Appendix A

Fiscal Year 2017-2018

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: Columbia, Montour, Snyder, Union

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 Pre-Expenditure 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 necessary 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 handicap in providing services or employment, or in its relationship with other providers; or in providing access to services and employment for handicapped individuals.
2. The County will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

Signatures	*Please Print*	
	Dan Hartman	**Date: 5/30/17**
	Chris Young	**Date: 5/30/17**
	Peggy Chamberlain-Roop	**Date: 5/30/17**
	John H. Mathais	**Date: 5/30/17**
		Date: 5/30/17

JOINDER STATEMENT

Columbia, Montour, Snyder and Union County Commissioners and County Agency staff were included in the development of the Mental Health, Intellectually Disabilities and Drug and Alcohol portions of this Plan. They were included in the planning process for each service category, and the complete information can be found in the submitting County's Plan. Columbia, Montour, Snyder and Union County is in agreement with the information submitted in this plan.

MENTAL HEALTH SERVICES

PART 1: COUNTY PLANNING PROCESS

CMSU has solicited input into the 2017-2018 Planning Process from the following groups:

1.) Critical Stakeholder Groups

- The CMSU Joinder Board of County Commissioners
- The CMSU CSP (Consumer Supports Program)
- The CMSU Provider Network Meeting
- The CFST Team
- CMSU C&Y Agencies and Juvenile and Adult Probation Services
- CMSU County Jails
- C/M and U/S CJAB (Criminal Justice Advisory Boards)
- C/M and U/S Area Agency on Aging
- 12 CMSU School Districts
- U/S SAMHSA System of Care Leadership Team
- CMSU Annual Consumer Recovery Conference
- Human Services Coalitions
- Berwick Anti-drug Alliance
- Susquehanna Valley AIDS Coalition
- CCBH ROSC Initiatives
- Drug and DUI Treatment Courts

2.) Outreach/Input

CMSU has representation on each of the Boards and Coalitions listed above. CMSU has dedicated staff in case management assigned to two of the County C&Y Agencies. A liaison to the AAA Agencies represents CMSU interagency collaboration. CMSU has staff based in seven school districts and SAP representation in the remaining school districts. Each agency/school district, Program and Board are informed about the Annual Needs Based Plan and CMSU representatives provide feedback from their representation to the CMSU Deputy Administrators and Administrators to be incorporated into this plan. The Annual Recovery Conference is attended by 170 consumers and agency staff and solicitation on needs is gathered by survey during the conference and individual consumers expressing wishes. Needless to say, need out ways availability of funds, staff availability and knowledge required to fulfill all stated needs.

Satisfaction with existing CMSU services are good. Needs are generally for more existing services and for new services. Services to address the Heroin Epidemic are a constant topic due to the prevalence of overdoses and use of the substance. Additional needs are for services not traditionally provided/funded by Behavioral Health and Developmental Services funding categories, such as Housing and transportation services. Transportation is the most requested service with Competitive Employment Opportunities as a close second but dependent on transportation.

3.) Advisory Boards

- The CMSU Behavioral Health Advisory Board
- The CMSU Developmental Services Advisory Board

4.) Least Restrictive Setting

CMSU practices on the least restrictive setting premise. A EPCBH (Enhanced Personal Care Boarding Home) was funded fully FY 2016-2017 to accomplish 6 discharges from Danville State Hospital. Diversion from future State Hospitalizations are the responsibility of the Hospital Liaison and the MH Base Service Unit. CASSP Coordinators make every attempt to divert admissions to Residential Programs for children and youth. CMSU funded and/or facilitated Therapeutic Foster Homes can be successful alternatives to residential. CMSU representation in DUI and Drug Courts divert individuals from incarceration and or early supervised release and treatment. Early engagement has been addressed as a primary least restrictive practice which facilitates utilization of least restrictive outpatient services. Another focus is Behavioral Health/Physical Health integration which research states impacts use of both MH and Physical Health restrictive services. CMSU services are primarily provided in the community to maintain individuals in the least restrictive setting. Least restrictive setting is defined as living and being part of the community of choice. Living in the affordable housing of choice. Maintaining an income (employment) (education) of choice, and providing supports from a Recovery Orientation. Crisis Intervention Services primary goal is to access resources to support individuals whose existing resources are overwhelmed and this service is provided 24 hours a day, 365 days a year.

5.) Programmatic/Substantial Funding Changes

Substantial funding changes are difficult with the reduced allocation from 2012. CMSU has actively sought out alternative funding sources to address service gaps and improvements. The BHARP (Behavioral Health Alliance of Rural Pennsylvania) SAMHSA (SOC) Systems of Care Project has added Trauma Informed Staff to every program within CMSU and C&Y and Juvenile Justice within the four counties. SOC has also provided Trauma Specialist Therapists in

Outpatient MH and D&A Providers. And finally, SOC has provided a vehicle in the Leadership Team (25% Family Members and 25% Youth) representation giving a voice to children's services development with in CMSU and child serving systems.

CMSU has been aware for several fiscal years that statistics indicate that the agency does not serve MH involved youth between the ages of 16 to 23 by the decreasing numbers of consumers in this age range. To address this gap, a Transition Age component of the Psychiatric Rehabilitation Program has been instituted FY 2016-2017 with it being available in FY 2017-2018. CMSU has also applied for A FEP (First Episode Psychosis) Grant to further strengthen serving youth between the ages of 16 to 30.

PART II: PUBLIC HEARING NOTICE

STATE OF PENNSYLVANIA
COUNTY OF NORTHUMBERLAND SS: 20-5787549

MEETING NOTICE

CMSU will hold its Behavioral Health and Developmental Services Annual Plan Meeting on Tuesday, May 30, 2017, 5:00 p.m. at the CMSU Basement Conference Area.

The public is invited to attend. For more information, contact Jen Beaver (570)275-5422.
DI: May 20 & 21, 2017

Personally appeared before me, the subscriber,
L.F.Machesic,Controller
of the DAILY ITEM PUBLISHING CO.,publishers of THE DAILY ITEM, a newspaper of general circulation in Union, Northumberland, Snyder and Montour Counties, the paper in which publication has been directed, who being duly sworn according to law, doth depose and say that said newspaper was established April 15, 1970, and has its place of business at Second & Market Sts., in the city of Sunbury, County of Northumberland, and Commonwealth of Pennsylvania, and that, the Notice, of which the attached is a copy was published in THE DAILY ITEM in the City of Sunbury, County of Northumberland and State of Pennsylvania on the

20th and 21st days of May 2017

that affiant is not interested in the subject matter of the foregoing notice of advertising, and avers that all of the allegations of the statement as to the time, place and character of the publication are true.

L.F. Machesic

Sworn to and subscribed before me
This 22nd day of May A.D. 2017

Diane M. Weir

NOTARIAL SEAL
Diane M. Weir
Sunbury, Northumberland County, PA
My Commission Expires May 5, 2019

Press Enterprise ■ Sunday, May 21, 2017 17

PUBLIC NOTICE

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PUBLIC HEARING

CMSU BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

2017-2018 ANNUAL PLAN

30 May 2017

NAME	AFFILIATION (Optional)
Jan Sobodka	Board Member
Barbara Howell	Drug & Alcohol
[illegible]	CMSU
[illegible]	CMSU
Richard DeBeach	CMSU Administrator

PART THREE: CROSS-COLLABORATION OF SERVICES

a) Employment:

CMSU has focused on pre-employment skills utilizing Recovery Centers and Mobile Psychiatric Rehabilitation. We have provided GED Prep, driving skills training, computer skills training, interviewing skills and social interaction training. We have contracted with supported employment agencies on a small scale but have much to do in employment. We have referred individuals to OVR (Office of Vocational Rehabilitation) and coordinated funding sharing to access Peer Certification Training. Coordination with Career Link has resulted in much activity but few actual employment activities. Supported employment is a major need in our area. Two providers exist, but they primarily provide services to the Intellectually Disabled and although willing to provide services, do so with a model that is not easily accepted by our MH consumer group. More research and planning and development needs to be made in the supported employment area.
Plans are underway in FY 2017-2018 to have Recovery Center and Psychiatric Rehabilitation staff attend SEE (Supported Employment Education) so we can add this service to individuals who desire employment. In 2015, a survey of 275 individuals in CMSU resulted in employment being the number one need identified by those we serve as a priority.

b) Housing:

Columbia and Montour Counties have a Housing Task Force (HTF) that meets monthly. Union and Snyder Counties have a Local Housing Options Team (LHOT) that meets monthly as well. Both the LHOT an HTF are designed to bring stakeholders together to share housing resources and discuss needs within their respective communities. These task forces have led to the implementation of multiple programs and fund procurements. Agencies with populations to be served form subcommittees when necessary to partner in grant writing. Partnership grant awards and programs include:

-Union County Justice Bridge Housing Program (PCCD/OMHSAS)
-Columbia County Justice Master Leasing Program (PCCD/OMHSAS)
-Homeless Prevention and Rapid Rehousing Program CMSU Counties (ESG)
-Multiple iterations of the PHARE funding to provide matching funds and/or pilot programs.

In addition, these task forces allow an active clearinghouse to share information across service systems. Through collaboration, increased synergy has been achieved through efficiency of service referrals and prevention of payment duplication. Point-in-Time counts have been better represented allowing a more accurate picture of our rural homeless population, thus positively affecting HUD funding for local Housing Authorities.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

a) Program Highlights

CMSU has the following highlights which we believe have enhanced the Behavioral Health System:

Ongoing

- CMSU is a comprehensive program which provides multiple levels of care. Programs are operated by CMSU which ensures continuity, no wrong door, seamless movement between programs and no eject of individuals served.
- CMSU has all staff trained in co-occurring competency and co-houses MH and D&A intake services in one main building and three annex buildings. The agency also sponsors a dual recovery anonymous meeting weekly and a separate co-occurring pre-motivational group weekly.
- For the past five years, CMSU has focused on the physical health concerns of individuals with SMI through a contract with the local Health Care Quality Unit to provide a full-time wellness registered nurse. This individual has been working with consumers individually and in groups at the Base Service Unit, Recovery Centers and the CRR to develop and implement individualized wellness goals. The wellness nurse is also available to consult with case managers on PH/BH issues and assist individuals with complex medical needs to navigate the health care system. In addition, all CMSU behavioral health staff have been trained in PH/BH issues. This position has become an integral part of CMSU's behavioral health system. This position is supported with by Managed Care.
- CMSU has embraced utilizing Peer staff. Peer staff currently provides a mobile Peer-to-Peer Program, work in Outpatient (Common Ground Decision Making), CRR, Social Rehabilitation, and two Recovery Centers. Peers bill Medicaid Managed Care when appropriate and are supported with base and C/HIPP dollars.
- CMSU has also partnered with Children and Youth Agencies, County Housing Authorities and Schools, providing dedicated staff to each of these areas and agencies and has shared in starting programs where both participate in co-funding and managing programs. Specific areas of success are a Justice Bridge Housing Program designed to release non-violent prisoners from County Jails and provide support and services. The School Blended staff are based in each school district and co-funded by C&Y, MH, D&A, Counties and the School District. They provide prevention and early intervention

with emerging behavioral health issues with students. Blended staff are funded with Base Dollars. Housing Support is funded by Grants, Reinvestment and Base dollars.

- CMSU has also joined with other counties behavioral health programs to enhance services via joint C/HIPP ventures, specifically enhanced personal care homes for those state hospital patients who could not be discharged without this level of care.
- CMSU has also joined with other counties via the BHARP (Behavioral Health Association of Rural Pennsylvania) part of the administrative oversight of the DPW held Managed Care 23 Counties contract to develop a CSRU (Community Stabilization and Reintegration Unit) for dual diagnosis ID/MH population who are ill served by inpatient psychiatric units to assist this population with successful community living. This program bills managed Medicaid.
- CMSU has also partnered with The Columbia County Child Development Head Start Program and the Berwick Foundation to support Positive Behavioral Supports in both the head start center and in families' homes. Success is indicated by significant decrease in need for TSS services in the center compared to years prior to implementation. This effort is funded with base dollars.
- A reinvestment effort with the other 23 counties in the BHARP (Behavioral Health Association of Rural Pennsylvania) to train therapists in MH and D&A Outpatient in offering Trauma-Focused Cognitive Behavioral Therapy and Cognitive Processing Therapy and Seeking Safety (EBP) Evidence Based Practice counseling model used to help people attain safety from trauma and/or substance abuse. These trainings will be one year long, include training, consultation and supervision and started in August 2016.
- CMSU also participates in operating a Common Ground Decision Support Center in the Outpatient Program with Peer Staff assisting individuals who have a psychiatry appointment with communicating with the Psychiatrist and arriving at a shared decision as a result of the appointment. This program has been closely monitored by CCBH the Managed Care Program with 98% of CMSU individuals served in outpatient participating, having a Power Statement and a shared decision. This program also bills managed Medicaid.
- Additionally, CMSU served as the submitting county for a SAMHSA (Substance Abuse and Mental Health Services Administration Grant) in conjunction with the BHARP for Systems of Care which includes Children and Youth and Juvenile Probation in restructuring the Child Serving Systems to allow more adolescent and family input in service provision and planning. The grant was awarded and the program started in October 2015. To Date, activities have consisted of Trauma Informed Care training for MH, C&Y and JJ Staff in Union and Snyder Counties which started June 2016. Additionally, a focus on disparate populations of LGBTQI and Native Spanish speaking individuals has begun by translating all on-staff and provider postings and forms in Spanish and posting LGBTQI welcoming anti-discrimination postings at all locations.

Planned

- CMSU has also identified a need to offer services specific to transition age youth and FY 2015-2016 did not see implementation of this service because of the budget stalemate, specifics in the transition age section of this plan. Two current efforts in FY 2016-2017 began to address this age range. CMSU added a component to the Psychiatric Rehabilitation Program for Transition Age Youth and CMSU submitted a grant for A FEP (First Episode Psychosis) Program. Both efforts will initiate in FY 2017-2018 if awarded.

- Columbia County is also in the planning stage of adding a Mental Health Court to the current Drug Court and DUI Courts. CMSU has and will participate in this effort. Although planned to start in FY 2016-2017 specifically July 2016, the program has yet to start. Starting is dependent on the initiation by Columbia County Court. This program will also be supported with base dollars when they are available and also bill for services that are able to be billed to Medicaid managed care.

Services to be provided

In FY 2017-2018 CMSU will continue to provide an array of MH services to meet the mental health needs of children and adults who are residents of the Joinder in the least restrictive treatment setting. We have included in appendix C-2 the specific services, their cost and the number of clients that will be served in each cost center. As in the past, CMSU will pay particular attention to keeping the number of adults from the Joinder referred to state hospitals to a minimum. Since the implementation of its first CHIPP initiative, CMSU had been successful in staying below its bed-cap. In fact, CMSU's bed cap has been adjusted downward several times due to lack of bed utilization. Currently CMSU is above the identified bed cap in state hospital admissions. No identifiable precipitating factor is evident at present. In the future, we will focus on continued success in this area.

We have also, through a partnership with Community Care Behavioral Health (CCBH), focused and succeeded in having significantly lower Medicaid PMPM costs in restrictive services such as psychiatric inpatient, partial hospitalization, and residential treatment for children. During fiscal year 2012-2013 CMSU had the lowest PMPM costs in the twenty-three county North Central region (CMSU's aggregate PMPM was $74.34 compared to a region average of $98.22;(a variance of 24.4 %.) We believe that this success is attributable to CMSU's organizational structure in that CMSU directly provides the vast majority of MH services to the SMI population. This enables us to direct services to individuals with the greatest level of need and to provide services that are value-added and focus on what services will best help the client in his/her recovery as needs change. It also allows us to better coordinate services for individuals as they are delivered by a single agency and are not fragmented or duplicated.

Ongoing Initiatives and partnerships:

For the past five years, CMSU has focused on the physical health concerns of individuals with serious mental illness by contracting with the local Health Care Quality Unit for a full-time registered nurse. This individual has been working with consumers-individually and through groups-at the Base Service Unit and Recovery Centers to develop and implement wellness goals. This individual is also available to consult with case managers on PH/BH issues and assist consumers with complex medical needs to navigate the health system. In addition, all of CMSU's Behavioral Health staff have been trained in PH/BH issues. This initiative, which was made available by CCBH through reinvestment for the first year, has become an integral part of CMSU's behavioral health system.

CMSU also focuses on co-occurring issues with its consumers. CMSU's behavioral health staff have received extensive training in serving individuals with mental health and drug and alcohol issues. MH and D&A case management staff work closely with each other to ensure that consumers with these issues receive proper treatment. CMSU's outpatient clinic also provides a pre-motivational, co-occurring group that meets on a weekly basis. Its Crisis Intervention program also serves individuals with MH and D&A emergencies. Should the opportunity arise, CMSU will pursue "co-occurring competence".

For the past ten years, CMSU has embraced the Recovery model of providing behavioral health services. In May, 2017, CMSU held its thirteenth annual "Recovery Works" conference. This annual event was attended by 170 consumers, CMSU, State Hospital and provider staff, focuses on different topics germane to recovery such as: work, spirituality, LGBT, wellness… Specifically, this year presentations were focused on alternative wellness skills, art, movement, music, meditation, etc. to contribute toward individual recovery. At this conference, input was solicited from the attendees on what services and needs they felt would be important to be included in this plan.

CMSU also employs a number of individuals, six full-time and seven part-time-on an ongoing basis who are in recovery from serious mental health and co-occurring issues. CMSU uses the "County Work Program Trainee" or "Certified Peer Specialist" or "Social Services Aide" or "County Case Work I" classifications for these individuals to achieve permanent civil service status. The seven full-time employees have gone off of SSI or SSD and are currently on CMSU's health, retirement and compensation program.

CMSU has also been working closely with CCBH to implement School Based Behavioral Health Teams in local school districts. The Selinsgrove and Midwest school districts have had had teams for the past four years. Selinsgrove has in FY 2016-2017 ended their School Based Team.

Berwick has been added to the CCBH waiting list to gain a team. These teams are valued highly by the districts and have been successful in keeping students with behavioral health issues out of restrictive levels of care. CMSU will continue to work with CCBH to expand this program to other districts.

CMSU's mental health system has also developed collaborative partnerships with local agencies. CMSU and the two AAA's hold annual, full-day staff development conferences for line and supervisory staff that addresses topics germane to clients of both agencies. As a result of these efforts the working relations between agencies have improved greatly.

CMSU Behavioral Health has also partnered with C&Y agencies and school districts to provide supportive services to high risk children in the schools by jointly funding a full-time person in each district. The Blended School Based Program has been a cost effective way of serving high-risk children in a natural setting; thereby reducing unnecessary referrals to the funding agencies. MH, D&A, C&Y, and school districts jointly fund this ongoing initiative. Berwick and Southern Districts have requested to add Blended Staff in FY 2016-2017. Blended will start in Berwick in FY 2017-2018 and we are currently in negotiation with Southern District.

CMSU's management staff meets with individuals from C&Y and JPO quarterly for Integrated Planning to troubleshoot and plan joint initiatives. Most recently, we have been working on joint training for line staff. CMSU has also designated two targeted children's case managers to work exclusively with Columbia and Union Counties C&Y agencies. These individuals meet with C&Y staff on an ongoing basis, serve joint clients and assist with interagency referrals. This has also improved working relations between the agencies and streamlined referrals.

CMSU and Columbia County Child Development Program have developed a partnership to address emerging behavioral issues at several Head Start centers in Columbia County through a Positive Behavioral Supports environment. CMSU provides ongoing funding for a Behavioral Staff Support Specialist to assist children with significant behavioral issues to succeed in a PBS environment. The program also provides targeted parenting sessions for the parents of these children. This initiative has almost eliminated the need for TSS workers in the Head Start centers as the children are functioning at an acceptable behavioral level.

Over the past four years, CMSU has developed Parent-Child Interactive Therapy (PCIT) through reinvestment funding from CCBH in Columbia and Montour counties. The program has had a slow start, but is showing great potential for success. CMSU will continue working to ensure that this program is an integral part of its child-serving system.

Approximately three and a half years ago, CMSU hired a Behavioral Health Housing Specialist through reinvestment dollars. This individual has formed positive working relationships with

local housing authorities and has become a valuable asset to CMSU behavioral health consumers in securing housing via Contingency and Bridge programs as well as Justice Bridge starting in Union County and now expanded to Columbia County. CMSU continues this position with base and C/HIPP dollars after initial reinvestment funding.

In Appendix C-2, CMSU has not budgeted funds for Partial Hospitalization as we utilize Psych Rehabilitation or Social rehabilitation for consumers who need daily intervention. We also do not budget dollars for Psychiatric Inpatient services as Medical Assistance always covers the cost of this service. If necessary, CMSU will pay for these services if the need dictates and the dollars are available in our allocation.

County Planning Team/Needs Assessment:

CMSU elicits input from consumers and families on an ongoing basis through its Behavioral Health Advisory Board, its Consumer Support Program Committee and-most importantly-its New Freedom Initiative/Quality Management Committee. In put on existing services and needed services are also secured from individuals served with the Consumer and Family Satisfaction (C/FSP) Surveys. CMSU has both CCBH (Managed Care) surveys and adds additional dollars to the C/FSP for CMSU Surveys to gather information specific to CMSU Needs. The NFI/QMC consists of individuals from CMSU's MH management staff, Drug and Alcohol staff, provider agencies, Danville State Hospital and consumers. This committee reviews recovery initiatives, internal quality policies and procedures, CSFST evaluations, root cause analysis and makes recommendations on policy and program changes. CMSU's CSFST conducts in-depth evaluations of all MH and D&A programs that CMSU operates on an annual basis. These evaluations are reviewed by the NFI/QMC Committee after each evaluation is conducted. This committee also provides input into the planning for our annual Recovery Works Conference. This process has proved to be a valuable means of input for our MH plan needs assessment.

CMSU has coordinated with Career Link and OVR (Office of Vocational Rehabilitation) to assist some individuals but the numbers have been few. Career Link has provided educational and job seeking services and OVR has assisted with Peer Certification Training Costs. There are many more individuals seeking employment than there are available services to assist them. In the current fiscal environment we are currently unable to fund additional employment services so this remains an unmet need. Transportation as CMSU is a large geographical rural area is difficult. No public transportation exists. One taxi from an adjoining county stops services at 8:00 P.M. MATP (Medical Assistance Transportation Program) assists with MA billable visits but is not available in one county on Tuesdays and Thursdays and is not available for routine recreational travel with the exception of shared ride in one county. Individuals do not like

MATP services as waits are long and transport is long, basically the general issues which arise with mass transit services. No solution is currently viable so this also remains an unmet need.

b) Strengths and Needs:

Older Adults (ages 60 and above)

- **Strengths:** As mentioned previously, CMSU has formed collaborative relationships with the two local AAA's and meet annually for a full-day conference on areas of interest. Staffs from CMSU and the AAA's conduct joint home visits when necessary and work together to ensure that older individuals receive necessary services. CMSU, in conjunction with AAA, has provided depression screening, gambling education, caregiver and prescription drug abuse education to seniors in all four-county senior citizen centers. CMSU's Quality Improvement Specialist meets quarterly with staff from both AAA's to ensure that services are properly coordinated. There is a community geriatric inpatient facilities (Berwick) that serves older individuals and individuals from nursing homes that require hospitalization. The Quality Improvement Specialist and Danville State Hospital Staff do depression screening at all four counties senior citizens centers annually.
- **Needs:** The most significant service gap for this population is the lack of outpatient providers who are willing and/or able to serve this population due to inadequate rates and unrealistic credentialing requirements of Medicare. Since the ten-percent reduction in CMSU's base allocation three years ago, this situation has worsened as we have had to curtail base-funded outpatient services. CMSU had requested a waiver for dual eligibles from CCBH to access Medicaid Funding for this population to no success. This remains an area of need. There are several unmet needs for the Older Adults in the CMSU area. The first as stated earlier is for more providers willing to accept Medicare as a payor for outpatient therapy and outpatient psychiatry. This lack of providers makes accessing outpatient services when needed extremely difficult and often results in this population using more restrictive services such as inpatient from deterioration of their condition or inability to access a needed level of care. The second is the need to engage older adults as they seem to be an underserved population. Current efforts to engage include depression screens which CMSU has accomplished in all the four counties Senior Centers but more remains to be done.

Adults (ages 18 and above)

- **Strengths:** Over the past several years CMSU has developed a strong array of services to meet the needs of adults with SMI. Specialty services, such as trauma therapy, DBT and co-occurring continue to be provided through CMSU's licensed outpatient clinic,

Outpatient Recovery Services. This FY 2016-2017, Trauma Therapy was added to serve this population. Since the implementation of managed care and the subsequent rate increases, we have been able to provide adequate levels of care in Targeted Case Management, Outpatient, Crisis Intervention and other core services to the SMI population. With the exception of psychiatry, we have no waiting lists for those services. Following the ten percent cut three years ago, we have had to curtail the provision of base funded recovery oriented services such as Social Rehabilitation, Peer Support, Psych Rehab and Outpatient services to the non-MA population. We have been able to restore Social Rehabilitation services at our drop-in center serving Columbia and Montour Counties from three days to five days in March 2016

- **Needs:** Restoration of the ten percent cut or access to additional dollars would allow reestablishing prior levels of service, Mobile Psychiatric Rehabilitation, Peer Support and outpatient services to adults who need these prior service levels. The expansion of Trauma Informed Care will also add to all age levels receiving EBT specific to the issue. Expansion of DBT outpatient is also a need. BHARP is planning DBT Training in FY 2018-2019 which we will take advantage of, sending 7 therapists to be trained. The most needed service is access to affordable housing and housing support, services only funded with base dollars or C/HIPPS dollars or via reinvestment. CMSU has improved the relationship with County Housing Authorities with the Housing Coordinator working closely improving the housing opportunities for all age level individuals. Services to County Prisoners and those released from county prisons is also an area of need mainly impaired by communication problems which are being addressed with the four county prison staff. The addition of MH Court in Columbia County is one way to improve this transition. In 2016-2017, reinvestment dollars for both Contingency and Bridge Housing Support have been exhausted. It is unknown if reinvestment will be available to replenish these needed resources.

Transition-Age Youth (ages 18-26)

- **Strengths:** This population has increasingly been a concern; particularly, those with specialized needs who are graduating from RTF's who require 24-hour care. In past years we received funding from OMHSAS to provide a specialized residential placement for an individual with sexual issues. This individual was on the waiting list for the Autism Waiver and he was transferred to Autism Waiver funding in 2015. CMSU has two additional individuals aging out of C&Y and Juvenile Probation with similar needs without eligibility to waiver funding.
  CMSU serves transition-age individuals with SMI in its full care CRR program and offers a variety of services including: TCM, Psychiatry, Social Rehabilitation, Psych

Rehabilitation, Clubhouse and Peer Supports to those individuals who are willing to access them.

The CMSU Base Service Unit Director chairs a "transition youth workgroup" in Union and Snyder Counties that is focusing on the long-term needs of this population. This group has representation from judges, Probation and Parole, Children and Youth, school personnel and other community stakeholders. Early planning-to ensure that individuals receive benefits such as SSI-has been identified as a service gap that the workgroup continues to address as well as innovative housing models and funding strategies for this population.

In FY 2016-2017, CMSU expanded Psychiatric Rehabilitation with a specific tract for Transition Age Youth utilizing the Oregon model overlaid on the Boston University approach. CMSU also submitted a grant request for an FEP (First Episode Psychosis) Program which if awarded will start FY 2017-2018. This grant will require expanding Psychiatric rehabilitation and Peer-to-Peer Service to serve individuals age 14-16 and above from the current programs which serve age 18 and above.

- **Needs:** FEP is a need. Expanded Psychiatric Rehabilitation and Peer-to-Peer services age 14-16 and above is a need. Housing and support are needs for this population as well as specialized services for youth with very specific issues of sexual offending behavior or fire setting behavior or history of criminal behavior. Additionally, many of these youth have experienced abuse during their child hood or adolescence which impairs their abilities to successfully maintain community living. Services to address these issues is currently insufficient and this population is hard to engage. Planning often is rushed due to youth leaving care prior to planned discharge which makes service provision difficult to plan. The Trauma initiative as well as a specific set of services specific to this population started in FY 2015-2016 should improve service provision to this population. CMSU surveyed the four C&Y programs and Juvenile Probation Programs to determine need for transition age individuals. Very low numbers were reported as need by these agencies. It is projected that this under represents need as C&Y and Juvenile Probation do not tract need after discharge from their programs at age 18 to 21. CMSU Behavioral Health does have higher numbers in regard to need and is planning an effort to address this need in FY 2015-2016 by combining case management, peer-to-peer, mobile psych rehab, psychiatry, housing specialist and CRR with the addition of younger staff in conjunction with the Systems of Care grant request from SAMHSA to provide a comprehensive acceptable service to this population.

Children (under 18)

- **Strengths:** CMSU Behavioral Health has partnered with C&Y agencies, County Human Service and the schools to supportive services in the schools by jointly funding a full-

time person in each district. The Blended School Based Program has been a cost effective way of serving high-risk students in a natural setting; thereby reducing unnecessary referrals to the funding agencies. Last year, two schools have reduced funding for this program. CMSU will be meeting with the partners in the near future to ensure the financial viability of this program in future years.

CMSU has also worked closely with Community Care Behavioral Health (CCBH) to implement School Based Behavioral Health Teams in the Selinsgrove and Mid West School Districts. Preliminary outcome data suggests that this model has been effective in serving children with serious emotional disturbances and their families. CMSU and CCBH will continue to explore the expansion of this model or variations thereof to other districts. CMSU has Blended School Based Staff and other specific staff identified for each district to provide Student Assistance Program (SAP) support. This system is mature and works closely with the two CMSU identified CASSP Coordinators to arrange CASSP and/or Interagency Meetings on school grounds. Additionally CMSU has also designated two targeted children's case managers to work exclusively with children jointly enrolled with Columbia and Union County C&Y agencies. These individuals meet with C&Y staff on an ongoing basis to review cases and assist with interagency referrals. This has greatly improved the working relationships between agencies. CMSU and Columbia County Child Development Program have developed a partnership to address emerging behavioral health issues at the Head Start centers through a Positive Behavioral Supports environment. CMSU provides funding for a Behavioral Support Specialist to assist children with significant behavioral issues to succeed in a PBS environment. The program also provides targeted parenting sessions to extend this model to the home environment. This program has almost eliminated the use of TSS workers in the Head Start centers as behaviors have been brought under control.

CMSU has also developed Parent-Child Interactive Therapy (PCIT) in Columbia and Montour Counties through reinvestment funding from CCBH in Columbia and Montour Counties. CMSU provides respite upon demand for families utilizing therapeutic and regular foster care that CMSU funds. The allocated respite dollars are exceeded each FY and the service is only limited by availability of homes when needed.

SAMHSA Funded Systems of Care Grant has allowed CMSU to initiate Trauma Informed Care training to CMSU Behavioral Health Staff, Children and Youth Staff and Juvenile Justice Staff in Union and Snyder Counties. The SOC Grant will also transform the child serving system via more input from Youth and Families into Care decisions and Care Planning

- **Needs:** CMSU would like to expand school based behavioral health teams which appear to benefit children in the districts where they exist. Berwick and Southern Area School Districts have requested this service. Berwick will receive the service in FY 2017-2018

if funding permits. Access is greatly improved as are educational outcomes. Positive Behavioral Supports in Head Start in Columbia County has demonstrable results in decreasing reliance on TSS in the head start program. Expansion of this program throughout the area is needed. Funding deficits and lack of funding are limiting expansion needs at the current time.

CMSU's Behavioral Health Management team meets with individuals from C&Y and JPO for Integrated Planning to trouble shoot and plan joint initiatives. Most recently, we are working on joint training for line staff. CMSU has identified an overreliance on two high cost levels of service for children, Residential and WRAP Around. The reliance has historically existed due to alternative services not being available. School Based Behavioral Health Teams have positively impacted on usage of WRAP Around. The submitted SAMHSA Grant on System of Care is intended to improve this need to decrease reliance on restrictive and costly services with little clinical improvement noted. CMSU had lost Child Psychiatry hours in FY 2015-2016. Currently CMSU has no availability to provide child psychiatry. This is a severe service gap and recruitment is on-going.

Special/Underserved Populations:

Individuals Transitioning Out of State Hospitals

- **Strengths:** CMSU has developed an effective system to ensure the success of individuals transitioning from state hospitals. All consumers being discharged from state hospitals area also assigned a targeted case manager who coordinates services for these individuals. We routinely utilize our Community Residential Rehabilitation program as a bridge for individuals who have been hospitalized for long periods of time and need to be reintegrated back in the community. CMSU has a Liaison who regularly meets with both individuals residing in the State Hospital and State Hospital Staff regarding transition from the state hospital to the community. CMSU also has a CSP (Community Supports Plan) facilitator on staff who facilitates CSP's for CMSU individuals in the state hospital. The movement of the CSP from state hospital to community is the current effort to assist discharge.

  CMSU has in conjunction with other counties increased discharges via a C/HIPP facilitating discharge of four (4) CMSU individuals who had resided in the Danville State Hospital for over two years. Although the facility building has precipitated delays in planning, the site opened in FY 2016-2017 and four individuals have been placed and six State Hospital Discharges occurred due to funding of C/HIPP Slots. CMSU remains committed to minimizing the use of the state hospital and minimizing the length of stay

when this level of care is needed. CMSU has historically remained with-in the allocated bed cap which is currently at 14 (fourteen). Traditional service provision for this population upon discharge is not generally problematic. What is problematic is a reliable source of adequate income, housing, transportation and in some instances availability of a high level of care.

- **Needs** One unmet need that CMSU and other counties have identified, is 24-hour supervision of individuals that require personal care for their medical needs. Over the past five years, almost all of the personal care boarding care homes in the CMSU area have been closed. CMSU currently still has only two individuals remaining in DSH over two years, one not yet ready for discharge and one needing a high level of care which cannot be funded with a traditional C/HIPP allocation.

Co-occurring Mental Health/Substance Abuse

- **Strengths:** Over the past six years, CMSU has focused on providing services to consumers with co-occurring issues. CMSU's behavioral health staff have received and continue to receive extensive training in serving individuals with these issues. MH and D&A case management staff (housed together) work collaboratively to ensure that individuals with these issues receive proper treatment. CMSU's outpatient clinic provides a pre-motivational group that meets on a weekly basis. Recovery Central, CMSU's Clubhouse serving Columbia and Montour Counties, hosts a Dual Recovery Anonymous group each week. Should the opportunity arise, CMSU will pursue "co-occurring competence." CMSU's Outpatient department provides psychiatry to D&A individuals upon demand. CMSU's D&A Component is supporting the use of Narcan for First Responders and Family Members. CMSU has secured a provider of Vivatrol which has assisted service provision for co-occurring individuals. Additionally, GMC (Geisinger Medical Center) has been awarded a Medical "Center of Excellence" which has also increased service choice and access to Medication Assisted Treatment options.

- **Needs:** Expansion of the use of Narcan and inpatient non-hospital rehabilitation for co-occurring disorders when the MH diagnosis is primary are current needs as well as increased availability of dual recovery anonymous to additional geographic locations.

Justice Involved Individuals

- **Strengths:** CMSU and local police departments collaborate on an ongoing basis to divert individuals with SMI from being incarcerated who have committed minor offenses. Our crisis program works closely with the police departments toward this end. This

approach has worked well in Having SMI individuals receive needed services when it is more appropriate than incarceration. CMSU sponsors an annual training on mental health for correctional officers to help them deal effectively with inmates with mental illness. CMSU has a full-time caseworker, who works exclusively with incarcerated individuals who need MH/D&A services. In FY 2015-2016 CMSU lost the Psychiatrist providing services in the County Prisons. Replacement of this individual has not occurred due to lack of available in-person or tele Psych services for the forensic population. In a stop gap measure, prisoners are transported to the Outpatient Office for evaluation and medication management by a community psychiatrist. Union and Columbia have underwent a Criminal Justice mapping exercise (sequential intercept model) with criminal justice, (police, probation, magisterial Judges and County Judges) and Behavioral Health and community agencies to plan to better serve individuals with criminal justice issues and behavioral health needs. Union County Has a Justice Bridge Program via the Housing Authority to assist County Prisoners with Housing needs. CMSU's Housing Coordinator has also assisted this population when they have behavioral health needs and sits on the Justice Bridge Program's Board. This program is in the planning to be also offered in Columbia County via the Columbia County Housing Authority and a grant has been successfully granted to Columbia County for a Bridge Housing program under Master leasing to facilitate reentry. New FY 206-2017 will be the addition of a Mental Health Court in Columbia County, designed to give 1st time offenders release prior to maximum sentence the opportunity to participate in the community and participate in court recommended treatment.

- **Needs**: Training State and Local Police in Behavioral Health Crisis Intervention, Prevention for juvenile offenders, instituting better release continuity and expanding Drug Court in both Judicial Districts to a Treatment Court to serve Veterans and Mental Health involved individuals. The Planned MH Court tract in Columbia County will also improve reentry for SMI Individuals facilitating either diversion from incarceration or release on probation rather that serving a full sentence as is typical for this population. State prisoners being released and returning to the local area is problematic in terms of coordinating needed services. Lists are sent of State Prisoners in behavioral health services/units and pending minimum and maximum sentences. Communication with State Prison staff is lacking with a poor response to inquiries about needs and release dates. CMSU is not the only County Behavioral Health Program experiencing difficulty with coordinating care for State released prisoners. This has been communicated to OMHSAS requesting assistance in establishing protocols and having both systems understanding the process to better serve this population. In addition, many state released prisoners have high service needs and some have been recommended to have constant supervision, (sexual predators) which is not currently funded or available.

Forensic Psychiatry is currently the most pressing need for justice involved individuals within the CMSU area.

Veterans

- **Strengths:** CMSU currently has 47 veterans receiving services in Behavioral Health. CMSU staff have received specialized training in serving returning veterans and their families as well as families of currently serving veterans. One Therapist has specialized training, two case managers and one peer-to-peer staff have specific veteran's training. CMSU Behavioral Health staff as a whole have received a presentation from Montour Counties Veteran's Affairs Coordinator in interfacing with The VA and what VA services are available to veteran's and families of veterans and how to access them. CMSU has an identified VA Outreach case manager from the Wilkes-Barre VA Medical Center to refer veterans to who are requesting services. CMSU has a PTSD Therapist available to veterans who cannot be served by the VA. CMSU's Housing Coordinator has assisted veterans in accessing needed housing. The reinvestment trauma training effort is expected to increase all CMSU staff knowledge of trauma which is particularly applicable to Veterans.
  In FY 2016-2017, CMSU initiated a Veteran's Support Group facilitated by one of CMU's staff who is a veteran to add additional resources locally for this population.

- **Needs:** D&A Staff have assessed veterans and made recommendations for D&A Services with mixed success, some veterans utilizing recommended serves and some declining recommended services. The remaining primary need relating to veterans is the stigma relating to or the reticence of veterans to access care from a Behavioral Health Provider in the CMSU area or their identified VA Medical Center. Additionally, CMSU would like to send additional staff to training on Veteran's specific Care. Specific training on return to civilian life adjustment has been identified as needed.

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

- **Strengths:** CMSU has a certified therapist who provides services to (LGBTQI) individuals. CMSU has two additional therapists who are comfortable providing services to LGBTQI identified individuals. Intakes with LGBTQI individuals occur and services are recommended. Identifying LGBTQI as a disparate population in the SAMHSA SOC Grant which was awarded has improved the local focus on being welcoming and competent to treat this population at all levels of care.

CMSU Staff have had training in sensitivity to LGBTQI and another training specific to transgendered individuals in FY 2016-2017.

- **Needs:** Remaining needs for this population are many. Pennsylvania has no specific protections for LGBTQI individuals in housing and employment. Local inpatient units still insist on addressing individuals according to their birth gender as opposed to the individuals self identified gender. Efforts to address this deficit continue to be unsuccessful to date. County Prisons house prisoners according to their biologic gender as opposed to self identified gender. Schools across the CMSU area have a difficult time with LGBTQI individuals coming out at younger ages and having policies and protocols to address the specific needs of this population. LGBTQI students still experience bullying, violence, intimidation and several successful suicides of self identified gay youth have occurred in the past five years. CMSU's blended school based staff have worked diligently to educate school staff of the specific needs of this population and suggested practices to be implemented in the educational system to create a safe environment for LGBTQI youth.

Racial Ethnic Linguistic Minorities

- **Strengths:** CMSU has small pockets of individuals of Hispanic origin. Berwick in Columbia County and Selinsgrove, Snyder County. CMSU has lost the on-staff bi-lingual therapist of Hispanic origin who provides therapy to this population but this individual is still accessible to individuals via referral which we do for individuals who need a bi-lingual therapist. CMSU currently has two case managers who are fluent in Spanish. One is a RC and one is an ICM. CMSU has access to Spanish speaking interpreters. Psychiatric services have been provided with the assistance of interpreters. FBMHS have been provided with the assistance of interpreters. Housing services have been provided with the assistance of interpreters. CMSU also has a small number of alternative language and ethnic minorities within the area. Language Line has been invaluable and Geisinger Medical Center interpreters of specific Asian languages have been accessed. Additionally, CMSU has ethnic minorities on staff, having an African American Psychiatrist, African American peer-to-Peer staff and a Vietnamese Case Manager. Additionally, CMSU has a significant Amish presence in Snyder and Montour Counties. CMSU has provided transportation services to this population to access services. CMSU staff have received Cultural Competency Training to assist with providing services to racial and ethnic minorities. The needs of this population mirror the needs of the veterans, there remains a stigma in many ethnic cultures in identifying as needing Behavioral Health Services. Although interpreters assist in providing services, native speakers of the language trained to provide behavioral health services are preferred

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- and also difficult to access at present. Native speakers often also have a cultural familiarity with differing ethnic groups which interpreters may not. Language being a barrier is exacerbated by a lack of understanding of the culture of ethnic minorities which can and does interfere with service provision of well intended staff.

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

☒ Yes ☐ No

In FY 2016-2016, CMSU had all staff trained in sensitivity to Transgendered individuals provided by Susan Decker. Additionally, in FY 2016-2017, all staff have received training in sensitivity in providing services to the LGBTQI population. LGBTQI has been identified as a disparate population in the four county area along with Native Spanish speaking individuals who are served by bi-lingual therapists and case managers.
In FY 2017-2018, CMSU plans to secure training in cultural competency as this training has not been provided to new staff hired in the past five years other than a few who attended outside training vendors.

c) Supported Housing:

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

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

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

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

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

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

	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18	Number of Bridge Subsidies in FY 16-17	Average Monthly Subsidy Amount in FY 16-17	Number of Individuals Transitioned to another Subsidy in FY 16-17	Year Project first started
	Reinvestment	$28,860.	0	14	0	14	$423.79	11	2012

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

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

	*Funding Source by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17 –18	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY 16-17	Average subsidy amount in FY 16-17	Year Project first started
	PCCD Columbia County	unknown	unknown	20	unknown	3	8	unknown	2016

4. Housing Clearinghouse for Behavioral Health				☒ Check if available in the county and complete the section.					
An agency that coordinates and manages permanent supportive housing opportunities.									
	*Funding Source by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18			Number of Staff FTEs in FY 16-17	Year Project first started
	Base	$25,000.	$25,000.	343	343			1	2011

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

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

	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18			Number of Staff FTEs in FY 16-17	Year Project first started
	Base	$73,000.	$73,000.	185	185			3	2006

6. **Housing Contingency Funds for Behavioral Health**	☒ Check if available in the county and complete the section.

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

	*Funding Sources by Type (include grants, federal, state & local sources)	*Total* $ Amount for FY 16-17	Projected $ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18			Average Contingency Amount per person	Year Project first started
	MH Reinvestment	$41,316.	0	59	0			$716.	2011

	D&A Reinvestment	$24,032.	0	31	0			$918.	2016

7. Other: Identify the program for Behavioral Health	☐ Check if available in the county and complete the section.

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

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

d) Recovery-Oriented Systems Transformation Priorities:

CMSU has identified the following priorities during the next fiscal year:

Conduct a Full Day Joint Training Session With Behavioral Health, C&Y and Probation Staff: The Local Integrated Planning group has identified this as a need due to continuous staff turnover. This goal had been delayed with pended changes to the Child Protective Services Law and will be implemented by December 31st 2018. As staff from each agency will be providing the training, the cost will be minimal. The Integrated Planning Group continues to monitor the implementation and tracking of this goal.

Transition Age Youth Services: CMSU now has a component of Psychiatric Rehabilitation planned in FY 2017-2018 to provide services to transitioning age youth and young adults age 18-26 based on the Oregon model overlaid on the Boston University approach to psych rehab. A Grant was submitted for a FEP First Episode Psychosis program which if awarded will add services to psychiatric rehabilitation and peer-to-peer age 16 to 30. This will start in FY 2017-2018 if the grant is awarded to CMSU.

System Wide Trauma Informed Care/Systems of Care Transformation: A SAMHSA Grant CMSU applied for, on behalf of the 23 county BHARP was awarded,(1 million a year for 4 years across 23 counties), started in October 2015. The Systems of Care grants will provide parent and youth involvement in system design and implementation of a transformed child and adolescent service system including Behavioral Health, ID services, C&Y services and Juvenile Probation Services provided to families and Youth across the four county area. There are no local costs associated other than in-kind time of staff involved in training and service provision. The grant will fund the training and system transformation. Grant timelines will be followed for implementation. Initial training on Trauma Awareness was provided to CMSU, C&Y, JJ staff in FY 2016-2017. This effort will continue in FY 2017-2018. Additionally, in FY 2017-2018, CMSU will implement "Open Table" which is designed to bridge individuals out of poverty and is self-sustaining after initial training of community members.

Trauma Training for Outpatient/Provider Staff/County Staff: An Approved Reinvestment Trauma initiative ($220,000.00 for 23 counties including CMSU) will train all staff in Trauma Screening and one MH Outpatient and one D&A Outpatient program staff (2 staff each facility) to provide Trauma Treatment. This will improve the services available to individuals who have experienced trauma and improve their recovery from the aftereffects of their experience. This effort was initiated in Fall of 2016. More staff than anticipated participated in the training.

Columbia County Mental Health Court: The President Judge of Columbia County and the Court Programs & Development Director have met with CMSU to initiate a MH Court in Columbia County to facilitate diversion of SMI and reentry of SMI individuals from Columbia County Prison. The court was planned to initiate in FY 2016-2017. Judicial delays prevented this from happening but it is rescheduled to start FY 2012018. CMSU will provide services to this population, case management, outpatient, peer-to-peer, mobile psychiatric rehabilitation, Recovery Center and crisis intervention. Columbia County has received a grant for Master Leasing to provide Housing for this population to facilitate their recovery. Approximately 10 individuals are anticipated to be served in the MH Court in the first two years of operation at a cost to CMSU of $20,000.00 per year. Costs are primarily for case management, peer-to-peer staff and mobile psychiatric rehabilitation staff.

Base dollars and billing managed care are funding sources for this effort. No additional funds are anticipated to be needed. Tracking of this initiative will be the responsibility of the Columbia County Courts Coordinator and CMSU's Administrator.

Transition Age Services/First Episode Psychosis: CMSU has planned a Transition Age Program as a component of Psychiatric Rehabilitation and has applied for a FEP Grant from OMHSAS. No funds are required for the transition age program and the service will start FY 2017-2018. The FEP Grant if awarded will start FY 2017-2018 with $260,000 grant funds with the eventual goal of self-sustainment in future years. These services will be provided to identified individuals from age 16 to 30. Expansion of both Psych Rehab and Peer-to-Peer from age 18 up will be secured to expand to a lower age of 16 and up. The focus of both efforts will be education and employment and becoming a full member of their community of choice.

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

*HC= HealthChoices

f) Evidence Based Practices Survey:

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Current Number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Additional Information and Comments
Assertive Community Treatment	N	0	NONE	N/A	N/A	N/A	N/A	N/A
Supportive Housing	Y	2	NONE	N/A	N/A	N/A	N/A	N/A
Supported Employment	Y	0	UNKNOWN	N/A	N/A	N/A	N/A	Include # 0 Employed
Integrated Treatment for Co-occurring Disorders (MH/SA)	Y	36	NONE	N/A	N/A	N/A	N/A	N/A
Illness Management/ Recovery	Y	328	Pat Degan	MCO	Monthly	Unknown	yes	
Medication Management (MedTEAM)	N							
Therapeutic Foster Care	Y	6	NO	N/A	N/A	N/A	N/A	N/A
Multisystemic Therapy	Y	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Functional Family Therapy	N							
Family Psycho-Education	N							

***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

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

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer Satisfaction Team	Yes	380	
Family Satisfaction Team	Yes	56	
Compeer	No		
Fairweather Lodge	No		
MA Funded Certified Peer Specialist	Yes	46	
Other Funded Certified Peer Specialist	Yes	328	
Dialectical Behavioral Therapy	Yes	26	
Mobile Meds	Yes	3	
Wellness Recovery Action Plan (WRAP)	Yes	27	
High Fidelity Wrap Around	No		
Shared Decision Making	No		
Psychiatric Rehabilitation Services (including	Yes	24	
Self-Directed Care	No		
Supported Education	No		
Treatment of Depression in Older Adults	Yes	28	
Competitive/Integrated Employment Services**	No		Include # employed
Consumer Operated Services	Yes	56	
Parent Child Interaction Therapy	Yes	4	
Sanctuary	Yes	20	
Trauma Focused Cognitive Behavioral Therapy	Yes	15	
Eye Movement Desensitization And Reprocessing	Yes	6	
First Episode Psychosis Coordinated Specialty Care	No		Planned 2017-2018
Other (Specify)			

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

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

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

h) Certified Peer Specialist Employment Survey:

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

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

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

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

Total Number of CPSs Employed	**13**
Number Full Time (30 hours or more)	**6**
Number Part Time (Under 30 hours)	**7**

INTELLECTUAL DISABILITY SERVICES

CMSU maintains a fully developed continuum of services for individuals with intellectual disabilities. These services have been designed to meet the needs of individuals and to support their families and caregivers. Planning with individuals emphasizes home-based and community participation service options whenever possible with a focus on Lifesharing and Employment service options.

The first step into the system is the intake and eligibility process to determine the referred person's eligibility for Intellectual Disability (ID) services. If eligible, a supports coordinator is

assigned to assist in planning, referral, locating, coordinating, and monitoring services. Each person who is enrolled has an Individual Support Plan (ISP) developed that includes person-centered and comprehensive information gathering; assessment of the person's strengths and needs and areas of interest; and identification of service needs. Included in the plan development process is a review of the urgency of need for services using the Prioritization of Urgency of Need for Services (PUNS) form that places the urgency along a continuum of need. CMSU is waiting for the outcome of the CMS review to see whether approval is granted for the expanded target group that is part of the waiver renewals that ODP has submitted. The expanded target group will include individuals with autism and individuals with developmental delays from birth though age 8 in addition to individuals with an intellectual disability. It is projected that with the expanded target group that additional staff will need to be hired for intake and supports coordination.

Twice a month the Administrative Entity/County staff and the Supports Coordination unit meet and review all individuals in the Emergency category of PUNS as well as those individuals who will be aging out of Children & Youth, EPSDT services, or due to be discharged from a RTF or state hospital or released from prison within the coming year. Individuals are prioritized for services who present health and safety concerns.

The funding stream which is utilized depends on the needs of the individual. More medically or behaviorally involved individuals are targeted to receive one of the waivers (Consolidated or Person/Family Directed Supports Waiver) as capacities become available. Unlike in previous FYs there were no additional waiver capacities received in FY 16-17 so people were enrolled in waivers as vacancies occurred through attrition or base dollars were used. With the waiver renewal submission to CMS the Office of Developmental Programs is adding the Community Living Waiver that is a capped waiver which may alleviate the waiting list in FY 17-18.

CMSU continues to support Lifesharing for those individuals who require a supported living environment but do not need the structure of a group home. At present, there are 33 Lifesharing arrangements. Because of the proposed changes in the rate structure in the new FY individuals who were base funded in Lifesharing were enrolled in Consolidated Waiver.

Pennsylvania is now an Employment First state so emphasis is on employment beginning in the educational system. OVR is funding students for pre-employment services so that the student has employment skills or a job upon graduation. Post-graduation individuals with employment potential are referred to the Office of Vocational Rehabilitation for community based work assessments, job development, and initial job coaching. After OVR funding is exhausted, long term "follow along" job coaching becomes a funding issue. Currently CMSU utilizes base funds for 12 individuals receiving supported employment services. This is a decrease of 12 individuals from the previous fiscal year due to individuals being enrolled in PFDS Waiver because of

having increased needs other than employment and waiver capacities becoming available because of attrition.

Many of the individuals enrolled in the Intellectual Disabilities system are dually diagnosed. CMSU is very fortunate to have two psychiatrists in the ID clinic. Although families and individuals have a choice in psychiatric care, approximately 199 individuals are seen by one of the two doctors. CMSU is also fortunate to have access to a therapist who specializes in working with sex offenders with an intellectual disability diagnosis. Currently 15 individuals receive sex offender's therapy.

CMSU also utilizes base dollars for transportation costs to transport individuals to and from day programs. These individuals are living in their own apartments, in a boarding home, or home with family. County transit services and boarding home transportation are utilized for 15 individuals in one of these settings. Unlicensed habilitation and/or companion services are provided to individuals in a variety of settings. Base funds are utilized to serve 12 individuals. There are seven individuals living in personal care homes that receive habilitation/companion services. These services provide community integration opportunities as well as 1:1 support to the person outside the boarding home setting. There are five individuals living in their own apartments who receive habilitation and/or companion services through base funds.

Suncom Industries is CMSU's largest provider of day program services in the CMSU catchment area. There are 29 individuals being served with base funds. As mentioned previously, 12 of those individuals receive supported employment services, two transitional work services (mobile cleaning crew), 12 prevocational services, and three individuals for the adult training facility. In addition, Suncom contracts with a local transportation provider to transport individuals to and from day program. Seventeen base funded individuals utilize a transportation service to and from the day program or transitional employment.

CMSU continues to provide families and individuals with Family Driven Family Support Services (FDFSS) allocations based on need. In FY 16-17, 113 individuals received an allocation. FDFSS funds were utilized for therapeutic horseback riding programs, camp (respite and family camp), home modifications, adaptive equipment, or to supplement some needs that were not eligible for waiver funding.

CMSU will continue to utilize base funds for one individual who needs behavioral supports in order to continuing living with his family.

Base funds are used to conduct satisfaction/quality of life surveys with individuals with intellectual disabilities in community residential facilities and in the natural home environments in the community. In FY 16-17 seventy-nine surveys were completed. The sample size for FY

17-18 has not yet been determined. Considerations are shared with the supports coordinator and possible outcomes in the ISP and used as part of CMSU's Quality Improvement process.

The ARC, Susquehanna Valley AMPES Program (The ARC Meeting Place for Expanding and Sharing) is a weekly drop-in program that meets for two hours at each site. CMSU uses base funds to support AMPES programs operations in Bloomsburg and Berwick in Columbia County and Selinsgrove in Snyder County. The structure format consists of a daily living lesson, a recreational activity, craft activity and healthy snack. Attendance varies from week to week and the program is open to any adult individual with an intellectual disability as well as his or her caregiver/support worker.

In summary, the chart below is a comparison of FY 16-17 and FY 17-18 with number of Base funded individuals served or projected to be served in the various categories:

Individuals Served

	Estimated Individuals served in FY 16-17	*Percent of total Individuals Served*	*Projected Individuals to be served in FY 17-18*	*Percent of total Individuals Served*
Supported Employment	12 + 2 in TE	25%	20	36%
Pre-Vocational	12	12%	12	12%
Adult Training Facility	3	03%	3	03%
Base Funded Supports Coordination	82	12%	90	14%
Residential (6400)/unlicensed	0	0	0	0
Life sharing (6500)/unlicensed	2	06%	0	0
PDS/AWC	0	0	5	05%
PDS/VF	0	0	0	0
Family Driven Family Support Services	113	100%	120	100%

Please note with the above chart that the services of Prevocational and Adult Training Facility will no longer be the service names in FY17-18 but will both be referred to as community participation. Base funded SC will be influenced by the approval of the expanded target group and the outcome of the Affordable Care Act. Also TE in the chart means Transitional Employment.

Supported Employment:

Since Pennsylvania is an Employment First state the focus is on employment for all individuals who want a job beginning as a student in the educational system. CMSU has had meetings with OVR and employment providers to collaborate on community integrated employment services. At least two local providers have developed Pre-Employment Transition Services for those who are 24 years of age and younger. Services such as community based work assessments, interest inventories as part of the discovery process and vocational skill development are being further developed; and customized employment is under development. A local employment provider also continues to provide services through a mobile cleaning crew under transitional employment to assist individuals to transition to competitive integrated employment. For those currently attending the sheltered workshop career counseling is being provided. There have been several informational meetings for parents and individuals held by the local providers on employment opportunities. Increasing supported employment numbers is a focus area in CMSU's Quality Management Plan. The plan is reviewed quarterly with members of the Quality Council.

In FY 17-18 employment will continue to be a focus. ODP is proposing to add two new employment services--benefits counseling (answer questions about competitive integrated employment and impact on self-sufficiency) and advanced supported employment (discovery, job development and job coaching)—to support people to find and keep jobs. These new services are included in the waiver renewals that were submitted to CMS and are projected to begin on 7/1/17. ODP is also proposing that for those enrolled in the capped waiver of PFDS that an additional $15,000 per year for supported employment services will be available if the individual is at the cap for services. For those not directly engaged in work ODP is proposing a new service definition of community participation. The types of activities under this service include prevocational skill development and volunteer activities in community settings such as the local food banks, nursing homes, Salvation Army, or other non-profit organizations. The focus of community participation services is to build and maintain relationships and social networks so that the person can have an everyday life. These proposed changes will allow service providers to change their service models to support people in integrated community settings.

Base Funded Supports Coordination:

Base Funded Supports Coordination involves the functions of locating, coordinating and monitoring needed services and supports for individuals. Anyone determined eligible for Intellectual Disability services must have a full Individualized Support Plan developed. It is not clear the impact the expanded target group, if approved, will have on the existing system and additional supports coordinators may need to be hired.

Natural supports are a part of every conversation the supports coordinator has with the family and individual when needs are identified. Whenever possible natural supports and resources are explored.

Twice a month the Administrative Entity/County staff and the Supports Coordination unit meet and review all individuals in the Emergency category of PUNS as well as those individuals who will be aging out of Children & Youth, EPSDT services, or due to be discharged from a RTF or state hospital or released from prison within the coming year. Individuals are prioritized for services who present health and safety concerns. Base funding is used to supplement when waiver caps are reached or the needed service/item is not waiver eligible. For those on the waiting list base funding through Family Driven Family Support Services is provided in the form of an allocation that is family directed.

The supports coordinators participate in trainings on topics such as Individualized Support Plan (ISP) development, employment and community integration. Supports coordinators develop ISPs with the team that emphasize community participation and community integrated employment; and Lifesharing when residential supports are identified as a need. The principles of Everyday Lives are included in every document developed and every conversation held. AE/county staff review ISPs to ensure that the support exists for the needed services and that all has been considered.

Lifesharing Options:

CMSU continues to support Lifesharing for those individuals who require a supported living environment but do not need the structure of a community living arrangement (CLA). Information on Lifesharing is provided at intake, at the person's annual ISP meeting, and at any time a residential service need has been identified. For those individuals living in a CLA, discussion occurs annually about the feasibility of Lifesharing. In addition, individuals and families are afforded the opportunities to meet with Lifesharing providers and network with Lifesharing participants. Increasing the number of individuals in Lifesharing is part of CMSU's

Annual Quality Management Plan. CMSU cultivated, and will continue to cultivate a number of providers who are able, willing, and qualified to develop Lifesharing opportunities which can be provided in a variety of settings for individuals and their families who choose this option. In FY 16-17, twenty-four percent of CMSU's residential services were Lifesharing which exceeded the statewide percentage of 11.6%. CMSU has a good working relationship with a residential provider who offers different models within the Lifesharing service definition that has been very successful in meeting the participant's needs.

Cross Systems Communications & Training:

Over the years CMSU has developed supports and services for those individuals who are dually diagnosed (BH/ID). CMSU's local resources include two psychiatrists in the ID clinic, numerous provider behavioral specialists and the HCQU. Other community resources include the Dually Diagnosed Treatment Team and the Positive Practices Resource Team. The CSRU (Community Stabilization and Reintegration Unit) for dual diagnosis BH/ID population is being utilized to assist the dually diagnosed transition to successful community living.

CMSU's partnership continues with the Area Agency on Aging. Cross training occurs with the supports coordination and staff from the Columbia/Montour Aging Office and Union/Snyder Aging office. An annual training was held on April 25, 2017. Ongoing case conferencing is occurring.

The HCQU works with the supports coordinators, providers, families and individuals to provide training/education on a variety of topics especially in the medical/health areas.

Case conferencing with the various county Children & Youth agencies, Probation, and Behavioral Health also occurs.

CMSU has supports coordinators who are assigned a caseload of transition age individuals and work closely with the schools in supporting the student and planning for post-graduation services with a focus on employment. CMSU's Intake/Eligibility Reviewer attends all transition meetings held at the various schools and is part of the Transition Council.

Emergency Supports:

1) In the event there is no waiver capacity available within the county commitment to support an individual in need, the availability of natural or unpaid supports would be explored, as well as other service agencies and community/generic resources. An FSS

allocation or base funds may be utilized depending on the supports identified and needed. As a last resort the AE/County would request an emergency waiver capacity from ODP.

2) CMSU Development Services has a coordinated emergency component that makes use of multiple funding streams including base to fund a variety of needed supports on a short term basis. The PUNS process is completed with each individual to determine the person's urgency of need for services per ODP policy. Individuals determined to be in the emergency category are assessed for services and have their health and safety needs met through base funds or a waiver capacity if no other resources are available. During working hours crisis/emergency calls are handled by the crisis supports coordinator who is assigned to the office for the day. The crisis supports coordinator informs the person's assigned supports coordinator of any contact that he/she may have had with the individual to ensure continuity and follow up. Emergency/crisis calls after hours go through TAPline, the crisis/emergency component of CMSU BH/DS. TAPline makes contact with the SC Director or DS Deputy Administrator in emergency situations after hours. CMSU BH/DS has a Mobile Crisis Team which can be accessed by a phone call to TAPline. The Mobile Crisis Team is made up of skilled behavioral health professionals who can assist with alternatives to hospitalizations, provide assistance with involuntary commitments, conduct behavioral health assessments, and make referrals to needed behavioral health and other community resources. Plans are being made to train the crisis team staff on autism and ID in the new FY and include it in the annual training that is provided. Base funds are used for respite or other short term supports such as habilitation or companion services when needed to ensure the health and safety needs of the person in a crisis/emergency.

   It has become increasingly difficult to find available respite providers or out of home respite programs in emergency situations. The availability of natural or unpaid supports is always explored, as well as other service agencies and community/generic resources. Should a person in the emergency PUNS with health and safety issues be in need of residential placement or long term supports and there is no waiver capacity available within the county waiver capacity commitment an unanticipated emergency waiver capacity will be required from ODP. CMSU does set aside emergency funds through base dollars for short term services in an emergency. CMSU DS works closely with C&Y with minors in emergencies and follows the Adult Protective Services protocol with adults in abuse and neglect situations. Individuals who are dually diagnosed with exacerbated BH systems will be referred to inpatient psychiatric settings or dual diagnosis settings such as the CSRU (Community Stabilization and Reintegration Unit) and/or the DDT (Dual Diagnosis Team).

Administrative Funding:

There are four CMSU Administrative Entity/County staff responsible for the waiver administrative functions as defined in the Administrative Entity Operating Agreement for the waiver programs. Roles and responsibilities are divided among the four Administrative Entity/County staff to ensure compliance with the Operating Agreement. These four staff are also utilized to maintain and monitor base funded services.

CMSU AE/County staff participate in trainings that are made available through ODP whether face to face or through a webinar to keep informed of directives and upcoming changes. Because of the longevity of the existing AE/County staff all have participated in training on person centered processes and were around when Everyday Lives was being developed and implemented. Everyday Lives principles are part of all CMSU policies. AE/County staff participate in trainings for families and their family members and provider/educational staff. Information on ODP initiatives and directives is shared with families via email and at meetings. Supports coordinators and AE/County staff connect families and individuals for networking.

CMSU works closely with the HCQU to provide trainings and improve the quality of life for individuals. The HCQU provides trainings monthly at a central location on a variety of topics. Training is also available on line. The HCQU nurse participates in CMSU's Quality Management Plan process and is a member of CMSU's Quality Council. The HCQU provides data that is shared with council members in order to make quality improvements. Data from the crisis reporting system (EIM) is reviewed by the council members as well. Identified systems changes are included in CMSU's Annual Quality Management Plan.

CMSU's Quality Manager (QM) works closely with IM4Q staff to complete satisfaction surveys and follow up on considerations that are identified for participants. The QM closes the loop when all consideration identified are resolved. The survey results are used to enrich the lives of the individuals who answer the questions and to enhance the overall system of care.

Risks are identified in an individual's ISP and mitigation strategies are identified. Through the crisis reporting system (EIM) risks are also identified and mitigated.

CMSU seeks out new providers as needs are identified by CMSU stakeholders. In challenging cases CMSU seeks assistance from ODP in recruiting needed service providers and resources.

When needed CMSU will utilize the Housing Coordinator to secure housing for individuals with an intellectual disability.

CMSU has worked with providers and families/individuals on developing Emergency Preparedness Plans. CMSU has dialogued with local law enforcement when necessary to educate them about the target population. Recently CMSU staff and providers participated in training with former law enforcement professionals on home and community safety.

Participant Driven Services (PDS):

CMSU has 110 individuals who have chosen to self-direct their services using the Agency with Choice Financial Management Service (AWC FMS) entity. Because of the responsibility assumed by the family with Vendor Fiscal Financial Management Services (VF FMS) the few that were enrolled have chosen to switch to AWC FMS because AWC involves the co-management of direct service workers. CMSU AE/County staff and supports coordinators will work with families and individuals to educate them on the benefits of supports brokers and share information on supports broker certification when appropriate.

Family Driven Family Support Services funds are base funds that are self-directed by the family through an allocation that is given to the individual/family yearly to be used for identified needs such as camp, respite, adaptive equipment not covered by MA or home modifications. In the future CMSU will consider the option of individuals/families self-directing base funded services through the FMS entities.

Community for All:

CMSU has 18 people in state centers. CMSU participates in each person's annual meeting and commitment hearings. Community placement options are always part of these discussions. There have been no State Center and/or State Hospital admissions for individuals with a diagnosis of intellectual disability since 2011.

Residential services for most CMSU stakeholders are in a 1 to 3-person Community Living Arrangement or Lifesharing. Individuals who are in nursing homes with medical needs that can be managed in the community and want to move out are transitioned to community residential programs. In home supports are provided to families to make it easier to maintain their family member at home. Individuals who live on their own can do so with supports to ensure safety and/or to provide skill building to develop/refine independent living skills while engaging in an everyday life.

CMSU promotes services and supports that allows everyone to live an Everyday Life.

SUBSTANCE ABUSE DISORDER SERVICES

CMSU Drug and Alcohol Programs County Human Services Plan non block grant 2016-2017

Substance use Disorder Services

CMSU Drug & Alcohol Program provides prevention, intervention, and comprehensive Drug and Alcohol treatment services to the citizens of Columbia, Montour, Snyder, and Union Counties regardless of race, creed, color, age, sex or ability to pay. CMSU believes that addiction is a primary, chronic and progressive disease.

CMSU Drug and Alcohol Program staff embraces a collaborative process between individuals seeking service and staff that facilitates access to resources and retention in treatment. Drug and Alcohol Staff use all available community support services and resources, including 12-step Self-help groups and Certified Recovery Specialists to engage individuals and promote self-sufficiency and recovery from Substance Use Disorder.

CMSU Drug & Alcohol Program is part of the CMSU MH/MR Service System operating as a planning council model. The physical integration and shared support staff with the Mental Health Base Service Unit allows for reduced administrative costs and promotes seamless access to mental health/co-occurring treatment and Recovery support services in our rural four-county area. The CMSU SCA has its own Administration, Case management and Prevention components consisting of one Administrator, one Assistant Administrator, four full time Case managers, one Prevention Program Specialist Supervisor, and seven full time Prevention spec

CMSU agency maintains a Behavioral Health Base Service Unit, which serves as the entry point for all Mental Health and Drug & Alcohol Services. Screening for individuals seeking Drug and Alcohol treatment is completed by Drug and Alcohol case managers and an appointment is scheduled within three business days. If emergent care needs are identified, including the need for detox or the individual is at risk of overdose, the individual is seen within 24 hours. D&A case managers complete the full Drug and Alcohol assessment at CMSU offices at the County office location most convenient for the individual with locations in each of the four counties. No individual waits longer than 72 hours for a Drug and Alcohol assessment. CMSU insures admission to the appropriate level of care available within 14 days depending on bed availability. In instances where they are assessed for detox individuals are placed within 24 hours or immediately if possible for all priority populations. CMSU Drug and Alcohol supports the operation of the Base Service unit's 24/7 Mobile Crisis unit for intervention with individuals experiencing Drug and Alcohol emergencies including overdose. All case managers rotate after hour on call responsibility to coordinate referral for any individual in need of Drug and Alcohol treatment after hours and in need of emergent care.

Priority populations include Pregnant injection drug users; Pregnant Substance users, Injection Drug users; Overdose survivors and Veterans. All referrals are documented in case notes using the DAP format and kept in the client charts. CMSU continues to thoroughly document all aspects of the client's progress and care throughout the treatment episode.

All case managers are trained to use the PCPC in order to assess the level of care appropriate for each client, including adolescents. CMSU maintains contracts with approximately thirty treatment

providers insuring a full continuum of care is available to individuals needing this service. Case managers stay in touch with clients' clinicians through timely continued stay reviews as clients' progress in their respective treatment episodes. All CMSU clients receiving Outpatient services are reviewed for continued stay on a monthly basis.
All individuals seeking services through CMSU have access to Case Coordination and are offered resources based on their individual needs. CMSU Case Managers maintain lists of available resources in the individual offices to assist individuals who need access to housing, childcare, transportation, medical care, job training and all human services. SCA staff insures continued collaboration and partnerships with other county service agencies to obtain input and develop resources thereby improving programs and services provided. The SCA participates in Berwick School District Interagency meeting, Human Service Coalitions, New Freedom Initiative, Behavioral Health Provider Network, Berwick Anti-Drug alliance, Children's Integrated Planning, Susquehanna Valley AIDS coalition, Susquehanna Valley Drug Impact Council, BHARP Recovery Workgroup, CCBH ROSC initiatives, Drug and DUI treatment Courts in both jurisdictions serving the four county area and County CJAB boards.

CMSU administrative staff participate in annual program monitoring of all providers located within our four county area and also manages the PACDAA rate setting process for Inpatient facilities located in CMSU.

CMSU Drug and Alcohol partners with Mental Health, County C&Y and local Districts to fund Prevention Specialists that serve full time in six School Districts and part time in five other districts. CMSU partners with Mental Health to contract with one full time individual to support their work performing Prevention activities in one other district. Prevention services offered include direct intervention where necessary, SAP liaison and evidenced based programs targeting risk and protective factors of the local community. Prevention activities are planned annually for all programs targeting six federal strategies with comprehensive reporting in web based data base.

Waiting lists:

Currently, CMSU does not experience extensive waiting lists for services. However, there are individual situations where we may have 2-3 individuals waiting 2-5 days for 3A Detox and in some instances up to 12-14 days for(3B Residential Rehab) and 1-2 months for(3) long term Residential Rehab) level of care particularly if they have unique needs such as pregnancy or are in need of long term(3C) care. Otherwise, individuals seeking Drug and Alcohol treatment for all other levels of care do not experience a waiting period. Also, all individuals seeking services are screened for Ancillary needs and Recovery Capital to determine the need for Case Coordination and Certified Recovery Specialist services and as an added measure to engage and retain individuals in some level of care.

Barriers:

For the first time our case management has experienced some delays in placing individuals in services frequently Detox and non- hospital rehab. The capacity issues fluctuate from day to day but overall have presented a new challenge to our system. Our outpatient facilities are present in every community in our four county area improving access for this service since transportation

remains a barrier for some individuals. The availability of MAT services, specifically Vivitrol and Suboxone were limited until this past year.
Public transportation is limited across the four county area presenting a challenge for many individuals engaged in treatment, 12-step, community service, recovery supports and employment. Furthermore, the lack of solid manufacturing jobs that have been replaced by low paying service jobs makes it difficult for young people lacking skills and education to maintain a sense of hope for their future.
The stigma often associated with substance use disorders—driven by perceptions that they are moral failings rather than chronic diseases—can exacerbate the treatment barriers already named. For example, negative attitudes among health care professionals toward people with SUD can contribute to a reluctance to treat these patients for their physical and behavioral health needs specifically MAT.
CMSU no longer limits services to two treatment episodes after which services are suspended for a period of two years. Medicaid expansion has offered many individuals the opportunity for coverage allowing CMSU more flexibility with current allocations and the ability to provide treatment and longer stays for individuals if needed. Priority for treatment is given to pregnant women and priority populations in all circumstances with no restriction or limitations. CMSU's policy is approved by DDAP on an annual basis during Quality Assurance visit from DDAP personnel. There are no limitations on assessments for individuals seeking services. In instances where there are no emergent care issues present, the individual is linked to community resources to support their recovery, prior to assessment and referral for treatment. In all instances CMSU monitors funding streams to address the needs of those in need of services and adjusts funding to serve individuals in need throughout the fiscal year
Our area and agency are not immune to the Opioid epidemic. We have seen an increase in the number of overdoses as well as an increase in the number of individuals seeking services who identify IV drug use of heroin as their primary drug of choice. Last year 2015-16, we served a total of 831 individuals. Of those served in 15-16, 350 individuals identified opioids as the primary substance of abuse. We continue to encounter an increasing number of young adults (395/831 aged 18-29) served who have complex needs including co-occurring issues, legal problems and involvement with Criminal Justice (414of 831individuals served.), lack of education and vocational skills along with a lack of desirable and affordable Housing. Most individuals, particularly those among the age group between ages 18-29 also lack community and family connections so vital to their recovery making their treatment even more challenging and requiring the need for additional case coordination from our agency.

Narcan resources:

Narcan is readily available in all four counties. The District attorney's offices have made the medication available to first responders and Police. The SCA purchased Narcan and provided medication to individuals receiving our services that were assessed as high risk and view training on line. CMSU Administration has also made Narcan available to members of each jurisdiction's Treatment Court team members including Probation officers serving on the team.

In addition, Project Bald Eagle, based in Lycoming County, has recently begun doing outreach in our four counties and will provide the medication in these public forums.

Resources to address opioid epidemic:

CMSU utilized additional funds made available through DDAP last year to expand case management services adding one FTE. This position allows more flexibility to address emergent needs by allowing a case manager time to go to ERs or patient units to assess individuals who are either experiencing a drug and alcohol crisis, e.g. overdose or have been admitted following a crisis for further medical or psychiatric treatment. CMSU Drug and Alcohol administrative staff have developed a policy for Warm Handoff for use with area Emergency Room Departments located in our counties. We have conducted meetings with Hospital ER staff and Hospital Social Work Departments to review our policy and procedures and provide additional resources for direct referral to Drug and Alcohol Treatment if appropriate. Our Case Management staff is available on call 24//7 in conjunction with CMSU's Mobile Crisis operating out of CMSU's Base Service Unit to address overdose and coordinate direct referral to treatment namely detox if possible. On call staff also coordinate available resources to ER staff after hours. The toll free hotline is given to individuals receiving our services and is also posted in all CMSU waiting areas.

Treatment Service Expansion:

CMSU initiated a contract with Positive Recovery Solutions, LLC, Pittsburgh, Pa to provide vivitrol to residents in all four counties through use of a mobile unit which visits our area twice a month. Services offered include a patient assessment and follow up services including vivitrol management from the mobile unit and confidential and professional medical treatment to those in our hard to reach communities.

CMSU Drug and Alcohol administration worked with Geisinger Clinic staff to plan and deliver MAT services through its Center of excellence. The clinic, which operates under the medical model, was awarded the COE grant last year and officially opened in April 2017. Currently they are offering individuals MAT through the use of Suboxone. Our staff was trained regarding referral procedures as well the program's protocols recently by Geisinger clinic staff.

Several therapists from Gaudenzia outpatient clinic, Sunbury participated in "Trauma Seeking Safety training" offered by CMSU in collaboration with BHARP as a result of the SAMHSA SOC grant awarded. As a result, they are certified for the delivery of this therapy.

CMSU case managers also received Trauma 101 training and the assistant administrator attended Enhanced Trauma Training as a result of this initiative. These venues have offered an excellent opportunity for staff to become trauma informed and understand the role it plays in addiction.

Emerging Substance Use trends:

The opioid epidemic will understandably continue to affect our systems in the coming years. The burden resulting from this epidemic spans all ages, economic sectors, demographics and county agencies. The SCA will need to continually assess its practices to insure we are providing the services necessary to combat this epidemic. The nature of this addiction is somehow more

insidious than other addictions and those recovering from this addiction need community resources including MAT to insure compliance and success. The emergence of hybrids, many of which when mixed with Heroin are resistant to life saving Naloxone present a new challenge causing death at microscopic doses. For example, Carfentanil and W-18 are 10,000 times more powerful than morphine and 100 times more powerful than fentanyl. The SCA will face additional challenges to meet the demand for education and understanding of these trends.

Target Populations:

The continuum of care includes all levels of care and is available to all age groups including Adults, Transition age youth and Adolescents. In addition, CMSU contracts with facilities qualified to meet the needs of individuals with co-occurring disorder, individuals involved with the criminal justice system and women with children including pregnant women and overdose survivors. Services include:

- Four full time Case Managers provide screening, assessment and referral for individuals seeking services includes providing 24 hours a day access for emergent care needs including overdose. Overdose survivors are classified a priority population and therefore given immediate opportunity for services. This includes all overdose survivors and not limited to opioid overdose.
- Well trained and dedicated Case Managers offer comprehensive case management and case coordination to all individuals seeking services from the Drug and Alcohol component who are assessed in need of this service. Case managers serve as permanent members of the treatment court teams in both jurisdictions serving our counties. This service insures that the assessment and availability of treatment options is available to participants in these programs
- Drug and Alcohol Case Management works in physical proximity with Mental Health staff at our Base service unit insuring services are easily accessible for both components. Since we work as a planning council under Mental Health, individuals are continually cross trained regarding co-occurring disorders and services that might otherwise be exclusive to each component. The Base Service Unit is also home to the Outpatient Recovery Services clinic staffed with nurses, psychiatrists and therapists. A full time wellness nurse is also located within this clinic. This array of services is available to all individuals served by the Drug and Alcohol component.
- Assessment and referral for Certified Recovery Specialist services.

Recovery Oriented Services:

Our staff participates in the Recovery initiatives representing the interests of 23 rural Counties related to the contractual agreement between the Managed Care Organization (CCBH) and the State to develop programs and services both formal and informal to support the enhancement of recovery oriented environments in the Rural Counties. CMSU continues its effort to support individuals to secure stable housing and thereby support their recovery while they secure employment, restore relationships and build natural supports in the community in which they reside.

Other activities that CMSU is involved with include:

- Monitor all local Drug and Alcohol Treatment Providers for the delivery of Evidence Based Practices and Policies which support Recovery Oriented practices as part of our annual provider monitoring.
- Continue participation in the agency's New Freedom Initiative committee providing input as needed representing Drug and Alcohol interests.
- Provide Case Coordination for individuals needing assistance with areas like housing and job placement to increase their successes in early recovery.
- Provide funding to support CRS services including a weekly support group led by a CRS.
- Maintain individuals receiving MCHMO (CCBH) on active caseloads and provide follow-up following referral to and discharge from inpatient facilities. Continue follow up at regular intervals while individuals continue to receive outpatient treatment in order to assure compliance and remove barriers as they may arise that interfere with sustained recovery.
- Support liaison and collaboration of local COE for the delivery of MAT
- Continue contract and funding support as needed of individuals receiving MAT through the Mobile Unit for Vivitrol
- Continue active involvement in Treatment Courts providing Case management to participants and Administrative support and involvement in Treatment Court teams
- Maintain active involvement in Community coalitions aimed at raising awareness of SUD and education about current trends within the opioid epidemic. Encourage family involvement by providing information to families and encouraging individuals receiving services to involve family members in their recovery through their involvement in treatment or other local groups such as Families helping Families.

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

County: **CMSU**	1. ESTIMATED INDIVIDUALS SERVED	2. DHS ALLOCATION (STATE & FEDERAL)	3. PLANNED EXPENDITURES (STATE & FEDERAL)	4. COUNTY MATCH	5. OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES					
ACT and CTT	-		$ -	$ -	
Administrative Management	357		$ 159,534	$ 14,358	
Administrator's Office			$ 240,869	$ 26,763	
Adult Developmental Training	-		$ -	$ -	
Children's Evidence Based Practices	-		$ -	$ -	
Children's Psychosocial Rehabilitation	-		$ -	$ -	
Community Employment	63		$ 179,315	$ 19,923	
Community Residential Services	18		$ 833,924	$ 8,339	
Community Services	400		$ 215,058	$ 8,602	
Consumer-Driven Services	-		$ -	$ -	
Emergency Services	175		$ 73,007	$ 5,110	
Facility Based Vocational Rehabilitation	-		$ -	$ -	
Family Based Mental Health Services	74		$ 121,000	$ -	
Family Support Services	12		$ 11,882	$ 769	
Housing Support Services	185		$ 73,000	$ 8,111	
Mental Health Crisis Intervention	500		$ 352,746	$ -	
Other	-		$ -	$ -	
Outpatient	1,900		$ 637,831	$ 2,650	
Partial Hospitalization	-		$ -	$ -	
Peer Support Services	35		$ 119,779	$ -	
Psychiatric Inpatient Hospitalization	-		$ -	$ -	
Psychiatric Rehabilitation	20		$ 76,896	$ -	
Social Rehabilitation Services	60		$ 157,485	$ -	
Targeted Case Management	1,100		$ 824,531	$ -	
Transitional and Community Integration	-		$ -		
TOTAL MENTAL HEALTH SERVICES	4,899		$ 4,076,857	$ 94,625	$ -

Please enter the MH allocation above (unless your county is a non-submitting joinder county).

INTELLECTUAL DISABILITIES SERVICES					
Administrator's Office			$ 520,600	$ 7,288	
Case Management	720		$ 272,477	$ 9,257	
Community-Based Services	110		$ 685,889	$ 68,690	
Community Residential Services	3		$ 80,555	$ -	
Other			$ -	$ -	
TOTAL INTELLECTUAL DISABILITIES SERVICES	833	$ 1,559,521	$ 1,559,521	$ 85,235	$ -

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

County: **CMSU**	1. ESTIMATED INDIVIDUALS SERVED	2. DHS ALLOCATION (STATE & FEDERAL)	3. PLANNED EXPENDITURES (STATE & FEDERAL)	4. COUNTY MATCH	5. OTHER PLANNED EXPENDITURES
HOMELESS ASSISTANCE SERVICES					
Bridge Housing					
Case Management					
Rental Assistance					
Emergency Shelter					
Other Housing Supports					
Administration					
TOTAL HOMELESS ASSISTANCE SERVICES	-		$ -		$ -
		Please enter the HAP allocation above.			
SUBSTANCE USE DISORDER SERVICES					
Act 152 Inpatient Non-Hospital	44		$ 91,134		
Act 152 Administration	-		$ 19,432		
BHSI Administration	-		$ 11,327		
BHSI Case/Care Management	-		$ -		
BHSI Inpatient Hospital	-		$ -		
BHSI Inpatient Non-Hospital	87		$ 178,897		
BHSI Medication Assisted Therapy	-		$ -		
BHSI Other Intervention	-		$ -		
BHSI Outpatient/IOP	23		$ 21,804		
BHSI Partial Hospitalization	2		$ 2,500		
BHSI Recovery Support Services	-		$ -		
TOTAL SUBSTANCE USE DISORDER SERVICES	156	$ 325,094	$ 325,094	$ -	$ -
HUMAN SERVICES DEVELOPMENT FUND					
Adult Services					
Aging Services					
Children and Youth Services					
Generic Services					
Specialized Services					
Interagency Coordination					
Administration					
TOTAL HUMAN SERVICES DEVELOPMENT FUND	-		$ -		$ -
		Please enter the HSDF allocation above.			
Please note any utilization of HSDF funds in other categoricals and include: categorical and cost center, estimated individuals, estimated expenditures.					
GRAND TOTAL	5,888	**$ 1,884,615**	**$ 5,961,472**	$ 179,860	$ -
		Please review allocation and expenditure entries. Grand total allocation and expenditures must be equal.			