

Appendix A
Fiscal Year 2018-2019

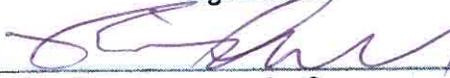
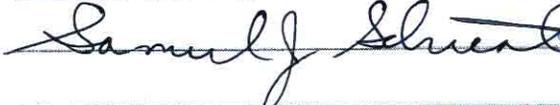
COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: Northumberland

- A. The county assures that services will be managed and delivered in accordance with the county Human Services Plan submitted herewith.
- B. The county assures, in compliance with Act 80, that the county Human Services Plan submitted herewith has been developed based upon the county officials' determination of county need, formulated after an opportunity for public comment in the county.
- C. The county and/or its providers assures that it will maintain the eligibility records and other records necessary to support the expenditure reports submitted to the Department of Human Services.
- D. The county hereby expressly, and as a condition precedent to the receipt of state and federal funds, assures that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; and the Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (Contract Compliance regulations):
 - 1. The county does not and will not discriminate against any person because of race, color, religious creed, ancestry, origin, age, sex, gender identity, sexual orientation, or disability in providing services or employment, or in its relationship with other providers; or in providing access to services and employment for individuals with disabilities.
 - 2. The county will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signatures</i>	<i>Please Print</i>	
	Richard J. Shock	Date: 8-22-18
	Samuel J. Schick	Date: 8-22-18
		Date:

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Appendix B
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PART I: COUNTY PLANNING PROCESS

The development of the Human Services plan submission begins with an approach to ensure stakeholder involvement at the most direct level. Northumberland County Human Services facilitates Systems of Care (SOC) County Leadership Team meeting monthly for the purpose of ongoing planning and development. Input from this group was integrated into this plan submission. The SOC group includes youth, family members, school personnel, a county commissioner, service providers, and a representative from the local family advocacy group, a Community Action Agency and other local organizations. County program staff includes the Chief Clerk, Behavioral Health and Intellectual/and Developmental Services (BH/IDS) Administrator, the Children and Youth Services (CYS) Administrator, the Deputy Juvenile Court Probation Officer, Drug and Alcohol (D&A) Administrator, the BH/IDS Fiscal Program Specialist, CYS Director of Social Services and the Behavioral Health Director.

The management team, supervisors and staff of the Human Services department have a long history of educating and supporting program participants to choose services with the least restrictive options available to meet their needs. Several opportunities to put this philosophy into practice include the Children's Clinic process, High Fidelity Wraparound, Community Treatment Team meetings, Systems of Care treatment team meetings, Family Group Decision Making and contemporary case management practices such as wellness coaching, etc.

Fiscal year 2018-2019 will be our second year as a block grant county. We hope to continue the success of our first year by continuing to utilize funding to improve overall outcomes for the individuals we serve. There continues to be significant commitment to Cultural Linguistic Competency training. This includes cross systems training on Lesbian-Gay-Bisexual-Transsexual-Questioning-Intersex considerations and basic Spanish funded through SOC dollars. With the addition of the block grant into this years plan it is hoped that the funding can be utilized in a colabortive way across systems to better serve our individuals. This would include improvements in serving dually diagnosed and co-occurring individuals as well as our aging population.

Northumberland County continues to attempt to engage individuals in their own recovery and recognizes the value of involving individuals served in program planning of human services. The Administration coordinated various in person meetings with individuals in recovery, including Recovery Committee meetings, Northumberland County BHIDS Advisory Board meetings, NORCO Advisory Board meetings, Psych-rehab programs and the Drop-in Centers to discuss planning. We received feedback for improving behavioral health and physical health services, transportation and housing. We are now several years in to providing TCM services based on a Behavioral Health Home Plus (BHHP) guideline that incorporates Behavioral and Physical health together. Our BHHP Wellness Nurse facilitates regular and frequent education groups at all of our provider programs as well as at numerous Personal Care Boarding homes in Northumberland County. The Wellness Nurse has been certified by the American Lung Association for conducting 8 week long smoking cessation groups. She currently conducts 3 of these 8 week sessions per year. We will continue to engage individuals in developing the services provided in Northumberland

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County. We continue to encourage open communication between our agency and the community, most importantly, the individuals that we serve.

Northumberland County continues to advocate serving individuals in their own communities and environments in the least restrictive way. The county has, and will, utilize funds to create opportunities for individuals to live an everyday life.

PART II: PUBLIC HEARING NOTICE

Two (2) public hearings are required for counties participating in the Human Services Block Grant. One (1) public hearing is required for counties not participating in the Human Services Block Grant.

1. Proof of publication;
 - a. Please attach a copy of the actual newspaper advertisement for the public hearing (see below).
 - b. May 21, 2018

2. Two public meeting hearings were scheduled at our location on May 21, 2018. The first meeting scheduled from 1:00p.m. to 3:00p.m. was attended by two persons from the community. The second meeting scheduled from 4:00p.m. to 6:00p.m. No one from the community attended the second meeting. The first meeting was productive and there was good discussion between administrative staff and the citizens. Primary topics of discussion were the hopeful reintroduction of a new NAMI group in the area and the Development of a Fairweather Lodge. The two citizens were researching the possibility of developing a Fairweather Lodge within Northumberland County. We discussed the possibility of assisting them at some level with funding when they are further along in the development of this endeavor. Newspaper notice and sign in sheets from all meetings are attached to this document. There were two previous public meetings scheduled for May 2, 2018. However, the notice for unknown reasons was not published. Henceforth, those meetings were only attended by Northumberland County Human Services Administrators, Unit Directors, the Chief Clerk, Northumberland County Behavioral Health Advisory Board Members and Provider Stakeholders. This was the reason public meetings were rescheduled for May 21, 2018.

NOTE: The public hearing notice for counties participating in local collaborative arrangements (LCA) should be made known to residents of all counties. Please ensure that the notice is publicized in each county participating in the LCA.

PART III: CROSS-COLLABORATION OF SERVICES

Employment:

In 2016, Pennsylvania's Executive Order 2016-03, "Establishing 'Employment First' Policy and Increasing Competitive-Integrated Employment for Pennsylvanians with a Disability" went into effect.

Employment First requires that competitive integrated employment is the first consideration and preferred outcome of publicly-funded education, training, employment and related services,

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and long-term supports and services for working-age Pennsylvanians with a disability. "Disability" is defined in each agency's governing statutes and rules.

Aligning agency-wide work practices toward an emphasis on competitive integrated employment rather than non-competitive, non-integrated employment remains a high priority and major area of focus.

A number of training opportunities for FY 17/18 included:

"Customized Employment: The Deeper Dive and Going Beyond Entry Level Jobs" with Karen Lee, Consultant - Office of Disability Employment Policy (ODEP) Employment First State Leadership Mentoring Program (EFSLMP)

"Discovering Me and How I Fit Into My Community!"

Transformations & Connections: "Legacies: Leaning Toward Better Work, Communities, and Lives" In FY 18/19, a more targeted effort is under development: Capacity Building, Provider Transformation, School-to-Work Transition, Employer Engagement, and Policy/Funding Alignment. Organizational transformation results from a shared mission and vision among all of its stakeholders, requiring collaboration among agencies and systems. Our goal in FY 18/19 is to form a local employment coalition. Priority areas include:

- Increase public awareness
- Assist adults with a disability in getting and keeping a job.
- Transportation.
- Reduce barriers to commonwealth employment
- Expand private-public partnerships.

There are many opportunities for Supportive Employment for our Behavioral Health individuals as well. These include the Workabilities Clubhouse where individuals have the opportunity to learn job skills that include completing job applications, learning interviewing skills and following a daily work schedule. Training through the Clubhouse can lead to job positions through the Temporary Employment Program (TEP). There have been a number of individuals who have been employed in a few different job locations in the community including working in food service at a local university. Other resources for employment through a provider is Job Coaching and Job Training through the Bakery Program. We are hoping to utilize block grant funding in combination with a SAMSHA grant to create a Supportive Employment Program to serve our individuals in recovery from Drug and Alcohol problems.

In addition to Supported Employment Services, Northumberland County consumers are regularly referred to Central Susquehanna Opportunities, Inc (CSO) for other employment resources. CSO operates the CareerLink® in Sunbury as well as the Job Opportunities Boost Self-Sufficiency (JOBS) Center in Shamokin.

Both of the above entities offer full-service job seeker assistance including, but not limited to, help with job applications (paper and online); resume' assistance; job recruitment events; and job-readiness workshops.

Supportive services are also available to eligible consumers: funds for obtaining a PA Photo ID/Driver's License, and gift cards to purchase clothing for work are two examples.

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Housing:

Keystone Service Systems Inc. currently supports 12 people in supportive housing. This project has staff that is available twelve hours daily with each person receiving approximately one hour of support per day. Since this is a permanent housing program individuals can stay as long as necessary. Funding is provided by a McKinney-Vento Grant and base allocated dollars. Keystone Services Systems also provides the Supportive Living Program to individuals already living independently. This is a county funded program that offers individuals the opportunity to learn skills such as making healthy and economic food choices, budgeting and other skills related to maintaining independent living. Merakey formerly Northwestern Human Services serves 8 individuals at one location providing independent living with the support of a staff person available 8 hours per day. We continue to have an apartment at the Phoenix House location that had been funded in 2016 with reinvestment funds. This unit currently serves one individual with SMI over the age of 62. Another program that is utilized to help our individuals maintain independent living in the community is the CSG Mobile Psych-Rehab Program. This program focuses on individuals developing new or improving on current skills such as maintaining good health, budgeting, nutrition, social skills etc...all with the goal of them continuing to live in an independent and least restrictive setting. We continue to contract with Central Susquehann Opportunities to maintain a housing specialist in our office. This specialist assists consumers with finding available funding, connecting individuals with landlords and other services related to an individual finding appropriate and affordable housing. Moving forward we are hopeful that in 18/19 we will be able to secure a grant and in combination with block grant funds add to additional units to the Keystone Supportive Housing Program that would serve D&A connected individuals.

Local Housing Options Team (LHOT):

Northumberland County continues to facilitate the Local Housing Options Team (LHOT) under the direction of a Housing Coordinator who is contracted jointly by the County and CSO. The Housing Coordinator also participates in the Regional Homeless Advisory Board (RHAB) and the Eastern PA Continuum of Care (CoC).

The CoC's goal of ending homelessness is a key focus of these groups. Northumberland County and CSO are fully invested in the initiative, which has many facets. To summarize, the "Housing First" model is incorporated into service delivery as allowable by specific grant guidelines. Housing First is a no/low barrier concept of providing housing assistance to vulnerable individuals like the BH/IDS population.

Enhanced Personal Care Home:

Northumberland County appreciates the value of Personal Care Homes in providing housing options to individuals with serious and persistent mental illness. Through the use of CHIPP dollars, the county in conjunction with a provider, Community Services Group, created a model of personal care that includes highly trained staff and nurses. This model allows for the maximization of entitlement dollars to support the housing costs while providing an enhanced level

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of care to residents. Several Counties in the Danville State Hospital Catchment Area currently utilize this program. With a more recent build out, it currently serves 36 individuals at two locations. Northumberland County has 14 beds available at these facilities. Some of these beds are used to divert individuals from admission to the State Hospital, with the goal of the individuals returning to independent living. Additionally, our newest site opened in November, 2016 in Coal Township, PA. Also, in 2015 Northumberland County in a joint venture with Community Services Group that was part of a CHIPP initiative opened a 3 person unlicensed home in Elysburg, PA. This home currently serves 3 individuals who were discharged successfully from Danville State Hospital. The home is staffed 24 hours per day.

PART IV: HUMAN SERVICES NARRATIVE

Program Highlights:

Northumberland County continues to be on the forefront of offering innovative services directly through our own programs and indirectly through the providers we support and work with throughout the county. We also continue to be a leader in promoting the empowerment of our individuals by giving them a voice and pulpit to speak from with our support of consumer led organizations such as NORCO and the County Youth Leadership Team.

Trauma Informed Care: As part of a grant through Behavioral Health Association of Rural Pennsylvania (BHARP) obtained in 2014 Trauma Informed Training has been offered to all our departments in behavioral health and to our sister agencies Area Agency on Aging (AAA) and Children and Youth Services (CYS). Trainings have been held regularly to allow incoming workers to be trained.

Peer Support: Community Services Group offers the services of a Peer Support Specialist to work with individuals to aid in their assimilation back into the community and to assist them with development of their own natural support system.

BHHP: Since 2011 our Behavioral Health Case Management Department in collaboration with Community Care Behavioral Health (CCBH) have promoted the holistic wellness of the individuals we serve. This is accomplished by utilization of a Behavioral Health Home Plus style of Targeted Case Management that is based on case managers working with individuals to assure that they are linked to both behavioral as well as physical health services. Our case managers have essentially become Health Navigators to the individuals they serve. This program also utilizes a Wellness Nurse. Our Wellness Nurse tracks noted health conditions of our individuals, provides one-to-one consultation to individuals when necessary. Beginning June 1, 2018 we are implementing BHHP with our Children's BCM unit. We hope that reaching individuals at an early age will help circumvent some future medical problems while encouraging them to lead a healthier lifestyle.

MENTAL HEALTH SERVICES

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Older Adults (ages 60 and above)

Strengths: Community Services Group currently provides a specific track for older adults at the Psychiatric Rehabilitation program. In addition, the Base Service Unit, in conjunction with the Area Agency on Aging (AAA), has convened cross system team meetings to promote coordination of care and maximize the benefits of the services each agency offers. With the addition of a Systems of Care Director, human services has added monthly interagency meetings to discuss individuals involved in multiple systems, these meetings are coordinated by the Systems of Care Director. This has been a benefit to not only human services staff but most importantly to the individuals we serve by improving the coordination of services.

Needs: The profile of individuals considered to be “aging” or “elderly” is currently evolving and is reflective of the rising number of “baby boomers” reaching advanced age, currently over 20% of Northumberland County’s population is over age 65. This group is driving the system to consider developing more holistic treatment and supports that can address physical ailments, drug and alcohol, behavioral health and legal system issues.

Adults (ages 18 and above)

Strengths: Highly trained, experienced and effective case management teams with the tools and resources to address a continuum of services including physical/behavioral health and housing needs. Our Blended Case Managers (BCM’s) utilize a BHHP model of case management when serving their individuals. This has led to a significant increase in individuals access to proper health care services and a decrease in the utilization of emergency departments for accessing primary health care. We expect to continue to see improvements moving forward. Our collaboration with Central Susquehanna Opportunities including having a housing person attached to our office has greatly enhanced our ability to assist our individuals with finding appropriate housing.

Needs: Housing supports remain a need despite the current options. Specifically, safe and appropriate housing. Additionally, the demand for transportation to services and supports far exceeds availability through the current Medical Assistance Transportation Program and the county funded options based on the lack of transportation and rural geography of the county. Transportation is a recurring obstacle in the area of employability, medical care and access to daily living needs. For instance, we encourage the individuals we work with to seek proper medical care such as maintaining contact with a Primary Care Physician and reducing Emergency Department visits. However, when an individual gets sick and their doctor is able to see them that day they are not able to utilize Medical Assistance Transportation because they need to call the morning of the day before a scheduled appointment.

Transition-age Youth (ages 18-26)

Strengths: Northumberland County is a Systems of Care (SOC) County which has created additional opportunities for transition age youth, including the development of the Northumberland County Youth Leadership Team to promote self-advocacy. This group has chosen to provide community service as a point of focus for their group within the context of raising awareness around youth issues and services. Agencies have developed joint case staffing with behavioral health/intellectual developmental services and children and youth, to better plan to meet the needs

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of transition-age youth. With the addition of the Systems of Care Director, Human Services has implemented monthly meetings to discuss youth involved in multiple systems. This has improved communication between agencies and ultimately provided an improved service for the individuals being served.

Needs: There is a severe shortage of safe, affordable housing for this population. They often have no rental history and minimal income. Additionally, people in this age range need support to accomplish simple daily living activities such as paying bills and maintaining a residence, along with employment options. Also, age specific services such as Psych-Rehab, Drop-in Program, Peer Support, D&A resources and services etc...continues to be a need within our county.

Children (under 18)

Strengths: Children's Clinic is a multidisciplinary team meeting scheduled on behalf of a child or adolescent who may benefit from behavioral health services. The goal of Children's Clinic is to assure that behavioral health services are offered and delivered using the Child Adolescent Service System Program (C.A.S.S.P.) principles; Child-Centered, Family-Focused, Community-Based, Multi-System, Culturally Competent, and Least Restrictive.

Children's Clinics are typically held at the school building of the child. If the child is not enrolled in school, or for other circumstances in which the school building is not an option, Children's Clinics are held at the Northumberland County (BH/IDS) Behavioral Health / Intellectual Developmental Services Building.

Typical attendees at Children's Clinics include school district representatives, C.A.S.S.P. Coordinator, Parent to Parent Connections, which is a parent support network, and (CCBH) Community Care Behavioral Health. CCBH is responsible for funding of behavioral health services for children insured through Medical Assistance. Other child-serving systems actively involved with the child/family are also invited to attend Children's Clinics. These include the Central Susquehanna Intermediate Unit, Northumberland County Behavioral Health / Intellectual Developmental Services, Children & Youth Services, Juvenile Court Services, Drug & Alcohol Services, High Fidelity Wraparound, and other providers of behavioral health services. Recent developments include the Community and School Based Behavioral Health, High Fidelity Wraparound, the Northumberland County Youth Leadership Team and school-based case management. We have added another Family Based Service Provider in Concern Inc.

Needs: This population would benefit from a more structured joint case staffing process to ensure coordination of services following Children's Clinics and other team-developed planning processes. Alternatives to out-of-home placement is a significant need as the numbers of children/youth residing outside of their homes in Northumberland County has risen and is relatively high when considering other counties with similar demographics.

Individuals transitioning out of state hospitals

Strengths: Northumberland County remains under its bed cap at Danville State Hospital. Our current bed cap is 14 and our current census is 10. This is attributed to housing options such as

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the enhanced personal care homes, Keystone Supportive Housing Program, exceptional case management supports and improvements in treatment including medication management.

Needs: A significant crisis in funding is predicted in the near future. Community/Hospital Integration Project Program (CHIPP) funding has received no cost of living allowance which is necessary to maintain the quality and outcomes of the CHIPP funded programs. The enhanced personal care home, recognized statewide as a model program, serves many individuals through diversion and as a result of discharge from the state hospital. The integrity of this successful program is in jeopardy should funding remain at its current level or be reduced. Also, a more streamlined system for Medical Assistance eligibility as seen in the Drug & Alcohol and Criminal Justice System is needed for individuals being released from state hospitals. The delay in eligibility following discharge can become a financial hardship for our county behavioral health agency. A regional approach to needed housing options such as LTSR and CRR may improve opportunities for discharge from state hospitals as well as reduce the financial burden on individual counties.

Co-occurring Mental Health/Substance Use Disorder

Strengths: There is significant legislative support for community education and awareness related to substance abuse. A team of House of Representatives members has come together to address substance abuse issues locally. Co-occurring disorders are part of the discussions with stakeholders and the legislative representatives. The statewide opioid crisis is taxing our budgets by affecting services to individuals, supports to their families, supports to employers and mostly the significant resources needed for the communities at large. Access to Medical Assistance (MA) in a timely manner has been greatly improved. Most of our individuals seeking D&A services can now be approved for MA in two days or less.

Needs: There is a need for services and supports for young women with children who are affected by co-occurring issues. One of the primary gaps in services is housing for this population. In general, finding service providers willing to serve this population in outpatient settings is challenging, mainly based on lack of expertise and training. Northumberland County, along with Gaudenzia, are expanding the drug and alcohol services to include: detox, long-term inpatient rehab and outpatient services to assist the individuals with obtaining treatment sooner. Another need is the funding for the opioid crisis and its significant draining of limited budgets. Multi-disciplinary therapies require significant funding to battle this epidemic. Housing availability and employment opportunities remain a need for this population with criminal history and inability to remain stable over time impacting their ability to gain safe and affordable housing.

Justice-involved individuals

Counties are encouraged to collaboratively work within the structure of County Criminal Justice Advisory Boards to implement enhanced services for justice-involved individuals to include diversionary services that prevent further involvement within the criminal justice system as well as reentry services to support successful community reintegration.

Strengths: With the addition of a Systems of Care Director, monthly interagency meetings are being held between Adult Probation and BHIDS to discuss individuals involved in multiple systems, these meetings are coordinate by the Systems of Care Director. This has been a benefit to not

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only human services staff but also to the individuals we serve by improving the coordination of services. Northumberland County has an established Behavioral Health Treatment Court to assist individuals who have been identified as having an SMI receive treatment in lieu of jail. We participate with our State Correctional Institutions utilizing the Enhanced Reentry Conference system. Our BH/IDS and D&A administrators participate in quarterly meetings as part of the Criminal Justice Advisory Board. Northumberland County operates a full contingent of treatment courts including Drug Court, Family Court, Mental Health Court and Veterans Court.

Needs: Transportation remains an issue for individuals throughout the county, including those individuals involved with the justice system; attending appointments and programming is often difficult.

Veterans

Strengths: Northumberland County has implemented several treatment court programs, in conjunction with the county judicial system, including one focusing on the often complex needs of veterans. In addition, Northumberland County Veterans Affairs staff currently resides in the same building as Northumberland County BH/IDS, thus allowing for the two agencies to work more closely together in providing necessary services to our Veterans. Northumberland County BH/IDS also has veterans employed with their agency, which is helpful in connecting with the veteran population. One of our adult Blended Case Managers is a veteran herself. She frequently advocates for the appropriate services available when a veteran has been connected to our services. She is very knowledgeable in the area of veteran benefits including housing.

Needs: There are substantial needs for programming to support veterans. These include housing options, treatment options for Post-Traumatic Stress Disorder and transition from battlefield and/or active duty. Like many groups in rural Northumberland County, transportation remains as a challenge.

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

Strengths: In 2017, Welcoming and Affirming Practice: Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex (LGBTQI) and Cultural Competence Trainings were held for approximately 70 human service staff and other community stakeholders. The training was provided by Pennsylvania Mental Health Consumers Association via the Keystone Pride Recovery Initiative. The county is committed to providing ongoing training to staff and other stakeholders. Agencies throughout the county are working toward being Safe Zones and have posted signs indicating such. The County Cultural Competency Committee is also in the process of evaluating services across all human services agencies to determine areas requiring improvement in order to be more sensitive and culturally & linguistically competent to the needs of all receiving services.

Needs: Ongoing training and attention to implementation of the principles of the training is crucial. Additionally, resources in the area are minimal for this population. Services providers in the county also need to receive ongoing training in order to provide treatment options to consumers seeking support and treatment. Our LGBTQI and Cultural Competence Training is scheduled for June 6, 2018.

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

Strengths: There are two Spanish speaking staff in the BH/IDS department. Additionally, we have contracted with two Spanish speaking interpreters who are available to all departments in the agency. The SOC group has participated as a Cultural Linguistic Competency (CLC) pilot county through the PA SOC Partnership in the past. This workgroup is currently awaiting the results of a countywide CLC survey and our next steps would be to develop our strategic plan to address the areas requiring improvement. Some of the tasks that have been accomplished in the past include changes to the intake paperwork to comply with CLC standards and the agency is committed to continue to assure complete cultural competency compliance. For example, it is anticipated that intake paperwork and engagement with individuals served through the human services system will change to comply with CLC standards. Also, the CLC has begun offering surveys to staff to get a baseline as to the understanding of culture and what is being done to educate staff on cultural competency. There is currently one behavioral health case manager and one drug and alcohol program specialist that are proficient in speaking Spanish and assist the Spanish speaking only population with navigating the behavioral health and Drug and Alcohol systems. We currently contract with two interpreters. They are available to be utilized by all our departments including Behavioral Health, Intellectual and Developmental Services, D&A Services, Northumberland County Counseling Services and Early Intervention.

Needs: There is still a need for more Spanish speaking options and access and additionally, we are seeing an increase in the Russian population in the northern part of Northumberland County. This could include increased use of technology such as remote telephonic supports and other translation services. Implementation of Cultural/Linguistic surveying processes is critical. Through the CLC Pilot and CLT discussions, poverty has been identified as a priority for future efforts. Training on poverty will be provided utilizing SOC funding.

Other: Fetal Alcohol Spectrum Disorders

Strengths: BH/IDS staff and provider agencies received training on FASD:

- Understanding Fetal Alcohol Spectrum Disorders
- Fetal Alcohol Spectrum Disorders: Implications for PA Systems - Awareness, Diagnosis & Interventions
- FASD web-based resource materials (archived).

Needs: Staff-turnover rates among BH/IDS and Service Providers combined with an increase in our service population requires ongoing education and understanding of effective treatment interventions for those affected by Fetal Alcohol Spectrum Disorders.

Strengths: Supports Coordinators have been trained
Is the county currently utilizing Cultural and Linguistic Competence (CLC) Training?

Yes No

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Currently, Northumberland County is providing annual Welcoming and Affirming Practice: Lesbian, Gay, Bi-sexual, Transgender, Questioning, Intersex (LGBTQI) and Cultural Competence Training presented by Keystone Pride Recovery Initiative. The county is in the process of developing a CLC strategic plan as a result of conducting a recent CLC survey with staff from all county human service systems. The CLC workgroup will be looking into other available CLC training opportunities and resources for staff. Recently, BHARP contracted with Kelsey Leonard to assist Tier 1 counties with CLC work. Since Northumberland County is a Tier 1 county, we will be requesting that Kelsey provide a CLC training with Northumberland County staff in the near future. Additionally, Kelsey will assist counties with implementation of the National Cultural and Linguistically Appropriate Services standards and the components of the BHARP SOC Grant Disparities Impact Statement. Our next LGBTQI Cultural Competency Training is scheduled for June 6, 2018.

Does the county currently have any suicide prevention initiatives?

Yes No

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

We have in the past and continue to have our children and adult case managers trained in mental health first aid. We are currently utilizing the SAMHSA SAFE-T for suicide assessment and triage when responding to crisis situations. We continue to educate our case management and clinical staff in trauma assessment and intervention.

We are currently in discussion with a provider in having staff from the provider and the county trained in suicide prevention with a train-the-trainer format so that we can continue suicide prevention training with currently employed staff and future new hires on an on-going basis.

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c) Supportive Housing:

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

This comprehensive strategy aligns well with OMHSAS planning efforts, and OMHSAS is an integral partner in its implementation.

Supportive housing is a successful, cost-effective combination of affordable housing with services that helps people live more stable, productive lives. Supportive housing works well for people who face the most complex challenges—individuals and families who have very low incomes and serious, persistent issues that may include substance use, mental illness, and HIV/AIDS; and may also be homeless, or at risk of homelessness.

SUPPORTIVE HOUSING ACTIVITY *Includes Community Hospital Integration Projects Program (CHIPP), Reinvestment, County base funded or other projects that were planned, whether funded or not. **Include any program activity approved in FY 17-18 that is in the implementation process. Please use one row for each funding source and add rows as necessary. (Note: Data from the current year FY17-18 is not expected until next year)***

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 18-19 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19	Number of Targeted BH Units	Term of Targeted BH Units (ex: 30 years)		Year Project first started
Phoenix House	Reinvestment	\$50,000.00	\$0.00	1	1	1	30		

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Notes:									

2. Bridge Rental Subsidy Program for Behavioral Health	<input type="checkbox"/> Check if available in the county and complete the section.								
Short term tenant based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19	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
Notes:	No Bridge Funding								

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3. Master Leasing (ML) Program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Leasing units from private owners and then subleasing and subsidizing these units to consumers.									
	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18 –19	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
Keystone Supportive Housing	McKinney Vento Grant/Base Funding	\$168,255	\$168,255	14	14	1	12	\$88,265	2007
Frontier House	County Base	\$96,774	\$96,774	8	9	1	6	0	1996
Notes:									

4. Housing Clearinghouse for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
An agency that coordinates and manages permanent supportive housing opportunities.									
	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Number of Staff FTEs in FY 16-17	Year Project first started

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Notes:									

5. Housing Support Services for Behavioral Health						<input type="checkbox"/> Check if available in the county and complete the section.			
HSS are used to assist consumers in transitions to supportive housing 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 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Number of Staff FTEs in FY 16-17	Year Project first started
Keystone Specialized Supportive Housing	County Base	\$106,652	106,652	33	33			2	
Notes:									

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

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	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Average Contingency Amount per person	Year Project first started
	BHARP	\$43,125	\$45,000	73	75			\$440.39	2011
Notes:									

7. Other: Identify the Program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
<p>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.</p>									
Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 18-19	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 18-19			Year Project first started	
Notes:									

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 18-19 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. Therapeutic Foster Care

Narrative including action steps:

Northumberland County continues to struggle with high numbers of children in out-of-home placements. Therapeutic Foster care would surely be an asset to the continuum of care for children with behavioral health/emotional needs in Northumberland County. Recognizing the trauma children face, it is crucial to put services into place that can assist youth with their own recovery. Administrative staff has been attempting to recruit providers to develop a Therapeutic Foster Care program within our county.

Timeline:

In the past and recent fiscal years, we will reach out to providers to recruit them to offer this service.

Fiscal and Other Resources:

Funding will be diverted within our budgets to support this program.

Tracking Mechanism:

Ongoing meetings with provider agencies.

2. Specially Adapted Resource Club

Narrative including action steps:

To provide dynamic, enduring learning opportunities for adults with life-long **disabilities** in a natural community setting. To create a culture that values and utilizes diversity at all levels, provides equitable opportunity for continued learning, and **develops the full potential of each club member with the goal of employment as the ultimate target for all members.**

We would like to collaborate with a provider who would be willing to develop an outside of the box program that will encourage new skills and embrace a clear path that focuses on employment for all. We want to build a team environment and focus on each individual's unique abilities. The program will foster self-advocacy and respect the choices of every individual. We will strive to provide opportunities for club members to contribute to their community.

Timeline:

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In the next fiscal year, we will reach out to local providers to gauge if there is interest in the program. Once a partnership is developed, we would look for a viable location and discuss funding approaches. The first 12 months of development will include meetings to develop an action plan.

Fiscal and Other Resources:

During the first year, the cost would be minimal with anticipated financing needs to come from our current budget.

Tracking Mechanism

The tracking mechanism will be team meetings as regularly scheduled intervals agreed upon by all members.

3. (Drop in Center)

Develop a new Drop-in tract for transitional age young adults. The goal would be to reach out to this age group to address topics through the Drop-in that would relate better to this age tract. Also, we would also like to increase the number of days that the current tract of Drop-in is open. Plans are in place for moving to another site that would not be shared with a local provider of mental health services as it is now.

Timeline: Goal would be to have it developed and running by mid Fiscal Year 2018-2019.

Fiscal and Other Resources: County Base Funds

Tracking Mechanism: Drop-in advisory board and Drop-in Executive Board.

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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		
Adult	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Child/Youth	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family-Based Mental Health Services	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Services		
Telephone Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Walk-in Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Residential Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis In-Home Support Services	<input 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 checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Transitional and Community Integration Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Employment/Employment Related Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Residential Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children's Psychosocial Rehabilitation	<input 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Social Rehabilitation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrator's Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Housing Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Peer Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Consumer Driven Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Mental Health Treatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
BHRS for Children and Adolescents	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Inpatient D&A (Detoxification and Rehabilitation)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Outpatient D&A Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Methadone Maintenance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Clozapine Support Services	<input checked="" type="checkbox"/>	<input checked="" 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

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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	20	County in house assessment	MH Director	Bi-yearly	No	No	
Supported Employment	Yes	150	County In house Assessment	MH Director	Bi-yearly	No	No	Include # Employed
Integrated Treatment for Co-occurring Disorders (MH/SA)	No							
Illness Management/ Recovery	No							
Medication Management (MedTEAM)	No							
Therapeutic Foster Care	Yes							
Multisystemic Therapy	Yes	11	In House Assessment	MH Director	Bi-yearly			
Functional Family Therapy	No							
Family Psycho-Education	No							

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

To access SAMHSA's EBP toolkits:

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

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

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer/Family Satisfaction Team	Yes	100	
Compeer	No		
Fairweather Lodge	No		
MA Funded Certified Peer Specialist- Total**	Yes	43	
CPS Services for Transition Age Youth	No		
CPS Services for Older Adults	Yes	5	
Other Funded Certified Peer Specialist- Total**	No		
CPS Services for Transition Age Youth			
CPS Services for Older Adults			
Dialectical Behavioral Therapy	Yes	36	
Mobile Meds	No		
Wellness Recovery Action Plan (WRAP)	Yes	55	
High Fidelity Wrap Around/Joint Planning Team	Yes	30	
Shared Decision Making	No		
Psychiatric Rehabilitation Services (including clubhouse)	Yes	240	
Self-Directed Care	No		
Supported Education	No		
Treatment of Depression in Older Adults	Yes	50	
Consumer Operated Services	Yes	60	Norco
Parent Child Interaction Therapy	No		
Sanctuary	No		
Trauma Focused Cognitive Behavioral Therapy	Yes	7	
Eye Movement Desensitization And Reprocessing (EMDR)	No		
First Episode Psychosis Coordinated Specialty Care	No		
Other (Specify)			

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

**Include CPS services provided to all age groups in Total, including those in the age break outs for TAY and OA below

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	3
Number Full Time (30 hours or more)	
Number Part Time (Under 30 hours)	3

INTELLECTUAL DISABILITY SERVICES

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

ODP in partnership with the county programs is committed to ensuring that individuals with an Intellectual Disability and/or Autism/ASD live rich and fulfilling lives in their community. Therefore, Northumberland County intends to provide a continuum of services to meet the needs of the 560 enrolled individuals with intellectual disabilities in the least restrictive setting appropriate to meeting those needs including both residential and home and community based services and supports. By using person centered planning strategies through the provision of Supports Coordination, Northumberland County recognizing the importance of ensuring that the families and other stakeholders have access to

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the information and support needed to help be positive members of the individuals' team. The development, implementation and monitoring of Individualized Support Plans will be provided for all individuals registered with the county and determined eligible to receive ID services in order to achieve the goal of an Everyday Life for all individuals.

The entire continuum of provider based supports is available to all individuals regardless of the funding stream used to support the individual or whether the individual is diagnosed with Intellectual Disability and/or Autism/ASD. However, the majority of the most intensive supports provided are funded primarily through Waiver funding. The continuum ranges from Supports Coordination only to community based supports including employment/transitional work, habilitation, day programming and respite to licensed residential programs including Lifesharing and Community Living homes.

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

Individuals Served

	<i>Estimated Individuals served in FY 17-18</i>	<i>Percent of total Individuals Served</i>	<i>Projected Individuals to be served in FY 18-19</i>	<i>Percent of total Individuals Served</i>
Supported Employment	80	14.2%	99	17.6%
Pre-Vocational	0	0	0	0
Community participation	148	26.4%	160	28.5%
Base Funded Supports Coordination	101	18%	88	15.7%
Residential (6400)/unlicensed	89	15.8%	77	13.7%
Life sharing (6500)/unlicensed	44	7.8%	60	10.7%
PDS/AWC	60	10.7%	60	10.7%
PDS/VF	10	1.7%	15	2.5%
Family Driven Family Support Services	250	44.6%	225	40.1%

Supported Employment:

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“Employment First” is the policy of all commonwealth executive branch agencies under the jurisdiction of the governor. Therefore, ODP is strongly committed to Community Integrated Employment for all.

Northumberland County Administrative Entity and Supports Coordination Organization will work with our employment providers to ensure all have access to and understand the service definitions as well as the ever evolving system at large. Suncom Industries has multiple adult training facilities for those individuals who are not willing to participate in community employment services. United Cerebral Palsy and Visiting Nurses Association have ATF's as well, for consumer choice. There was a great deal of concern among consumers and families regarding the final rule. Suncom coordinated forums to give families the opportunities to ask questions and voice their opinions. We also encouraged families to reach out to ODP and/or make public comment on the waiver renewal process.

We work with five different employment agencies that do discovery, job finding, and job coaching. These providers include Sentry Services and Supports, Shared Supports, Hope Enterprises, Suncom CIES and Community Services Group. All of these agencies have different individualized approaches to employment. Families and consumers have the ability to choose from these options with support from the SCO.

In the upcoming year Northumberland County is partnering with Sentry Services and Supports and the ARC to start a “Bridge” program that will help identify transition age individuals to provide support in a team approach to discovery, soft skill, development and community employment.

We have for the past four years worked with Networks for Training on an Employment Transformation project which saw Networks partner with residential providers and employment providers to work as teams to help develop individual employment plans to help those who were interested in community employment but had not been successful historically.

As an Employment First State, we are committed to increasing competitive-integrated employment. Our largest and fastest growing age group enrolled in ID services is those between the ages of 21-31, one hundred twenty-three young adults, close to 25% of our service population. Seventy-one are between the ages of 11-21. We view this as an opportunity to make a huge difference and increasing employment outcomes is a high priority. We have a number of consultative activities that are innovative and designed to incentivize best practices. Northumberland County is not a participant in the “Employment Pilot.”

Our consultant with whom we have a contract and collaborated on many innovative projects over the years has been providing technical assistance to the ARC of the Susquehanna Valley regarding employment supports and their work with OVR.

We hold ongoing meetings with Warrior Run School District to assist their efforts with Transition and Employment. A series of topical videos regarding Transition are being developed along with coordination of speakers. This video series will then be made available to all when it is complete.

Development of the Northumberland County Mini-Grant, awarded two \$2500 mini grants to two of our employment providers surrounding employment topics and scholarships for 2 attendances per mini-grant award winner to the 18th Employment Supports Symposium (May 16th and 17th, 2018) in Philadelphia, PA that will include round trip travel, hotel accommodations, and waived registration fee.

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During this fiscal year, targeted trainings through our consultative activities were made available at no cost to all who provide or receive services in Northumberland County. We have also extended this outreach to the members of our regional collaborative. We participated in "Employment Think-In – Building Your Network with Business" with bi-monthly conference calls.

Regarding training "Customized Employment The Deeper Dive and Going Beyond Entry Level Jobs" with Karen Lee, Consultant - Office of Disability Employment Policy (ODEP) Employment First State Leadership Mentoring Program (EFSLMP) was offered. In addition, "Discovering Me and How I Fit Into My Community!" with Randy Dick and Marie Palmer

Transformations & Connections: "Legacies: Leaning Toward Better Work, Communities, and Lives" with Tim Vogt of Starfire was also offered. To date, we have sponsored twenty staff from three provider agencies to acquire ACRE Association for Community Rehabilitation Educators (ACRE) certification. Supports Coordinators are required to discuss employment with individuals and families as part of an annual planning process.

Supports Coordination:

Northumberland County AE in partnership with Centre County and Lycoming/Clinton Counties were provided a grant through the PA Community of Practice to work collaboratively to share resources, ideas, and on-going efforts to assist individuals in thinking outside the box in accessing natural supports. This is an on-going effort that passed over fiscal years. The SCO is an active member of this collaboration.

Northumberland County is developing resources to give to families to assist them in accessing other community supports. For example, in Northumberland County, we have several no cost advocacy groups i.e. ARC, Networks for Training, Self-Advocates of Northumberland County and Parent to Parent. All of these groups can assist families in finding resources in the community outside of the traditional County services.

During intake, case managers will discuss available programs and natural supports with consumers. Northumberland County's focus remains keeping all those eligible for services healthy, safe and as independent as is possible with the assistance of natural supports whenever available. We will utilize the PUNS to assist individuals in identifying their needs.

Northumberland County will ensure that the SCO receive all available training to assist SC's in development of ISP's that maximize community integration and Community Integrated Employment.

The AE will continue to meet with the SCO supervisors on at least a monthly basis in order to discuss vacancies, review current individuals in the queue, review the Emergency PUNS list and discuss Priority Lists. Included in these lists will be individuals aging out of Children & Youth Services, EPSDT (Early and Periodic Screening, Diagnostic and Treatment) Services, probation services, high school graduates, elderly caregivers, individuals at the PFDS cap, individuals who are in need of base funds and individuals of whom have high base budgets. Prior to the monthly meeting with the AE, the SCO supervisors will meet with their staff and discuss priority cases. Also, on a monthly basis, the SCO supervisors meet with other county agencies (i.e. Behavioral Health, Area Agency on Aging, Children

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and Youth Services, & Probation) in order to discuss joint cases and track the progress of the individual and plan for future supports if needed.

This has been a particularly difficult year with regard to vacancies within the SCO Staff compliment that has impacted both the SCO and Administrative Entity's ability to effectively manage programs. The SCO has a waiting list for services for the first time since its inception and the AE has had to seek outside support from Service Access Management as a Consultant in order to restructure duties of the current staff to meet the every changing and growing demands of compliance with the expectations of ODP and the newly approved Waivers. The AE Management Staff meets weekly to discuss priorities and ODP initiatives in order to maintain compliance with the Quality Assessment and Improvement (Q A & I) Process.

Northumberland County BH/IDS has approximately 60 individuals who have chosen to self-direct their services using the Agency with Choice Financial Management Service (AWC FMS) model and approximately 10 using the Public Partnerships (Vendor Fiscal Management Services –VM/FMS) model. The county will work with the SCO in an effort to ensure both individuals and providers have any assistance in fully understanding this option. Supports Coordinators will continue to speak with all individuals and their teams at the Annual ISP meeting as well as other times throughout the year. The goal is for more individuals and providers to take advantage of this option.

Lifesharing and Supported Living:

Northumberland County has a strong Lifesharing foundation. The SCO encourages at all ISP's and monitoring's the option of Lifesharing for community living. The SCO continues to educate families on Lifesharing as a potential residential opportunity. We currently have three providers in Northumberland County who have active Lifesharing homes. They include Shared Support, Keystone and Northwestern. Northumberland County is establishing a relationship with CSG, for residential supports, in the hope that they will provide their Lifesharing services in our county, as they are already in most of our border counties.

The biggest barrier to growth in Northumberland County is available families. Northumberland County in conjunction with our local providers is working on community outreach to educate people on Shared Living principals. We participate in local health fairs and various open houses where we share literature and offer information. ODP can also assist by offering community outreach ideas and informational handouts that can be easily accessed by SCO's and AE's.

Cross Systems Communications and Training:

Northumberland County in partnership with Networks for Training is funding an outreach program to county school districts. This program will help education school districts on services available to transitional age youth with an emphasis on employment. This is the second year of the program.

Northumberland County is an active Systems of Care county. We have organized monthly meetings with all sister agencies to staff and problem solve joint cases. We also have a county wide orientation where system information is shared and questions are taken. Finally, we have established a team meeting setting for difficult cases where the Systems of Care Coordinator organizes the those parties

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involved with the individual to provide a clinical type atmosphere where all parties can collaborate and formulate a plan moving forward. There are also ongoing cross-system trainings that all members of human services can attend.

Emergency Supports:

Northumberland County sets aside resources to ensure that any individual who is in need of emergency supports will have access to those supports. We also have a relationship with Adult Protective Services who we access when a member of the community does not have established eligibility with Intellectual Disability and/or Autism/ASD.

Northumberland County has a 24/7 crisis line. Those on call have access to the ID director with whom they collaborate with to provide the needed information for emergency situations. We provide mobile crisis as well and staff are trained to work with individuals who have an ID and/or Autism diagnosis. The mobile crisis team consists of two staff and an on call supervisor. Training is available for staff that is part of the mobile crisis team. All new staff is trained initially and there are re-trainings every 6 months.

Emergency needs are identified and handled outside of normal work hours for individuals with Intellectual Disabilities (ID) through the BH/IDS On-Call Crisis System. If an individual with ID presents in a crisis, the on-call supervisor is contacted who then contacts the SCO Supervisor and the case is staffed and appropriate recommendation made for the proper services. Subject to the provisions of the Mental Health and Intellectual Disabilities Act of 1966, the following mental health and intellectual disabilities services are available; short term inpatient services, outpatient services, partial hospitalization service and emergency services provided twenty-four hours per day.

In the event that an individual who is not known to the ID System, but is suspected to potentially qualify for ID/Autism/ASD services, is identified as needing emergency services, a limited amount of base dollars are set aside as a reserve for such situations. In the event that services, including respite are provided prior to an individual's eligibility to receive ID services is determined, the individual will immediately be referred through the established intake and eligibility process during the next available business day.

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

In FY 16/17, Northumberland County formed a Regional Collaborative with Lycoming/Clinton, and Centre Counties. Regional Collaborative's throughout the Commonwealth is Pennsylvania's approach in joining the National Community of Practice: Supporting Families throughout the Lifespan. Thus far, we are in the early stages of design and implementation.

Fiscal year 17/18 began with system-wide changes to align with the principles of Everyday Lives and breathes renewed hope into our efforts to reshape the service delivery system through innovative approaches. The Community of Practice: Supporting Families throughout the Lifespan plays a key role

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in these system-wide changes. The PA Family Network plays two critical roles in Pennsylvania's Community of Practice: to provide family workshops and networking opportunities throughout the Commonwealth, led by trained Family Advisors, all of whom have family members with disabilities. Our next step is establishing a relationship with PA Family Network's family advisor to assist us with planning the next phase of implementation and delivery of trainings.

The system-wide changes are happening under the umbrella of the Community of Practice's Life Course framework, a fabulous set of color-coded tools that represent the building blocks to designing a life-long plan. These tools incorporate a core belief: all people have the right to live, love, work, play and pursue their life aspirations in their community. Although the use of these user-friendly tools requires no formal training, we intend to use PA Family Network to introduce this framework to strategic audiences to demonstrate the creativity, flexibility, and usefulness for everyone.

The National Community of Practice was adopted in several states prior to PA. We appreciate their continued support in sharing this information. Due to the volume of changes to CMS Waiver renewals effective 7/1/17, we appreciate ODP's support in honoring the time it takes to roll out this initiative.

Our HCQU is on board with the Community of Practice and believes in the quality of health as integral to the quality of life throughout all of life's stages. They have always been and continue to be responsive to requests for education, training, chart reviews, meetings, and community outreach. Twice a year, our HCQU sponsor a day of learning and have experts from Geisinger Medical Center speak on topics that are trending in our population. Going above and beyond is an understatement in emphasizing the key role they play in advocating for good health and have tailored training to reach staff and consumers in meaningful and effective ways.

HCQU submits monthly reports to county AE. These data reflect the number of trainings, training topics, and the number of staff and consumers participating in these trainings. The data is useful in its application to risk management that is a function of the Quality Management Plan. At our HCQU's annual meeting, reports are distributed which compares each county's data to overall data of other counties within our HCQU consortium and highlights community outreach activities. As a whole, it assists in planning for long-term needs as prevalent training topics reflect patterns of declining health experienced by many. Other health and wellness activities unique to counties are a source of ideas to replicate within our own county.

Considerations generated from surveys conducted by face-to-face interviews between the local program's monitors and consumers produce reports that are broken down by 14 themes. The county shares these reports with the Self-Advocates of Susquehanna Valley, a group of self-advocates that were borne out of the county's Quality Council years ago. The group's leaders prioritize these themes according to the survey's results and develop advocacy events, trainings, learning activities and support to reflect the interests as expressed by the local program's findings.

In addition to considerations from annual surveys at the local level, the IM4Q process under Temple University's Institute on Disabilities is quite sophisticated in its reach and issues annual county specific reports and statewide reports in multiple formats. The National Core Indicators Project analyzes these data at a higher level. These results are available on its website and offer an interactive feature, allowing comparisons of data from state to state. This is tremendously useful in measuring impact of system's changes over time. This information is used extensively in our QM planning.

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ODP has recently issued 2015-16 Annual Data Report, a comprehensive statistical report designed for individuals, families, advocates, providers, government officials and taxpayers. Information includes the number of people served by ODP, what services are provided, where people live and what the costs are to support this system of service delivery.

Necessity is the mother of invention. We have been fortunate to build such infrastructure to support high needs but demand is greater than supply. Some of the enhanced supports to assist local providers have been DDTT, CSRU, BHARP provides trainings at no cost on topics such as Fetal Alcohol Spectrum Disorder, Dual Diagnosis – supporting behavioral health challenges in the ID population. We have entered into contracts with subject area experts to support our providers who are struggling to support people with unique challenges so they do not have to absorb the costs. We have hosted trainings presented by nationally recognized experts (high cost trainers) at no cost to our providers. ODP could support these efforts by consulting with these experts and perhaps offering these trainings by county regions.

Risk Management is a daily process and embedded in everything we do. Unfortunately, there continues to be a gap in therapeutic interventions that make a positive and lasting difference in people's lives, particularly our younger population, that is the fastest growing demographic in our system. Necessities such as food, shelter and clothing are often the presenting problem when young adults are in crisis. We work closely within our internal systems of care to coordinate plans of care.

As we develop the Community of Practice within our local area, we will have risk management activities as a primary focus area. All service providers have an Emergency Preparedness Plan.

We ask that ODP will remain an active participant as we develop our stakeholders' group. ODP's role is vital as opinion leaders and we anticipate their support with the development of strategic communication. The importance of everyone's role in protecting the health, safety and well-being of people we support can't be overstated.

Temple University's Institute on Disabilities' website posts excellent resources on Emergency Preparedness to assist people with disabilities, families and supporters in a user-friendly format to use in preparation for emergencies. We plan further development by promoting these resources through various mechanisms including Risk Management/Quality Management activities, Self-Advocates of Susquehanna Valley's Learning Institute, HCQU training activities, and supports coordinators, particularly those living on their own, with minimal supports and services.

Participant Directed Services (PDS):

Some of the challenges associated with Agency with Choice are finding a qualified willing employer of record when the individual receiving services does not have ability to manage their own services. Also, many families are hesitant to take on the role of employer due to tax concerns. However, we work with AWC to help educate families of the support they will receive if they choice to become the employer of record. Concerns associated with VF/EA are similar to the challenges discussed with Agency with Choice. In addition to those mentioned previously there is concern related to the total lack of oversight by VF/EA. Because they are only a fiscal intermediary families and individuals have many concerns that there is not resource to consult when issues arise.

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Northumberland County has historically offered access to AWC and VF/EA for families to ask questions and consult with directly to gain access of their individual programs. Also, AWC has come to staffing's and is always willing to meet with families in their homes.

Northumberland County would find it helpful to have more guidelines with regard to oversight of VF/EA. There continues to be issues with folks employed through VF/EA who do not provide adequate documentation. There is no mechanism at this juncture that allows SCO's to fix these issues other than discontinuing authorizing which is an extreme solution.

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

In 2017, our HCQU nurses were trained by Nancy Richey in "Supporting Families throughout the Lifespan" and introduced to the Life Course Framework Tools. Nurses enjoyed hands-on practice in using the Life Course Tool. They had positive feedback as see much potential to engage people of all ages to shape quality of life.

Lisa Tessler, PA Family Network provided training to our Self-Advocates group. Self-advocates were accompanied by community habilitation staff. It was a lively, interactive workshop and both self-advocates and staff were enthusiastic about its practical application. This group was primarily a young adult crowd with some mixed family involvement.

Though introduced to Supports Coordinators at various state level meetings, a full training on its implementation for individuals and families will take place in the second half of 2018, once a full staff complement is in place as there has been significant turnover in the SCO this past year.

AE staff attended the 2017 Everyday Lives Conference and participated in "Using the Life Course Integrated Supports Star in Your Everyday Life" and "Charting the Life Course" sessions.

Through our consultant, we are fortunate to offer "Development and Planning" a series of sessions surrounding Social Capital / Discovery / Building an Everyday Life with a focus on getting people further connected to their communities and expanding further for those who are considering retirement or who have recently retired and "Belonging: The Art of Friendships" with Al Condeluci, PhD.

Looking ahead to FY 2018/19, strategies to promote greater awareness and expand training opportunities that include individuals and families, provider agencies, school districts, and community outreach are in stages of development, all grounded in the core belief: All people have the right to live, work, play, and pursue their life aspirations in their community. A major element of the Community of Practice involves supporting families' needs for information at all stages of life relating to their family members' disability, planning for a full and meaningful life, and an understanding of services to attain and support that vision.

A series of "Charting the Life Course" Webcasts are now available on MyODP's website that is available to everyone. In addition, technical assistance to offer strategies for implementation to support the continued development of our regional collaborative and expansion of a shareholder network would be helpful.

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Our HCQU has been integral since its inception in providing technical assistance, education, training, and consultation to the county, provider agencies, staff and people receiving services. Promoting health and wellness, understanding chronic and complex medical issues, addressing increasing needs of the aging, and record reviews are a small demonstration of their outreach. Three HCQU nurses obtained certification in ID nursing, one nurse has certification in grief counseling and two serve on PADDN.

Local Positive Practices Committee meetings held quarterly is a forum where all providers are encouraged to staff complex cases. Guest speakers present on a variety of health related topics. An annual day of learning is held twice/yr. Medical professionals speak on trending topics. Lolly Bentch, Patient Liaison for PA Medical Marijuana Program will be presenting this year. Also, hundreds of health related trainings are web-based and can be accessed by anyone, free of charge. In Fiscal year 2016/17 alone 1,189 total trainings were completed and 14,997 people, trained (does not include on-line courses) throughout our HCQU Consortium.

Frequency of training requests for specific topics provide valuable information identifying trends in medical conditions, inform county programs of where additional resources are needed, informs teams in planning for changing needs, onset of chronic and complex medical conditions and the stressors associated with the corresponding uptick in staff responsibilities. Repetition of specific training topics also sheds light on the impact of high staff turnover rates and critical shortage of DSPs and its impact on quality of care for those who are dependent upon these supports.

Information and reports from our local IM4Q Program are useful in a variety of ways. Identifying trends, prioritizing, and determining recommendations for action for continuous quality improvement are integral to the county's Quality Improvement Plan. This Program independently monitors quality of life issues and outcomes of participants receiving services through indicators organized into areas of satisfaction, dignity and respect, choice and control, inclusion, and physical setting and provides a feedback loop to inform the AE, SCO and other provider agencies. Self-Advocates use these data to develop educational opportunities and activities to promote community inclusion, personal growth and greater independence.

RISK MANAGEMENT:

Health and Welfare is one of the most important CMS assurances we track. Tracking is an essential element of risk management. Using data to reduce and prevent future incidents or events benefits people receiving services when used properly. CMS has recently added three health and welfare sub-assurances that state and county programs must comply with:

- (1) Demonstration on an ongoing basis - Identifies, addresses, and seeks to prevent instances of abuse, neglect, exploitation, and unexplained death.
- (2) Demonstrates that the incident management system effectively resolves incidents and prevents further similar incidents to the extent possible.
- (3) The state establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in approved waiver.

Our risk management practices are under revision to be in alignment with these heightened expectations. We will work with our SCO and providers to integrate these sub-assurances with best practice.

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Risk Management can be subjective and a moving target dependent upon the skills and deficits unique to each person.

Lack of staff stability in recent years has exacerbated the levels of risk associated with provision of care. Prolonged hours of working overtime to compensate for staff call-offs and shortages takes its toll, mistakes occur, compromising quality of care. We must work to change the culture of blame associated with mistakes and increasing burdens of responsibility shouldered by direct support staff (DSPs). Replacing a culture of blame with support and working collaboratively to rebuild relationships eroded by fear of punitive consequences is critical. As an overall future systems improvement, ODP should be part of the conversation and lead by example towards shifting the culture from blame and shame to a more collaborative, supportive, and compassionate workforce.

HOMELESS ASSISTANCE SERVICES

Bridge Housing:

Currently there is no Bridge Housing available.

Case Management:

When a customer requests emergency services, CSO takes this opportunity to provide access to the full menu of programs that we provide. In other words, while addressing the crisis at hand, CSO also hopes to introduce the client to programs and practices that will help avoid future emergencies. Recognizing the need for expediency, a Case Manager will meet with a prospective client as soon as possible, sometimes off-site to accommodate the client. The individual will be instructed to bring identification and income documents, so that eligibility may be determined according to state regulations.

If the individual is homeless, efforts are made to provide temporary, immediate shelter. Some options include staying with family or friends; using a homeless shelter, if available; or identifying rooms that may be rented per day or per week using HSDF. We also ensure that other basic needs are being met: food, clothing, and toiletries.

When appropriate, the customer will be referred to the County Assistance Office for Emergency Shelter Assistance, or to the County Housing Coordinator (also on CSO staff) for BHARP funds. Many times, a combination of services will provide the most desirable outcome. During the assessment process, the Case Manager will determine the cause(s) of the crisis and develop a strategy for self-sufficiency. As a “one-stop”, CSO is positioned to provide a wide array of services including, but not limited to:

- Resolution of the immediate crisis

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- Goal planning to avoid future crises, including financial literacy
- Verification of affordability moving forward
- Employment search and related services
- Easy access to COMPASS services
- Advocacy and referral to other agencies, as needed
- Follow-up

CSO staff are keenly aware of the individual's level of stress and personal feelings. Case Managers treat every customer with dignity, empathy and purpose. Our goal is to provide a long-term solution- or life-style change- rather than a quick fix. In addition to Adult Services, CSO provides the following programs (alphabetically):

- Aqua Pennsylvania's Helping Hands Program- Individuals who are in threat of shut-off by Aqua Pennsylvania may be referred to CSO, Inc. by Aqua to enroll in a debt-reduction program.
- CSO C.A.R.E.S. for saving- This initiative provides an opportunity for customers to become inured to saving. Participants may save up to \$400 in six months and receive a 100% match on their savings. Proceeds are paid directly to the heating provider.
- CSO C.A.R.E.S. - This program helps defray home heating costs for eligible clients during winter months. Backing is derived from fundraisers and donations, as well as CSBG dollars.
- CSO Emergency Food Pantry- The pantry, located in Shamokin, provides emergency food rations to last through a crisis.
- Dollar Energy Fund- Qualified clients may receive a one-time grant to help with specific utility bills through the Dollar Energy Fund. CSO staff facilitate the application process.
- Federal Emergency Food Assistance and State Food Purchase Programs- CSO, Inc. facilitates the ordering process for eight food pantries in Northumberland County.
- HealthTrans Access Discount Prescription Card- Anyone may use these cards to receive discounts on eligible prescriptions.
- PPL E-PowerWise Program- CSO, Inc. distributes PPL energy conservation kits to attendees of the PPL E-PowerWise Workshops. The free kits include compact fluorescent lights, a thermometer, and a Limelight night light, and are available one time only to residential customers who verify an account number.
- Referral Service- CSO, Inc. regularly provides referrals to programs and services offered by other area organizations.
- Rental Assistance- CSO, Inc. may help pay rent and/or security deposits for eligible clients in emergency situations.

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- SafeLink Wireless- CSO staff may submit online applications for eligible individuals to receive the free, federally funded cell phone. Each client is screened for this benefit, since there are many low-income households without phone service.
- SNAP (Food Stamp) Outreach Program- SNAP outreach helps determine benefit eligibility and streamlines the application process for customers. The guidelines of the program are explained to low income audiences at community locations, through printed materials, in person, and over the phone. Once applications are submitted through the state COMPASS system, CSO provides complimentary faxing of documents to the appropriate county assistance office. This eliminates the need for the customer to travel to another office. In addition to SNAP, CSO Case Managers may assist with other COMPASS applications, such as LIHEAP and Medical Assistance.
- Transportation Assistance- CSO, Inc. may provide free transportation for qualified individuals in certain situations, such as travel to a job interview.
- UGI CAP (Customer Assistance Program) - Customers who are struggling to pay their natural gas bills may be referred to CSO, Inc. by Central Penn Gas Company to enroll in an affordable payment plan. • UGI Operation Share- CSO, Inc. is the point of contact for one-time payment assistance toward Central Penn Natural Gas Service.
- Volunteer Income Tax Assistance Program- CSO, Inc. provides free electronic income tax preparation and filing to qualified individuals through this IRS-endorsed program. CSO, Inc. also helps to ensure that families take advantage of the Earned Income Tax Credit (EITC), bringing additional return dollars into the community.

CSO will continue to provide these services and explore new programs based on identified needs in our service area.

In 2014 a Northumberland County Coalition was formed. County Coalitions provide ample opportunity to network with like-minded service providers. In addition, information sharing helps to eliminate duplication of services, which is vital to groups with limited resources.

More recently, a County Opioid Coalition was formed to address the issue of opioid (and other substance) abuse. Many community partners come to the table on a monthly basis to formulate an evidence-based approach to combatting the scourge of drug abuse.

CSO, Community Action has a system in place for Information and Referrals. The agency partners with over 549 organizations in the area. Consistent networking helps staff keep abreast of all new and existing programs.

- How does the county evaluate the efficacy of case management services? Through regular meetings with CSO staff
- Please describe any proposed changes to case management services for FY 18-19. No changes

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Rental Assistance:

Rental assistance is available for first month's rent, security deposit, or rental arrears to stop an eviction. The cap of \$1000 per individual and \$1500 per family includes any federal assistance received in the past 24 months. In addition, if the consumer is moving into subsidized housing which is paying for a portion of the first month's rent, HAP funds may only be used to help with security deposit. Permanency and self-sufficiency, our program goals, are tracked through personal follow-up with the Case Manager.

- How does the county evaluate the efficacy of rental assistance services? In person communication with the CSO housing specialist attached to our Behavioral Health Department. In person inspection of residences.
- Please describe any proposed changes to rental assistance services for FY 18-19. None.
- If rental assistance services are not offered, please provide an explanation. Rental assistance services are offered and utilized effectively.

Emergency Shelter:

The Emergency Shelter component of the program includes the same assessment and case management services as HAP. Emergency shelter is sought in several ways: through family and/or friends; at a local housing shelter; or at an affordable local hotel/motel. Emergency Shelter is temporary; the ultimate goal is to secure permanent housing for the household/individual. . Like the rental assistance program, success is measured by permanency and self-sufficiency.

- How does the county evaluate the efficacy of emergency shelter services? Through bi-yearly Point-In-Time counts.
- Please describe any proposed changes to emergency shelter services for FY 18-19. No changes
- If emergency shelter services are not offered, please provide an explanation. There is an emergency shelter in Northumberland County and when needed we reach out to shelter's in other areas.

Other Housing Supports:

CSO is equipped to provide emergency services to residents of Northumberland County:

- Emergency, temporary shelter may be available to eligible individuals and households through the Human Services Development Fund (HSDF), administered by CSO.

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- Funds to avoid eviction or provide new, safe, decent, and affordable housing are administered by CSO through the Homeless Assistance Program (HAP). Program guidelines apply.
- Housing assistance may be provided to those who meet the HUD definition of homeless (literally homeless, without a place to sleep; unsheltered). Assistance may include first month's rent, security deposit, and three month's subsequent, as defined by the Emergency Solutions Grant (ESG).
- Additional Homeless Prevention funds may assist individuals who hope to avoid eviction. This program is defined by ESG.
- Community Services Block Grant (CSBG) programming is available to any individual/household meeting the income guideline of 125% of the Federal Poverty Guidelines. CSBG encompasses many services designed to help individuals move from poverty to self-sufficiency.

- How does the county evaluate the efficacy of other housing supports services? Through in person contact with CSO housing specialist attached to our Behavioral Health Department.
- Please describe any proposed changes to other housing supports services for FY 18-19. ?
- If other housing supports services are not offered, please provide an explanation of why services are not offered. Other housing supports are provided as described above.

Homeless Management Information Systems:

CSO is newly licensed to use HMIS as a data collection system.

SUBSTANCE USE DISORDER SERVICES

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

Please provide the following information:

1. Waiting List Information:

	# of Individuals	Wait Time (days)**
Detoxification Services		3
Non-Hospital Rehab Services		8
Medication Assisted Treatment		10
Halfway House Services		NA
Partial Hospitalization		0
Outpatient		4

**Use average weekly wait time

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2. **Overdose Survivors' Data:** Describe the SCA plan for offering overdose survivors direct referral to treatment 24/7 in your county. Indicate if a specific model is used.

Below is the current procedure. Northumberland County Drug and Alcohol is in the process of obtaining grant funding in order to provide 24 hour coverage of Drug and Alcohol staff to be able to assess and refer individuals to appropriate levels of care.

Northumberland County Overdose Policy for assisting Emergency Services in situations requiring medical intervention as a result of the use of drugs or alcohol

Northumberland County Drug and Alcohol Case managers are available to all Emergency room staff in order to screen and assess all individuals who are experiencing an UNINTENTIONAL overdose to determine the need for and assist referral to treatment services

**To Access Services during regular business hours (8:30am-4:30pm): 570-495-2040
Northumberland County Base Service Unit, 217 N. Center St. Sunbury, PA 17801**

After Hours: The Northumberland County BH/IDS/Drug and Alcohol is available seven days a week, 24 hours a day to consult and advise Emergency Department Staff regarding the need for immediate intervention including referral for treatment services involving individuals experiencing overdose. Telephonic Screening with Drug and Alcohol Clients or Emergency Department Staff for all individuals in Crisis as a result of overdose is available at all times.

To Access Services after Hours, Weekends and Holidays: call 1-855-313-4387 for Crisis Intervention

If an individual is in need of detox, the individual is admitted to this level of care within 24 hours. Northumberland County staff will work with Emergency Department staff to locate Detox beds for all individuals regardless, including those who may have private insurance and are not eligible for funding through Northumberland County.

If it is determined that there is no immediate/emergency need to refer the individual for Inpatient treatment, the individual may be scheduled for a Drug and Alcohol level of care assessment at Northumberland County's Base Service Unit during regular business hours to assess Drug and Alcohol treatment needs for those who qualify for our services. Northumberland County arranges for an assessment within 3 business days unless the individual declines or refuses this option.

In accordance with Federal Block Grant requirements, the following populations are given preference to treatment:

- Pregnant injection drug users;
- Pregnant substance users;
- Injection drug users;
- Persons referred by Emergency/Urgent Care facilities following an overdose; and
- All others

For individuals who have NO insurance coverage, Emergency Department staff must contact the Drug and Alcohol Administrator to secure funding for the patient.

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For individuals who have Private Insurance, Emergency Room Staff may contact White Deer Run, Inc. for direct referral for In-patient services including Detoxification and residential treatment. This facility is located at:

**White Deer Run
360 White Deer Run Road
Allenwood, PA 17810
(570)-538-2567x1264
Intake (800) 255-2335x1300**

****Northumberland County Drug and Alcohol administrative staff will update all referral and contact information on an annual basis and revise referral information accordingly. All changes are provided to emergency services annually.**

The SCA employs four case managers and a supervisor, all case managers are on the on-call rotation and are available to provide information to individuals seeking drug and alcohol treatment. The SCA contracts with Gaudenzia @ Sunbury, who employs one part time and one full time CRS. The CRS plays an integral role to assist individuals to obtain services and maintain recovery.

The SCA is expanding services with Gaudenzia to include an inpatient detox, long-term rehab and outpatient services at the new prison complex. This is anticipated to be open by the end of 2017. The expansion of these services is an eight county collaboration to aide individuals seeking inpatient treatment. Also, this facility will better the services to individuals who are incarcerated and Northumberland County anticipates having the full continuum of care. Also, Northumberland County, with collaboration of the United Way, is looking to expand the case coordination services to aide individuals obtain ancillary services to help individuals maintain recovery.

Northumberland County SCA continues to see individuals using heroin and other opiates, however, there has been a significant increase of individuals using Methamphetamine and Alcohol. With the rise in the two substances, the SCA will be able to provide all services to all populations.

Target Populations

Please identify the county resources to meet the service needs for the following populations:

- **Adults (including older adults, transition age youth, ages 18 and above)**
- **Adolescents (under 18)**
- **Individuals with Co-Occurring Psychiatric and Substance Use Disorders**
- **Women with Children**
- **Overdose survivors**
- **County's identified priority populations**

Northumberland County SCA offers Level of care assessments, referrals and case coordination services to all populations identified above.

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Recovery –Oriented Services

Describe the current recovery support services including CRS services available in the county including any proposed recovery support services being developed to enhance the existing system. Do not include information on independently affiliated 12 step programs (AA, NA, etc).

Northumberland County currently contracts with Gaudenzia@ Sunbury to provide CRS services. They currently employ two CRS, and are highly involved in our treatment court system.

# of Overdose Survivors	# Referred to Treatment	# Refused Treatment	# of Deaths from Overdoses
0	0	0	48 in 2017

Northumberland County is actively involved in engaging Emergency Departments in the Warm Handoff Policy so that we can obtain accurate information.

3. Levels of Care (LOC): Please provide the following information for your contracted providers.

LOC	# of Providers	# of Providers Located In-County	Special Population Services**
Inpatient Hospital Detox	8	0	1 facility-pregnant women/women with children
Inpatient Hospital Rehab	12	0	2 facilities-pregnant women/women with children
Inpatient Non-Hospital Detox	0	0	
Inpatient Non-Hospital Rehab	0	0	
Partial Hospitalization	1	0	
Intensive Outpatient	3	3	
Outpatient	8	4	
Halfway House	0	0	

*** In this section, please identify if there is a specialized treatment track for any specific population in any of your levels of care. For example, a program specific for adolescents or individuals with a co-occurring mental health issue.*

4. Treatment Services Needed in County: Provide a brief overview of the services needed in the county to ensure access to appropriate clinical treatment services. Include any expansion or enhancement plans for existing providers or any use of HealthChoices reinvestment funds for developing new services. Gaudenzia is in the process of developing a detox and rehabilitation facility on the property of the future sight of Northumberland County Prison. The facility will have 7 detox and 16 rehabilitation beds. Funding for this project came party from HUB funding and from reinvestment dollars.

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5. **Access to and Use of Narcan in County:** Include what entities have access to Narcan, any training or education done by the SCA and coordination with other agencies to provide Narcan. Evangelical Hospital is the Centralized Coordinating Entity for all first responders in Northumberland County. The SCA has provided Narcan to other Human Service Agencies as requested.
6. **ASAM Training:** Trainings have been planned so that all professionals will have completed training by July 31, 2018.

	# of Professionals to be Trained	# of Professionals Already Trained
SCA	7	0
Provider Network	24	0

HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

Adult Services:

Program Name: Homeless Assistance Program

Description of Services: Emergency rental assistance to stop eviction or remedy homelessness.

Service Category: Protective - A system of social service intervention activities to assist eligible persons in a crisis situation. The term includes social service activities necessary to remove the person from the dangerous situation. See Supplements A-C for detail.

Adult Services:

Program Name: Home Delivered Meals

Description of Services: In-home meals provided to those eligible individuals, ages 18 to 59 inclusive, who meet program criteria and are unable to prepare their own meals.

Service Category: Home-Delivered Meals - Provides meals, which are prepared in a central location, to homebound individuals in their own homes. Each client is served a minimum of one but no more than two meals daily, up to 7 days a week.

Adult Services:

Program Name: Overnight Shelter

Description of Services: Funding for crisis housing, which may include up to three nights at a local hotel/motel.

Service Category: Protective - A system of social service intervention activities to assist eligible persons in a crisis situation. The term includes social service activities necessary to remove the person from the dangerous situation. See Supplements A-C for detail.

Aging Services: Please provide the following:

Program Name:

Description of Services:

Service Category: Please choose an item.

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Children and Youth Services: Please provide the following:

Program Name:

Description of Services:

Service Category: Please choose an item.

Generic Services:

Program Name: CareerLink/JOBS

Description of Services: Job seeker services for the general population. No income limits apply.

Service Category: Employment - Activities to enable persons with special needs, including the mentally disabled, who are not adequately served by existing programs, to gain or retain either paid employment or training leading to paid employment.

Adult Aging CYS SUD MH ID HAP

Generic Services:

Program Name: Information/Referral

Description of Services: Coordination of services among community partners.

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.

Adult Aging CYS SUD MH ID HAP

**Northumberland County
Human Services Block Grant
Public Hearing Minutes
May 2, 2018**

The Northumberland County Behavioral Health and Intellectual/Developmental Services Block Grant Plan Public Hearing meetings were held this date. The first meeting was from 1:00 to 3:00 p.m. and the second meeting from 4:00 to 6:00 p.m. at the BH/IDS Building, 217 N. Center St., Sunbury, Pa. after being properly advertised as required by the Department of Human Services. Attached is the sign-in sheet of all who attended today's Hearing's.

These Minutes reflect what was discussed at both meetings. Carmine Picarelli, BH/IDS Administrator and Joseph Labosky, BH Unit Director welcomed and thanked everyone for attending and introductions were made.

Joe Labosky provided a handout on an overview of the Block Grant. He stated we are coming to the end of the first fiscal year as a Block Grant County and at this time no data is available yet regarding retention dollars. Carmine added that just because the fiscal year ends June 30th, we still have invoices coming in after that date and we can only predict at this point what money will be available. Carmine stated that last fiscal year we sent back to the State approximately \$300,000. This year revenue retention can be anywhere from 2 to 5%.

Joe spoke about FY 17/18 in how we used funds to support current programs and the Opioid crisis in our County. For FY 18/19 we want to develop new or add to current programs, in particular children's programs geared at keeping children in their homes and out of the foster care system, support parenting grandparents and develop new family groups.

Carmine talked about how with the Block Grant, we have the flexibility to shift dollars as long as funds remain in the following categories: MH Base, ID Base, HAP (Homeless Assistance Programs), HSDF (Human Services Development Fund), D&A; Act 152 and BHSI. Carmine added that one of his wishes for the upcoming year is to spend some of the retention money on a paperless file system. He stated we are basically running out of room due to many file cabinets. He talked about meeting with potential vendors regarding a paperless system. This would involve most likely purchasing a "server" for storage and high speed scanners. He stated we do currently have portable scanners that workers will be able to use out in the field when meeting with clients and this will eliminate some paper documents.

County Data: Joe reviewed the information regarding County Data and pointed out that Northumberland County has the highest amount of folk's age 65 and higher in the entire state. He also talked about how in developing the Human Services Plan, we meet and include individuals served in different areas of programming. Joe stated most consumer feedback focused on the issue of transportation, particularly Rabbittransit and the

difficulty of scheduling appointments around transportation times. This is an issue we will continue to work through. Joe talked about including individuals in their recovery processes and having open communication between our agency, the community and folks we serve. New from last year is the Recovery Committee which is geared to include consumers in their recovery and them giving input as to what services they would like. For example, our Wellness Nurse is certified and has been holding smoking cessations sessions that have been requested by folks and is proving successful for some.

ID Updates: Carmine asked Tara Avellino, ID Program Specialist to touch on the new initiatives this past year. Tara talked about several new providers we have contracted with who are exceptional in their field. She said we are going into the second year of contracting with these providers and are actually ahead of the new Waiver requirements that will be coming.

- Mr. William Stillman, is a trainer on Autism and also provides consultation services for individuals, families and providers.
- Sharon Mahar-Potter works with folks who may have dangerous and challenging behaviors. She is also a trainer on Sexuality issues for ID folks.
- Kenneth Carroll, Ph.D., provides Psychological Evaluations and, Competency and Forensic Evaluations. He also provides services to victims of crimes.

Anne Kalinoski, ID Program Specialist added that these are all good resources to have and share with other agencies and providers. Anne also added that in regard to new initiatives, the ID Program also wants to preserve families and possibly look to compensate families to keep their family member at home.

Drug & Alcohol Program Updates: Emanuel Giorgini, D&A Director talked about the agency at this time being at full staff. He said Intakes were at an all-time high this past year with the opioid crisis. And what added to this dilemma was that a local physician who was arrested and no longer able to prescribe pain medications put many folks into bad situations. Manny added this seems to have settled down now. Manny talked about the Billboards that are being put throughout the County regarding addiction help.

Manny spoke about D&A hiring a Certified Recovery Specialist this fall if funding is available and Grants awarded. Also the addition of two (2) Caseworkers for after-hours Assessment Services that would help people get into programs as soon as possible. Right now the D&A Program only provides daytime Assessment Services.

Gaudenzia: Manny stated that the Gaudenzia De-tox facility is slated to open July 1 at the County's South Campus.

Question: Can anybody go to Gaudenzia for de-tox or do they have to be arrested first?

Carmine explained yes it is for anyone. But the County is looking to focus on first time offenders in an effort to deter future use and arrests before they have their court dates. The Courts are on-board and will work with us.

Question: Who makes the decision where a person goes after de-tox?

Carmine stated a person will be assessed, thus the need for a Recovery Specialist as to further treatment.

The group discussed treatment choices from Suboxone, MAT and that it is up to the professionals to make the call. Dr. Pagana talked about the 12-Step Program and counseling and the need for "Safe Meetings" and good sponsors. He also stated that "sometimes we need to not let the patient make the decision."

Karen Willard-Miller, NCCS Director and Therapist asked if "Trauma" is involved with addiction and if there is and isn't addressed, addiction will keep happening. She stated you have to deal with both issues.

Housing Highlights: Joe spoke about how Housing is one of our strong points. We continue to contract with Central Susquehanna Opportunities (CSO) for a housing specialist, who works with our case managers and individuals they serve in finding safe, affordable housing.

Carmine added that Northumberland County has the "cheapest" housing in the State which also means an influx of folks. He added the Shamokin Housing Authority always has Vouchers available.

Question: Do we have a housing shortage?

Carmine said yes for "safe, affordable housing. We have a lot of apartments but not are all up to standards." And that is where working with the CSO housing specialist helps in that he works with landlords to address issues and be an advocate for better housing.

Question: Do folks coming out of the State Hospital have help getting SSI, SSDI, Medicare, etc.?

Carmine explained that Danville State has an advocate that works with a person who may be coming out to have all services in place before release.

Minutes respectfully submitted.

Northumberland County Human Services Block Grant
 Public Hearing Fiscal Year 2018/2019
 Wednesday, May 2, 2018

Name	Representing
Rick CATINO	Addiction Help Center
Manny Blazin'	North'd Co. DTA
Carmie Picorelli	Northumberland Cty BH/ZDS
Joe Labosky	North'd Co BH/IDS
Karen Willard-miller	NCCS
Dawn Warren	Merakay
Matthew	IDS
Jaun Leonor	AAH
Tara O'Neil	IDS
Courtney Deibler	IDS
Kimberly Mayer	IDS
Bob Stettz	IDS/AE
Connie Hessler	BH/IDS
Matthew Ferrell	BH/IDS
Aime Reeves	BHIDS board
Maryse Martiny	Commissioner
Jer McLaughlin	CSG
Anna Galinski	AE/IDS
Dawn Willard	BHIDS Board

COMMISSIONERS

County of Northumberland

Richard J. Shoch, Chairman
Samuel J. Schiecatano, Vice Chairman
Kymberley L. Best



Frank W. Garrigan, Solicitor
Maryrose B. McCarthy, Chief Clerk

Office of the Commissioners

Administration Center
399 Stadium Drive
Sunbury, PA 17801

PHONE: (570) 988-4564
FAX: (570) 988-4445

May 15, 2018

The News-Item	FAX:	(570) 644-0892
	PHONE:	(570) 644-6397
Milton Daily Standard	FAX:	(570) 742-9876
	PHONE:	(570) 742-9671
The Daily Item	FAX:	(570) 286-2570
	PHONE:	(570) 286-5671

Gentlemen/Mesdames:

Please print the attached *Public Hearing Notice* in your newspaper on the following date:

Monday, May 21, 2018

Proof of publication should be forwarded to the Northumberland County Commissioners Office, care of my attention, 399 Stadium Drive, Sunbury, PA 17801.

COPY

Sincerely yours,

Maryrose B. McCarthy, Chief Clerk
Northumberland County
Board of Commissioners

MBM/kc

Attachment

cc: Carmine Picarelli, BHIDS
Newspaper notices

Public Hearing Notice

The Northumberland County Board of Commissioners will conduct a Public Hearing on the proposed Human Services Block Grant for Fiscal Years 2018/2019 for the Department of Public Welfare. The Public Hearing will be held at the Human Services BH/IDS Building at 217 North Center Street, Sunbury, PA 17801, in Conference Room 2 on the second floor, Wednesday, May 23, 2018 from 1:00 p.m. – 3:00 p.m. and 4:00 p.m. to 6:00 p.m.

The Plan will address the following program area:

County Human Services Block Grant for Fiscal Years 2018/2019

Any written comments are invited and should be submitted to the BH/IDS Administrator, Northumberland County Human Services BH/IDS Building, 217 North Center Street, Sunbury, PA 17801.

Proof of Publication is required.

NORTHUMBERLAND COUNTY
BOARD OF COMMISSIONERS
/s/Richard J. Shoch, Chairman
/s/Samuel J. Schiccatano, Vice Chairman
/s/KyMBERLEY L. Best
ATTEST: /s/Maryrose B. McCarthy, Chief Clerk

COMMISSIONERS

County of Northumberland



Richard J. Shoch, Chairman
Samuel J. Schiccatano, Vice Chairman
Kymberley L. Best

Frank W. Garrigan, Solicitor
Maryrose B. McCarthy, Chief Clerk

Office of the Commissioners

Administration Center
399 Stadium Drive
Sunbury, PA 17801

PHONE: (570) 988-4864
FAX: (570) 988-4445

April 6, 2018

The News-Item	FAX:	(570) 644-0892
	PHONE:	(570) 644-6397
Milton Daily Standard	FAX:	(570) 742-9876
	PHONE:	(570) 742-9671
The Daily Item	FAX:	(570) 286-2570
	PHONE:	(570) 286-5671

Gentlemen/Mesdames:

Please print the attached *Public Hearing Notice* in your newspaper on the following date:

Tuesday, May 1, 2018

Proof of publication should be forwarded to the Northumberland County Commissioners Office, care of my attention, 399 Stadium Drive, Sunbury, PA 17801.

Sincerely yours,

Maryrose B. McCarthy, Chief Clerk
Northumberland County
Board of Commissioners

MBM/ke

Attachment

cc: Carmine Picarelli, BHIDS
Newspaper notices
Public Meeting 05/01/18

Public Hearing Notice

The Northumberland County Board of Commissioners will conduct a Public Hearing on the proposed Human Services Block Grant for Fiscal Years 2018/2019 for the Department of Public Welfare. The Public Hearing will be held at the Human Services BH/IDS Building at 217 North Center Street, Sunbury, PA 17801, in Conference Room 2 on the second floor, Wednesday, May 2, 2018 from 1:00 p.m. – 3:00 p.m. and 4:00 p.m. to 6:00 p.m.

The Plan will address the following program area:

County Human Services Block Grant for Fiscal Years 2018/2019

Any written comments are invited and should be submitted to the BH/IDS Administrator, Northumberland County Human Services BH/IDS Building, 217 North Center Street, Sunbury, PA 17801.

Proof of Publication is required.

NORTHUMBERLAND COUNTY
BOARD OF COMMISSIONERS
/s/Richard J. Shoch, Chairman
/s/Samuel J. Schiecatano, Vice Chairman
/s/Kymerley L. Best
ATTEST: /s/Maryrose B. McCarthy, Chief Clerk

Northumberland County

Human Services Block Grant Public Meeting

5/23/18 Sign-in

1:00 p.m. - 3:00

Manny Gorgini
Joe Kadosty

Cam Picardi

Cindy Everts
~~Alisa Lopez~~

4:00 - 6:00 p.m.

⊕

①

Stakeholders mtg

Sunbury Psych. Rehab - 4/16/18

Lori Kelleher

Betty Seibert

Bonnie Semey

Dorothy Boyd

Marcia Biggar

Ma Jenkins

Terence B. Piccum

David Rotta

Clara Harvey

Stakeholders mtg

Stamokin Drop-in Center 4/19/18 (Plan mtg)

John C. Dineen

Ronald Wolfe

Dannicia Knorr

Julie Ramsay

Patricia Ramsay

Frances Spicer

Ruth Snydermull

Stakeholders Mtg Shamokin Psych-Rehab 4/10/18

Sign-in

Point

Chick Kish

name & district

germife - Angel

Elizabeth Straub

Mary Ann Kovotney

**APPENDIX C-1 : BLOCK GRANT COUNTIES
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED**

County:	1.	2.	3.	4.	5.	6.
NORTHUMBERLAND	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT						
Administrative Management	1,063		\$ 319,775		\$ 7,901	
Administrator's Office			\$ 598,243		\$ 35,316	
Adult Developmental Training						
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment	70		\$ 100,395		\$ 15,977	
Community Residential Services	46		\$ 1,128,264		\$ 27,360	
Community Services	-		\$ 17,185		\$ 2,815	
Consumer-Driven Services	50		\$ 53,000			
Emergency Services	1,300		\$ 281,869		\$ 17,445	
Facility Based Vocational Rehabilitation						
Family Based Mental Health Services	5		\$ 7,000			
Family Support Services	36		\$ 32,143		\$ 2,612	
Housing Support Services	30		\$ 65,000			
Mental Health Crisis Intervention						
Other						
Outpatient	875		\$ 434,646		\$ 22,513	
Partial Hospitalization	12		\$ 43,472			
Peer Support Services	13		\$ 25,000			
Psychiatric Inpatient Hospitalization						
Psychiatric Rehabilitation	327		\$ 130,000			
Social Rehabilitation Services	200		\$ 91,694		\$ 16,447	
Targeted Case Management	470		\$ 445,897			
Transitional and Community Integration						
TOTAL MENTAL HEALTH SERVICES	4,497	\$ 3,773,583	\$ 3,773,583	\$ -	\$ 148,386	\$ -
INTELLECTUAL DISABILITIES SERVICES						
Administrator's Office			\$ 1,388,547		\$ 17,706	
Case Management	123		\$ 271,812		\$ 30,201	
Community-Based Services	66		\$ 789,717		\$ 78,657	
Community Residential Services	6		\$ 297,507			
Other						
TOTAL INTELLECTUAL DISABILITIES SERVICES	195	\$ 2,747,583	\$ 2,747,583	\$ -	\$ 126,564	\$ -

**APPENDIX C-1 : BLOCK GRANT COUNTIES
HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED**

County:	1.	2.	3.	4.	5.	6.
NORTHUMBERLAND	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
HOMELESS ASSISTANCE SERVICES						
Bridge Housing						
Case Management	255		\$ 16,788			
Rental Assistance	50		\$ 25,000			
Emergency Shelter	5		\$ 2,500			
Other Housing Supports	5		\$ 1,000			
Administration			\$ 5,031			
TOTAL HOMELESS ASSISTANCE SERVICES	315	\$ 50,319	\$ 50,319		\$ -	\$ -
SUBSTANCE USE DISORDER SERVICES						
Case/Care Management	41		\$ 77,649			
Inpatient Hospital						
Inpatient Non-Hospital	32		\$ 154,898			
Medication Assisted Therapy						
Other Intervention						
Outpatient/Intensive Outpatient						
Partial Hospitalization						
Prevention						
Recovery Support Services						
Administration			\$ 36,679			
TOTAL SUBSTANCE USE DISORDER SERVICES	73	\$ 269,226	\$ 269,226		\$ -	\$ -
HUMAN SERVICES DEVELOPMENT FUND						
Adult Services	56		\$ 14,000			
Aging Services						
Children and Youth Services						
Generic Services	674		\$ 54,654			
Specialized Services						
Interagency Coordination						
Administration			\$ 7,628			
TOTAL HUMAN SERVICES DEVELOPMENT FUND	730	\$ 76,282	\$ 76,282		\$ -	\$ -
GRAND TOTAL	5,810	\$ 6,916,993	\$ 6,916,993		\$ 274,950	\$ -