

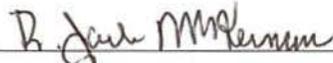
APPENDIX A

FISCAL YEAR 2017-2018
LYCOMING AND CLINTON
COUNTY HUMAN SERVICES PLAN

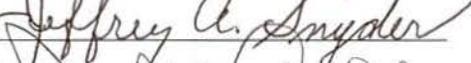
ASSURANCE OF COMPLIANCE

- A. Lycoming and Clinton County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith.
- B. Lycoming and Clinton County assure, in compliance with Act 80, that 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. Lycoming and Clinton County, and/or their providers, assures that they will maintain the eligibility records and other records necessary to support the expenditure reports submitted to the Department of Human Services.
- D. Lycoming and Clinton County hereby expressly, and as a condition precedent to the receipt of State and Federal funds assures that they are 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. Lycoming and Clinton County do 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 their relationship with other providers; or in providing access to services and employment for individuals with disabilities.
 - 2. Lycoming and Clinton County will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

LYCOMING COUNTY COMMISSIONERS

Signature	Please Print	Date
	Commissioner R. Jack McKernan, Chairman	5/17/17
	Commissioner Tony R. Mussare, Vice-Chairman	5-17-17
	Commissioner Richard Mirabito, Secretary	5/17/2017

CLINTON COUNTY COMMISSIONERS

Signature	Please Print	Date
	Commissioner Robert B. Smeltz, Jr., Chairman	5/17/2017
	Commissioner Jeffrey A. Snyder, Vice-Chairman	5/17/2017
	Commissioner Paul W. Conklin	5/17/2017

FY 2017-2018 COUNTY HUMAN SERVICES PLAN

LYCOMING AND CLINTON COUNTY

INTRODUCTION

In accordance with Act 80 of 2012, the Department of Human Services developed a process and content for counties to submit a consolidated County Human Services Plan. Lycoming and Clinton Counties agreed to again approach the development of the FY 2017-2018 Human Services Plan as a joint project.

County Human Services funds incorporated into this FY 2017-2018 Human Services Plan include:

- Mental Health Community Based Funded Services
- Behavioral Health Services Initiative (BHSI)
- Intellectual Disabilities Community Based Funded Services and Waiver Administrative Funds
- Act 152 Funding
- Homeless Assistance Program Funding
- Human Services Development Fund

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

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

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

Part I - COUNTY PLANNING PROCESS

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

- Keith Wagner, MH/ID/HealthChoices Administrator, Lycoming-Clinton Joinder Board
- Mark Egly, Administrator, Lycoming Children & Youth Services
- Shea Madden, Executive Director, West Branch Drug & Alcohol Abuse Commission
- Autumn Bower, Assistant Director, Clinton County Children & Youth Services
- Carolyn Hawk, Lycoming United Way
- Katie DeSilva, Planning Department, Clinton County

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

Individuals receiving services and their families as well as providers of service, consumer groups, partners from other systems and anyone else interested in participating in the human services planning process were invited to the public meeting held on June 1, 2017. They were given the opportunity to submit comments, make suggestions, and discuss areas of concern, etc. both verbally and in writing before, during and after the public meeting. The Plan was also reviewed at the monthly Joinder Board Meeting with the six Commissioners representing Lycoming and Clinton counties. Notices of the meeting and discussion topic were sent directly to providers of human services, partner agencies, and consumer groups. Attendees of the Board meeting were provided the opportunity to make comment and suggestion during the meeting. Copies of the Human Services Plan were sent directly to each member of the Lycoming-Clinton Human Services Advisory Board for their review and comment.

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

In addition to the public meeting and the Joinder Board meeting, the Lycoming-Clinton Human Services Advisory Board meets quarterly, CSP meets monthly as does NAMI and Healthchoices holds monthly meetings with both MH/ID and Substance Abuse service providers. Feedback and input concerning human service needs and future direction is solicited on an ongoing basis from all of these groups.

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

The primary advisory board involved with the development of the Human Services Plan was the Lycoming-Clinton Human Services Advisory Board.

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

Both Lycoming and Clinton County continue to emphasize services for residents that are in the most natural and home-like setting as appropriate for the need. For example, both counties have responded to the significant increase in substance abuse prevention and treatment needs brought on by the dramatic increase in opioid abuse by focusing on the development of local services. Lycoming County has developed Project Bald Eagle from the previous Heroin Task Force. Project Bald Eagle is a non-profit organization tasked with identifying prevention and intervention strategies to combat the use of prescription drugs and heroin in the community. Clinton County has a very active community-based Advocates for a Drug Free Tomorrow planning group. The Advocates group has recently expanded their scope to include a targeted plan for the Renovo community.

Each county has also recognized the increase in mental health needs among special populations such as the criminal justice system and children and adolescents. A grant was received from PCCD for the bi-county to contract with a Crisis Intervention Team Coordinator to begin working with local law enforcement, probation, emergency responders and mental health programs. The coordinator is working out of the Williamsport Police Department, but is coordinating with representatives from all groups in both counties. In addition, Clinton County has entered into a contract agreement with a local mental health provider to supply mental health services directly in the Clinton County Prison.

Collaborative efforts are underway between the Special Education Directors from the 8 Lycoming County school districts, the Intermediate Unit, the mental health service providers and the MCO to improve coordination of services and care for students both in the school and the community to prevent the need for out-of-county placements. This effort has resulted in a reduction of children and adolescents in out-of-county Residential Treatment Facilities as the average daily census reduced from 19 in 2015 to 10 in 2017. The local chapter of NAMI sponsored a presentation on suicide prevention by the non-profit group "You Cannot Be Replaced" for every school in Lycoming County on March 29, 2017. This was part of a larger effort across systems in Lycoming and Clinton counties regarding suicide prevention that also included a SAMHSA-grant sponsored presentation at Pennsylvania College of Technology by Kevin Hines in April, 2017.

A review across systems reveals that most of the program areas again report housing related expenditures and needs. Cross-system collaborations to address housing needs for residents in

each county are underway with an emphasis on collaborating with landlords to meet the needs locally.

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

The Lycoming-Clinton MHID office identified one Targeted Case Manager to work exclusively with the families and children in RTF settings to help facilitate discharge back to the local community and continue the success of maintaining children and adolescents in the least restrictive setting.

Part II - PUBLIC HEARING NOTICE

The joint Public Hearing for all services provided by Lycoming and Clinton Counties for the FY 2017-18 Human Services Plan was conducted on June 1, 2017, pursuant to the Sunshine Act, 65 Pa.C.S 701-716.

During the Public Hearing, it was noted that Act 80 of 2012 required that a Public Hearing be held prior to submission of the FY 2017-2018 Human Services Plan. A summary sheet of the Human Services Categories and respective allocation amounts was available. The total of the 6 line items reflected in the FY 2016-17 Human Services Plan is \$7,192,311

STATE/FEDERAL FUNDS	FY 2017-2018 Allocation
Mental Health Community Based Services	4,478,475
Behavioral Health Services Initiative (MH)	208,687
Intellectual Disabilities Community Based Services	1,441,074
Behavioral Health Services Initiative – (Substance Abuse)	507,484
Act 152	215,236
Human Services Development Fund - Lycoming County	114,423
Human Services Development Fund – Clinton County	50,000
Homeless Assistance Program – Lycoming County	153,114
Homeless Assistance Program – Clinton County	23,818
TOTAL	\$7,192,311

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

Additional stakeholder input was received through the Human Services Advisory Board, the Community Support Program at the Beacon Hub Drop-In Center, participants at the site-base Psych Rehab and the Lycoming County Courts.

Part III - CROSS-COLLABORATION OF SERVICES

EMPLOYMENT:

Lycoming-Clinton MHID Program contracts with Clinton County Community Connections in Clinton County and Community Services Group in Lycoming County to provide employment training and supports for individuals with mental illness and individuals with intellectual disabilities. Both programs collaborate with the Office of Vocational Rehabilitation to assist with job training and also offer employment opportunities that are integrated with the general public. Hope Enterprises, Inc. also offers several employment opportunities specifically for individuals with intellectual disabilities (custodial services, mobile car washing service.) Each of these employment opportunities are integrated with co-workers who do not have an intellectual disability.

LCJB HealthChoices works collaboratively with Office of Vocational Rehabilitation and peer support providers to identify and recruit consumers for employment as peer specialists. Once identified, OVR and HealthChoices each provide a portion of the funds needed for the consumer to attend certification training, or any of the specialized certification trainings that are offered. As partners, we've managed to fund all training costs (registration fees for two week training, lodging, meals, & mileage) for 4 new peer specialists last year. All are currently employed and providing peer support services. LCJB HealthChoices also entered into a partnership with the local Heroin Task Force, Lycoming County District Attorney's office, and SCA to recruit and fund training opportunities for individuals in recovery, who are interested in working as Certified Recovery Specialists. To date, 11 individuals were trained and certified, and three individuals are presently employed with local substance abuse providers, and the SCA.

In Clinton County the re-entry committee includes representatives from the Clinton County Assistance Office and Career Link. The team works ongoing to help improve the process for individuals returning to the community from incarceration in an effort to improve their chances of success with the overwhelming majority having a substance use disorder. The SCA's Certified Recovery Specialist coordinates with Career Link and makes presentations to employers in Lycoming County. Career Link has also established a list of employers willing to work with individuals returning to the community following incarceration. The SCA makes regular referrals to OVR for vocational supports and offers clients information on federal bonding in an

effort to help them break down criminal record barriers to employment. The SCA has collaborated with HealthChoices to establish a recovery resource center in each county that offers computer access to sites for Career Link, local temp agencies, Indeed, Monster, and Williamsport Help Wanted. A "Felon Friendly Employer List" is posted there also.

HOUSING:

Collaboration is the key element for both Lycoming and Clinton Counties. The housing specialist and the mental health program specialist for the Joinder meet frequently throughout the year with various key staff and the executive directors for the public housing authorities in each county to discuss progress in grants and housing programs the Joinder has under its auspices. Additionally, the Public Housing Authorities (PHA'S) communicate areas of concern and need that case managers and the housing specialist can possibly assist them with. These collaborative efforts lead to keeping MH consumers in their PHA units in the event of crisis, hospitalization and times of lost income. Additionally, the Clinton County PHA executive director is very active with the Clinton County PHARE funding and the North Central Regional Homeless Advisory Board (RHAB) on which the Joinder housing specialist is also an active participant. The Lycoming County PHA in 2017 is initiating a homeless preference for public housing units. The preference was requested to their board after a review of the success of the McKinney Grant the Joinder has been operating since 2011 for single homeless adults with a mental health disability. Additionally in Lycoming County we have been able to receive a disability preference for individuals that are disabled but not receiving SSI or SSDI that are deemed disabled through documentation in the McKinney program.

The regional housing coordinator (RHC) is James Meehan and he makes himself available to the area whenever called upon. Both Lycoming and Clinton Counties have private developers and housing options for low to moderate income. The Joinder Housing Specialist keeps an updated list of these options for case managers to assist consumers to review their housing choices as to where they can apply for housing in the community to best fit their circumstance and choice. There are several private landlords that will contact the Joinder Housing Specialist with open units seeking a consumer through the MH/ID Agency. These private landlords report they appreciate the supportive services that are readily available to the consumer and actively respond to the consumer if needed. The Joinder also has a small contingency fund program available to consumers that may be in need of emergency rent/utility/furnishings. These are zero percent loans to ensure that housing isn't lost in case of emergency situation and no other resources are available in the community.

There are several local housing options teams operating in Lycoming – Clinton Counties. There is the Regional Housing Advisory Board which meets monthly and has representation from both counties. This group has representation from all entities that deal with all homeless providers in each county. In Clinton County there is a Clinton County Housing Coalition which is a 501c3. In Lycoming County there is a Lycoming County Housing Alliance which mainly focuses on a transitional family program, Journey House. This is 4 apartments for families experiencing homelessness.

The Lycoming County Housing Coalition meets monthly and concentrates on educating the community and private landlord sector on various options and opportunities for landlords and their properties. Jim Meehan (RHC) was instrumental in getting this group together and set up. They have held two landlord forums with presentations and meet and greet sessions with the local human services agencies to encourage rental to individuals with disabilities. Additionally, this was an opportunity for the private sector landlords to learn about services in the community that individuals participate in with various disabilities. These forums were quite successful and well attended.

Lycoming and Clinton County are both recipients of Pennsylvania Housing Affordability and Rehabilitation Enhancement (PHARE) funding. In Clinton County for 2015 MH/ID was awarded \$8,264.00 of the total \$57,750 the county received for 2015. Clinton County PHARE is a partnership between the county government and multiple human services agencies to provide shelter costs and/or rental assistance to the county's most vulnerable populations. The MH/ID population targeted the monies for rental assistance, security deposits and emergency needs. The 2016 grant request through PHARE the target MH/ID allotment is \$7,000.00 to be used for the same needs and these include the justice involved individuals as well as those to be discharged from State Hospital. Lycoming County earmarked a portion (\$500,000) of their PHARE monies for the human service contingent to one central provider and created a Supported Housing Program (SHP) which is administered by STEP, Inc. It is designed to be an 18 month housing initiative to assist renters in danger of being evicted, home owners in danger of foreclosure, and homeless County residents to secure stable housing. Lycoming Clinton MH/ID is a referral partner agency. A documented referral partner agreement is in place with the administrative entity, STEP Inc.

A new Supported Housing Service has recently begun operation as of January 1, 2017 by the American Rescue Workers. This housing support service is funded through \$40,000 of reinvestment monies. Recipients of this supported housing program are assisted with access and choice locating decent and affordable housing. They are to receive support services to retain their housing to include budgeting, life skills, crisis management and renter skills.

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

- 20 CRR beds (bi-county)
- Independent Living Support services (bi-county)
- Mobile Psychiatric Rehabilitation Services (bi-county)
- Homeless Assistance Program (HAP) monies (bi-county)
- Emergency Food and Shelter Program monies (EFSP)
- MH/ID McKinney Housing First Permanent Supported Housing Program (serves 8-14) (bi-County)
- 2 Homeless shelters in Lycoming County (Saving Grace and ARW)
- 1 Shelter/Transitional Program in Clinton County (Life Center)
- Merit House Shelter (4 bed) in Clinton County
- 1 homeless family program (Family Promise) Lycoming County
- Promise House (serves 2 homeless families) in Lycoming County
- 1 homeless transitional 4 family program (Journey House)
- Shelters for domestic violence in both Counties
- Supported housing program for women & children, Lycoming County (Liberty House) 4 units.
- 811 PRA Permanent Supportive Housing Initiative in Clinton County
- Housing Specialist through West Branch D&A for housing support

The Lycoming-Clinton Joinder Program is interested in applying as a sub recipient for Lycoming County PHARE monies through an upcoming RFP process for a Master Leasing Program to acquire 12 leases and manage the leases. The target population will be individuals in the criminal justice system, homeless and individuals with mental health. The contract will be for \$300,000.

Part IV - HUMAN SERVICES NARRATIVE

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

MENTAL HEALTH SERVICES

a) **Program Highlights:** (Limit of 6 pages)

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

- With the addition of a free-standing peer support program last year, Lycoming-Clinton has increased access to this growing community-based service and is able to offer a choice of two providers for peer support services in both counties. Cooperation among OVR and HealthChoices to assist with funding for certification trainings made it possible for both providers to send six new staff and two supervisors to the basic certification trainings, as well as to specialized certification trainings regarding Older Adult, Veteran, and Forensic Peer support services. As a result of this expanded capacity and workforce, we've recognized a significant increase in awareness, referrals, and utilization of peer support services over the past year. Prior to last year, the average number of adults served by peer support annually was seven; following implementation of the expansion, 30 adults had participated in services during the first six months. Most notably, gaining four peers who are certified in forensic peer support has initiated dialogue with the criminal justice system to explore how best to incorporate these peers into pre-release, re-entry, and rehabilitative programs such as MH Treatment Court.

- At the beginning of FY 2016-2017, Lycoming-Clinton maintained 27 youth in Residential Treatment Facilities across the region. More than 70% of the youth were dually diagnosed MH/ID; 20% were within months of turning age 18 or 19; nearly 20% had been living in out-of-home placements more than two years consecutively; and 30% were in danger of languishing in RTFs because their families refused to bring them back home. An analysis of these cases identified the absence of effective and ongoing communication between the facilities and families, and what appeared to be a parental lack of interest in participation in treatment. To address these concerns, we employed a comprehensive approach. MH/ID assigned a children's TCM to conduct outreach with families with children in RTF, act as a family liaison/advocate, assist with identifying and resolving barriers to families' participation in treatment and visits with their children, and to provide support and assistance with aftercare coordination. In addition, two CCBH High Risk children's Care Managers working out of our regional CCBH office increased the number and frequency of their contacts with RTFs, by persistently and immediately responding to failures in communications with parents, the need for treatment team meetings, and lack of discharge planning. As we near the end of the 4th quarter, the number of youth in RTF has dropped to 10 and all youth have lengths of stay of less than one year. These initiatives will continue into the next fiscal year, with

ongoing support for families who may be struggling to maintain their children in their homes following discharge from RTF.

- Although a Clubhouse/supported employment model for psychiatric rehabilitation services and a mobile psychiatric rehabilitation program are available to adults in Lycoming-Clinton, transportation to the Clubhouse which is located in Lycoming County, has been difficult for residents of Clinton County to arrange on a regular basis. Bearing in mind that travel to psychiatric rehabilitation services are not covered by Medical Assistance Transportation, a large number of Clinton County adults who are interested in and could benefit from a site-based model have had limited, if any, access to these services. As a means for meeting the needs for residents of Clinton County, the provider of mobile psychiatric rehabilitation services will be opening a new site-based psychiatric rehabilitation program in Lock Haven. The provider has obtained the support of all three Clinton County Commissioners, who are eager for expansion of behavioral health services in the county. The provider is currently in the process of securing a service location that is visible in the community and is within walking distance for most potential clients. The program anticipates serving an average of 50 clients annually. The projected opening date is August 1.

- Progress in achieving community buy-in for CIT has been accomplished through the efforts of the CJABs and their Mental Health Sub-Committees. A CIT Coordinator was hired in February 2017 and a CIT sub-committee has been established. The CIT Coordinator works out of the Williamsport Police Department and has begun to network with each police department in the bi-county area. He attends each county's CJAB MH Sub-committee meeting and will receive the CIT training in June 2017. The first CIT Training for local law enforcement will be held in October 2017. Also, Lycoming-Clinton MH/ID will further advance this forward momentum by training and appointing an "in-house" Mental Health First Aid instructor who will be available to provide MHFA trainings to individuals throughout Lycoming and Clinton Counties. The Train the Trainer MHFA training is being held June 12-16th and the first community MHFA training is being planned for October.

- Lycoming-Clinton MH/ID's partnerships with prison re-entry services, the Lycoming County Reentry Coalition Mental Health subcommittee, and CJAB Prison Reentry subcommittee continue to produce important results for justice involved adults. During FY 2016-2017, members of the re-entry coalition subcommittee successfully identified resources, supports, and funding to be able to offer psychoeducational classes in the prison and the pre-release center. Community based professionals currently offering services onsite at the PRC include River Valley Health and Dental Center, PA Career Link, YWCA, and PA Department of Health. Lycoming -Clinton MH/ID provides two TCMs who

meet with referred individuals on a weekly basis; West Branch Drug and Alcohol Abuse Commission and the AIDS Resource Alliance will also be providing supportive counseling on-site, and a Cognitive Behavioral Therapy group is expected to begin this summer. Connecting individuals to peer support services and accessing supportive housing, are similar essential goals that are actively being pursued by these groups, with growing success.

b) STRENGTHS AND UNMET NEEDS

Older Adults (60 and above)

STRENGTHS:

Lycoming-Clinton MH/ID and the Office of Aging are working on an update to their Letter of Agreement currently in place and work cooperatively to meet cross system's needs. The Community Relations Coordinator and Health Choices BH-MCO provided Outreach and education for Older Adults. Mobile Psychiatric Rehabilitation, Nurse Navigator, Wellness Nurse, Peer Support, Beacon Hub, Clubhouse, Clinton County Community Connections, Community Residential Rehabilitation Program, and Independent Living services have been utilized by Older Adults. STEP transportation does assist our Older Adults with transportation.

Needs:

Access to services could be improved for our older adults. There are a multitude of requirements to qualify for most services. Transportation can be a challenge as the public transportation in Lycoming County does not travel throughout the entire county. Clinton County does not have public transportation.

Adults (ages 18 and above)

STRENGTHS:

The Lycoming-Clinton MH/ID Program provided a continuum of community based services for adults with serious and persistent mental illness. In addition to state mandated services, other services provided include Mobile Psychiatric Rehabilitation, Peer Support, Clubhouse, Community Residential Rehabilitation (CRR), Independent Living Services (ILS), Beacon Hub Drop In Center, Community Employment and Social Rehabilitation (Clinton County Connection Center) and a Social Services Support Aid to assist Targeted Case Managers.

The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH Program) provides supportive housing for 8-14 serious and persistent mentally ill homeless individuals. Some reinvestment dollars are targeted for supportive housing for individuals in transition to permanent housing. The PHARE grant in Clinton County is used to assist mentally ill individuals who are being released from incarceration. The Lycoming County PHARE grant is in the startup stage and is planning to expand to include a Master Leasing Service in the coming year. There is

ongoing collaboration with the Criminal Justice System to divert or reduce the length of incarceration for individuals with serious mental illness. The Lycoming County NAMI Chapter has increased membership, activities and educational speakers. Tele-psychiatry hours continue to increase, which reduces waitlists for psychiatric services. CCBH is committed to providing educational trainings to service providers and consumers.

NEEDS:

An Assertive Community Treatment team would help serve those individuals who are not medication or treatment compliant. The MHID Program is in the beginning stages of collaborating with the SCA and the Susquehanna Valley Health and Dental Clinic to apply for a grant to form an ACT Team. Due to budget constraints the enhanced personal care boarding home will have to be reduced by two (2) beds. Transportation remains a problem in each county as public transportation is limited in Lycoming County and non-existent in Clinton County. In the coming year, the local bus company in Lycoming County is planning to expand bus service to Clinton County on a limited basis.

Transitional Age Youth (ages 18 through 26)

STRENGTHS:

Lycoming-Clinton works closely with Lycoming and Clinton County CYS Independent Living Programs to identify youth who will be transitioning to the adult mental health system. The Children's Review Teams in both Counties also work collaboratively to develop treatment plans for the youth. We have had youth utilize the Community Residential Rehabilitation Program, Independent Living Program, Clubhouse, and/or Clinton County Community Connections while in high school and beyond. The McKinney program and the PHARE grant in Clinton County have also been beneficial to assisting this population with housing. Many of these youth are also connected with OVR which assist with further education and employment.

NEEDS:

Housing and related support remains the highest need for this population. The Community Residential Rehabilitation Program is utilized, however many of these youth decide the program is too restrictive and tend to leave before they have achieved their desired goals. Youth transitioning out of Residential Treatment Facilities remain quite challenging to reintegrate into the community and require intensive support.

Children (Under 18)

STRENGTHS:

The highest percentage of funding for Children's Services is overseen by the Lycoming-Clinton HealthChoices Program, with significant resources devoted to Behavioral Health Rehabilitation

Services. Regular BHRS provider meetings are held to support consistency in the application of BHRS policies, best practice and standards. In the coming year, we intend to provide training regarding the purpose of the Bulletin (OMHSAS-16-09) to inform Behavioral Health Managed Care Organization(s) (BH-MCOs) and providers of the guidelines to be used when reviewing requests for prior authorization of ABA using BSC-ASD and TSS services for children and adolescents under age 21 with ASD, and the documentation that will be needed to support the medical necessity of ABA.

Community and School Based Behavioral Health (CSBBH), which is a team delivered behavioral health treatment model developed by CCBH in partnership with educational, state, county and family stakeholders, was implemented in the Keystone Central School District for the FY 2015-16 School Year, with Northwestern Human Services as the provider. CSBBH was implemented in the Williamsport Area School District in the FY 2016-17 school year, with Friendship House as the identified provider.

One of our local providers has also recruited a board certified Child and Adolescent psychiatrist, who will be available in late August. The provider intends to use a consultative model, using Primary Care Physicians to prescribe medications after a full evaluation and development of a treatment plan.

Lycoming-Clinton has also instituted an initiative to reduce the numbers of children and adolescents in Residential Treatment Facilities (RTF). By using a case management model to connect families and children, we have been able to reduce our census from low 20s to less than 10.

NEEDS:

Lycoming-Clinton has a full continuum of mental health treatment services for children under the age of 18. Another identified need area is for natural and community based supports to assist families. There is limited access to support groups and socialization opportunities, such as after-school programs, for this population.

SPECIAL/UNDERSERVED POPULATIONS:

Individuals transitioning out of State Hospitals

STRENGTHS:

Lycoming-Clinton has a designated staff position that acts as the State Hospital Liaison. All discharges from the State Hospital are developed with the individual, the liaison, the State Hospital Staff and those who participate in the Community Support Plan. We are working closely with Lycoming County Assistance Office to expedite the Medicaid process which has

allowed for services to begin the day of discharge or shortly after. Individuals are able to go on trial visits from the state hospital to their discharge location several times prior to discharge which allows for the individual and service providers to identify what services they may need or want. During these trial visits the individuals are visiting programs such as Clubhouse, Beacon Hub, Career Link, and Clinton County Community Connections. We have been able to utilize our social services support aids to provide transportation to and from Danville along with accompanying individuals to different programs while on visits. Three individuals were placed in the Enhanced Personal Care Boarding Home (EPCBH) in Coal Township in 2017.

NEEDS:

At times, discharge planning has been delayed due to wait list for the Community Residential Rehabilitation, Personal Care Boarding home, apartments, and Nursing home beds. We have also struggled at times with scheduling psychiatric services due to the individual needing to be seen within 30 days of discharge; however the delay has only been several weeks. We have a good relationship with our service providers that offer psychiatric services which has allowed for this population to access the psychiatric services in a timelier manner when discharging from the State Hospital. Overall, Lycoming-Clinton focuses on timely and quality discharge planning prior to and during the individuals stay at the State Hospital in order to best manage the limited bed capacity for admissions at Danville State Hospital.

Co-Occurring

STRENGTHS:

Lycoming-Clinton currently has one provider with a dual drug and alcohol and mental health license. This provider also has Certified Recovery Specialists as an additional resource, as well as a Community Based Drug and Alcohol Program for co-occurring adolescents and their families. Utilization of outpatient services has also increased significantly under Medical Assistance expansion.

NEEDS:

Lycoming-Clinton has been experiencing a serious and ever increasing impact of heroin use. The Methadone clinic in Lycoming County opened in FY 2013-14 and has rapidly reached capacity and expanded several times over the course of the past year. There is also a need for additional non-hospital detox services in Pennsylvania, and development of local resources.

Justice involved individuals

STRENGTHS:

Lycoming and Clinton Counties both have strong and well established Criminal Justice Advisory Boards (CJAB), each with a Mental Health Sub-committee. The Lycoming-Clinton Joinder Board (LCJB) has been awarded a Pennsylvania Commission on Crime and Delinquency JAG grant for

CIT training and coordination project in Lycoming and Clinton Counties. The grant supports the PCCD 2016-2020 Strategic Framework objective to increase the efficacy of state and local planning efforts through interagency planning and collaboration by providing support for county (CJAB) priorities. One of the major deliverables associated with the CIT Training and Coordination Project is using the seven (7) individuals who have already completed the 40 hour CIT training in a “train the trainer” model to provide local training for up to 75 criminal justice representatives over the course of the grant period. This groundwork of recruiting individuals to complete the training has been laid over the past two years through our local collaborative planning efforts. Our research has shown that a formal commitment to community partnerships is the foundation of a successful CIT initiative. The training will not be limited to law enforcement, although they will be the major focus of this project. CIT is an innovative first-responder model of police based crisis intervention with community, health care, consumer and advocacy partnerships. As such, we have included representatives from Police Departments, Adult Probation, Prison Counselors and Department of Public Safety 911 Training Coordinators as trainers.

A CIT coordinator has been hired and is receiving valuable training in the CIT core elements. This position will oversee the training process in the two counties, collect and analyze data related to CIT calls from local law enforcement and responders, establish lines of communication with agencies and providers of mental health services and the criminal justice system, coordinate our efforts with NAMI Lycoming-Clinton and promote CIT throughout Lycoming and Clinton Counties. We have made a great deal of progress in obtaining broad based community buy in for CIT through the efforts of the CJABs and their Mental Health Sub-Committees. Much more needs to be done to integrate CIT constructs into developing a seamless crisis response system that provides individuals with mental illness access to treatment instead of incarceration. The CIT Coordinator position is a key component of this strategy.

The anticipated impact associated with the CIT Training and Coordination Project includes both process/systemic outcomes and individual consumer quality of life outcomes. Our intent is to develop a larger pool of CIT trained police officers and first responders and to develop a crisis response that tracks diversion of individuals with a mental illness from the criminal justice system.

There is a subcommittee currently conducting research on the Stepping Up Initiative to identify if this initiative is a good next step in conjunction with CIT or post CIT development. The number of individuals with mental illness in jails continues to increase. Stepping up asks communities to come together to develop an action plan that can be used to achieve

measurable impact in local criminal justice systems in all sizes across the country. The toll of the problem and the costs to tax payers is increasing. Although counties like Lycoming-Clinton have made significant efforts to address the problem, we are all too often thwarted by obstacles, including minimal resources, small budgets, needing better coordination between criminal justice, mental health, substance abuse treatment and other agencies. Without change, individuals with mental illnesses will continue to cycle through the criminal justice system with missed opportunities for treatment, inefficient funding and a failure to improve public safety.

NEEDS:

Lycoming-Clinton has made services for justice involved individuals a priority in the past several years. Currently there is a need for housing resources for county jail discharge planning, although PHARE projects in both counties and a HealthChoices Housing Reinvestment plan will provide additional resources. The State Forensic Hospitals have long wait list for evaluations/treatment which ultimately strains our local county jail staffing and other resources. Lycoming –Clinton Joinder Board is currently in discussions with Lycoming County to utilize PHARE funds for a master leasing program. Our counties have individuals trained in mental health first aid that now need their recertification. There is a need for an Ex-Offender Mentoring Program and Lycoming County is interested in having Clinton County join them to pursue motivational interviewing for ex-offenders. Continue the Stepping Up Initiative for the Counties.

Veterans

STRENGTHS:

Veterans in need of mental health services has remained relatively low in both counties. However, the Treatment Courts in each county have made veteran needs a priority and Clinton County has a separate ‘veteran’s court’ to address the unique needs of the veteran population. In addition, the Behavioral Health Unit of the local hospital in Lycoming County, Susquehanna Health, is planning to add a therapist who specializes in veteran’s issues to its staff in late 2017. There are Veterans offices in both counties, one which offers mental health therapy to Veterans and there is a Veterans clinic in Lycoming County that offers psychiatric services. The mental health casework staff continue to attend trainings with a focus on Veterans issues.

NEEDS:

Lycoming-Clinton is identifying the scope of Veterans in need of mental health services.

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

STRENGTHS:

Lycoming-Clinton took steps to address the unique needs of the LGBTQI consumers during 2016-17. During our provider meetings, Community Support Program meetings with

consumers, and CCBH Adult Member Advisory Committee, we recognized a growing trend of individuals and families having little luck searching for agencies and providers in our region that were sensitive to the additional stigma that LGBTQI individuals who have SA or MH diagnoses experience. Several training seminars were held in April 2017 in collaboration with Keystone Pride Recovery Initiative and Pennsylvania Mental Health Consumer's Association regarding issues faced by persons referred to as "sexual minorities", a heterogeneous population that also includes persons with gender identity differences. There was a one-day training for the general public and a two-day training specifically for clinicians working with LGBTQI individuals and their families. The trainings addressed not only the clinical relationship, but also how providers can create an environment within their agencies which is culturally sensitive and competent to this population, from the secretary to the psychiatrist. We had 20 people attend each training, both children's and adult providers. Spectrum Alliance of Williamsport, a LGBTQI support group, formed in Lycoming County and currently holds open meetings twice a month that provide a safe and secure forum for individuals of all ages to discuss, learn about and become confident in their gender and sexual identities. The Clarion Psychiatric Hospital provides monthly trainings for the Lycoming-Clinton MHID staff on a variety of mental health topics including transgender issues.

NEEDS:

Lycoming-Clinton will continue to work with consumers, families, staff and providers to identify and address the unique needs of the LGBTQI population to strengthen the local system.

Racial/Ethnic/Linguistic Minorities

STRENGTHS:

Statistically the populations of Lycoming and Clinton Counties are above 90% Caucasian with Lycoming being 91.29% and Clinton being 96.38%, both well above the State average of 78.54%. African-Americans comprise the second largest population at 4.61% in Lycoming and 1.41 % in Clinton, both well below the State average of 10.51%. Additionally, neither county has seen the growing population of Hispanic and/or Spanish speaking residents that other counties in Pennsylvania report, although we do have access to translators if needed.

NEEDS:

Although there does not appear to be an identified need at this time, further exploration of the provider system capacity to service consumers with racial/ethnic/linguistic minorities will be monitored through our Health Choices Program.

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

STRENGTHS:

Through our HealthChoices MCO we have observed an increase in adolescents with traumatic brain injuries and as a result will be targeting this area in FY 17/18. We have identified a local psychologist who specializes in working with individuals with traumatic brain injuries and have begun a collaboration to identify the unique needs of this population.

NEEDS:

There is a need to identify the unique services that will best assist individuals with traumatic brain injuries. In collaboration with the HealthChoices MCO and a local psychologist, Lycoming-Clinton will be focusing on identifying those services and exploring ways to meet them.

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)

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 (CHIPPP), 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				<input type="checkbox"/> Check if available in the county and complete the section.					
Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15-30 year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e. an apartment building or apartment complex).									
Project Name	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for 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	<input type="checkbox"/> Check if available in the county and complete the section.
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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

3. Master Leasing (ML) Program for Behavioral Health	<input checked="" type="checkbox"/> Check if available in the county and complete the section.
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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
	Lycoming PHARE Grant	\$0.00	\$300,000	0	12	0	0	0	2017

4. Housing Clearinghouse for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
An agency that coordinates and manages permanent supportive housing opportunities.									
	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for 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				<input checked="" type="checkbox"/> 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
	McKinney Grant (HUD)	\$83,023	\$83,023	14	14			1	2011
	HealthChoices Reinvestment Funds	\$55,899	\$56,084	12	35			1	2016

6. Housing Contingency Funds for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings 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
	Clinton PHARE Grant	\$7,000	\$7,000	10	10			\$700.00	2015

7. Other: Identify the program for Behavioral Health				<input type="checkbox"/> 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) Recovery-Oriented Systems Transformation: (Limit of 5 pages)

Based on the strengths and needs reported above in section (b), identify the top three to five priorities for recovery-oriented system transformation efforts the county plans to address in FY 17-18 at current funding levels. For **each** transformation priority, provide:

- A brief narrative description of the priority including action steps for the current fiscal year.
- A timeline to accomplish the transformation priorities including approximate dates for progress steps and priority completion.
- Information on the fiscal and other resources needed to implement the priorities (how much the county plans to utilize from state allocations, county funds, grants, HealthChoices, reinvestment funds, etc., and any non-financial resources).
- A plan/mechanism for tracking implementation of priorities.

1. Implement recovery-oriented, community- based, long-term supports and services for Older Adults

Narrative including action steps: Lycoming-Clinton MH/ID maintains cooperative relationships with the physical and behavioral health providers specializing in the older adult population in our counties. As outreach/education efforts and Medicaid expansion continue to increase the number of older adults seeking behavioral health services, expansion of community-based services and flexible supports is necessary to meet their comprehensive needs. Action steps for the current fiscal year have included establishment of a standing monthly consultation meeting between MH/ID and Bi-County Office of Aging, and initiation of discussions with behavioral health providers regarding implementation of mobile mental health services, focusing on nursing home facilities.

Timeline:

- **Provide education and training for MH and SA providers regarding the behavioral health needs of the older adult population in Lycoming-Clinton Counties(September 2017-January 2018).**

MH/ID and HealthChoices will collaborate with the PA Behavioral Health and Aging Coalition, CCBH, and local experts to increase provider competencies and capability to serve older adults effectively. Adult behavioral health providers and system partners in our counties will be presented with opportunities to participate in a series of half-day trainings relating to treatment

trends, Evidence Based Practices, Medicare, and Community Health Choices/Long Term Supports and Services. Continuing education credits will be offered whenever possible.

➤ **Identify and support one or more service providers for implementation of Mobile Mental Health Services with a focus on older adults. (July 2017-January 2018)**

MH/ID, HealthChoices, and CCBH will meet individually with local providers who have an interest in expanding to offer mobile mental health services. Discussions will include staff and agency capacity, training needs, service regulations and guidelines, and start-up costs. Providers will be assisted in all steps towards implementation of this service and with start-up costs, as available.

➤ **Promote expansion of Peer Support for Older Adults (Ongoing)**

Peer Support providers will be notified by HealthChoices of any trainings in the state being held regarding the Older Adult certification and will be encouraged to send at least one Peer staff and/or supervisor. Funding for the training attendance costs will be provided by OVR with some support from HealthChoices.

Fiscal and Other Resources: Lycoming-Clinton plans to use Base MH funds and HealthChoices Administrative funds for this priority, with the support of training and staff resources from CCBH.

Tracking Mechanism: This priority will be tracked as part of monthly Community Care oversight meetings and quarterly OMHSAS monitoring of the HealthChoices program.

2. Expand treatment opportunities and community supports for justice involved individuals

Narrative including action steps: For many years, Lycoming-Clinton has worked closely with community partners to improve access to behavioral health treatment for individuals during incarceration, and as an integral part of aftercare/re-entry planning to prevent recidivism and promote recovery. Although significant strides have been made, what has been put into place thus far is insufficient in providing the fundamental resources which are vital to sustaining recovery. Action steps taken this fiscal year include discussions with Lycoming County to utilize PHARE funds for a master leasing program, the training and hiring of Certified Peer Specialists with Forensic Peer Support certifications, and the training and hiring of Certified Recovery Specialists to work with Treatment Court and DUI Court participants. One Peer

Support provider has also started meeting one-on-one with individuals enrolled in re-entry services at the local day reporting center in Lycoming County.

Timeline:

➤ **Expand access to and utilization of Peer Services across the criminal justice system. (July 2017 and Ongoing)**

With the assistance of MH/ID, SCA, and HealthChoices, MH Certified Forensic Peer Support and Certified Recovery Specialist providers will meet with Lycoming and Clinton County treatment court and veteran court Judges, Adult and Juvenile Probation departments, pre-release services, re-entry services, and forensic TCMs to develop and implement a formalized referral process for county inmates to participate (on-site) in peer services individually and/or in support groups. Peers will also assist with pre-release planning, and will continue to support individuals as they re-enter the community and endeavor to reach recovery goals. As part of this formalized process, the community partners will agree to monthly meetings for continuous review and improvement of the process.

➤ **Provide outreach, housing coordination, and support for individuals re-entering the community. (July 2017 and Ongoing)**

HealthChoices reinvestment funding awarded in 2016 made possible a Housing Coordinator for mental health clients, and established contingency funds for MH/ID and the SCA to assist individuals with locating and sustaining independent and affordable housing, rent, security deposits, utility connection, and household needs. These resources have been significantly underutilized by justice involved individuals in our counties, due to a lack of awareness. The Housing Coordinator and her SCA counterpart will conduct outreach and education with the criminal justice system and behavioral health providers to increase awareness of these community resources and to promote referrals. MH/ID will also work with Lycoming County to leverage PHARE funds towards the development of a master leasing program which will further expand opportunities for safe, affordable, housing for this population.

Fiscal and Other Resources: Lycoming-Clinton plans to use Base MH funds and HealthChoices reinvestment funds to implement this priority.

Tracking Mechanism: This priority will be tracked as part of monthly Community Care oversight Meetings, quarterly HealthChoices monitoring of reinvestment plans, and CCBH utilization data.

3. Develop community based services and supports for dually diagnosed MH/ID adults, parents, and transition age youth. (July 2017 and ongoing).

Narrative including action steps: The number of individuals dually diagnosed MH/ID who are seeking behavioral health services and supports has increased considerably over the past three years. The inflexible regulations and eligibility guidelines mental health and intellectual disability providers respectively must adhere to, create unique challenges for this population regarding access to services which can comprehensively address their needs. Many dually diagnosed individuals engage in services with multiple providers with deficient coordination of care, bounce from provider to provider, or forgo services altogether due to finding no provider with whom they have a “treatment fit”. Action steps taken to date to improve access to beneficial services include a formal referral system between MH/ID children’s TCM supervisors and ID SCs for youth transitioning from the children’s MH/ID system to the adult system; when the referral is made, the family and youth meet with the TCM and SC to discuss resources, barriers, goals, and needs and support is provided in connecting with services. To increase provider competency when working with parents dually diagnosed MH/ID and their families, a training for local Family Based Mental Health teams is being planned for Fall 2017.

Timeline:

- **Develop and provide training to behavioral health providers with a focus on serving MH/ID TAY, adults, and families. (September 2017-June 2018)**

HealthChoices will convene a training workgroup composed of ID supports coordinators, ID provider representatives, CCBH, consumers, system partners, and family members to create a day-long training designed to increase provider competency to serve this population. CEUs and other incentives will be offered to providers to encourage attendance.

- **Establish partnership with Hope Enterprise’s TeenLink program to expand access for dually diagnosed MH/ID transition age youth (July 2017 and ongoing).**

TeenLink is a program that is designed to provide high school students with disabilities the opportunity to develop the necessary independent living skills to successfully make the move from school to independent living. MH/ID and HealthChoices will explore alternative funding resources and the potential for this service to be Medicaid funded, and replicated in Clinton County.

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

Tracking Mechanism: This priority will be tracked as part of monthly Community Care oversight meetings and quarterly OMHSAS monitoring of the HealthChoices program.

e) Existing County Mental Health Services:

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

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

*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	NO							
Supportive Housing	YES	16 adults	SAMHSA PSH Toolkit and Fidelity Scale	LCJB HealthChoices and agency	Quarterly	YES--PSH	YES	
Supported Employment	YES	143 adults	ICCD Clubhouse Model measures	Agency and accreditation agency	Annually by agency; every three years by ICCD	NO	YES	
Integrated Treatment for Co-occurring Disorders (MH/SA)	YES	400 youth and adults	N/A	N/A	N/A	Yes—SAMHSA Integrated Tx for Co-occurring DOs was used as a guide for implementation	YES	
Illness Management/ Recovery	NO							
Medication Management (MedTEAM)	NO							
Therapeutic Foster Care	NO							
Multisystemic Therapy	YES	40 youth	Blueprint Model fidelity measures	Agency	Ongoing	N/A	YES	
Functional Family Therapy	NO							
Family Psycho-Education	NO							

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

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

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	229	Adults and Youth 14 and older
Family Satisfaction Team	Yes	279	Children 13 and younger
Compeer	No		
Fairweather Lodge	No		
MA Funded Certified Peer Specialist	Yes	40 adults	
Other Funded Certified Peer Specialist	Yes	25 adults	PCOR grant/provider funded
Dialectical Behavioral Therapy	Yes	75	Adolescent females and adults
Mobile Meds	No		
Wellness Recovery Action Plan (WRAP)	Yes	60 adults	
High Fidelity Wrap Around	No		
Shared Decision Making	Yes	100 adults	
Psychiatric Rehabilitation Services (including clubhouse)	Yes	215 adults	Clubhouse, MPR-S and site-based
Self-Directed Care	No		
Supported Education	No		
Treatment of Depression in Older Adults	Yes	20	Mindfulness based
Competitive/Integrated Employment Services**	Yes	10 adults	The Haven Cafe
Consumer Operated Services	Yes	180 adults	MH Drop-in Center
Parent Child Interaction Therapy	Yes	25 families	
Sanctuary	Yes	100 youth	CSBBH Model
Trauma Focused Cognitive Behavioral Therapy	Yes	150 adults	
Eye Movement Desensitization And Reprocessing (EMDR)	Yes	65 adults	
First Episode Psychosis Coordinated Specialty Care	No		
Other (Specify)			

*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)]

Reference: Please see SAMHSA’s National Registry of Evidenced Based Practice and Programs for more information on some of the practices at the link provided below.

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

h) Certified Peer Specialist Employment Survey:

“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	10
Number Full Time (30 hours or more)	4
Number Part Time (Under 30 hours)	6

INTELLECTUAL DISABILITY SERVICES

The Lycoming/Clinton Joinder Board will provide a continuum of services to meet the needs of county residents with intellectual disabilities through an ongoing process of evaluation and assessment of needs from intake until the individual is fully served with all needs met in the least restrictive setting. At the core of the evaluation and planning process will be the Prioritization of Urgency of Need for Services (PUNS). Cross system communication has become an increasingly important part of this process when providing services for the dually diagnosed.

Community based funds for Intellectual Disability Services are considered the payer of last resort. The intended purpose is to supplement natural supports and other available community supports, and to fill in the gaps where other programs or funding is not available. Specific services to be provided with allocated funds will be consistent with the current service definitions to the point that meeting an individual’s assessed needs with allocated funds exceeds reasonable fiscal management of such funds. Individuals in these situations are prioritized for enrollment in either the Person Family Directed Support Waiver or the

Consolidated Waiver. Similarly due to the level of care required, individuals leaving high school, aging out of EPSDT, leaving jail, RTFs, APSs, CYS services and leaving State Centers, will be considered a priority for Waiver enrollment when vacancies become available.

Individuals Served

	<i>Estimated Individuals served in FY 16-17</i>	<i>Percent of total Individuals Served</i>	<i>Projected Individuals to be served in FY 17-18</i>	<i>Percent of total Individuals Served</i>
Supported Employment	12	2%	12	2%
Pre-Vocational	0	0	0	0
Adult Training Facility	6	1%	1%	0
Base Funded Supports Coordination	16	3%	16	3%
Residential (6400)/unlicensed	0	0	0	0
Life sharing (6500)/unlicensed	0	0	0	0
PDS/AWC	1	0.16%	1	0.16%
PDS/VF	0	0	0	0
Family Driven Family Support Services	37	6%	37	6%

Supported Employment:

Lycoming/Clinton Administrative Entity is committed to supporting ODPs Employment First policy as evidenced by the employment focused services available to the individuals we serve which begins with transition age youth. Employment focused services which are currently available include: a summer work program geared toward transition age youth with an evolving curriculum that adapts to local employment trends, a short term employment preparatory program geared toward individuals who need only minimal assistance with

preparing for employment, job finding, job support and a functioning café which provides skill development for individuals interested in working the food service industry. A recent addition to employment services offered includes the Discovery process, a person centered planning process that involves getting to know a person before supporting them in developing a plan for employment. Customized Employment is designed to personalize the employment relationship between an individual and an employer to meet each other's needs. It is customized in a way that identifies the strengths, conditions, and interests of the individual through the Discovery process. Assistance can also be provided through a new service this next year with Benefits Counseling. Often a fear of losing benefits and transportation costs are barriers to employment for individuals. Benefits Counseling can assist in decreasing the misconceptions of working and how it will affect benefits as well as working benefits such as assistance with transportation costs. Lycoming/Clinton currently serves 93 individuals who are gainfully employed including Waiver participants. The AE participates in the Employment Pilot and are currently serving four individuals who are successfully maintaining employment with a minimal amount of support.

Supports Coordination:

Supports Coordination services are provided to individuals served through Lycoming/Clinton MH/ID within the regulatory guidelines established in the SC Bulletin and TSM Bulletin. All individuals enrolled for ID services through Lycoming Clinton MH/ID, regardless of funding stream, are assigned to a Supports Coordinator whose first responsibility is to assure the health, safety and welfare of the individuals they serve. Through regular monitoring of individuals receiving SC services, participant's needs are assessed, planned for and met on an ongoing basis regardless of funding stream. Lycoming/Clinton AE assists the SCO in engaging individuals and family members in a conversation about natural supports available to everyone in the community in several ways. Initially, the AE meets with new individuals/family members at the time of intake to provide information about the ID system, and the role natural supports play in meeting the needs of the individuals we serve. Natural supports are sometimes identified at the time of the initial meeting, but more importantly individuals/family members are encouraged to begin thinking about the role natural supports will play in their /their family member's lives. A review of natural supports also occurs at the time of the annual review and when a new service is being requested. Lastly, our recently created Regional Collaborative will be instrumental in identifying and coordinating natural supports for the individuals we serve. The AE currently assists Supports Coordinators to effectively plan for individuals on the waitlist by; regularly reviewing the PUNS waitlist to assure the needs and levels reflected on the report are accurate, keeping SCs informed of vacancies in the waivers as they are projected to become available so that the SCO can identify priorities for the vacancy, and by sharing such information as projected EPSDT age outs and high school graduates. Beginning in the near future, the SIS assessment and Pa. Plus will be administered to individuals not enrolled in the waiver. This tool will assist teams immensely with planning for the needs of the individuals we serve.

The AE will assist the SCO to develop ISPs which maximize community integration and integrated employment through the annual ISP review process, to assure integration is occurring, as well as through trainings at the SCO Quarterly Trainings. The Regional Collaborative will also play an important role in fostering community integration and integrated employment.

Life Sharing Options:

Lycoming/Clinton Administrative Entity currently does not serve anyone in Life Sharing that is not enrolled in a Waiver, however the option is available. Lycoming/Clinton has developed a Life Sharing objective to attain our goal to increase the number of individuals residing in Life Sharing through strategic planning. Lycoming-Clintons' vision for Life Sharing is to provide an additional option for an Every Day Life by educating the community, consumers, and families in order to increase Life Sharing opportunities as an alternative to other living arrangements. Lycoming/Clinton values the opinions and experience of our consumers/families, providers, administrators and technical assistants who all work to provide the best possible service delivery. A committee has been developed inviting representatives from our service delivery team including consumers/families, to identify Life Sharing strengths/weaknesses, major obstacles, current issues, and to be responsible for the implementation and update of the Strategic Plan. Lycoming/Clinton currently serves 37 individuals in Life Sharing which is close to reaching our FY 16-17 goal of 40 despite barriers. Lycoming/Clinton has found that locating, educating and retaining Life Sharing families is our largest barrier. Providers of Life Sharing services have moved to social media to locate, educate and share information as well as social media networking that has proven to increase the Life Sharing option. Another major issue is regulation barriers that are not natural for families and their homes and in some cases is also a barrier to an everyday life. Less regulation for families would assist in increasing the Life Sharing option for individuals.

Cross Systems Communications and Training:

Lycoming/Clinton MH/ID regularly meets with providers to see what they are doing which works. Base money has been, and will continue to be used to afford individuals not in waiver, the same opportunity to quality services. One example which has been rolled out this year is base funds being used to serve dually diagnosed individuals (MH&ID) in an Independent Living program through a local provider. This program has been successful for the six individuals currently receiving the service and will be continuing in FY 17/18.

Lycoming/Clinton MH/ID will support effective collaboration and communication with local school districts through our involvement in the County Transition Council, and IEP Meetings.

The regularity of these meetings provides an opportunity to facilitate regular collaboration and communication, and address barriers to same if problems are identified in the process.

Communication and collaboration occurs with Children and Youth and Area Agency occurs on an as needed basis either in person, by phone or electronically. MH/ID shares an office with Children and Youth, therefore communication and collaboration with that Agency is simple. Information on resources available through CYS is easy to obtain and pass on to families, and CYS representation at meetings can also be arranged quickly and easily. Because of the number of individuals shared by MH and ID, communication and collaboration occurs more formally and with more regularity. An MH/ID Supervisors meeting occurs monthly, as well as an MH/ID Administration meeting. Risk management meetings also occur on an as needed basis. Information is shared at these meetings to assure caseworkers in other service delivery systems know how to access formal ODP services, and SCs know how to access services in the other service delivery systems.

Emergency Supports:

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

- *An individual is at immediate risk to his/her health and welfare due to illness or death of a caretaker.

- *An individual, living independently experiences a sudden loss of their home.

- *An individual loses the care of a relative or caregiver without advance warning or planning.

Lycoming/Clinton Joinder's Crisis Unit complete the required C&Y Core Trainings and MH delegate training upon hire. Staff may take advantage of Professional Development Training as they deem necessary as well. The Administrative Entity along with the SCO is in the process of developing training for the Crisis Unit in ID and Autism. Plans are to utilize the many recent trainings being offered through the Bureau of Autism Services, ODP trainings offered though the website "My ODP" including Everyday Lives and our local HCQU.

- Please submit the county 24-hour Emergency Response Plan as required under the Mental Health and Intellectual Disabilities Act of 1966. (See Attached.)

Administrative Funding:

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

Lycoming/Clinton ID Unit is currently in the process of identifying a local team to plan events/strategies to support families and spread the message of the LifeCourse principals. We have already reached out to PA Family Network to be a part of this process. Other local level strategies are to provide discovery and navigation, connecting and networking for families through participation in Agency Risk Management meetings and Family meetings. Information, education, skill building and networking will continue at Team meetings. Lycoming/Clinton ID Unit will continue to engage the local HCQU for assessments, training and information as needed and encourage Waiver Providers to utilize this resource. Lycoming/Clinton ID Unit will be looking to ODP to provide Technical Assistance as requested.

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

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

Lycoming/Clinton Administrative Entity along with representatives from the SCO meets regularly with local Providers to ensure competency with ODP policy that relates to the services they provide. Information is shared regarding trainings available on the “MyODP” website. High risk individuals and those at risk of losing services are discussed at Provider meetings and a plan to support the individual is developed. This often involves the assistance of the HCQU as well as support from the DDTT and CSRU.

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

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

Participant Directed Services (PDS):

PDS services are promoted; at the time of intake/plan creation, annually, at the annual ISP review meeting, at any meeting, or monitoring where an individual or family member expresses displeasure with the services they are receiving through a traditional provider.

The biggest barrier and challenge to increasing the use of Agency with Choice in our catchment has been finding suitable employees.

The biggest barrier and challenge we have encountered with VF/EA has been communication with PPL. They have been slow to return calls and emails.

The AE will support the provision of training of individuals and families as needed to meet the needs of the individual/family. AE support is vital for the success of the Participant Directed Services program. As such, the AE will assist the SCO, VF/EA, AWC, with materials, a venue, technical assistance and guidance as requested by teams/individuals and family members.

An informational handout sent to families of waiver recipients would be a helpful support to AEs to increase awareness of the Person Directed Supports program, and enrollment in the program.

Community for All:

This AE currently serves three individuals places in congregate settings, two in State Centers, and one in a State Hospital. The AE is working closely with the SCO, State Center staff, providers and ODP to facilitate a successful transition for these individuals back into the community. The individual's wishes are at the center of this planning process. As providers are identified for these individuals, homes will be located and staffed to meet the individual's needs. A comprehensive approach is taken by the AE to assess and meet all needs of the individual in order to assure the individual's successful transition back to the community, for them to remain in the community successfully after transition.

HOMELESS ASSISTANCE PROGRAM

LYCOMING COUNTY

The Lycoming County Homeless Assistance Program (HAP) is managed through the Lycoming County United Way and overseen by a community HAP Board. The Board assists with identifying participating providers and monitoring service delivery. Allocation of funds is based on numbers of individuals served and each participating agency is required to submit monthly reports on the categories for which funds are used. All reporting is reviewed by the Lycoming County United Way and Lycoming County. Quarterly meetings are held with participating agencies to ensure compliance. The following categories are eligible for HAP funds:

Case Management: This service is designed to assist in identifying needs and the reasons why individuals became homeless or near homeless. The focus of Case Management is to provide the tools and skills that are needed to prevent individuals from ever being in a homeless situation again. The many services include budgeting, life skills, job preparation, home management and referral to drug and alcohol services, if necessary. The County evaluates the success of this component through monthly review and monitoring of submitted agency reports. There are no proposed changes to this component for FY 17-18. HAP monies are used to fund this service.

Rental Assistance: If an individual is in danger of being evicted from their apartment or home, the Lycoming County homeless Assistance Program can assist with payments for rent, mortgage, security deposits and utilities. The HAP provider works with landlords to maximize the ability to stay in an individual's apartment or home, or work to find a more affordable apartment. HAP can also be used to move individuals out of shelter into an affordable apartment. The County evaluates the success of this component through monthly review and monitoring of submitted agency reports. There are no proposed changes to this component for FY 17-18. HAP monies are used to fund this service.

Bridge Housing: This is "The Bridge" that can assist to move individuals from being homeless into permanent housing. This is usually the next step up from an emergency shelter. This service provides resources to stay in a shared facility or apartment for up to 18 months for a small co-pay depending on income. Case management services are also included to assist with independent living goals. The County

evaluates the success of this component through monthly review and monitoring of submitted agency reports. There are no proposed changes to this component for FY 17-18. HAP monies are used to fund this service.

Emergency Shelter: If an individual is currently homeless and has no permanent residence or are a victim of domestic violence, the Emergency Shelter component provides shelter, for a short period of time. During that time, case management services are also provided to assist with securing more permanent housing. The County evaluates the success of this component through monthly review and monitoring of submitted agency reports. There are no proposed changes to this component for FY 17-18. HAP monies are used to fund this service.

Innovative Supportive Housing Service: This component enables the service provider to design a supportive housing service for homeless and near homeless persons that is outside the scope of existing HAP components and addresses unique county needs. HAP monies are not being used to fund this service.

HMIS Implementation: Lycoming County does not require HMIS at this time.

CLINTON COUNTY HOMELESS ASSISTANCE SERVICES

Continuum of Care

The following description of the Clinton County homelessness continuum of care applies to our HAP funding allocation as well as our 2015 and 2016 Emergency Solutions Grant and our 2016 and 2017 PHARE grants, all of which contribute to operating our homeless shelter, homelessness prevention and rapid rehousing services, case management, life skills training, and so forth.

Candidates for potential HAP (and ESG and PHARE) assistance all enter the program either by direct approach to the program operator (defined below), or by referral from one of its many partner agencies (listed below).

- **Grantee:** Clinton County Board of Commissioners
- **Administrative Oversight:** The Clinton County Grants Administrator in the Planning Department, Kate de Silva, manages all county-directed grant funding to the program operator: she prepares applications, monitors procedure and compliance, reviews fiscal operations, and assists with reporting to funding agencies.
- **Program Operator:** The Clinton County Housing Coalition (CCHC), a 501 c (3) nonprofit, operates the Life Center, the county homeless shelter in the City of Lock Haven, and all of our homeless assistance programs. Direct program management is by the Executive Director of the Life Center, Maria Garlick. She oversees one full-time shelter case manager and various shorter-term Lock Haven University interns, Americorps VISTA volunteers, and Experience Works volunteers.
- **Program oversight:** The Board of Directors of the CCHC is led by Jeff Rich, Director of the Clinton County Housing Authority. The CCHC board meets monthly, and annual joint

meetings are held with participating agencies to ensure good communication and compliance with program rules. The CCHC Board has representatives from the County Departments of Mental Health and Intellectual Disability, Children and Youth, and Adult Probation and Parole. Other member agencies are Lock Haven University, The Salvation Army, Crossroads Counseling, Lock Haven Police Department, Veterans Multi Service Center, Keystone Central School District, and various churches.

- Fiscal operations: Processing of assistance payments and accounting services are performed by the financial department of the Housing Authority as a pro-bono service to the CCHC. The county Grants Administrator closely monitors fiscal transactions as they flow through the County to and from DHS (and DCED and PHFA).
- Reporting: The Life Center Director compiles the annual reports on the categories and amounts for which funds were used. All reporting is also reviewed by the Grants Administrator.
- Continuum of Care Participation: Jeff Rich is Co-Chair North Central Pennsylvania RHAB (Regional Homeless Advisory Board), and Vice President of the Eastern Pennsylvania Continuum of Care. Both Maria Garlick and Kate de Silva are also active RHAB and CoC members.
- HMIS Implementation: The County is an established HMIS/Client Track user for ESG program reporting. Maria Garlick of the CCHC is database manager, and Kate de Silva has the ability to generate ESG program reports. Shelter Case Manager Robin Donley has also been trained on this system.

Recent Accomplishments

Reentry Housing Program. Our second full year of the new program (2016-17) has proven a success, though not every individual served has avoided recidivism. (We primarily use PHARE funding for this purpose). Thirteen inmates eligible for release this year, but lacking a home plan, were provided with housing upon release from the Clinton County Correctional Facility. Through cooperative case management with Clinton County Probation, we were able to assist 7 participants to find permanent, affordable housing; and 8 participants to obtain employment. We helped some participants obtain the documents necessary to gain employment; i.e., Birth Certificates and Photo ID's, and GED's.

The PREP Prepared Renter Education Program. In 2016-17, 15 classes have been given, totaling 147 attendees. Classes are taught monthly, and anyone receiving HAP, PHARE or ESG rental assistance, or taking up new residence in public housing, is required to attend. Six trainers (two each from the Life Center, Women's Center, and Housing Authority) take turns conducting these sessions, which have been very successful in giving renters the budgeting and tenant/landlord relationship tools they need to maintain stable housing.

The Merit House Men's Shelter Program. Opened in February of 2017, then Merit House has already served seven men. Through intensive case management, four of these men have

obtained employment and we were able to assist four with permanent housing. Most of these participants were in need of help with birth certificates, photo identification, and social security cards. We are currently helping one attain disability benefits.

For FY 2017-2018, we expect to deploy HAP funds in the following categories:

Case Management: To assist in identifying needs and the reasons why individuals became homeless or are at risk of homelessness. The focus of Case Management is to provide the tools and skills that are needed to prevent individuals from ever being in a homeless situation again. The many services include budgeting, life skills, job preparation, home management, renter education, and referral to drug and alcohol services, if necessary. Case management is performed by Robin Donley, the Shelter Case Manager of the Life Center staff, with oversight and input by Maria Garlick, Director. Case management is provided to both the Life Center and Merit House participants.

Rental Assistance: If an individual is in danger of being evicted from their apartment or home, the Clinton County HAP can assist with payments for rent, mortgage, security deposits and utilities. The Life Center staff works with landlords to maximize a client's ability to stay in an apartment or home, or work to find a more affordable apartment. HAP can also be used to move individuals out of shelter into an affordable apartment.

Emergency Shelter: If an individual is currently homeless and has no permanent residence or is a victim of domestic violence, the Emergency Shelter component provides shelter, for a short period of time, 30-60 days. During that time, case management services, life skills training, and "Prepared Renter Education" are also provided to assist with securing more permanent housing.

Overnight Shelter: In February of 2017, the CCHC will opened a new shelter where HAP funds may also be deployed. Some history: Clinton County currently has one full-service homeless shelter (the Life Center) and one domestic violence shelter (Hilton Safe House), but had no facility of any kind designed to serve chronically homeless persons in an emergency situation, who require just a bed and shower for the night. According to the Center for Workforce Information and Analysis, our April 2016 unemployment rate was 7.5%, which equals 1500 unemployed adults, with 420 more not working but having exhausted their unemployment benefits. Affordable housing options do not exist for these people, and consequently, evictions are rising. To meet this need, the CCHC is converted an existing garage on the grounds of the Life Center into a 4-bed emergency shelter, with a full bathroom, an intake and supervision office, and a staff lavatory. The CCHC has secured CDBG, ESG, and private foundation funds for construction of the shelter.

The new facility is now serving chronically homeless persons in an emergency situation. CCHC is prioritizing males, but no one will be turned away if a bed is needed and available. CCHC

targeted this group because they are currently not being served. The Life Center Shelter will continue to serve single adults, unaccompanied minors, and families with children, and its Single Room Occupancy Permanent Housing Program (for single women, in the top floor of the Life Center) will also continue. Those programs employ full case management, follow-up, and rapid rehousing efforts to bring clients to stability. The new facility will bring the chronically homeless within reach of these programs and case management, and give them the potential for referral to other programs that may be needed such as addiction treatment and MH/ID medical assistance.

The overnight shelter will open at 6:30pm and close the next morning at 8 am. At all other hours the shelter will be closed, and clients must leave. CCHC imposed a two-week stay limitation. Clients must not be violent, abusive, or visibly intoxicated. They will be strongly encouraged to take part in our intensive case management approach towards self-sufficiency, and avail themselves of all the life skills training, counseling, and career services the CCHC and its partner agencies have to offer. In addition, all clients will be strongly encouraged to seek and attain employment. Prepared Renter Education is mandatory for those departing the shelter into any rental housing situation.

PROJECTED BUDGET

Budget figures are based on projected need for 2017-2018 fiscal year, or **\$34,850.00**.

Case Management: Based on current request levels for housing help across all categories of homelessness and at-risk of homelessness, we anticipate case management services will be needed for 90 persons. We request \$7,850.00 toward the staff salaries and fringe benefits for hours spend on case management.

Rental Assistance: Based on projected needs of more participants, we are requesting \$10,000.00 to be applied to Rental Assistance, including security deposits. We anticipate being able to serve 30 people, or ten families, with this funding.

Emergency Shelter: We are requesting \$17,000.00 toward Emergency Shelter operations. We expect to serve 80 shelter residents next year, with the addition of the new Merit House. With the \$11,000.00 in requested HAP funding, we will be able to help 6-7 shelter residents next year.

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

The West Branch Drug & Alcohol Abuse Commission provides bi-county leadership in the implementation and ongoing development of policies and programs toward a recovery oriented system of care for substance use disorders. The Commission is dedicated to ensuring quality prevention, intervention, treatment and recovery services that build healthy individuals, families and communities in Lycoming and Clinton Counties.

The Commission continues to provide in-house case management services and treatment services by contractual agreement. The Commission accepts referrals from any and all sources.

Screening is the first step in identifying the presence or absence of alcohol or other drug use. Equated to substance abuse triage, information is collected about an individual in order to make initial decisions concerning his or her emergent care needs and to be expounded upon through the assessment process. The screening tool includes the required components necessary to obtain information to ascertain if emergent care is needed in the following areas:

- Detoxification
- Prenatal/Perinatal Care
- Psychiatric Care

If emergent care needs are identified, appropriate referral(s) will be made immediately upon identification of the need. Any overdose victim or veteran of the armed services is also referred immediately for the appropriate level of care.

Clients are assisted in contacting a provider and/or their insurance carrier regarding drug and alcohol coverage and how to access it. Those without any coverage, public or private, are assisted in pursuing these services also. The Commission houses a computer for individuals to apply via COMPASS at any point in their dealings with the agency as well, to minimize barriers and maximize opportunities for these resources. Paper applications for Medical Assistance are kept on hand as well. Individuals may also be referred to the local navigator to research and apply for appropriate coverage.

1. Waiting list information (time frames, number of individuals, etc.) for:

- Detoxification Services and
- Non-hospital rehabilitation services
 - The Commission has, in the past year, experienced increased difficulty in securing detoxification and non-hospital rehabilitation beds for those who need them. The primary issue has simply been provider capacity, followed by lack of transportation. In most cases we have been successful in overcoming these barriers with established communication, relationships and navigators. However, there are occasions when individuals have to wait as much as three days for non-hospital detoxification. These individuals are in frequent contact with us during that time and connected with primary care, emergency department or federally qualified health center services in the interim as needed. Most of The Commission's referrals directly to non-hospital rehabilitation level of care are housed in controlled environments (i.e. jail to treatment cases). Still these waits for an appropriate placement, in long-term non-hospital rehabilitation in particular, can be three (3) to four (4) weeks.
- Medication Assisted Treatment

- With regard to medication assisted treatment, this varies with the provider. The Commission, however, has Clean Slate (an identified Center of Excellence or COE) added to its available and participating MAT providers. Formerly a primary care physician with a nominal MAT patient load, the medical director is a physician with whom The Commission has an established relationship and this structure accommodates significantly larger numbers of patients. A bi-county outpatient provider has also added MAT to its complement and the local methadone provider has continually expanded its treatment capacity.
- Halfway House Services
 - While The Commission has not experienced much difficulty with waiting lists for halfway house placement, feedback from partial hospitalization providers is that a large number of clients with other payers are being placed at their level of care while awaiting halfway house placement.
- Partial Hospitalization
 - The availability of partial hospitalization services also varies with the provider, but there is generally an available option.
- There has been no wait for outpatient services.

2. Barriers to accessing any level of care

The greatest barrier in accessing the needed level of care is with hospital-based services. The landscape of the healthcare system is changing and community hospitals are not providing the same services nor admitting to acute care as they once did. Hospital-based detoxification and rehabilitation providers are not able to admit patients who are deemed medically stable enough for discharge from the community hospital because they are still not sufficiently medically stable to be served by their facilities. This leaves the most compromised of our clientele without the appropriate care. A local physical healthcare provider has offered outpatient detoxification to a small number of individuals in the absence of any other known alternative. They are placed in a lesser level of treatment (partial hospitalization, intensive outpatient, outpatient) while in their care. The Commission continues to explore resources and partner with others in an effort to address these needs.

3. Narcan resource available in the community:

The Commission has been working to overcome barriers to widespread distribution of Narcan. The number of first responders who are actively engaged is growing and there have been and are additional trainings provided to meet those demands. The Commission has provided kits to some by request and has developed and been distributing literature regarding its benefits and use – both to clients as they present and to the community. Also distributed to first responders and hospitals are business-size cards simply stating “Your Life Matters” with the SCA’s toll free number in hopes it will plant a seed with those who decline treatment at the time of overdose. Commission staff has met with Commissioners and first responders in Clinton County as well as with the administrator responsible for the largest EMS system in Lycoming County.

4. Resources developed to address the opioid epidemic such as warm hand-off protocols, use of CRS, 24/7 case management services, use of toll free hotline, coordination with local emergency departments, police, EMS, etc.

Among the other relationships and resources established in response to the opioid epidemic are growing relationships with local physical healthcare providers. Following letters to the hospitals and urgent care providers with SCA warm handoff protocol, offers of service and a comprehensive contact list of contracted providers, we met with staff at each of the emergency departments to strengthen those affiliations and processes. Referrals have consequently increased, whether from the emergency departments or acute care. One of these new affiliations paved the way for collaborating on the provision of Narcan training in a particularly rural community in Clinton County. Staff has presented to a large number of hospital administrators and supervisory level staff regarding services as well as athletic trainers at local opioid symposiums.

The Commission has also gathered parties together to support a local physician's vision of evidence-based pain and disease management as alternative to the prescribing of opioids. Still in the exploratory stages, we are researching available resources and interest in specialized training for representatives of different services (e.g. chiropractic care, osteopathic manipulation, physical therapy, CBT and mindfulness therapy, yoga therapy, acupuncture, etc.) The local FQHC, in partnership with The Commission and MH/ID, has submitted its interest in applying for the SAMHSA grant for integration of physical and behavioral healthcare in order to develop an integrated support team. This proposes to pursue further development of the above noted pain and disease management resources, establish a community-based CRS-Case Manager team, and expand the availability of outpatient detoxification. It also proposes a community-based nurse to help ensure stability for patients with a history of noncompliance with psychotropic medications. These efforts have the potential to prevent, intervene and treat opioid use disorders on multiple levels.

In addition to the exponential growth in CRS staff at a local outpatient/intensive outpatient/partial hospitalization treatment provider (the other of two established COEs in the SCA's catchment area), the facility has also significantly expanded their wellness coaching staff and services. Likewise, The Commission now employs its own CRS who primarily serves participants in the Lycoming County Vivitrol Court.

In partnership with a grassroots organization, the treatment provider noted above, the BH-MCO, MH/ID, and The Commission have developed an association with one of our local police departments. As a result, the department provides contact information through a confidential database that allows professional staff (CRS or therapist) to conduct outreach to individuals with whom they have any contact involving opioids. It is hoped that this will grow to surrounding police departments and bear fruit in getting individuals into treatment that would otherwise likely continue using, offending, and/or become incarcerated.

While business hours are 8:00 a.m. to 4:30 p.m. Monday through Friday, The Commission provides 24-hour access to a qualified staff member seven days a week by cellular phone. The SCA's toll-free number is forwarded to this service after hours for easy client access. Individuals

calling in on any other designated line to the main office after hours will be directed by the voice mail system to the appropriate cellular phone number in cases of emergency. This allows the CMU to conduct screenings as needed and to facilitate services to meet emergent needs. Staff have also received transfer calls on this service from the state helpline and facilitated admissions to treatment for those individuals in need.

5. Treatment Services expansion including the development of any new services or resources to meet local needs:

The most notable areas of treatment expansion have been alluded to in the context of meeting other areas of need. The local methadone maintenance program has been approved for several capacity expansions since its inception. The two providers approved as Centers of Excellence have also consequently and significantly expanded their capacity to serve the community's opioid use disorders.

All SCA clients now work with their Case Manager to complete a service plan to identify and address needs in the following areas:

- Education/vocation
- Employment
- Physical health
- Emotional/mental health
- Family/Social
- Living Arrangements/Housing
- Legal Status
- Basic Needs (food, clothing, transportation) and
- Life Skills

Beyond this, all clients also complete a universal recovery/wellness/safety plan. This plan is individualized and includes personal strengths, triggers, early warning signs, items in his/her wellness toolbox (i.e. healthy coping mechanisms), personal supports, safe spots, and emergency phone numbers. The completed plan follows the individual to and through treatment and coordination of services. Adjustments and additions are made over the course of that time and shared among service providers in order to have a cohesive and well-communicated team approach to supporting the individual's self-identified plan. Clients are considered active with The Commission as long as they remain in treatment services at some LOC, and are encouraged to contact the CMU with any questions, needs, or concerns at any time before, during, or after treatment.

6. Any emerging substance use trends that will impact the ability of the county to provide substance use services.

Current trends regarding substance use patterns affecting our clientele and community include:

- Continued growth of opioid use disorders in both quantity and complexity of the disease;

- Abuse of psychotropic medications (e.g. Wellbutrin or Gabapentin) and over-the-counter medications (e.g. Imodium) resulting in continued addictive mindsets and behaviors and, in some cases, serious overdoses on these medications;
- Increased use of cocaine, particularly with individuals on Vivitrol; and
- Synthetic drug use – a resurgence of bath salts and related drugs.

The Commission strives to maintain competency in its service to culturally diverse populations. Among the special needs and considerations taken into account when formulating an individual's particular service plan are:

- Medication Assisted Treatment,
- Co-occurring Mental Illness,
- Gender,
- Parental Responsibilities,
- Criminal Justice Involvement,
- Sexual Orientation/Gender Identity,
- Co-occurring Gambling Disorders and
- Culture and Ethnicity.

Placement determinations are made with these considerations in mind. The Commission has developed close working relationships with a broad array of community partners to serve these needs as well as those noted in its assessment of non-treatment needs and beyond. The Commission is thoroughly engaged in multiple Lycoming and Clinton County Treatment Courts. The newest of these is Clinton County's Veterans' Court which also utilizes the support of Veteran's Justice Outreach (VJO). Also among these collaborative efforts is coordination with the local Veterans Administration. In addition, a local veteran serves as a mentor to veterans participating in the Lycoming County Adult Drug Treatment, DUI and Mental Health Courts.

Target Populations:

The Commission serves all ages. Funding will support each age category with case management services as described. Noted below are some specifics to particular categories, though no limitations are placed in provision to any category.

- **Adults (including older adults, transition age youth, ages 18 and above)**
 - Adults constitute 94.2% of the individuals we serve. The full array of services described is designed to serve this population. Among the efforts made is an increase in coordination with physical healthcare as noted above.
 - The 60+ category constitutes only 3.2% of our clientele from July 1, 2016 to present. The Commission has been participating for several months in a group that is working to overcome barriers in the PA waiver program to establish eligibility for members of the aging population to obtain in-home healthcare and nursing home services. Recognizing that a number of these individuals suffer from substance use disorders (perhaps contributing to dementia or other physical and behavioral health issues), the group invited the SCA to take part in this process. The challenges here include engaging referrals due to perception of

substance use at this age as well as chronic pain and other medical conditions. A significant contributing factor to our own barriers is the individuals noted as needing to be appropriately stabilized due to serious medical complications. Consequently, the greater focus on physical healthcare coordination is particularly beneficial here as well and involvement in this group has great potential to open doors to greater service to this population.

- Transition age youth currently comprise the largest segment of the clients we serve as ages 19-29 years constitute 44.4% of our clients from July 1, 2016 to present day. Many of them are actively engaged in the Lycoming County Adult Drug Treatment Court. Of the DUI offenders, 18-24 year olds comprise 25%. In addition to other services provided, The Commission partners with Lycoming County Children & Youth Services for its Community Support Program's Independent Living services. Also, the majority of our Underage Drinking Court participants fall into this category. This is a unique, experiential program that helps young people develop in many areas, including healthy decision-making. This age is a difficult time for virtually anyone; for the substance abuser it can be magnified by the effects of substances on brain development, maturity, and decision-making faculties. In fact, in the past year, the Case Manager serving our Underage Drinking Court also began another group, Thrive, for a select number of the Adult Drug Treatment Court participants who would be considered transition age youth. This experiential program focuses on strengths, habits, health, relationships, gratitude, grace, positivity, future, leadership, passion, purpose and virtue. Participants are challenged to complete five (5) of eight (8) possible self-assessment tools, choose and complete one (1) of four (4) activities designed to develop personal growth. The goals are to develop healthier physical habits, time management, budgeting, hobbies, emotional control, goal and plan development, confidence and sense of purpose, and awareness of strengths and weaknesses as well as hopes, dreams and aspirations.
- **Adolescents**
 - Adolescents are served primarily through the Student Assistance Program. A member of The Commission staff serves as liaison to each of the middle and high schools in its bi-county catchment area. She provides technical assistance to the teams, conducts assessments, and also provides education/early intervention services to students identified as meeting criteria for that level of care. Students meeting criteria for treatment are referred to the identified level of care, most commonly outpatient treatment which can be provided in the schools by a contracted treatment provider. Other adolescents are encouraged to be referred directly to The Commission and are most likely to present as referred by Children & Youth Services or Juvenile Probation Offices. We are an integral part of Lycoming County's Juvenile Drug Treatment Court. However, among our challenges is engaging other referrals from the Juvenile Probation Office. We also have an Underage Drinking Court which was co-developed by a now judge, at the time of inception an attorney, in the Court of Common Pleas and one of our own Case Managers. Engaging family members and gaining personal

investment from this age group are also among the challenges to serving this population. The Commission also partnered with its counties' Children and Youth Services to participate in the recent In-Depth Technical Analysis (IDTA) to still more closely in identifying and serving youth and families with substance abuse issues.

- **Individuals with co-occurring psychiatric and substance use disorders**
 - These individuals are an increasingly representative segment of those we serve. These individuals frequently have needs in a variety of domains. We are afforded access not only to a psychiatrist with one of our outpatient providers (serving both Clinton and Lycoming Counties) but also psychotherapy as they are a dually licensed program. In the event the individual is with another substance abuse treatment provider, The Commission coordinates with Mental Health/Intellectual Disabilities, Diakon, Community Services Group, Stocki & Neill, Keystone Counseling, and some independent therapists to ensure appropriate coordination of care. For those individuals who are appropriate for inpatient treatment, providers are available with programming to serve co-occurring issues as well. A Peer Support Specialist is available in our community along with a variety of community resources to which we refer. The Commission has also been working to support these individuals in gaining Medical Assistance eligibility, sometimes immediately upon release from incarceration, in order to improve access to medication and treatment. Among the treatment courts we serve the Lycoming County Mental Health Court. The Commission also participates, as needed, in the mental health committee for Clinton County's Criminal Justice Advisory Board.
- **Women with children**
 - These clients receive specialized attention in supporting the basic needs of the family, child care, parenting supports and skills and specific attention to resuming those relationships and roles in a progressively healthy way. Staff works to ensure both mother and children are receiving appropriate medical care, therapeutic support and interventions for both mother and children, and appropriate transportation.
- **Overdose survivors**
 - Presenting individuals are offered immediate admission to the appropriate level of care. Case Management staff facilitates priority care to meet the needs of these clients beginning with substance abuse treatment but to include resources to meet the other needs of that individual. The warm handoff process entails the physical healthcare provider contacting the Case Management Unit, during or after business hours, and our facilitating admission to treatment at that time.
- **County's identified priority populations:**
 - Criminal justice involved individuals are the majority of the individuals we serve. They represent 72% of the referrals received in fiscal year 2014-2015. In addition to The Commission's participation in seven (7) different treatment court programs across its two counties, we are also:
 1. Serving the Clinton County Re-entry Team three-fold

1. At monthly meetings to discuss individuals who are eligible for parole, evaluating their behavioral change along with their strengths, needs, goals, available resources and supports, etc. This includes both the experience of the team members as well as inmates' self-evaluation.
2. Participating in approximately six (6) Re-entry Planning Committee meetings per year in which we continually assess the successes as well as developmental and resource needs of the county's re-entry process.
3. Participating as needed in the Returning Citizens Program interviews and discussions. This program offers subsidized apartments over a finite period of time so that individuals can live in a safe environment while gaining/regaining employment, re-acclimating to the community and receiving case management from the Clinton County Housing Authority to provide additional support, structure, accountability and life skill development. This includes, of course, transition to independent living in another setting.
2. Participating in the Lycoming County Re-entry Coalition and Forensics Meetings.
3. Actively engaged in the jail to treatment program in both counties, ensuring Health Choices and eligibility for a date of release directly to inpatient treatment for eligible offenders.
4. A presence at the Lycoming County Pre-Release Center.
5. Partnering closely with the local day reporting and transitional living centers; and
6. Very active in our participation in the Criminal Justice Advisory Board (CJAB) in both counties.

This is an area in which we have found it particularly challenging to establish sufficient resources (in particular man hours) to serve these individuals while still serving others with the quality and quantity we strive to achieve. Also noteworthy is that it can be difficult to put the necessary resources in place in a timely fashion for those at particular stages of the criminal justice process. While we can assess and make a recommendation prior to court, there may not be sufficient time between the court's approval and the individual's release to ensure all the needed resources are in place.

- The Commission coordinates closely with the local Veterans Outreach Coordinator, Veterans Administration, Vet Center and Veterans' Clinic on shared cases. The Commission also has the benefit of a veteran who volunteers his time to mentor fellow veterans in the Lycoming County Drug Court Program. The Commission also has the advantage of a former client, with many years of service and now with five years of sobriety, providing support and now even participating as member of our board of directors. He is very active in providing and supporting local veterans' services, including RWB (Red, White and Blue). The veteran population is challenged by a number of the needs previously

indicated including co-occurring mental illness and chronic pain and/or other physical health needs.

- Pregnant injection drug users and other pregnant women can be a particularly difficult population to serve. These women are referred to a very selective number of inpatient facilities that feel equipped to serve them dependent upon the stage of the pregnancy and substance being used. We still seek first the best practice which is inpatient detoxification or inpatient methadone maintenance for the opioid user throughout the term of the pregnancy as dictated by how far along the patient is. When this is not possible, we have individuals connect with the local methadone maintenance clinic or a prescribing physician for Subutex. Ancillary services are verified or referrals made to best support a healthy pregnancy and delivery.
- Injection drug users are coached, supported, referred for appropriate medical testing, care and education regarding the risks of injection drug use. Addressed medical concerns include, but are not limited to, HIV, TB and prenatal care.

We endeavor to have a diversified staff to meet and adequately serve racial, ethnic, and linguistic minorities but this has posed a challenge. We have an African American male and one African American female on staff. We work to have staff trained on cultural sensitivity. We have also contracted with interpreters to meet the specific needs of clients as they present.

All of the above have left The Commission with a still greater challenge to meet the needs of its clientele.

Recovery-Oriented Services

With regard to recovery oriented services, the substance abuse field has historically held this perspective. However, it is unquestionably working further toward a Recovery Oriented System of Care (ROSC). Some of the resources we have that could benefit from further development include:

- Strengthening Families Program;
- Parenting workshops and support groups;
- Safe Homes;
- A graduate of one of our treatment court programs is developing the Recovery Community Connection, a community-based effort hoping to secure 501c3 status. Her vision is to create a safe place for recovery on all paths, all-inclusive and without judgment. She has started a mutual support group, "Free to Be Me," is hosting a showing of "Generation Found" and supporting other recovery-oriented projects. The ultimate goal is to have a drop-in center from which all of these opportunities and more can be offered;
- Partnerships with grassroots organizations such as Advocates for a Drug Free Tomorrow (where SCA staff serve as Secretary and Treasurer) and Project Bald Eagle (for which the SCA Director serves on the board of directors along with other community

representatives including a state senator, physical healthcare, the recovering community, higher education, and the business industry).

- An ARISE Continuing Care and Intervention Program Intern;
- Certified Recovery Specialist(s) for substance abusing clients;
- Utilization of Peer Support for individuals who are dually diagnosed;
- Local shelter/housing programs (both existing and in development) that employ mentoring for life skills – one such program is preparing to become specific to sober living;
- Treatment court supports such as mock meetings, alumni group, and an Adult Drug Treatment Court graduate who has been attending the Juvenile Drug Treatment Court sessions and serving in an informal mentoring role to some of its participants;
- Support groups provided in the community by AIDS Resource, Veteran’s Administration, etc.;
- A drop-in center for people of all disabilities through the Center for Independent Living;
- A local chapter of the Alternative Motorcycle Club;
- Creating Lasting Family Connections – a therapeutic group for parents of adolescents with substance abuse;
- Community Support Program services that have offered groups on parenting, life skills, job readiness, etc.;
- Celebrate Recovery;
- Follow-up services provided by our Case Management Unit to ensure ongoing supports and recovery;
- Physical healthcare coordination, including continued outreach to local emergency departments, and wellness coaching.

HUMAN SERVICES DEVELOPMENT FUND/HUMAN SERVICES AND SUPPORTS

LYCOMING COUNTY

Adult Services: Please provide the following:

Program Name: Confer Home Health Services

Description of Services: Confer Home Health Services provides Adult Homemaker services by certified home health aides to approximately 15 functionally disabled, income eligible adults living in the county. Services provided support the individual’s ability to live independently in their own home when no other family exists or is available to provide needed assistance in performing essential daily living tasks. Approximately 50% of the clients served are receiving personal care on an ongoing basis and 50% are receiving home help on an ongoing basis. Home Help services being provided to eligible adults include shopping assistance, laundry assistance and home cleaning necessary to maintain the person’s health and safety. Some cases begin as emergency cases due to the loss of a family member or other person who provided similar support.

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

Program Name: Favors Forward

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

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

Aging Services: Please provide the following: Not currently supported with HSDF \$

Program Name:

Description of Services:

Service Category: Please choose an item.

Children and Youth Services: Please provide the following:

Program Name: Community Alliance for Progressive Positive Action, CAPP

Description of Services: Life Skills educational services are provided to approximately 60 at-risk elementary and middle school age youth in the Williamsport area. The program provides after-school, weekend and summer activities designed to keep at-risk children engaged in positive pro-social activities. Life skills provided include education on gangs, drugs, alcohol and tobacco prevention/awareness, self-esteem/self-worth, personal safety, nutrition and healthy eating, positive peer relations/conflict resolution and community awareness.

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

Program Name: Firetree Place

Description of Services: Life Skills educational services are provided to approximately 75 at-risk elementary and middle school age youth in the Williamsport area. The program provides after-school, weekend and summer activities designed to keep at-risk children engaged in positive pro-social activities. Life skills provided include education on gangs, drugs, alcohol and tobacco prevention/awareness, self-esteem/self-worth, personal safety, nutrition and healthy eating, positive peer relations/conflict resolution and community awareness. The HSDF allocation supports the provision of life skills educational opportunities for children living in this area in the form of after school, summer and weekend activities and events.

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

Program Name: Jersey Shore Summer Recreation Program

Description of Services: Life Skills educational services are provided to approximately 150 at-risk youth in the Jersey Shore area of Lycoming County as part of an organized summer recreation program. Life Skills educational topics covered during this summer program include drug, alcohol and tobacco prevention/awareness, self-esteem/self-worth, personal safety, nutrition and healthy eating, positive peer relations/conflict resolution and community awareness.

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

Program Name: Project Coffeehouse – Montgomery Summer Alive Program

Description of Services: Life Skills educational services are provided to approximately 200 youth in the greater Montgomery Borough area of Lycoming County as part of an organized summer recreation program. Life Skills educational topics covered during this summer program include self-esteem/self-worth, personal safety, nutrition and healthy eating, positive peer relations/conflict resolution and community awareness. Youth will participate in the growing, care, harvest and preparation of local vegetables grown and prepared on-site in a newly constructed outdoor kitchen.

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

Generic Services: Please provide the following: Not currently supported with HSDF \$

Program Name:

Description of Services:

Service Category: Please choose an item.

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

Adult Aging CYS SUD MH ID HAP

Specialized Services: Please provide the following: Not currently supported with HSDF \$

(Limit of 1 paragraph per service description)

Program Name:

Description of Services:

Interagency Coordination: Not currently funded by HSDF

Other HSDF Expenditures – Non-Block Grant Counties Only

If you plan to utilize HSDF for Mental Health, Intellectual Disabilities, Homeless Assistance or Drug and Alcohol, please provide a brief description of the use and complete the chart below.

Category	Cost Center Utilized	Estimated Individuals	Planned HSDF Expenditures
Mental Health	Supplement to CRR	10	\$33,423
Intellectual Disabilities			
Homeless Assistance	Emergency Shelter	70	\$20,000
Drug and Alcohol			

Mental Health:

Supplement to CRR: This service is designed to supplement the Community Mental Health Base Funds to provide payment for Independent Living Services (ILS) to 10 individuals who are residing in structured housing arrangements (Community Residential Rehab -CRR.) ILS provides structured training in areas such as budgeting, meal planning, public transportation usage, etc. to prepare individuals to reside independently in Lycoming and Clinton counties. Lycoming-Clinton MHID contracts with Community Services Group to operate ILS

Homeless Assistance:

Emergency Shelter: If an individual is currently homeless and has no permanent residence or is a victim of domestic violence, the Emergency Shelter component provides shelter, for a short period of time, 30-60 days. During that time, case management services, life skills training, and “Prepared Renter Education” are also provided to assist with securing more permanent housing. The American Rescue Workers and YWCA’s Liberty House shelter program are contracted providers of this service.

HUMAN SERVICES DEVELOPMENT FUND/HUMAN SERVICES AND SUPPORTS

CLINTON COUNTY

County Planning Team and Needs Assessment

Clinton County

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

Katie DeSilva, Clinton County Planning Department

Clinton County has always used our HSDF allocation to support programs and services that impact the people of our county by filling in some of the gaps in funding or service delivery. Some of the funding can fall under both adult services and specialized services. We have chosen to itemize them under specialized services because they pay for specific portions of services provided to some adults within the county.

Total Clients Served through Clinton County - 2591

Adult Services:

Program Name/Description: Confer Home Health

Description of Services: Specializes in the Home Health discipline. Provides Homemaker services to adult clients with debilitating physical conditions in Clinton County. These services include a variety of needs, from help getting out of bed, medication reminders, personal care, hospice care and also Alzheimer support for patients and families (note – hospice and Alzheimer support do not involve

providing any medical services, but rather homemaker supports to the individual and the family.) Home Health can be the difference from staying at home verses going to assisted living.

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

Generic Services:

Program Name/Description: Hope Enterprises

Description of Services: Funds are used to supplement the cost of transportation to serve adults, residing in Clinton County, who are intellectually disabled, with residential, vocational, educational and developmental needs. Hope Enterprises feels there is a need to provide transportation to individuals residing in rural areas as well as those individuals whose disability or family situation precludes the use of alternate transportation. There are normally four individuals who meet this need and require the assistance of the HSDF funding for their transportation to activities and appointments. The cost includes maintenance of a lift van, necessary for transporting these clients.

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

Adult Aging CYS SUD MH ID HAP

Program Name/Description: Clinton County Community Connections

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

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

Adult Aging CYS SUD MH ID HAP

Specialized Services:

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

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

Program Name/Description: Infant Development Program – Perinatal Program

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

Program Name/Description: Ross Library

Description of Services: Funds are used to provide basic literacy skills for the children of Clinton County. Approximately 1615 children, through the use of a library van and partnering with day care facilities and other youth organizations, will benefit from this funding.

LYCOMING-CLINTON SUPPORTS COORDINATION ORGANIZATION

200 EAST STREET
SHARWELL BUILDING
WILLIAMSPORT, PA 17701-6613
570-326-7895 OR 1-800-525-7938
FAX: 570-601-0579

8 NORTH GROVE STREET
SUITE A
LOCK HAVEN, PA 17745-3547
570-748-2262 OR 1-800-525-7938
FAX: 570-748-6029

KEITH A. WAGNER
Administrator

JIM HICKLIN
SCO Director

DAWN HARER
SCO Supervisor

LYNN LITTLE
SCO Supervisor

Name of Policy: Crisis Intervention / 24 – hour response system

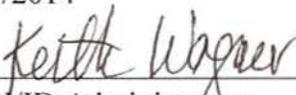
Policy Number: SCO-008

Purpose: The Lycoming-Clinton Supports Coordination Organization has developed this policy to assure that a consistent process is in place to handle crisis situations 24 hours a day, 7 days a week.

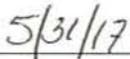
Effective date: 7/1/2011

Revised: 7/1/2014

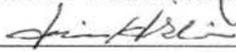
Required Signatures:



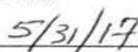
MH/ID Administrator



Date



SCO Director



Date

Policy: The Lycoming- Clinton Supports Coordination Organization as per the Office of Developmental Programs has developed the following policy and procedure to ensure that a 24 hour response system is in place to assure the health, safety and welfare of consumers.

Procedure: In an effort to assure timely and necessary crisis intervention services after work hours and on weekends the following practices have been put in place:

- Lycoming- Clinton Supports Coordination Unit has a Letter of Agreement with our Agency's Crisis Unit. This is updated on an annual basis.
- Crisis Unit will provide crisis intervention services from 4:00 p.m. to 8:00 a.m. , Monday through Friday, and twenty four (24) hour coverage on weekends and holidays.

- Crisis Unit will respond to requests for emergency or crisis services by providing an initial screening / assessment to determine the most appropriate level of intervention.
- Crisis Unit will provide information and referral resources for community based services and supports.
- Crisis Unit will provide, if necessary, mobile crisis intervention services in the community for individuals exhibiting acute levels of need.
- Crisis Unit will respond to and assess emergency situations and incidents and assure the health, safety and welfare of the individual.
- Crisis unit will, in the event of an emergency situation, contact the SCO Director Jim Hicklin, or MH/ID Administrator, Keith Wagner.
- Crisis Unit will document all contacts in the Joinder Clinical Service Information System (JCSIS) for review and follow up by the Supports Coordination Organization.
- Crisis Unit when indicated will consult with the appropriate SCO Supervisor and Supports Coordinator for case consultation and disposition when necessary.
- SCO supervisors on a daily basis will review alerts, crisis contacts (Monday - Friday) in the Joinder Clinical Service Information System (JCSIS). This information will be shared with the appropriate Supports Coordinator.
- Supports Coordinator will contact the consumer during same business day to assess the situation and assure health, safety and welfare.

DESCRIPTIONS OF CRISIS INTERVENION SERVICES

A. TELEPHONE CRISIS SERVICE

The telephone crisis service is a twenty-four (24) hour a day, seven (7) day per week service available to all residents, consumers and their families in Lycoming and Clinton Counties. The crisis telephone service screens incoming calls and provides counseling, consultation and referral to individuals who exhibit an acute problem of disturbed thought, emotional distress, behavior, mood or social relationships. Services are also available to callers who represent or seek assistance for individuals who are exhibiting these problems.

The Units have staff available to respond to incoming calls. For the most part, these calls are answered directly by assigned staff between the hours of 8:00 a.m. and 12:00 p.m. Calls received at other times, or in the case of significant volume, are directly received by a contracted answered service and promptly forwarded to the assigned staff.

Staff are responsible for triaging calls, helping the caller to resolve or find ways of dealing with their mental health emergency, and providing referrals to appropriate services needed to continue resolution of crises. The staff use intervention strategies that include active listening, reframing and problem resolution skills to promote ways of relieving stress related to the current emergency. Staff are able to discuss concerns with mental health consumers and those seeking help on their behalf. They will maintain information and referral resources available for community based services and supports. A copy of resource materials available for staff is included in Appendix 8 and 9.

B. WALK-IN CRISIS INTERVENTION

Walk-in crisis intervention is available to consumers and family members between the hours of 8:00 a.m. and 5:00 p.m. Monday through Friday. Staff are able to accommodate consumers who present to the Williamsport or Lock Haven office with a mental health emergency during these regular office hours. Face-to-face services after hours will be provided through mobile crisis intervention services at an appropriate community location. If the consumer has an open case, every effort will be made for the consumer to be seen by his/her primary case manager. If this is not possible, or if the consumer is unknown, the emergency services staff will provide the necessary services.

The purpose of a walk-in consultation will be to gather information about the current emergency, complete a mental health assessment and provide recommendations as to the nature of needed follow-up, up to and including the filing of a petition for involuntary commitment. Staff will provide crisis intervention, crisis counseling and assistance with referral to community resources as indicated.

C. MOBILE CRISIS INTERVENTION

Mobile Crisis Intervention is a mobile outreach service that is available 24/7 to residents of both counties. The services may be provided at a consumer's home or other community locations

where the crisis is occurring. Consumers needing mobile crisis services are generally initially identified through a contact with telephone crisis staff when the initial assessment indicates the need for this level of response. The nature of the call, description of exhibited behavior and previous consumer contacts will determine the approach to service delivery.

Mobile crisis services include crisis intervention, assessment, counseling, resolution assistance and follow up for individuals who exhibit an acute problem of disturbed thought, emotional distress, behavior, mood or social relationships. Services are provided individually or team delivered, depending on the nature of the initial assessment. Situations where mobile crisis services can be delivered individually include hospital emergency rooms, police stations, group homes, public agencies, restaurants, locations where other professionals are present or other public areas in the community. Locations for team delivered services include home visits or outreach contacts at non-public buildings and areas, or agencies. Police or law enforcement representatives may also accompany staff on mobile crisis contacts if necessary based on the situation.

Proof of Publication

STATE OF PENNSYLVANIA } SS
CLINTON COUNTY

Before me, a Notary in and for the County aforesaid, personally appeared Robert O. Rolley, Jr. who being duly sworn according to law, doth depose and say that he is Publisher of The Lock Haven Express, a general newspaper established on the First Day of March 1882, and published at Lock Haven, in Clinton County, Pennsylvania, and that the advertisement of which a copy is attached hereto, was published in the regular editions and issues of said newspaper on the following dates,May 22..... 2017

And in all respects as ordered; and that the affiant is not interested in the subject matter of the notice and that all of the allegations of the statement as to the time, place and character of publication are true.

.....Publisher

Sworn and subscribed before me this 26.....day of.....May....A.D. 2017.


.....
Notary Public

My Commission expires

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Danielle Miller, Notary Public
Lock Haven City, Clinton County
My commission expires December 27, 2020

PUBLIC HEARING NOTICE
In accordance with State Regulations, Lycoming and Clinton Counties will conduct a Public Hearing for the County Human Services Plan (Non Block Grant) for Fiscal Years 2017-2018.
Thursday, June 1, 2017
4:00 p.m.
Sharwell Building
200 East Street
Williamsport, PA 17701
If you are unable to attend, please feel welcome to provide any written comments directly to the Administrator, Lycoming-Clinton MH/ID Program, Sharwell Building, 200 East Street, Williamsport, PA, 17701.

PROOF OF PUBLICATION OF NOTICE IN THE WILLIAMSPORT SUN-GAZETTE UNDER ACT NO. 587, APPROVED MAY 16, 1929

STATE OF PENNSYLVANIA
COUNTY OF LYCOMING

SS:

Bernard A. Oravec Publisher of the Sun-Gazette Company, publishers of the Williamsport, Sun-Gazette, success to the Williamsport Sun and the Gazette & Bulletin, both daily newspapers of general circulation, published at 252 West Fourth Street Williamsport, Pennsylvania, being duly sworn, deposes and says that the Williamsport Sun was established in 1870 and the Gazette Bulletin was established in 1801, since which dates said successor, the Williamsport Sun-Gazette, has been regularly issued and published in the County of Lycoming aforesaid, and that a copy of the printed notice is attached hereto exactly as the same was printed and published in the regular editions of said Williamsport Sun-Gazette on the following dates, viz:

May 22, 2017

Affiant further deposes that he is an officer daily authorized by the Sun-Gazette Company, publisher of the Williamsport Sun-Gazette to verify the foregoing statement under oath and also declares that affiant is not interested in the subject matter of the aforesaid notice of publication, and that all the allegations in the foregoing statement as to time, place and character of publication are true.

Bernard A. Oravec

SUN-GAZETTE COMPANY

Sworn to and subscribed before me

the 2nd day of June

2017

Christina Dewald

Notary Public

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL
CHRISTINA DEWALD
Notary Public
CITY OF WILLIAMSPORT, LYCOMING COUNTY
My Commission Expires Apr 18, 2020

PUBLIC HEARING NOTICE
In accordance with State Regulations, Lycoming and Clinton Counties will conduct a Public Hearing for the County Human Services Plan (Non Block Grant) for Fiscal Years 2017-2018.
Thursday, June 1, 2017
4:00 p.m.
Sharwell Building
200 East Street
Williamsport, PA 17701
If you are unable to attend, please feel welcome to provide any written comments directly to the Administrator, Lycoming-Clinton MH/ID Program, Sharwell Building, 200 East Street, Williamsport, PA, 17701.

STATEMENT OF ADVERTISING COSTS

To the Sun-Gazette Company, Dr.:
For publishing the notice attached
hereto on the above state dates.....\$ 53.71
Probated same.....\$
Total.....\$ 53.71

PUBLISHER'S RECEIPT FOR ADVERTISING COSTS

THE SUN-GAZETTE COMPANY hereby acknowledges receipt of the aforesaid advertising and publication costs and certifies that the same have been fully paid.

SUN-GAZETTE COMPANY

BY Bernard A. Oravec

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

County: Lycoming-Clinton	1. ESTIMATED INDIVIDUALS SERVED	2. DHS ALLOCATION (STATE & FEDERAL)	3. PLANNED EXPENDITURES (STATE & FEDERAL)	4. COUNTY MATCH	5. OTHER PLANNED EXPENDITURES
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MENTAL HEALTH SERVICES - Lycoming-Clinton

ACT and CTT	-		\$ -	\$ -	\$ -
Administrative Management	640		\$ 444,295	\$ 28,336	
Administrator's Office			\$ 239,002	\$ 26,896	\$ 11,470
Adult Developmental Training	-		\$ -	\$ -	\$ -
Children's Evidence Based Practices	-		\$ -	\$ -	\$ -
Children's Psychosocial Rehabilitation	-		\$ -	\$ -	\$ -
Community Employment	25		\$ 77,947	\$ 2,052	\$ -
Community Residential Services	40		\$ 1,600,326	\$ -	\$ -
Community Services	325		\$ 245,466	\$ -	\$ 40,000
Consumer-Driven Services	-		\$ -	\$ -	\$ -
Emergency Services	110		\$ 96,196	\$ -	\$ -
Facility Based Vocational Rehabilitation	-		\$ -	\$ -	\$ -
Family Based Mental Health Services	-		\$ -	\$ -	\$ -
Family Support Services	45		\$ 90,049	\$ -	\$ -
Housing Support Services	115		\$ 98,377	\$ 590	\$ -
Mental Health Crisis Intervention	420		\$ 225,354	\$ -	\$ 194,452
Other	-		\$ -	\$ -	\$ -
Outpatient	225		\$ 82,494	\$ -	\$ 28,000
Partial Hospitalization	1		\$ 7,500	\$ -	\$ -
Peer Support Services	-		\$ -	\$ -	\$ -
Psychiatric Inpatient Hospitalization	-		\$ -	\$ -	\$ -
Psychiatric Rehabilitation	70		\$ 70,000	\$ -	\$ -
Social Rehabilitation Services	35		\$ 118,000	\$ -	\$ -
Targeted Case Management	865		\$ 841,516	\$ -	\$ 1,506,100
Transitional and Community Integration	234		\$ 463,366	\$ -	\$ 75,000
TOTAL MENTAL HEALTH SERVICES	3,150	\$ 4,666,465	\$ 4,699,888	\$ 57,874	\$ 1,855,022

*Includes \$33,423 in HSDF

INTELLECTUAL DISABILITIES SERVICES - Lycoming-Clinton

Administrator's Office			\$ 592,672	\$ -	\$ 20,950
Case Management	570		\$ 282,603	\$ 28,622	\$ -
Community-Based Services	120		\$ 556,799	\$ 48,355	\$ -
Community Residential Services	-		\$ -	\$ -	\$ -
Other	10		\$ 9,000	\$ 1,000	\$ -
TOTAL INTELLECTUAL DISABILITIES SERVICES	700	\$ 1,441,074	\$ 1,441,074	\$ 77,977	\$ 20,950

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County: Lycoming-Clinton	1. ESTIMATED INDIVIDUALS SERVED	2. DHS ALLOCATION (STATE & FEDERAL)	3. PLANNED EXPENDITURES (STATE & FEDERAL)	4. COUNTY MATCH	5. OTHER PLANNED EXPENDITURES
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HOMELESS ASSISTANCE SERVICES - Lycoming

Bridge Housing	110		\$ 19,700		
Case Management	255		\$ 18,974		
Rental Assistance	325		\$ 42,000		
Emergency Shelter	200		\$ 88,000		
Other Housing Supports	-		\$ -		
Administration	-		\$ 4,440		
TOTAL HOMELESS ASSISTANCE SERVICES	890	\$ 153,114	\$ 173,114		\$ -

*Includes \$20,000 in HSDF

HOMELESS ASSISTANCE SERVICES - Clinton

Bridge Housing					
Case Management	90		\$ 7,850		
Rental Assistance	30		\$ 10,000		
Emergency Shelter	80		\$ 17,000		
Other Housing Supports					
Administration					
TOTAL HOMELESS ASSISTANCE SERVICES	200	\$ 34,850	\$ 34,850		\$ -

SUBSTANCE USE DISORDER SERVICES - Lycoming-Clinton

Act 152 Inpatient Non-Hospital	60		\$ 185,236		
Act 152 Administration			\$ 30,000		
BHSI Administration			\$ 66,000		
BHSI Case/Care Management	350		\$ 91,484		
BHSI Inpatient Hospital					
BHSI Inpatient Non-Hospital	80		\$ 130,000		
BHSI Medication Assisted Therapy	20		\$ 15,000		
BHSI Other Intervention					
BHSI Outpatient/IOP	400		\$ 120,000		
BHSI Partial Hospitalization	50		\$ 80,000		
BHSI Recovery Support Services	10		\$ 5,000		
TOTAL SUBSTANCE USE DISORDER SERVICES	970	\$ 722,720	\$ 722,720	\$ -	\$ -

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

County: Lycoming-Clinton	1. ESTIMATED INDIVIDUALS SERVED	2. DHS ALLOCATION (STATE & FEDERAL)	3. PLANNED EXPENDITURES (STATE & FEDERAL)	4. COUNTY MATCH	5. OTHER PLANNED EXPENDITURES
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HUMAN SERVICES DEVELOPMENT FUND - Lycoming

Adult Services	315		\$ 23,000		
Aging Services					
Children and Youth Services	391		\$ 38,000		
Generic Services					
Specialized Services					
Interagency Coordination					
Administration					

TOTAL HUMAN SERVICES DEVELOPMENT FUND	706	\$ 114,423	\$ 61,000		\$ -
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Lycoming County's total HSDF tentative award = \$114,423 of which \$33,423 is allocated to MH Residential to serve approximately 4 individuals and \$20,000 is allocated to Homeless Assistance Services to provide Emergency Shelter services for approximately 70 individuals.

HUMAN SERVICES DEVELOPMENT FUND - Clinton

Adult Services	14		\$ 11,650		
Aging Services					
Children and Youth Services					
Generic Services	504		\$ 14,400		
Specialized Services	2,073		\$ 20,250		
Interagency Coordination					
Administration			\$ 3,700		

TOTAL HUMAN SERVICES DEVELOPMENT FUND	2,591	\$ 50,000	\$ 50,000		\$ -
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Please note any utilization of HSDF funds in other categoricals and include: categoricals and cost center, estimated individuals, estimated expenditures.

GRAND TOTAL	9,207	7,182,646	7,182,646	135,851	1,875,972
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