitive Behavioral Therapy in the three county correctional facilities and in the communities of all three counties.
- Needs:
  - Shared financial support from the Justice System in order to continue and increase resources such as forensic case management and services within the correctional facilities.
  - Safe, affordable housing options outside of high risk areas would help reduce recidivism.
  - Increased availability to CBT and other evidence-based/promising practices while incarcerated and in the community.
  - More efforts and/or teams to support diversion and re-entry from the criminal justice system.

Veterans

- Strengths:
  - Communication with the Veteran's Outreach Coordinators has improved over the past few years.
  - Collaboration with Hope for Veterans has been productive.
  - The PA Annual Veteran's Conference is an excellent resource for available services and approaches.
  - Implementation of a Veteran's Court in Carbon County and an FCM from our Forensic Department is involved in weekly meetings to share mental health resources, services, and information.
- Needs:
  - The nearest Veterans Center is an hour from most of our residents, so transportation is often an issue. It would be helpful if the veteran's benefit could be utilized to purchase needed services at local clinics.

- Additional training for community mental health staff regarding Cognitive Processing Therapy and veteran issues in general is needed.

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

- Strengths:
  - There are support/social groups in two local high schools.
  - The Rainbow Alliance has a presence in Monroe County.
  - There is an increased awareness of the population and their needs within the behavioral health system.
  - Providers have sent staff to trainings to learn more about what is needed to better serve this population. One outpatient provider indicates that they have a specialty in this area and a number of independent therapists locally identify this as a specialty.
  - Our agency hosted training on LGBTQI issues in June of 2016. All of our staff attended. We recommended this training to all provider agencies and many community groups.
- Needs:
  - Additional support groups, not affiliated with schools.
  - Community awareness of this population and services available to these individuals and their families.
  - It would be beneficial for additional providers to develop competency to assist individuals who identify in one of these groups.

Racial/Ethnic/Linguistic minorities (including Limited English Proficiency)

- Strengths:
  - There is an acute awareness of cultural diversity among service providers and human service staff.
  - Agencies are beginning to hire more bilingual staff.
  - CMPMHDS has recently been fortunate enough to interview and hire additional Spanish speaking staff members.
- Needs:
  - We have few interpreter services available. Those we do have need at least a 24-hour notice. The services are prohibitively expensive.

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

- Strengths:
- Needs:

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)

Some of our staff, including our CASSP Coordinators did attend the Youth and Families on the M.O.V.E. Conference last June and we did attend the Cultural and Linguistic Competency Session. We do not have plans set to provide training this upcoming year until we have a budget and then will determine what we can or cannot plan for.

c) Supportive Housing:

The DHS' five- year housing strategy, *Supporting Pennsylvanians through Housing*, is a comprehensive plan to connect Pennsylvanians to affordable, integrated and supportive housing. This comprehensive strategy aligns well with OMHSAS planning efforts, and OMHSAS is an integral partner in its implementation. Supportive housing is a successful, cost-effective combination of affordable housing with services that helps people live more stable, productive lives. Supportive housing works well for people who face the most complex challenges—individuals and families who have very low incomes and serious, persistent issues that may include substance use, mental illness, and HIV/AIDS; and may also be homeless, or at risk of homelessness.

SUPPORTIVE HOUSING ACTIVITY *Includes Community Hospital Integration Projects Program (CHIPP), Reinvestment, County base funded or other projects that were planned, whether funded or not.* ***Include any program activity approved in FY 16-17 that is in the implementation process. Please use one row for each funding source and add rows as necessary.***

1. Capital Projects for Behavioral Health	☐ Check if available in the county and complete the section.

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

Project Name	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17 (only County MH/ID dedicated funds)	Projected $ Amount for FY 17-18 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18	Number of Targeted BH Units	Term of Targeted BH Units (ex: 30 years)		Year Project first started

2. Bridge Rental Subsidy Program for Behavioral Health	☐ Check if available in the county and complete the section.

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

	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18	Number of Bridge Subsidies in FY 16-17	Average Monthly Subsidy Amount in FY 16-17	Number of Individuals Transitioned to another Subsidy in FY 16-17	Year Project first started
	Reinvestment	0	35,436	0	14 to 18	0	0	0	17/18

3. **Master Leasing (ML) Program for Behavioral Health**	☐ Check if available in the county and complete the section.

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

	*Funding Source by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17 –18	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY 16-17	Average subsidy amount in FY 16-17	Year Project first started
	MH Base and County Resources	$263,513	$263,513	19	19	1	19	13,869	2010

4. **Housing Clearinghouse for Behavioral Health**	☐ Check if available in the county and complete the section.

An agency that coordinates and manages permanent supportive housing opportunities.

	*Funding Source by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18			Number of Staff FTEs in FY 16-17	Year Project first started

5. **Housing Support Services for Behavioral Health**	☐ Check if available in the county and complete the section.

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

	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18			Number of Staff FTEs in FY 16-17	Year Project first started
	MH Base and County Resources	$15,226	$15,226	32	32			1	1998
	MH Base and County Resources	$49,400	$79,503	251	251			1.5	2013
	Reinvestment	0	66,239.	0	14 to 18			1	17/18

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 etc.

	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18			Average Contingency Amount per person	Year Project first started
	Reinvestment		13,000.	6	6			$2,167	17/18
	(RHD FlexFunds)	115,920.77	155,966.83	160	160			$724	2008

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 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.**

	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18	# of Projects Projected in FY 17-18 (i.e. if PBOA; FWLs, CRR Conversions planned)	# of Projects projected in FY 17-18 (if other than PBOA, FWL, CRR Conversion)		Year Project first started

d) <u>Recovery-Oriented Systems Transformation:</u>

1. Children's Services

Narrative including action steps:

Children's services are a top priority. There are no options for inpatient behavioral health treatment for youth in our counties. In fact there have been numerous occasions when we have been unable to locate a bed on an inpatient unit throughout the state and a young person has had to stay in the emergency department of the local hospitals, at times for 3 days or more. In most cases, these children have ended up going home or to foster care without behavioral health intervention. This, paired with a spike in the number of youth suicides in our counties. In 2016 there were 6 suicides under the age of 25 and several more have been reported this year. We have recently begun experiencing providers not being able to deliver BHRS Services as prescribed and an ongoing limited availability of psychiatry time both leading to increased need for youth to need crisis based services. We have begun discussions with our provider network, CCBH, and community partners about these issues. We have also continued our effort to collaborate with HealthChoices and CCBH to provide Rapid Response Trainings. The purpose of this training is to equip motivated BHRS professionals with skills to better engage families in treatment, to treat more quickly, and to better assess the true needs for services before a family engages with traditional BHRS and other behavioral health services. 14 participants were trained in 15/16, 18 were trained in 16/17, and we will continue this program for the 2017/2018 fiscal year. There will be 18 participants including Therapists and Behavior Specialists. In conjunction with CCBH, an RFP for additional Family Based Services was released and an announcement of the selected service providers will be made imminently.

Timeline:

Rapid Response Training-Running from February 2017-December 2017. There will be 13 sessions all together.

Family Based Providers are set to begin taking referrals by the end of October of 2018. The other efforts are ongoing.

Fiscal and Other Resources:

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

Tracking Mechanism:

We will continue to monitor by receiving reports and monitoring referrals and services. The number of training participants will be documented. There will be follow up sessions held with participants. Individuals who are served by those trained in Rapid response will be followed using data sheets and an access data base. We will track hospitalizations, out of home placements, educational gains, and family satisfaction.

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

We will use this information to ensure that people are getting services they need at the appropriate level of care. We will also use this information to guide our communication and collaboration with other agencies within our communities.

2. Safe Affordable Housing

Narrative including action steps:

Safe Affordable Housing continues to be one of our top 5 priorities. As indicated in last year's plan, we want to expand supportive housing options for individuals in our communities. We were approved for a Health Choices Re-investment plan for this level of care. This project will include providing master leasing and/or bridge funding for up to 12 apartments throughout our counties. The project includes financial assistance for bridge housing and for transitioning to an independent lease, coordination and referral, landlord liaison, community outreach and resource development.

Timeline:

This is a 4 year project that will target individuals with a serious mental illness and/or those with a co-occurring substance abuse disorder, however, all of the target populations, except for children could benefit from the project. The program is targeted to be fully implemented by January of 2018.

Fiscal and Other Resources:

The majority of the funding will be reinvestment funds, in the amount of $744,388. Medicaid funds and Base funds will be utilized for behavioral health services for individuals who participate in this project.

Tracking Mechanism:

This project will be monitored by database, case notes from case managers, and monthly reports from providers. We will measure success in the program by the person maintaining involvement in the program, paying their portion of the rent on time, positive interactions with the landlord, involvement in work and/or education, reduction or elimination of hospitalization and/or incarceration, maintaining recovery activities, and ultimately, their ability to transfer a lease into their own name and living independently.

We will use this information to identify future needs in this area and to use for writing reinvestment plans and/or grant proposals.

3. Community Awareness

Narrative including action steps:

Community awareness is a priority for the coming year. We have already begun meeting with community partners including D&A, local hospitals, BH Providers, advocacy agencies, and one bank, to discuss how we can make behavioral health services better known in the community. Many people make comments like, "I didn't know these services existed." We would like to get to a place where everyone knows how to get help when they need it. One of the strategies we hope to use is social marketing. We would like to push forward a campaign within the next fiscal year. We have already compiled information packets that we use at community events. We would like to develop a presence on social media (Facebook, Twitter, Instagram), but want to do so in a responsible way. We plan on hiring an IT Assistant to manage the social media accounts, among other responsibilities. We continue to work on other avenues that can help spread awareness of our services. We have created a public service announcement that plays before every movie at Cinemark movie theatres in the Stroud Mall. Our agency information is on prescription bags handout out a pharmacy in Pike County and we are currently working on this type of project with a Carbon County resource.

Timeline:

An agency Facebook Page will be developed by July 31, 2017.

A Twitter account will be developed by April 30, 2018.

This process has begun and will be a yearlong process. If it proves to be successful in raising awareness, we will continue the effort. We plan to have a Carbon County option developed by January of 2018.

Fiscal and Other Resources:

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

Tracking Mechanism:

We will determine the success of the Social Media by tracking “likes” and “shares” of information that is posted.

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

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

4. Forensic Population

Narrative including action steps:

The forensic population continues to be a priority. Through our Forensic Case Management Transition and Re-entry Program, we are continuing to provide Case Management services within the correctional facilities in our counties. We have increased our forensic department to three full time forensic case managers and a supervisor. These individuals work with people upon incarceration and during their transition back into the community to help decrease recidivism. In addition, CBT Groups will continue in the correctional facilities and the community. This program is designed for individuals who are justice involved, and has included those in all other target groups, except children.

We will host our fourth 40 hour CIT Training for police officers in our three counties.

Carbon County has created a Veteran’s Treatment Court. MHDS staff will participate in continued planning and revision of this court and is part of the team. Our staff attends the weekly meetings and make referrals and linkages to services and supports within the community.

Timeline:

This Forensic Case Management and CBT Group efforts are already in place and will continue indefinitely.

The CIT Training will be held in April of 2018.

Veterans’ Treatment Court is in place and occurs weekly.

Fiscal and Other Resources:

The case managers are funded through MHDS using state base funds. The CBT groups are funded by using state base funds for the uninsured and Medicaid/CCBH for those who qualify.

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

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

Tracking Mechanism:

Forensic Case Management and CBT is monitored by the Forensic Case Management Supervisor, monthly reports, and billing. We track outcomes including recidivism, attendance, and completion of the program.

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

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

This information will be utilized to determine if these efforts are providing positive outcomes. They will guide us in our decision making related to continuing and/or increasing our efforts in this area.

5. Psychiatric Time

Narrative including action steps:

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

Timeline:

These efforts have already begun and will be ongoing.

Fiscal and Other Resources:

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

Tracking Mechanism:

We will continue to monitor the progress in this area by tracking referrals and wait times for psychiatric evaluations and medication monitoring appointments. These efforts will benefit all priority groups. We will request quarterly reports from outpatient clinics indicating the number of doctors, CRNP, and physician's assistants they have employed and the number of hours they work. We will also monitor wait times for psychiatric appointments.

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

e) <u>Existing County Mental Health Services:</u>

Please indicate all currently available services and the funding source or sources utilized.

Services By Category	Currently Offered	Funding Source (Check all that apply)
Outpatient Mental Health	☒	☒ County ☒ HC ☐ Reinvestment
Psychiatric Inpatient Hospitalization	☒	☒ County ☒ HC ☐ Reinvestment
Partial Hospitalization	☒	☐ County ☒ HC ☐ Reinvestment
Family-Based Mental Health Services	☒	☒ County ☒ HC ☐ Reinvestment
ACT or CTT	☒	☒ County ☒ HC ☐ Reinvestment
Children's Evidence Based Practices	☒	☐ County ☒ HC ☐ Reinvestment
Crisis Services	☒	☒ County ☒ HC ☐ Reinvestment
Emergency Services	☒	☒ County ☒ HC ☐ Reinvestment
Targeted Case Management	☒	☒ County ☒ HC ☐ Reinvestment
Administrative Management	☒	☒ County ☐ HC ☐ Reinvestment
Transitional and Community Integration Services	☒	☒ County ☐ HC ☐ Reinvestment
Community Employment/Employment Related Services	☒	☒ County ☐ HC ☐ Reinvestment
Community Residential Services	☒	☒ County ☐ HC ☐ Reinvestment
Psychiatric Rehabilitation	☒	☒ County ☒ HC ☒ Reinvestment
Children's Psychosocial Rehabilitation	☐	☐ County ☐ HC ☐ Reinvestment
Adult Developmental Training	☐	☐ County ☐ HC ☐ Reinvestment
Facility Based Vocational Rehabilitation	☒	☒ County ☐ HC ☐ Reinvestment
Social Rehabilitation Services	☒	☒ County ☐ HC ☐ Reinvestment
Administrator's Office	☒	☒ County ☐ HC ☐ Reinvestment
Housing Support Services	☒	☒ County ☐ HC ☐ Reinvestment
Family Support Services	☒	☒ County ☐ HC ☒ Reinvestment
Peer Support Services	☒	☒ County ☒ HC ☐ Reinvestment
Consumer Driven Services	☒	☒ County ☐ HC ☐ Reinvestment
Community Services	☒	☒ County ☐ HC ☐ Reinvestment
Mobile Mental Health Treatment	☐	☐ County ☐ HC ☐ Reinvestment
BHRS for Children and Adolescents	☒	☐ County ☒ HC ☐ Reinvestment
Inpatient D&A (Detoxification and Rehabilitation)	☒	☐ County ☒ HC ☐ Reinvestment
Outpatient D&A Services	☒	☐ County ☒ HC ☐ Reinvestment
Methadone Maintenance	☒	☐ County ☒ HC ☐ Reinvestment
Clozapine Support Services	☐	☐ County ☐ HC ☐ Reinvestment
Additional Services (Specify – add rows as needed)	☐	☐ County ☐ HC ☐ Reinvestment

*HC= HealthChoices

f) Evidence Based Practices Survey:

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Current Number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Additional Information and Comments
Assertive Community Treatment	Y	168	T-MACT	MCO, CCBH, OMHSAS, Internal	Quarterly, Annually	Y	Y	
Supportive Housing	Y	120	Internal QI Audits	Agency	Quarterly	Y		
Supported Employment	N							Include # Employed
Integrated Treatment for Co-occurring Disorders (MH/SA)	N							
Illness Management/ Recovery	Y	45	Survey	Agency	Monthly, Quarterly	Y	Y	
Medication Management (MedTEAM)	N							
Therapeutic Foster Care	Y	42	Regulation5 5310 and 3700	OMHSAS, OCYF, CCBH, MBH and internal	Quarterly and Annually	N	N	
Multisystemic Therapy	N							
Functional Family Therapy	N							
Family Psycho-Education	N							

***Please include both county and Medicaid/HealthChoices funded services.**

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

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer Satisfaction Team	Yes	230	
Family Satisfaction Team	Yes	90	
Compeer	No		
Fairweather Lodge	No		
MA Funded Certified Peer Specialist	Yes	64	
Other Funded Certified Peer Specialist	Yes	78	
Dialectical Behavioral Therapy	Yes	74	
Mobile Meds	No		
Wellness Recovery Action Plan (WRAP)	Yes	277	
High Fidelity Wrap Around	No		
Shared Decision Making	Yes	279	
Psychiatric Rehabilitation Services (including clubhouse)	Yes	234	
Self-Directed Care	No		
Supported Education	Yes	10	ACT Vocational Specialist
Treatment of Depression in Older Adults	Yes	51	
Competitive/Integrated Employment Services**	No		**Include # employed**
Consumer Operated Services	No		
Parent Child Interaction Therapy	Yes	0	Barrier to service delivery – no trained staff
Sanctuary	No		
Trauma Focused Cognitive Behavioral Therapy	Yes	70	
Eye Movement Desensitization And Reprocessing (EMDR)	No		
First Episode Psychosis Coordinated Specialty Care	No		
Other (Specify)CBT T4C (Thinking for a Change)	Yes	22	
Other: Seeking Safety	Yes	13	

***Please include both County and Medicaid/HealthChoices funded services.**
****Do not include numbers served counted in Supported Employment on Evidenced Based Practices Survey above [table (f)]**

h) <u>Certified Peer Specialist Employment Survey:</u>

"Certified Peer Specialist" (CPS) is defined as:

> An individual who has completed a 10-day Certified Peer Specialist training course provided by either the Institute for Recovery and Community Integration or Recovery Innovations/Recovery Opportunities Center.

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

- case management
- inpatient settings
- psychiatric rehabilitation centers
- intensive outpatient programs
- drop-in centers
- Medicaid-funded peer support programs
- consumer-run organizations
- residential settings
- ACT, PACT, or FACT teams

Total Number of CPSs Employed	**14**
Number Full Time (30 hours or more)	**4**
Number Part Time (Under 30 hours)	**10**

Intellectual Disabilities Services

Carbon-Monroe-Pike Mental Health and Developmental Services (CMP) provides a wide array of community-based services utilizing a person-centered approach and embracing the Everyday Lives Principles. We are providing supports in all licensed services including licensed community homes, life sharing, and all community-based day services as well as all unlicensed home and community-based habilitation services, companion services, respite (including camp), transportation, equipment and supplies.

	Estimated Individuals Served in FY 16-17	Percent of Total Individuals Served	Projected Individuals to be Served in FY 17-18	Percent of Total Individuals Served
Supported Employment	7	2%	7	2%
Pre-Vocational	14	4%	20	6%
Adult Training Facility	9	2%		%
Base-Funded Supports Coordination	373	36%	340	33%
Residential (6400)	6	2%	6	2%
LifeSharing (6500) unlicensed	5	1%	5	1%
PDS/AWC	0	0%	0	0%
PDS/VF	0	0%	0	0%
Family Driven Family Support Services	55	15%	65	19%

Supported Employment

Carbon-Monroe-Pike (CMP) has always promoted employment outcomes. Over time we have taken steps to encourage growth of the provider network offering employment services to increase the opportunities for consumers. Our ongoing commitment is evidenced in our activities to date, including the following:

- Development of Community Integrated Employment contracts.
- Development of training on discovery and customized employment for Supports Coordination staff.
- Development of two active Employment Coalitions that have brought together the stakeholders to address the employment challenges we face.
- Conducted several employment events to raise awareness of the employment community and provide skill training for students.
- We have several providers with job coaches who have been certified by Mark Gould Associates to provide discovery services. One provider is certified to assist in customized employment, and we have provided Base funding to it. Some providers also have access to benefits specialists who can help people gain jobs and retain some of their entitlements. If a provider does not have this service, Goodwill-Keystone has a benefits specialist to assist individuals and families.
- Utilized all opportunities to network with School District Administrators and staff to share resources and awareness of services and opportunities for students.
- Internally developed an Employment Tracking database to follow people with employment preferences identified in the PUNs, assure employment outcomes are included in the ISP, provide referrals to OVR and follow regularly with OVR staff, track existing OVR referrals and refer those with closure to C.I.E. services, as well as update employment screens when employed.

- We are establishing an Experience the Employment Connection team to assist an individual who has struggled to find employment despite having funded services in place. Our intention is to use this model as a pilot so others can receive this multidisciplinary model type of assistance. CMP will continue to be an active partner with the Project Search program at Kalahari Resort which has hired two individuals and has job offers for more. We are also working with a prevocational program that has enrolled in the Provider Bootcamp to transform into a community integrated employment model.
- ODP would benefit CMP by providing more technical assistance on areas such as transition, the changing service definitions and assistance with expanding partnerships with education, the Office of Vocational Rehabilitation and employers. We are still experiencing wait times with OVR referrals despite funding from ODP for a counselor solely dedicated to working with individuals with ID.

The Supports Coordinators have and will continue to receive Employment First training as well as receive assistance in locating community resources to help individuals become integrated in the community. The ISP process monitors transition plans for students going from school to work upon graduation. CMP will monitor that employment supports have been discussed with everyone, regardless of age or disability status. CMP also monitors if OVR referrals and/or service linkages are happening when an employment interest has been expressed.

CMP would like to suggest the relaxation or even elimination of the requirements of the use of Employment Pilot Funds. Doing so would allow counties to utilize those funds to address the employment needs at the local level such as providing employment supports to people outside of the current age range of the Pilot. The continuation of those funds as an "Employment" line item in the Base allocation would assure these funds are used for employment activities. Monitoring the use of those funds would occur by the local employment coalition and should be discussed at least annually with Regional ODP employment leads.

<u>Supports Coordination</u>

CMP supports coordination staff receive a significant amount of training every year. They participate in the employment coalitions, Consumer Quality Assurance Committee, Positive Practices, and other community based support and advocacy groups. They are our most valuable resource and the direct link to our communities. Administratively as well as through focused training and education, we will support the growth of their relationships with consumers and families. By building on these relationships, we encourage open dialogue and honest expression of hopes, dreams and desires.

CMP will utilize and publicize resources such as the PA Family Network, Special Kids Network and Advocacy Groups which the Supports Coordination Organization can use to help individuals and families locate natural supports in the community. We have already partnered with Pocono Parents of Down Syndrome (PPODS), the Kiwanis Aktion Club and Speaking Out. The Supports Coordinators share these resources with individuals and families when information is requested. The next step for us is to introduce people to these networks upon intake and an ongoing basis as part of our Communities of Practice initiative for network building.

The County will assist supports coordinators with planning for the waiting list by taking this process a step further. Currently, we use tracking systems which look at the needs of individuals as well as their urgency. Such systems help determine what funding takes place. In the *Communities of Practice - Charting the Lifespan* model, we will help individuals and families develop a long range picture of what both current and future needs are. With network building and a focus on finding supports in the

community, we will help individuals and families locate resources which will focus more on community-building and less on waiting for funded services which do not always promote independence or address a person's desire to be part of a community. Meanwhile, we will continue to track people on the waiting list with an emphasis on transitioning youth, people with aging and or ill caregivers, people in emergency situations with minimal natural supports and other areas. And we will work in collaboratively with our Mental Health Department to ensure that people with dual diagnosis (Intellectual Disability and Mental Health diagnoses) receive needed behavioral health supports to lead stable and inclusive lives in the community.

Life Sharing Options

CMP has a vibrant LifeSharing option across its provider network. We have emphasized this model of support both licensed and unlicensed for over 25 years. The county will continue to promote LifeSharing to everyone who considers a residential placement whether it is in the current fiscal year or more distant future. The county will continue to have regular meetings with providers to promote LifeSharing and boost capacity as well as engage in efforts to locate new providers that offer the service. The county has been identifying individuals in community living arrangements that would do well in less restrictive LifeSharing arrangements. We have been able to locate providers who have had a quick turnaround with residential placements when referrals have been made. Also, with limited community living arrangements, LifeSharing has often been the only residential resource available to us.

A significant barrier we now face is the age of the majority of our referrals. Close to 75% of new referrals are under the age of 26. Of the registered consumers, 60% are under the age of 30 years old. Additionally the most significant waiting list initiatives in the past 10 years have been focused on the needs of High School graduates – individuals 21 years old or younger. This demographic group is opposed to this service and is looking for a more independent living arrangement or being supported in their own home. We support the need for more training for providers so the expectations are clear regarding LifeSharing families as well as their roles and responsibilities. We will systematically review 6400 licensed settings for consumers that may want to discuss LifeSharing options. We respectfully request that ODP continues to assist with start-up funds to help build capacity and offer technical assistance for how families can now provide this service, as well as help market the service so people are aware of the options that will be provided with the service definition changes effective July 1, 2017

Cross Systems Communications and Training

During the last five years, CMP has experienced a very high number of dually diagnosed young adults entering the MH/DS system. As a result CMP has increased its collaboration between the MH and ID departments. We began regular forums to identify the concerns and strategize solutions.

In Fiscal Year 2015/2016 our activities focused on interdepartmental collaboration on high risk, working with the MH, CAASP and Health Choices departments to develop a High Risk Profile Awareness tool that allows for predictability of a higher level of support. In addition to the tool, the team initiated discussions with a functioning Dual Diagnosis Treatment Team provider and has been able to access those services through the Health Choices partners.

CMP is also continuing its collaboration with our local *Area Agency on Aging* offices to provide cross-training, case reviews, and participate in *Office of Long Term Living Aging/ID Team* grant opportunities. Activities include our continued participation in two LINK/ADRC (Aging Disability Resource Center) collaborations: Monroe-Pike-Wayne Counties and Carbon-Luzerne-Lackawanna Counties. CMP Developmental Services also teamed up with *Diane T. Meyers & Associates* and *Monroe, Pike and Wayne County Area Agencies on Aging* to develop a "Shared Housing Project" that will offer yet another

housing option for those aged and developmentally delayed. In addition, we meet jointly with the Monroe County Area Agency on Aging for cross training on our respective services as well as our coordination in managing cases that arise through the Adult Protective Services legislation.

CMP continues its collaboration with the three local Children, Youth and Families (CYF) offices through CAASP Coordination liaisons and cross training. CMP also collaborates with the local *HealthChoices* managed care organization through complex case review meetings and Interagency Councils in all our counties.

The County will use base funding to assist community providers with being able to more fully support individuals with multiple needs through the Health Care Quality Unit which conducts Individual Consumer Data Collections with recommendations for individuals with complex health care needs, psychopharmacology reviews for individuals with multiple medications, the iPad lending library for communication needs, online and in person trainings, technical support and health promotions (screenings, smoking cessation, healthy diets, etc.) The county also has access to funds from CCBH to utilize a Dual Diagnosis Treatment Team (DDTT) which provides behavioral and emotional supports for individuals at risk of long term psychiatric placement.

CMP is an active participant in the IU #20 and IU #21 Transition Councils and has two Employment Coalitions in the three counties interacting with school districts about available supports for individuals and families. The County also has an Early Intervention Program which networks with school districts. We participate in local community fairs and transition events at local schools and colleges. The Quality Manager will continue to meet Rehabilitation and Special Education majors to teach them about available resources.

<u>Emergency Supports</u>

CMP assures that all identified priority groups, graduates, EPSDT age-outs, and children receiving CYF services receive supports coordination services. The assigned Supports Coordinator assures that the individual and/or their family completes a Prioritization of Urgency of Need for Services (PUNS) form. Additionally, the Supports Coordinator will locate and coordinate access to all available community services as well as assist in the development of natural supports. If indicated, we assist individuals with the process to enroll in MA and explain the waiver and waiver capacity status. We also give individuals information regarding local advocacy groups who assist others with access to the ID system.

If the need of the individual cannot be met by natural supports and waiver capacity is not available, the Supports Coordinator requests base funding from the county. Base funding may be available on a first come first serve basis and also authorized by level of need as assessed by the PUNS and consumer and the consumer planning team.

CMP's Developmental Services Department maintains an after-hours on-call crisis system that is manned by Supports Coordination managers and Administrative Entity staff. The staff on rotation is trained on Emergency Services and experienced in locating respite and other interventional services within the community. The system uses an 800 number and a live voice system that is contracted to Resources for Human Development (RHD). The system operates 24 hours a day and seven days a week. RHD also operates a Crisis Residential Program that may be utilized given availability of beds and meeting the basic criteria of the program. The on-call system addresses all issues relative to ID services and is able to respond to emergency needs outside of normal work hours. The on-call system collaborates with MH services on dual diagnosis cases. Last year during a training initiative, the County required that all individuals working in the crisis system had dual diagnosis training.

Base funds available to our County to meet the needs of the ID population are extraordinarily limited. However, some limited funds are set aside every year primarily for crisis for ID consumers. Three years ago these already restricted funds were cut during the state budget process by ten percent. As a direct result, many dollars that were reserved for emergency needs diminished proportionately. The majority of the base funds we receive are utilized to serve legacy individuals - people who do not qualify for waiver services but have been receiving residential or day services in our network for many, many years.

If an individual needs emergency services, residential or otherwise, during regular business hours, a contact is made with the County Waiver Coordinator or designee (Deputy Administrator or Administrator) and a search is then conducted with local respite providers while also ensuring that the individual's health and safety is protected. Identification and plan for emergency services is done on an individual basis.

Consumers who emerge in these situations can be identified by a number of providers or within our Supports Coordination system. Supports Coordinators closely work with our county team in order to secure priority services for these individuals assisting with maintaining health, safety, and welfare. There are a variety of factors which create quite a few challenges within these situations, many of them stem from the system itself which is designed on a central model and does not, in itself, respond well to these emergencies. Providers are very limited in their ability to respond due to regulations both on a licensing and a funding side. Timely payment of providers is an issue, but more importantly the system models of care are not well developed in order to serve what appears to be an increasingly complex and challenging cohort of individuals.

The County will continue its high risk care management process where we are systematically identifying those individuals who present at higher risk for an emergency situation. Within that context we have identified a number of factors which pertain to this group of individuals such as dual diagnosis: Mental Health; Intellectual Delay; a history of involvement with Children & Youth; a history of abuse including sexual; a history of substance abuse in the individual's family; adoptive and foster care; history of extensive BHRS services as well as multiple residential treatment facilities; history of trauma; and fetal alcohol syndrome. All of the factors and more appear to place children and adults in high risk situations for emergency service needs.

In the next phase of our planning process we are looking for models and solutions in order to provide earlier intervention to this group of individuals, believing that supports and services offered in a different paradigm will reduce the number of emergencies and trauma that are experienced by this extremely vulnerable group of people.

Administrative Funding

CMP decided it was time to change the discussion at the ISP meeting. We have begun to focus on participant centered planning by getting away from the service-oriented modality and more towards outcomes thinking which focuses on what changes people want to make in their lives. Supports Coordinators will get natural supports training and change their mode of thinking about Individual Support Plans (ISPs). Instead of focusing on reading ISPs page by page, the emphasis will be on desires and interests of the individuals. The county ISP Reviewer and Quality Manager will provide training and review plans to ensure that individuals are being linked to natural supports and have Individual Service Plans that are participant directed.

- All Developmental Services staff at CMP received training in *Communities of Practice – Charting the LifeCourse* in order to assist them in building the skills needed to understand and improve the person-centered thinking model, and to provide support to individuals and families across the lifespan.

- The AE and SCO partnered to create quarterly Provider meetings where Providers share ideas and discuss *Communities of Practice* and how we can work together to provide Everyday lives and community involvement to the individuals that we serve.

- CMP has been an active participant in the ODP Provider Orientation process to educate new Providers on working with ODP. The training includes the responsibilities involved; risk mitigation, everyday lives and person centered planning.

- The upcoming year will include some of our staff being involved in the restructuring of the ID Intake process to include a component to serve individuals with Autism. In order to be successful with this added responsibility, we will partner with our MH Department to design a standardized registration process and provide as much information as possible to help families support their son or daughter consistently.

- CMP will introduce individuals and families to the PA Family Network upon intake, through waiver monitoring and also Individual Support Plan meetings. CMP will also advertise the PA Family Network through the creation of a listserv for individuals and families as well as through the existing Provider network which has quarterly meetings. Information will be placed on the CMP MH/DS web site, and also on a new Facebook group.

- CMP will work with the PA Family Network to set up trainings for families on the *LifeCourse* as well as promote the PA Family Network as a tool to help individuals and families network. CMP has trained the Supports Coordinators on this model and will train the Intake Administrative Case Managers as well as promote the tool to stakeholder groups that self-advocates and families are involved with (Pocono Parents of Down Syndrome, Pike Autism Support System, Pennsylvania Autism Network, IU#20 Local Task Force, Speaking Out, Kiwanis Aktion Club, Consumer Quality Assurance Council, etc.). CMP at the present time only requires technical assistance on the model and funds to help promote it, train families and other stakeholders.

- The County will continue to request that the HCQU does Consumer Data Collections for individuals with health and behavioral needs as well as disseminate that information to individuals, supports coordinators and providers to assist. The HCQU will promote Health Promotions to expand awareness on the unique health needs of individuals with ID as well as train provider staff on how to better care for individuals with health issues, fall risks, and communication challenges. The iPad lending library will continue to receive county funding to help individuals with communication challenges.

- Data generated by the HCQU will be used to establish target objectives that the County Quality Plan will address. Consumer Data collections contain data on high risk health areas which will be tracked by the Quality Manager to determine which areas providers and families need technical support in addressing. The Quality Manager will meet with the HCQU Director quarterly as well as have ongoing communication regarding health needs the HCQU staff can help address.
- The County will monitor that considerations made in surveys are addressed by Supports Coordinators and the people who support individuals with ID. Each May, we will have a Self-Advocacy Day to train self-advocates on how to express needs to those they work with.

- The Advocacy Alliance will compile a report on the data generated in the IM4Q surveys by the Independent Monitoring Teams. The county will meet the IM4Q at Quality Council meetings to

review the data compiled from IM4Q surveys so quality management goals can be established on areas individuals are focusing on. In the past this has involved employment, communication and self-advocacy.

- The County will work with the HCQU, providers and bolster its Quality Lives Training Committee to better train staff and family members on how to support individuals with higher levels of needs as well as provide more community-based resources Supports Coordinators can offer to individuals and families.

- The County will use the ISP process and trainings to help Supports Coordinators work with teams on identifying what risks are, how to balance the risks with an individuals need to be independent and how teams can address risks so individual's health and safety is protected.

- The County will continue to use the Quality Lives Training Committee and Quality Council as avenues to disseminate information on risk areas and interventions that can be used for risk mitigation. As mentioned, a Listserv and Facebook page will be developed to help communicate matters of importance to our stakeholders.

- CMP will utilize the Regional county housing coordinator when support staff is unable to help individuals and families locate residential living options. With the new service definitions, providers will be able to assist families when housing issues come up that are not stable. For individuals, we will continue to engage with our provider network first with an emphasis on local supports where individuals are near loved ones before relying on the county housing coordinator for assistance.

- The County will continue to provide assistance, if needed, to Providers with Emergency Preparedness Plans through its provider monitoring processes and Quarterly Provider meetings.

Communities for All

CMP currently has six people in ID State Centers. Two people are identified as part of the Benjamin Settlement. Four people remain in State ID Centers. One person chooses to stay and three people are prevented from leaving by families that have exercised their guardianship and substitute decision maker influence for over 25 years.

CMP is working with a provider, a State Center, Supports Coordinator and ODP staff on assisting an individual in returning to the community in 2017-2018. CMP will continue to use quarterly meetings with providers and other communication avenues to locate resources to help individuals in congregate settings become successful in the community. We are actively working with the other individuals and their teams in discharge planning.

CMP recognizes that not all congregate settings exist only at ID State Centers. Knowing that, we have decided to implement a tracking database of individuals living in Skilled Nursing, Personal Care Boarding Homes and larger sized ICF/ID facilities. Once compiled, we will attempt to engage in discussions with the person, their family, Supports Coordination and current staff to inform them of the community options and then assess for the supports needed to make that a reality.

CMP will continue to offer this choice, ongoing, at all planning meetings. CMP Supports Coordination Organization will avail themselves to the person to conduct Person Centered Planning. CMP will educate the local community provider network of people that are considering transitioning to the

community. CMP will commit available waiver capacity to all individuals choosing to live in the community.

Lead County for Health Care Quality Unit (HCQU)

CMP is the lead county for Eastern PA HCQU and is closely involved with the development and monitoring of its activities. The HCQU is comprised of Carbon, Monroe, Pike, Lehigh, Northampton and Berks counties. Please see a summary of their services below.

In FY 2016-2017, the Eastern PA HCQU provided the following services:

▪ Classroom Training	1,072
▪ Web Based Training	12,786
▪ Persons Trained	11,957
▪ Consumer Health Assessments	235
▪ Technical Assistance calls	12,373
▪ Psychiatric Consults	10
▪ Pharmacological	45
▪ iPads	125
▪ Tele-psychiatry	54

Additional innovative supports are provided through the HCQU Behavior Support Team. The Behavior Support Team provides an array of services to individuals with dual diagnosis who need assistance in navigating and accessing mental health, intellectual disability, and medical services. There were 29 individuals served in FY 2016-2017.

▪ Training Education/Consultation	63
▪ Team Meetings	37
▪ Doctor Appointments	10
▪ Referrals	72
▪ Other Technical Assistance	85

Finally, the county will engage the local IM4Q program by adding questions to the surveys which focus on natural supports and interests that individuals and families have to become more involved and connected with their communities. IM4Q will help provide data and feedback regarding our shift to a Communities of Practice model and continue to let us see if individuals and families are satisfied with the services provided to them.

What kind of support do we need from ODP to accomplish these activities?

CMP respectfully requests that the Office of Developmental Programs develop a strategy to fairly formulate the growth of Waiver Administration funds to match the growth of the County's waiver capacity.

There has been no increase in Waiver administration funding since the Fiscal Year 2009/2010 start up for the Quality Management Initiative (annualized FY 2010/2011). Actually Waiver administration funding has decreased since that time with the FY 2011/2012 10% budget freeze when the Base Maintenance Allocation was also decreased. For CMP that reduction had a $132,000 impact to Base funded programs and waiver administration. During that time period of FY 2010/2011 to the present, Waiver capacity in CMP has increased by 26% from 483 to 611 consumers enrolled in the waiver.

CMP respectfully request that ODP shorten the period of time that it takes to issue the reports so data is more current.

ODP could assist our efforts by offering providers more training and technical assistance on the new service definitions so we can see how these services can help people with higher levels of need continue to integrate into the community and avoid more restrictive residential settings. ODP can assist by having regional trainings for supports coordinators and provider staff on risk mitigation so that teams can be better equipped to help balance risk and the independence people would have in an Everyday Life.

Our County program remains committed to the consumers of Carbon, Monroe and Pike counties and will continue to manage our responsibilities as set forth in the Administrative Entity Operating Agreement but are much challenged to do so with limited resources.

HOMELESS ASSISTANCE SERVICES

For the 2017/2018 fiscal year, Carbon County will maintain a continuum of services to homeless and near homeless individuals and families via a renewed subcontract agreement with the Carbon County Action Committee for Human Services (CCACHS). As the county's local Community Action Agency, CCACHS has been actively involved in Emergency and Affordable Housing Assistance for more than 55 years and is fully acquainted with the local human services network and needs of the target population. It has assisted various coalitions in gathering the characteristics and incidence of homelessness in the area; and was responsible for establishing the county's first Emergency Homeless Program which continues to operate today through the coordination of various resources including the Homeless Assistance Program, PA DHS Emergency Shelter Assistance, Community Services Block Grant, the Salvation Army, United Way and other local resources, as well as the county's 2015 & 2016 Emergency Solutions Grant and Human Services Development Fund.

CCACHS possesses the necessary equipment, fixed assets, and support staff required to operate the HAP program and will offset the cost of utilizing this equipment and staff with other funds. Linkages and partnerships have been established and continue to exist with emergency food, clothing, and furniture banks; local shelters; utility companies; landlords; the Housing Authority; and other area service providers.

The following describes the continuum of services to individuals and families who are experiencing homelessness or facing eviction via Carbon County's 2017-2018 Homeless Assistance Program:

A. Bridge Housing

Description of Services Offered: None

How Efficacy is Evaluated: N/A

Proposed Changes for FY 2017-2018: N/A

Explanation of why Service is Not Provided: No services are proposed to be offered under this category due to limited availability of HAP funds and the county's continued prioritization of homeless and homelessness prevention related Rental Assistance and Case Management services during the 2017-2018 fiscal year.

B. Case Management

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

secured if required, other issues that may hinder the household's ability to improve self-sufficiency are addressed. During the 2017/2018 fiscal year, 35 households or appoximately 90 persons are anticipated to receive HAP Case Management Assistance.

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

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

Proposed Changes for FY 2017-2018: No changes are proposed for the delivery of HAP Case Management Services for the 2017-2018 fiscal year.

Explanation of why Service is Not Provided: N/A

C. Rental Assistance

Description of Services Offered: Rental Assistance in the form of rental payments, security deposits, and/or utility deposits or payments (not to exceed established program limits) will be provided to eligible homeless/near-homeless households with annual incomes at or below HAP's 200% of FPIG (with priority given to eligible individuals and families at or below the 150% FPIG when demand exceeds available program funding). Services are provided to assist eligible individuals and families secure and/or retain safe, stable, permanent housing. As such, program participants will be required to document sufficient income and/or projected resources to support future housing costs, and confirm their landlord or prospective landlord's willingness to rent to them prior to receiving assistance. During the 2017/2018 fiscal year, 30 households or 76 persons are anticipated to receive HAP Rental Assistance.

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

- The number of near-homeless households and persons for which eviction was resolved as a result of HAP Rental Assistance Services;
- The number of homeless households and persons that were stably re-housing as a result of HAP Rental Assistance Services.

Proposed Changes for FY 2017-2018: No changes are proposed for the delivery of HAP Rental Assistance Services for the 2017-2018 fiscal year.

Explanation of why Service is Not Provided: N/A

D. Emergency Shelter

Description of Services Offered: For the 2017/2018 fiscal year, $5,000 of Human Services Development Fund Dollars has been budgetged to provide HAP Emergency Shelter

Assistance in the form of lodging at a local motel/hotel for 10 eligible homeless individuals or families (or 15 total persons) who are unable to secure other immediate suitable housing arrangements through any of the other available services within the county. Because of limited funding, this service will only be provided as a last resort and will be limited to the lesser of 10 days stay or until the eligible individual or household can secure other suitable housing arrangements or be referred and accepted into a shelter in Carbon or another nearby county. Other shelter services available in the county, include a temporary shelter for homeless families with children through Family Promise of Carbon County and a temporary shelter for single men through the faith-based Peaceful Knights. CCACHS works in close conjunction with both in the coordination and provision of its various homeless related services.

How Efficacy is Evaluated: Efficacy of the HSDF Supported HAP Emergency Shelter Assistance Services will be measured using the following indicators:

- The number of homeless households and/or persons who were removed from homeless conditions as a result of the short-term emergency hotel lodging services provided;
- The number of homeless households and persons that were permitted to enroll and participate in longer term shelter as a result of the short-term emergency hotel lodging services provided; and
- The number of homeless households and persons that were permitted to transition to other stable housing arrangements as a result of short-term emergency hotel loding services provided.

Proposed Changes for FY 2017-2018: This is a new servce.

Explanation of why Service is Not Provided: N/A

E. Other Housing Supports

Description of Services Provided: None

How Efficacy is Evaluated: N/A

Proposed Changes for FY 2017-2018:

Explanation of why Service is Not Provided: No services are proposed to be offered under this category due to limited availability of HAP funds and the county's continued prioritization of homeless and homelessness prevention related Rental Assistance and Case Management services during the 2017-2018 fiscal year.

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

G. Homeless Management Information Systems: Both the county administrator and the county's HAP provider (CCACHS) are registered and participate in the PA HMIS Client Track database as a result of the county's 2015 and 2016 Emergency Solutions Grant (ESG) Award. Although neither PA HMIS account currently includes available HAP or other Housing Serivces, both the county and CCACHS are hopeful to have their accounts reformatted to include such services within the 2017-2018 Fiscal Year.

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

Carbon County plans on utilizing its FY 2017-2018 HSDF funds as follows:

A. Adult Services: Please provide the following:
Program Name: *None*
Description of Services: N/A
Service Category: Please choose an item. N/A

B. Aging Services: Please provide the following:
Program Name: None
Description of Services: N/A
Service Category: Please choose an item. N/A

C. Children and Youth Services: Please provide the following:
Program Name: None
Description of Services: N/A
Service Category: Please choose an item. N/A

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

During the 2017/2018 fiscal year, $22,000 of the county's HSDF has been budgeted to enalble Forty-Two (42) households receive these Generic Chore Minor Home Repair services. Services will be provided to to both Adult and Aging Populations at or below the Adult Services 250% of the Federal Poverty Income Guidelines.

Service Category: Chore - Provides for the performance of unskilled or semi-skilled home maintenance tasks, normally done by family members, and needed to enable a person to remain in his own home, if the person or family member is unable to perform the tasks.
Please indicate which client populations will be served (must select at least **two**):

☑ Adult ☑ Aging ☐ CYS ☐ SUD ☐ MH ☐ ID ☐ HAP

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

Program Name: *Generic Housing Related Service Planning/Case Management*

Description of Services: a coordinative series of staff activities with the client to determine what services are needed to help Adults (aged 18-59), Seniors aged 60 and over, and homeless or near homeless individuals and families regardless of age facing a housing related crisis either secure, retain, and/or maintain adequate stable housing that is essential to a household's family and economic stability. Services include a through intake and assessment of need; development of a service plan; ***and coordination of the timely provision of services required to enable families to resolve their housing related crisis and maintain safe, stable housing including but not limited to:***

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

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

During the 2017/2018 fiscal year, $22,000 has been budgeted to enable 50 households or 125 persons receive this vital Generic HSDF Housing Related Service Planning/ Case Management Assistance.

Service Category: Service Planning/Case Management - a series of coordinative staff activities to determine with the client what services are needed and to coordinate their timely provision by the provider and other resources in the community.
Please indicate which client populations will be served (must select at least **two**):

☑ Adult ☑ Aging ☐ CYS ☐ SUD ☐ MH ☐ ID ☑ HAP

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

Program Name: None

Description of Services: N/A

G. Interagency Coordination: (Limit of 1 page)

For FY 2017-2018, $400 has been targeted for HSDF Interagency Coordination activities that improve the county's human services delivery system:

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

H. Other HSDF Expenditures – Non-Block Grant Counties Only: For the 2017/2018 fiscal year, $5,000 has been budgetged to provide HAP Emergency Shelter Assistance in the form of lodging at a local motel/hotel for 10 eligible homeless individuals or families (or 15 total persons) who are unable to secure other immediate suitable housing arrangements through any of the other available services within the county. Because of limited funding, this service will only be provided as a last resort and will be limited to the lesser of 10 days stay or until the eligible individual or household can secure other suitable housing arrangements or be referred and accepted into a shelter in Carbon or another nearby county.

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

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

Note: Please refer to Appendix C-2, Planned Expenditures for reporting instructions.

I. Administration – For FY 2017-2018, $600 has been targeted for HSDF Administrative Support activities including receipt and disbursement of funds; securing & maintaining necessary agreements; reporting and all other contract compliance issues.

SUBSTANCE USE DISORDER SERVICES

1. *Waiting List Information:*

Detoxification: Although there have been no formal waiting lists encountered the time frame to obtain a bed at an inpatient detoxification has been a challenge. Many times staff/providers are unable to obtain a bed immediately, but rather within a few days.

Non-hospital rehabilitation services: The ability to obtain beds is similar to comments listed in the detoxification section.

Medication Assisted treatment: The only waiting list encountered has been through a provider who had a change in doctor. The time frame to recruit a doctor and again begin services can be a lengthy. There have been no waiting lists with existing providers for suboxone otherwise. The demand for these services continues and as a result we have been working to bring Vivitrol services locally. We currently have one provider providing these services and are adding an additional provider offering mobile services to address the rural nature of our counties.

Halfway House services: We have not encountered any waiting lists in this area.

Partial Hospitalization: We have no local services for this service and contract with a Residential Partial Program. We have not encountered any waiting lists in this area.

Outpatient: Our functional Outpatient Unit has encountered waiting lists with a high demand for services. As a result, we have contracted with an additional provider. This provider has struggled with staff retention to date. This provider has recently added a full time equivalent and part time counselor to help address capacity. Our Pike County provider has been operating at close to capacity and as a result we have contracted with an additional provider who is now in the process of obtaining their license from DDAP and Promise enrollment. There are no current waiting lists at any of our providers.

2. *Barriers to accessing any level of care:*

The largest barrier in terms of access has been bed availability for inpatient services. The amount of individuals seeking detoxification and inpatient rehabilitation has increased. As of February 2017 we have already placed more individuals in these services than the whole last fiscal year. New initiatives related to 24 hours on call and hotline services have increased the access for individuals seeking these services. In addition, initiatives to place individuals directly from the county jails have increased the number of individuals competing for the existing beds.

3. *Narcan resources available in the county:*

Through the SCA we have distributed 375 naloxone kits with trainings in the community over the last year. We have partnered with a provider to aid us in this process. We have also met with local first responders/police departments to encourage participation and provide known resources for funding. We have provided local school districts information on how to obtain naloxone for their districts. The SCA has created a brochure that is taken to local health fairs on how to recognize an overdose and resources to obtain training and kits through the state issued standing order at local pharmacies. Currently the SCA is exploring for the new fiscal year how to provide ongoing community trainings and potential use of vouchers for pharmacies where individuals can obtain a single dose.

4. *Resources developed to address the opioid epidemic:*

The SCA has developed a warm hand off policy with local emergency departments approved by DDAP. This has been a challenging process requiring follow up meetings on a regular basis. The concerns have been around change in personnel at local hospitals, merging of one hospital, and additional hospital opening. In addition, one of our counties does not have a hospital within the county. Another issue is that our emergency departments are staffed with doctors from an outside agency. It is difficult to get these doctors engaged and committed to the process. In many cases the doctors are not ordering the consult with the crisis workers to initiate the process. In addition, some individuals once revived refuse transport to the hospitals. To deal with this issue the SCA has provided local ambulance and police with our tear off pads which include information on how to seek out drug and alcohol services and contact our 24-hour emergency line. In July 2016 we started our 24-hour emergency line which is covered by our case management staff and supervisors. This process has proven to be more effective than our previous way of handling after hours having the ability to speak to a live person instead of receiving phone numbers to call. Local emergency departments have the 24-hour emergency line as a back up to contacting Pyramid Call Center which is part of the warm handoff. The goal is to make it as easy as possible for emergency department staff to place individuals after an overdose with additional support from our staff. We have also increased our case management staff to have a position that can be mobile during business hours to assist the local hospital. This case manager is also available for emergent walk in appointments at the office. We have also added in December 2016 a full time Recovery Support Specialist to work with individuals within the office and community providing coaching, support, and aiding clients with resources for non-treatment needs. As an additional resource for community stakeholders the SCA developed tear off pads which have been distributed throughout all three counties with all of the prescription drop box locations. In Carbon and Monroe County Opiate Task Forces have been developed. These task forces are currently working with the University of Pittsburgh Technical Assistance Center to do strategic planning and improve data collection on overdoses. The task forces have held community events to provide education to families of those addicted and resources for support. In Monroe County the task force has started a subcommittee to deal specifically with the number of births at the local hospital being born addicted to opioids. The SCA plans to utilize a case manager to aid in reaching the addicted pregnant mothers and work with Nurse Family Partnership through the hospital to improve outcomes in this area. In Pike County a grassroots group called Hope4Pike is serving as the Opiate Task Force at the request of local officials. We have offered our support to them as needed. In Pike County the SCA has been part of initial discussions for police assisted placement in treatment. We have participated with police officers from the Glouster Initiative on conference calls and have had discussions on how to implement locally. The SCA has done outreach efforts through brochures on how to get help based on a person having no insurance, Medical Assistance, or Third Party insurance which we distribute at local health fairs. We have hung posters throughout the three counties with tear-off pads of the providers and 24-hour emergency line and replace pads regularly. We have also created a large overdose memorial which we take to community events with pictures of local individuals who we have lost to overdose to raise awareness of this issue. The SCA continues to distribute materials purchased through the PA STOP campaign to raise awareness of the connection between prescription drug abuse and heroin addiction.

5. Treatment Service Expansion:

The SCA is currently working under two grants to bring Vivitrol in combination with an evidenced based curriculum into our local correctional facilities. As well, we are expanding Vivitrol services working with Positive Recovery Solutions, mobile Vivitrol unit, starting in May 2017, to further offer options for this Medication Assisted service in our rural areas throughout the three counties we cover. We will be expanding by an additional provider in Pike County in State Fiscal Year 2017-2018 to address capacity issues. We have begun talks with a local provider about ambulatory detoxification for opioids in conjunction with Partial Hospitalization services as an alternative to inpatient due to bed availability issues. In Carbon County we are working with the local criminal justice system on strategies around Re-entry, potential of drug court or day reporting center utilizing a case manager. In Monroe County we will be looking at a case manager to assist Street to Feet, local homeless program, in providing drug and alcohol resources and referrals. As previously mentioned we are looking at a case manager assisting addicted pregnant mothers to improve outcomes of births at the local hospital in Monroe County.

6. Emerging trends impacting services:

The biggest trend we have been seeing involves individuals who are now combining opioids with methamphetamines. These individuals can be difficult to place and present with unpredictable behaviors. This is complicated when they are in need of inpatient services and we cannot obtain a bed due to lack of availability. Many times these individuals present at our functional unit or provider locations under the influence or following a visit the local emergency department. In some instances, they have not eaten or slept for days and are highly agitated. The outpatient providers do not have the resources to keep these individuals at their location for extended periods of time, and can become a safety issue.

Target Populations Resources:

Adults: The SCA has contracted providers for all levels of care to include Outpatient individual and group, Intensive Outpatient individual and group, Recovery Support Services, Case Management, Residential Partial, Short and Long Term Rehabilitation, Detoxification, and Halfway House. Medication Assisted Treatment utilizing Suboxone, Methadone, and Vivitrol is also offered. In addition, Early Intervention is offered in Carbon County.

Adolescents: The SCA has contracted providers for Outpatient Individual, Group, and Case Management. There are no local providers of Intensive Outpatient or Partial as there is not a demand for these services. The SCA will have to seek out a new inpatient provider for adolescents as the current contracted provider is closing as of mid-May 2017. The issue is that there is not much availability for inpatient adolescent services on the Eastern part of the state. This makes it difficult for families to participate in the adolescent's care. The SCA also provides prevention/Student Assistance Services in all of the local school districts, with the exception of one who has their own staff person.

Individuals with Co-Occurring Disorders: The SCA refers individuals to inpatient rehabilitation specifically for Co-Occurring Services per our contracts, one of our current contracted Outpatient Providers is in the process of obtaining their mental health license, other contracted providers on outpatient level do Co-Occurring groups as needed based on census. Recovery Support Services and Case Management are offered and coordinated with existing services through MHDS. The SCA works

collaboratively with the local MHDS office on shared cases and through the Healthchoices process. In addition, the SCA and MHDS partner on community presentations and workgroups frequently. For example, in Monroe County we are currently working on a Moses Taylor Grant to assess the behavioral health needs in the county and then plan on how we can work together to improve service delivery.

Women with Children: The SCA contracts with Women and Children inpatient facilities. Our contracted Outpatient providers offer the same services to Women with Children as they do adults, although pregnant women are a priority population. There are no specialized programs, although some outpatient providers offer Women's Groups.

Overdose Survivors: Emergent Case Management services are offered during business hours, warm handoff protocol with local hospitals, and same services as Adults noted earlier. Overdose Survivors are a priority population.

County's identified priority populations: The SCA's priority populations are Pregnant Injection Drug Users, Pregnant Substance Abusers, Injection Drug Users, Overdose Survivors, and Veterans. Restrictions to access of Assessment and admission to Treatment do not apply to these populations. These individuals must be offered admission into level of care immediately. In the event of a waiting list these individuals will take priority. These individuals will also be offered interim services which includes case management and provision of resources while they wait for services to begin. Individuals are notified of these services at the time of assessment when they sign the consent to services form. In addition, these populations are offered the same services as adults. The SCA also provides a case manager as part of Carbon County's Veterans Court to coordinate services for the Veteran. As mentioned previously Overdose Survivors have access to the warm hand off protocol at local hospitals.

Recovery Oriented Services:

Currently we have two full time Recovery Support Specialists who in the process of trainings and testing to become a CRS. One is employed by our functional unit in Carbon County who covers our office and our contracted provider PATH. In addition, individuals who are not active at a provider location can still access these services in Carbon County. Our contracted provider, Catholic Social Services, employs a full time position who covers Monroe and Pike Counties currently. The Pike County location of Catholic Social Services is considering hiring their own position in the near future. These individuals meet with clients in the office and community and aid them in working on non-treatment needs. They also serve as a coach when clients are struggling to attend treatment or to encourage a client to seek out the needed level of care. They meet clients at appointments and court to offer support and advocacy. In Carbon County the Recovery Support Specialist goes to jail, to aid in successful re-entry, and is available to go to the hospital to meet with individuals on medical or behavioral health units.

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

Carbon-Monroe-Pike MH/DS, Drug and Alcohol, and Carbon County HSDF & HAP	1. ESTIMATED INDIVIDUALS SERVED	2. DHS ALLOCATION (STATE & FEDERAL)	3. PLANNED EXPENDITURES (STATE & FEDERAL)	4. COUNTY MATCH	5. OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES					
ACT and CTT	27	$ 239,759	$ 239,759		
Administrative Management	1,200	$ 710,236	$ 710,236	$ 60,365	
Administrator's Office		$ 225,332	$ 225,332	$ 25,037	$ 24,255
Adult Developmental Training		$			
Children's Evidence Based Practices		$			
Children's Psychosocial Rehabilitation		$			
Community Employment	11	$ 27,000	$ 27,000	$ 3,000	
Community Residential Services	251	$ 4,566,721	$ 4,566,721	$ 6,215	
Community Services	1,384	$ 26,507	$ 26,507	$ 2,945	
Consumer-Driven Services	1,101	$ 35,393	$ 35,393		
Emergency Services	233	$ 178,763	$ 178,763	$ 12,801	
Facility Based Vocational Rehabilitation	2	$ 20,556	$ 20,556	$ 2,284	
Family Based Mental Health Services	1	$ 12,500	$ 12,500		
Family Support Services	106	$ 19,488	$ 19,488	$ 1,512	
Housing Support Services	109	$ 444,643	$ 444,643	$ 8,882	
Mental Health Crisis Intervention	1,286	$ 809,641	$ 809,641		
Other		$			
Outpatient	116	$ 100,525	$ 100,525	$ 5,578	$ 53,611
Partial Hospitalization	3	$ 10,000	$ 10,000		
Peer Support Services	5	$ 13,521	$ 13,521		
Psychiatric Inpatient Hospitalization	10	$ 40,000	$ 40,000		
Psychiatric Rehabilitation	24	$ 142,271	$ 142,271		
Social Rehabilitation Services	68	$ 142,130	$ 142,130	$ 5,048	
Targeted Case Management	181	$ 905,535	$ 905,535		$ 945,748
Transitional and Community Integration	634	$ 521,958	$ 521,958		$ 29,083
TOTAL MENTAL HEALTH SERVICES	6,752	$ 9,192,479	$ 9,192,479	$ 133,667	$ 1,052,697
INTELLECTUAL DISABILITIES SERVICES					
Administrator's Office		$ 1,708,694	$ 1,708,694	$ 23,039	$ 300
Case Management	373	$ 194,971	$ 194,971	$ 21,663	
Community-Based Services	85	$ 629,810	$ 629,810	$ 40,141	
Community Residential Services	11	$ 712,928	$ 712,928		
Other		$			
TOTAL INTELLECTUAL DISABILITIES SERVICES	469	$ 3,246,403	$ 3,246,403	$ 84,843	$ 300

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

Carbon-Monroe-Pike MH/DS, Drug and Alcohol, and Carbon County HSDF & HAP	1. ESTIMATED INDIVIDUALS SERVED	2. DHS ALLOCATION (STATE & FEDERAL)	3. PLANNED EXPENDITURES (STATE & FEDERAL)	4. COUNTY MATCH	5. OTHER PLANNED EXPENDITURES
HOMELESS ASSISTANCE SERVICES					
Bridge Housing					
Case Management	90		$ 6,000		
Rental Assistance	76		$ 20,759		
Emergency Shelter 5,000 in HSDF	15		$ 5,000		$ -
Other Housing Supports					
Administration			$ 600		
TOTAL HOMELESS ASSISTANCE SERVICES	181	$ 27,359	$ 32,359		$ -
SUBSTANCE USE DISORDER SERVICES					
Act 152 Inpatient Non-Hospital	160		$ 172,605		
Act 152 Administration			$ 19,179		
BHSI Administration			$ 39,000		
BHSI Case/Care Management	232		$ 25,420		
BHSI Inpatient Hospital					
BHSI Inpatient Non-Hospital	71		$ 102,482		
BHSI Medication Assisted Therapy	25		$ 22,900		
BHSI Other Intervention					
BHSI Outpatient/IOP	406		$ 200,091		
BHSI Partial Hospitalization					
BHSI Recovery Support Services	12		$ 900		
TOTAL SUBSTANCE USE DISORDER SERVICES	906	$ 582,577	$ 582,577	$ -	$ -
HUMAN SERVICES DEVELOPMENT FUND					
Adult Services					
Aging Services					
Children and Youth Services					
Generic Services	167		$ 44,000		
Specialized Services					
Interagency Coordination			$ 400		
Administration			$ 600		
TOTAL HUMAN SERVICES DEVELOPMENT FUND	167	$ 50,000	$ 45,000		$ -
Please note any utilization of HSDF funds in other categoricals and include: categorical and cost center, estimated individuals, estimated expenditures.		Note: 5,000 of HSDF included under HAP Emergency Shelter Assistance to assist 15 eligible persons			
GRAND TOTAL	8,475	$ 13,098,818	$ 13,098,818	$ 218,510	$ 1,052,997

County Human Service Planning Team

December 1, 2016

Carbon-Monroe-Pike

AGENDA

I. Introductions and Overview

II. Approval of Plans

III. Expansion of Block Grant in PA

IV. Budget Rumors

V. System of Care Updates

- A. MH/DS
  - i. EI
  - ii. MH
  - iii. DS
  - iv. HC
- B. D&A
- C. C&Y
- D. AAA
- E. HSDF

VI. Public Input

VII. Wrap Up

VIII. Next Meeting Date

724 Phillips Street
Stroudsburg, PA 18360
(570) 420-1900, ext. 3364
www.cmpmhds.org

Carbon-Monroe-Pike County Human Service Planning Team

Date: Thursday, December 1, 2016
Time: 10:30 am – 12:00 pm
Location: Monroe County Area Agency on Aging, 724 Phillips Street, Stroudsburg

Print Name	Signature
1. Susan Zeigler	Susan Zeigler
2. Tina Clymer	[illegible]
3. Jennifer Williams	Jennifer Williams
4. Nancy Brown	Nancy Brown
5. Dr. S. Dorgopol	[illegible]
6. Bob M. Kulski	[illegible]
7. Patty [illegible]	[illegible]
8. Sally Schaefer Newton	Carbon CEN
9. Jill Bainbridge	[illegible]
10. Fred [illegible]	Fred [illegible]
11. Michael Tukeva	[illegible]
12. Mary Fisher O'Brien	Mary Fisher O'Brien
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CARBON-MONROE-PIKE

COUNTY HUMAN SERVICE PLANNING TEAM

MINUTES – December 1, 2016

A regular meeting of the Carbon-Monroe-Pike County Human Service Planning Team was convened by Tina Clymer, C-M-P MH/DS Administrator, on this date at 10:35 a.m. in the Monroe Area Agency on Aging Conference Room located at 724 Phillips Street, Stroudsburg, Pennsylvania.

Present were Jill Bainbridge, Fred Beltz, Nancy Brown, Tina Clymer, Dr. Samuel Dolgopol, Patty Fretz, Rob Mikulski, Salli Schatz Newton, Michael Tukeva, Jennifer Williams, Susan Zeigler, and Mary Fisher O'Brien.

Introduction. Tina Clymer opened the meeting by thanking everyone for their attendance. Attendees introduced themselves.

Approval of Plans. Ms. Clymer reported that the Carbon-Monroe-Pike County Human Service Plan was approved.

Expansion of Block Grant in PA. Ms. Clymer reported that at the PACA MH/DS Fall Conference it was announced that the block grant will be open for other counties to apply to enter the block grant. Essentially the line items will remain the same with the exception of Children & Youth's Special Projects being removed. Carbon County receives their funds through the Needs Based Budget, not the Special Programs. The consensus is that being a Joinder does not make it logical to enter the block grant.

Budget Rumors. It was rumored at the PACA Fall Conference that a budget freeze may occur after January. However, last week Dennis Marion from OMHSAS disputed this rumor. Rob Mikulski from D&A said they also heard it would not happen. There have been no projections on the FY 2017-18 budget.

SYSTEM OF CARE UPDATES

Developmental Services. Fred Beltz reported that DS just received their FY 2016-17 allocation letter last week. It remains basically the same as last fiscal year with slight changes to housing. The DS department is busy with system upgrades that are more consumer and family friendly, and redesign of the Waiver program and service descriptions. Mr. Beltz is trying to assess the impact of the Waiver changes on the agency for the next five years. Changes to the system of regulations that drives licensing and other, mostly provider activity, have just been rewritten and are out in draft form for comment. There will also going to be a rate refresh for providers, particularly around the fee schedule, and also a redesign of the rate setting methodology for, primarily, residential providers. The Needs Assessment for Waiver qualifications is changing for determine people's level of need for Waiver services, tied to the rate setting methodology/fee schedule. Compliance Monitoring will be consolidated. Now when someone enters the autism spectrum, they can be registered in the DS system from birth and will be eligible for services through MH/DS. In the past they have been separate. This may result in an influx of people.

We applied for a Regional Collaborative of the National Communities of Practice. This is a national movement that Pennsylvania has joined. Nineteen agencies have applied; all were

approved. The purpose is to start communication with consumers and families to plan for services across their life span since needs change with age. There may be kick-off meetings planned in our three counties. The hope is that the programs are self-sustaining by the stakeholders.

Mental Health Department. Jennifer Williams is the newly appointed Deputy MH Administrator. The MH Department is expanding by one Forensic Case Manager (FCM) who will cover both Pike and Monroe Counties. Currently the agency only has one full time FCM in Carbon, and one full time FCM in Monroe. The FCM learns the forensic system, goes into the prisons, and assists with consumers' re-entry to the community.

HealthChoices. BHRS wrap-around services are being revamped at the state level. Qualifications, services, and terminology changes are expected, but are still being developed. No date announced yet.

CMP Drug & Alcohol. Rob Mikulski reported that their new 24/7 Call Line is going well. Finding bed space is tough. Judge Marks had PCCD do a presentation on their survey. He is pushing for a project out of Penn State to match school curriculums with what they are seeing in their districts. They are using empirical data on risk factors, protective factors (low/high) to develop it. D&A has developed pads with information on the location of Take-Back Boxes for medications. Commissioner Osterberg strongly supports this effort. D&A are distributing the pads with the locations.

Children and Youth. Sallianne Schatz reported that they are expecting to get their budget allocation letter in February. After a long period of time, they are finally at full staff with 11 caseworkers. Their placements have increased for various reasons. They have been working well with the Mahoning Motel to assist with temporary housing for those on the wait list for housing. Community Care has been regularly denying many of their placements, five in the last three months, to RTFs and CRRs. They keep appealing them. Placements are difficult to find. They are seeing an increase in teenage girls needing homes. Tina Clymer reported that she will check with their Carbon County CASSP Coordinator and, if needed, reach out to identify the teens to assist with meeting their needs.

Area Agency on Aging. Patty Fretz reported that in April 2016, Maxima began doing level of care assessments and enrollment for consumers for nursing homes. This was previously performed by the Aging Offices. The new process is not going well. Consumers are on the waiting list too long (e.g. some are dying before placement). For those who chose to stay in their home to receive services, it is called the Waiver Program. They must meet the criteria (e.g. financially and clinically eligible). Maxima is enrolling consumers into the Waiver Program very slowly. Instead of having five-to-seven people enrolled per month, they are now lucky to have seven total since April 2016. Ten, total, were approved. The state is trying to improve the work by making Maxima accountable. Monroe AAA is following up on those they referred, as are a lot of other AAA offices. They have discovered that people are not receiving the services needed. The state changed the process because they felt there was a conflict of interest because they would do the enrollment and then service coordination.

Starting July 2017, other managed care agencies will be doing the Waiver Program's Service Coordination. There are three insurance companies who have received the bid. It will be rolled out in the Southwest region of PA first. January 2019 is when it is anticipated to begin in the Northeast region under managed care. It will be up to the managed care agencies to decide if they will do the service coordination themselves, or bid it out. AAA professional association started an

organization called C3, "Comprehensive Care Connection." Most of the AAA offices are on board to be part of it so that the managed care agencies can contract with C3, since they will not want to contract with individual AAA offices. Then they can have a piece of the service coordination since they feel they do it well.

There is a pilot, grant program for Shared Housing in Pike, Wayne and Monroe Counties, only for seniors. It matches people to live together. The grant will mostly pay the salaries of two individuals who will connect and match individuals with homes. MH/DS is also involved in this. Start date to be determined; was originally January 1, 2017. This program is only operating in a few counties across the state.

Monroe AAA is understaffed to date. They have lost five employees over the past year to the County Assistance Office who pays higher. Several staff are retiring, or planning to, as well. Patty is retiring January 20.

Susan Zeigler from the Carbon AAA Office reported that some of their programs are going through a new way of doing things such as the nursing home transition program for consumers who are transitioning from a nursing home back to the community. Regarding the enrollment Waiver, the forms are not currently available for the independent enrollment broker. Therefore, they work with the Link Program with a person-centered counselor in the Aging Office, so they can help them get paid something. They are also down a case manager and need to hire because they are extremely busy.

Monroe County Grants Office. Nancy Brown reported that they are ending one cycle and beginning anew. Contracts are out. No big changes to grant; they want to be expand the announcement next year for agencies to apply. They are hoping to receive new funding for an increase with HSDF. They will be making their web site more user-friendly over the year.

Pike County HSDF. Tina Clymer reported that she heard in a meeting that Pike County's HSDF funds are supporting a new agency delivering Meals on Wheels. Funds were reduced to others to help provide more funding for Meals on Wheels. Susan shared that there is definitely a need there in Monroe County too.

Pocono Alliance. Michael Tukeva reported that their Help Line is going well. Michael also sits on the Economic Planning Council. He will share pertinent information from this group with council for awareness and support.

Public Input. None.

Wrap up. Nothing else to report.

Next Meeting Date. February 23, 2017 at 10:30 a.m.

The meeting was adjourned at 11:50 a.m.

Respectfully submitted,

Mary Fisher O'Brien

Mary Fisher O'Brien, Secretary

COUNTY HUMAN SERVICE PLANNING TEAM

Carbon-Monroe-Pike

February 23, 2017

AGENDA

I. Introductions and Overview

II. Approval of Plans

III. Budget Information

IV. System of Care Updates

- A. MH/DS
  - i. EI
  - ii. MH
  - iii. DS
- B. D&A
- C. C&Y
- D. AAA
- E. HSDF

VI. Public Input

VII. Wrap Up

VIII. Next Meeting Date

724 Phillips Street
Stroudsburg, PA 18360
(570) 420-1900, ext. 3364
www.cmpmhds.org

Carbon-Monroe-Pike County Human Service Planning Team

Date: Thursday, February 23, 2017
Time: 10:30 am – 12:00 pm
Location: Monroe County Area Agency on Aging, 724 Phillips Street, Stroudsburg

Print Name	Signature
1. Dr. S.J. Dolgopol, Ph.D.	[signature]
2. Nancy Brown	Nancy Brown
3. Tina Clymer	[signature]
4. Salli Schatz Newton	Carbon Co C&Y
5. Robert Dunn	[signature]
6. Brian LaVacca	[signature]
7. Jen Williams	[signature]
8. Janine Drake	[signature]
9. Michael Tukeva	[signature]
10. Fred Belz	[signature]
11. Mary Fisher O'Brien	Mary Fisher O'Brien
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CARBON-MONROE-PIKE
COUNTY HUMAN SERVICE PLANNING TEAM
MINUTES – February 23, 2017

A regular meeting of the Carbon-Monroe-Pike County Human Service Planning Team was convened by Tina Clymer, C-M-P MH/DS Administrator, on this date at 10:35 a.m. in the Monroe Area Agency on Aging Conference Room located at 724 Phillips Street, Stroudsburg, Pennsylvania.

Present were Fred Beltz, Nancy Brown, Tina Clymer, Dr. Samuel Dolgopol, Jamie Drake, Brian LaVacca, Salli Schatz Newton, Robert Ruiz, Michael Tukeva, Jennifer Williams, and Mary Fisher O'Brien.

Introduction. Tina Clymer opened the meeting by thanking everyone for their attendance. Attendees introduced themselves.

Approval of Plans. Ms. Clymer reported that Carbon-Monroe-Pike MH/DS' Human Service Plan for FY 2016-17 was approved after revisions to the Mental Health section. OMHSAS also approved the MH portion and provided feedback and recommendations to the agency. Recommendations included establishing a timeline and plan on how to make stated improvements. Some improvements are contingent on available funding.

System of Care Updates

MH/DS. Ms. Clymer provided everyone with a copy of MH/DS' Customer Service Initiative publication that reports the results of their survey that was conducted last year.

Early Intervention. Fred Beltz reported that EI continues to grow, having served more than 75 children than last year. Staff has been inundated with requests as evidenced by the department serving over 800 children this past year, either actively with plans and services or those being tracked. Referrals continue to increase, possibly due to good Child Find activities and better awareness of hospitals and pediatricians/clinicians. Staff is struggling to keep up with demands. The agency's expense is in excess of the allocation for EI Services as they head into rebudget time. They are hoping to have budget needs met since the state wants to keep providing these mandated services.

Mental Health. Jennifer Williams reported that much of the MH Department's administration has been going through transition. There are new Train the Trainer sessions being offered for both Mental Health First Aid (MHFA) and Question Persuade Refer (QPR) to providers and school districts. CMP will pay for their training to gain more trainers in the school system and community. MHFA is in May and June. QPR is April 6th. If you know of anyone who might be interested, please have them contact Jennifer Williams.

The Children's Roundtable is hosting Community Night at Northampton Community College on March 16, 2017 from 6:00-8:30 p.m. Many human service agencies will be attending. The MH Department recently submitted their Olmstead Plan to the state and has received feedback with recommendations. They must revise the plan and resubmit it by end of March.

Ms. Clymer reported that Norristown State Hospital is not "closing", only closing some of the civil beds and converting some to forensic beds. Ms. Williams explained that people with significant mental health issues who need a competency exam to determine if they can go through the criminal justice system can complete an application for Norristown. Norristown will determine competency and help that person achieve competency, if they are deemed not competent, before returning to their local criminal justice system. Therefore, people are in our county correctional facilities for over a year or so waiting for a bed at Norristown, perhaps for longer than they would have served for their charges had they been competent to go through the process. They could be waiting to receive Mental Health services but the facility does not have much mental health treatment. The state has recognized this problem and trying to remedy it by creating the transfer of civil beds to forensic, hoping to move some of the people off the waiting list. Currently, Monroe County has two people on the waiting list. One has been on the list for over a year and has a bed date of today for Norristown. In addition, one Pike County resident has been on the list for about six months.

Ms. Clymer reported that the state's plan is to initiate a Community Hospital integration program for the Southwest Region (Philadelphia area) to help move people out of Norristown. In theory, that should create more room for other counties' referrals. Responding to the question of why there are not more locations to fill this need, Ms. Clymer said that it has been asked of the state to use some of the state hospitals for the forensic population. The state is waiting to see the effect of the Community Hospital integration before any further developments. Mr. Beltz commented that DHS announced at the same time that the Hamburg State Center is closing. Hamburg is an ICF ID Center for individuals with intellectual disabilities. There are approximately 80 people; 40 from the northeast region and 40 from Lehigh, Northampton, Berks, and/or Bucks Counties. CMP has only one person in Hamburg. She has expressed interest in returning to the area.

Developmental Services. Mr. Beltz reported that the big news in Developmental Services has been the governor's proposed budget for FY 2017-18. Early Intervention, for the first time almost two years, has a proposed four percent increase in their budget. The governor has put forth an almost $2 million budget request for DS. Other requests include moving 1,000 individuals off the Waiting List; 820 are graduates. Funding support and rate increases are anticipated due to some of the Waiver renewal changes and the residential rate funding system that is presently being developed. The state is moving from a cost-based fee structure to a fee schedule for residential programs.

Additional funding included in the budget proposal is a proposed Community Living Waiver, capped at $70,000 that has been funded for part of a year so far. No specifics have been released yet on who it is for. There is also funding for individuals with Autism; components include serving 50 adults off the Waiting List. There is also a funding stream to provide Case Management Services for those who want to enroll in services and are not typically funded by Targeted Case Management regulations. Also, funding for Autism services is earmarked to reopen the bio-behavioral unit that closed a few years ago at Western Psychiatric Institute. Administration has realized the value of that unit and has begun talks about creating one in the eastern part of Pennsylvania.

The Waiver Program is up for renewal in July 2017. Regulations have been rewritten and will be going to CMS soon for approval. CMP's Waiver provides approximately $46 million in services for individuals across all three counties. This could be a big deal and, hopefully, will be approved by CMS. Chapter 12 of the 4300 Regulations that govern all day-to-day activities at the county, case management, and provider level have been rewritten in draft form and are out for public comment and will soon be approved as well.

Drug and Alcohol Program. Jamie Drake reported that priorities are still centered on the opioid epidemic and finding additional resources to help individuals who are dealing with this addiction. Monroe County has grant funds from PCCD available to assist those in jail. Pike County Corrections has been awarded a similar grant to roll out the same program where inmates can get their first injection of Vivitrol before they leave the jail, and then will follow up in the community for additional injections. Positive Recovery Solutions, a mobile Vivitrol unit, is scheduled to roll through Carbon, Monroe, and Pike starting in April. They are active in about 20 counties in the western part of Pennsylvania. Their plan is to start in Carbon County in the morning, serve Monroe County in the afternoon, and finish in Pike County the following morning. Eventually the goal is to have them in each county for a full day each visit. Surrounding counties (e.g. Northampton and Wayne) have expressed interest as well. If it becomes big enough, they would establish a brick and mortar location in the region. They get most of their funds through Medical Assistance on the physical health side due to where the prescription falls in the formulary. Regardless of contracts with counties, D&A will re-contract with them for next fiscal year to provide coverage for those individuals who may lose Medical Assistance.

The opioid epidemic problems are increasing and becoming more complex as evidenced by the Functional Unit in Carbon County. When the hospital beds are full, people are being dropped off at the Functional Unit office. People are there all day, the office feeds them, and some are sleeping on the floor. Some individuals are mixing with methamphetamine and are switching back and forth between that and heroin, producing more unpredictable behaviors. Inpatient facilities are being flooded from this epidemic, so finding a bed is very difficult. Facilities are hesitant to open additional locations due to the changes with the Affordable Care Act. Medical Assistance is potentially changing lengths of stay in residential facilities which also makes it difficult to find resources. Discussions have involved doctors, hoping to find a new way to treat detox of opiates, possibly outpatient. Since hospital beds are so often full with opiate detox patients, which is not life threatening, there are no beds available for individuals detoxing from alcohol, which is life threatening.

D&A conducted their last training yesterday which distributed their last doses of Naloxone, approximately 275, to community members. They are pleased that the Naloxone training and distribution was successful. They are discussing what can be done in the next fiscal year since there is only a two year life on the medication. The doses distributed expire in April. They are looking at educating people on how to get it through pharmacies using insurance since it is very costly.

D&A began their 24/7 line. They are averaging placing one-to-two emergency individuals in detox after hours through that hotline. The state's hotline for people needing services is now in operation. Warm Hand Off of overdose survivors in emergency rooms has begun. It has encountered a little hiccup partially due to points of contact changing in the local hospitals, but it is running better now. Carbon County is also included in the 211 phone number.

Pike County's PCCD grant is just getting going with Vivitrol injections being given to people before leaving the correctional facility. Wayne Memorial Hospital may provide the injections as well as Positive Recovery Solutions mobile unit for those in the community. Services across the counties include the Methadone clinic in Mt. Pocono and Suboxone doctors in Carbon and Monroe. Currently Pike County residents work with Catholic Social Services in Monroe County for these services. Ms. Drake reported that Pyramid is expanding to Pike County and hopes to have their office up and running by July. This facility will be similar to their Bartonsville location.

Task forces in the counties are starting to happen. In Monroe County, D&A is looking at a case management position that will service three specific populations (addicted pregnant women, jail population, and homeless population). As an example, this is an effort to reduce the number of babies who are born addicted to opiates. The case manager will locate the women in the community who typically would not come in for services. The challenge is doing the outreach to locate these women. D&A has applied for grant funding to assist.

Pocono Alliance. Michael Tukeva offered a social media campaign for a month on the availability of services offered by Positive Recovery Solutions. He reported that they receive approximately 6,000 calls from the public for all information. Their web site sees about 60,000 hits a year.

Children and Youth. Salli Schatz Newton reported that Carbon County intakes have increased due to how reports are numbered and how ChildLine calls have increased. Child Protective Services intakes are up since ChildLine's definitions changed categories of abuse.

C&Y are seeing the increase of babies who are born addicted and expect it to continue increasing. There is a large number of aunts and grandparents requesting financial and custody help. There is also an increase in children going to local hospitals for mental health evaluations. One child sat for three days in the emergency room because the hospital could not find a bed for her. At the end of three days, they sent her home with a relative because there was no placement available. Another child is at KidsPeace until Devereux can find a place for him which also demonstrates that mental health services beds are not available for children right now.

Placements have increased a little over the last three months. There are nine children being released the next two months to grandparents, one will go to an aunt, and one is returning home. Many parents are homeless which is why the children are being placed with relatives.

They are not expecting any funding changes and are keeping their numbers steady.

Area Agency on Aging. Brian LaVacca reported that their leadership positions from the director through supervisors is transitioning and they are working on getting back to full staff complement. They are awaiting details on the governor's proposed budget and proposed consolidation. They have had a waiting list since fall and recently had an opportunity to request additional funding for their Block Grant Services. It was approved, so they are working through the waiting list as more people are being added. The hold they had on additional services is also being worked through.

The Elder Abuse Task Force continues from 2015, meeting every third Thursday of the month from 9:45-11:00 a.m. Various education and outreach training initiatives are coming out of that task force. An upcoming training is targeting attorneys for June 2, 2017 at the Bar Association office educating them on elder abuse and financial exploitation which has increased over the past few years. Since this task force began in 2015, the relationships among the group have significantly improved communication and expedited investigations.

AAA is hosting another Justice Day this year. Last year's was well attended by about 80 adults, caregivers, and professionals. They are planning this year's event for June 16 and are working with Lehigh Valley Health Network-Pocono to have the same set up and accommodations as last year.

HSDF - Pike County. Robb Ruiz reported that he is Christine Kerstetter's successor. She retired in November 2016 and is still on as a consultant. No major changes to the department, just transition. Mr. Ruiz is from Pike County and came on board in November. He has a diverse background in human services having worked in Stroudsburg for many years and in a Methadone clinic in the Lehigh Valley. All HSDF funding has been allocated; recipients are drawing down their funding without issues. The state is looking at a plan from the previous year and required them to moving a few funding lines around. There is a new level of surveillance at the state level which is driving those changes.

Monroe County. Nancy Brown reported that she is also new in the HSDF Office and is trying to learn her role as well.

There was a brief discussion on how Carbon, Monroe, and Pike submit their Human Service Plan to DHS to inform the numerous new people on the committee.

Public Input. Michael Tukeva reported on the 20/30 Plan that he is writing. Business leaders have been talking and planning economic development of the area. Interest across the board from the business community has been encouraging.

Wrap up. Dr. Dolgopol shared that Advisory Boards need to develop a sensitivity and knowledge of human services programs. Various business representatives in the community who sit on these Advisory Boards learn this which, in turn, supports human services.

Next Meeting Date. May 25, 2017 at 10:00 a.m. – Public Hearing

The meeting was adjourned at 11:40 a.m.

Respectfully submitted,

Mary Fisher O'Brien

Mary Fisher O'Brien, Secretary

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

Carbon-Monroe-Pike MH/DS, Drug and Alcohol, and Carbon County HSDF & HAP	1. ESTIMATED INDIVIDUALS SERVED	2. DHS ALLOCATION (STATE & FEDERAL)	3. PLANNED EXPENDITURES (STATE & FEDERAL)	4. COUNTY MATCH	5. OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES					
ACT and CTT	27	$ 239,759	$ 239,759		
Administrative Management	1,200	$ 710,236	$ 710,236	$ 60,365	
Administrator's Office		$ 225,332	$ 225,332	$ 25,037	$ 24,255
Adult Developmental Training		$ -			
Children's Evidence Based Practices		$ -			
Children's Psychosocial Rehabilitation		$ -			
Community Employment	11	$ 27,000	$ 27,000	$ 3,000	
Community Residential Services	251	$ 4,566,721	$ 4,566,721	$ 6,215	
Community Services	1,384	$ 26,507	$ 26,507	$ 2,945	
Consumer-Driven Services	1,101	$ 35,393	$ 35,393		
Emergency Services	233	$ 178,763	$ 178,763	$ 12,801	
Facility Based Vocational Rehabilitation	2	$ 20,556	$ 20,556	$ 2,284	
Family Based Mental Health Services	1	$ 12,500	$ 12,500		
Family Support Services	106	$ 19,488	$ 19,488	$ 1,512	
Housing Support Services	109	$ 444,643	$ 444,643	$ 8,882	
Mental Health Crisis Intervention	1,286	$ 809,641	$ 809,641		
Other		$ -			
Outpatient	116	$ 100,525	$ 100,525	$ 5,578	$ 53,611
Partial Hospitalization	3	$ 10,000	$ 10,000		
Peer Support Services	5	$ 13,521	$ 13,521		
Psychiatric Inpatient Hospitalization	10	$ 40,000	$ 40,000		
Psychiatric Rehabilitation	24	$ 142,271	$ 142,271		
Social Rehabilitation Services	68	$ 142,130	$ 142,130	$ 5,048	
Targeted Case Management	181	$ 905,535	$ 905,535		$ 945,748
Transitional and Community Integration	634	$ 521,958	$ 521,958		$ 29,083
TOTAL MENTAL HEALTH SERVICES	6,752	$ 9,192,479	$ 9,192,479	$ 133,667	$ 1,052,697
INTELLECTUAL DISABILITIES SERVICES					
Administrator's Office		$ 1,708,694	$ 1,708,694	$ 23,039	$ 300
Case Management	373	$ 194,971	$ 194,971	$ 21,663	
Community-Based Services	85	$ 629,810	$ 629,810	$ 40,141	
Community Residential Services	11	$ 712,928	$ 712,928		
Other		$ -			
TOTAL INTELLECTUAL DISABILITIES SERVICES	469	$ 3,246,403	$ 3,246,403	$ 84,843	$ 300

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HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED

Carbon-Monroe-Pike MH/DS, Drug and Alcohol, and Carbon County HSDF & HAP	1. ESTIMATED INDIVIDUALS SERVED	2. DHS ALLOCATION (STATE & FEDERAL)	3. PLANNED EXPENDITURES (STATE & FEDERAL)	4. COUNTY MATCH	5. OTHER PLANNED EXPENDITURES
HOMELESS ASSISTANCE SERVICES					
Bridge Housing					
Case Management	90		$ 6,000		
Rental Assistance	76		$ 20,759		
Emergency Shelter 5,000 in HSDF	15		$ 5,000		$ -
Other Housing Supports					
Administration			$ 600		
TOTAL HOMELESS ASSISTANCE SERVICES	181	$ 27,359	$ 32,359		$ -
SUBSTANCE USE DISORDER SERVICES					
Act 152 Inpatient Non-Hospital	160		$ 172,605		
Act 152 Administration			$ 19,179		
BHSI Administration			$ 39,000		
BHSI Case/Care Management	232		$ 25,420		
BHSI Inpatient Hospital					
BHSI Inpatient Non-Hospital	71		$ 102,482		
BHSI Medication Assisted Therapy	25		$ 22,900		
BHSI Other Intervention					
BHSI Outpatient/IOP	406		$ 200,091		
BHSI Partial Hospitalization					
BHSI Recovery Support Services	12		$ 900		
TOTAL SUBSTANCE USE DISORDER SERVICES	906	$ 582,577	$ 582,577	$ -	$ -
HUMAN SERVICES DEVELOPMENT FUND					
Adult Services					
Aging Services					
Children and Youth Services					
Generic Services	167		$ 44,000		
Specialized Services					
Interagency Coordination			$ 400		
Administration			$ 600		
TOTAL HUMAN SERVICES DEVELOPMENT FUND	167	$ 50,000	$ 45,000		$ -
Please note any utilization of HSDF funds in other categoricals and include: categorical and cost center, estimated individuals, estimated expenditures.		Note: 5,000 of HSDF included under HAP Emergency Shelter Assistance to assist 15 eligible persons			
GRAND TOTAL	8,475	$ 13,098,818	$ 13,098,818	$ 218,510	$ 1,052,997