Lebanon County Human Services Plan
FY 2018-19

05/17/2018

Submitted by:

Kevin J. Schrum, Administrator, Lebanon County MH/ID/EI Program
James W. Holtry, Executive Director, Lebanon County Children and Youth Services
Phyllis S. Holtry, Administrator, Lebanon County Community Action Partnership
James R. Donmoyer, Jr., Exec. Dir., Lebanon County Commission on Drug and Alcohol Abuse
Dawn Wolfe, Director of ID/EI Services, Lebanon County MH/ID/EI Program
Sally A. Barry, Director, Lebanon County Probation Services
Holly Leahy, Director of Mental Health Services, Lebanon County MH/ID/EI Program
Jocelyn Grassley, CHIPP Coordinator/Housing Specialist, MH/ID/EI Program
Janine Mauser, Lebanon County CASSP Coordinator
Dennis C. Good, Director of Fiscal Operation, Lebanon County MH/ID/EI Program
Kim Briggs, Children's MH Unit Supervisor, Lebanon County MH/ID/EI Program
# Table of Contents

1. Appendix A – County Human Services Plan Assurance of Compliance  
   County Planning Process: 2
   - Program Highlights: 15
   - Strengths and Needs: 15
   - Supportive Housing: 42
   - Recovery-Oriented Systems Transformation: 47
   - Existing County Mental Health Services: 50
   - Evidence-Based Practices Survey: 51
   - Additional EBP, Recovery-Oriented and Promising Practices Survey: 54
   - Certified Peer Specialist Employment Survey: 56

2. Human Services Plan
   - Part I: County Planning Process: 2
   - Part II: Public Hearing Notice: 4
     - Summary and Sign-In Sheets: 5
   - Part III: Cross-Collaboration: 12

3. Human Services Proposed Budget and Individuals Served Spreadsheet  
   (Appendix C1 Block Grant County): 77
2. Assurance of Compliance

Appendix A
Fiscal Year 2018-2019

COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: LEBANON

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

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

C. The county and/or its providers assures that it will maintain the eligibility records and other records necessary to support the expenditure reports submitted to the Department of Human Services.

D. The county hereby expressly, and as a condition precedent to the receipt of state and federal funds, assures that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; and the Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (Contract Compliance regulations):
   1. The county does not and will not discriminate against any person because of race, color, religious creed, ancestry, origin, age, sex, gender identity, sexual orientation, or disability in providing services or employment, or in its relationship with other providers; or in providing access to services and employment for individuals with disabilities.

   2. The county will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<table>
<thead>
<tr>
<th>Signatures</th>
<th>Please Print</th>
<th>Date: 5/17/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>William E. Ames</td>
<td>John E. Phillips</td>
<td>Date: 5/17/18</td>
</tr>
<tr>
<td>Jo Ellen Litz</td>
<td></td>
<td>Date: 5/17/18</td>
</tr>
</tbody>
</table>
2. Human Services Plan

Part I COUNTY PLANNING PROCESS

In relation to the County Planning Process, there has not been any substantial programmatic and/or funding changes from last year’s submission.

The County continues with the team approach to develop consistent and uniformed plans for delivery of human services. The Children’s Service Committee, which is comprised of representatives from MH/ID/EI, Children and Youth Services, Juvenile Probation, Drug and Alcohol, and CASSP/TCT (Transition Collaborative Team) meet twice a year to review various aspects of human services delivery in the county including issues and barriers which may affect the effective delivery of those services.

Representatives from Children and Youth Services, MH/ID/EI, Juvenile Probation, Drug and Alcohol, and CASSP also serve on the Community Health Council (CHC) which has recently made some leadership/structural changes. The CHC has recently developed a partnership with WellSpan Good Samaritan Hospital. This partnership enables CHC to hire an Executive Director via WellSpan GSH and, for the first time, have an actual full time employee. This is still very much in its infancy stages; however, we anticipate very positive results from this arrangement and set new and improved direction for CHC. The Community Health Council meets monthly and is a coalition of individuals and organizations working together to encourage and support a safe, healthy and substance free community for every individual with a focus on youth. This Board also oversees Communities That Care. Membership also includes representatives from WellSpan Good Samaritan Hospital, WellSpan Philhaven Hospital, Youth Advocate Program, Lebanon Family Health Services, VA Hospital, District Attorney’s Office, and Superintendent of Record representing all county schools, Area Agency on Aging, parents, students, media, and county commissioners.

Representatives from MH/ID/EI, Children and Youth Services, Juvenile Probation and Drug and Alcohol served on the Criminal Justice Advisory Board (CJAB) which meets bimonthly to review, discuss and address a variety of needs as it relates to needs within our justice system both juvenile and adult. The CJAB Committee also includes members from law enforcement, District Attorney’s Office, Adult Probation, Public Defenders Office, Sheriff’s Department, County Commissioners, and the President Judge. The ongoing mission of the Lebanon County Criminal Justice Advisory Board is to identify the strengths, weaknesses, and needs of local criminal justice systems, and by means of communication, cooperation, and collaboration, enhance and improve the system and services in the most effective, efficient, and cost-effective manner possible.

Lebanon County Commission on Drug Abuse maintains numerous programs within the County to combat the Opioid epidemic. In addition to the numerous programs and services already in place including: MA Prison Treatment Program, Warm Hand Off Project, maintaining of a Recovery Center, full time Vivitrol coordinator, full time Buprenorphine Coordinator, Lebanon County Treatment Center (Methadone Clinic), and Lebanon Heroin Coalition, the LCCDA has opened a Recovery House in January 2018, developed a contractual relationship with Positive Recovery Solutions for Vivitrol treatment and a Recovery Support Specialist.

Our Mental Health program utilizes several teams to discuss recommended services and supports for residents, ensuring the least restrictive setting appropriate to meet their needs. They have two separate treatment teams (one for children and adolescents and one for adults) that meet on a weekly basis to review recommended services and supports before authorization or referrals occur. A diversion team meets on a monthly basis to discuss all individuals receiving services in a community inpatient psychiatric hospital,
extended acute unit and Wernersville State Hospital. During these monthly meetings, they discuss anticipated discharges and recommended services and supports. All of these teams work diligently to meet the needs of our residents in the least restrictive setting.

Intelligence Disability (ID) unit within MH/ID/EI have a variety of regular meetings aimed at planning and program improvements. The Quality Improvement Council comprised of stakeholders from private providers, Agency staff, family members and ARC staff meet every six months to review the ID Quality Management Plan and makes any revisions or improvements deemed appropriate. The Support Coordination Organization (SCO) meets with ID Management staff monthly to review individuals with high needs and how to best serve and meet those needs including system changes, implementation and funding issues. Finally Employment Group consisting of providers, ID staff, ARC, OVR, IU #13, and school district personnel meet monthly to discuss how best to promote the employment of people with disabilities and plans to implement activities throughout the year. In addition, they discuss any barriers that may exist to employment and how to overcome those barriers.

Funds through Special Grants in the Children and Youth Services Needs Based Budget are utilized to provide services in the least restrictive setting possible and eliminate the need for out of home placements. Housing grant money is utilized to prevent the need for evictions, utility shut offs due to lack of payment etc. thereby preventing placement of the children and keeping the family unit intact. Truancy money is utilized to provide intensive In-Home service to youth who have been determined to be habitually truant and in need of on-going services. By utilizing our Truancy Prevention Program, the Agency successfully reduces the number of youth who would otherwise end up in placement and successfully reintegrates the youth back in to their home school, cyberschool or other viable option. In addition, using MST services, there has been a noted decrease in placements, especially as it relates to Juvenile Probation. Finally, MH/ID/EI and Children and Youth Services have recently developed relationships with providers for the use of Functional Family Therapy. It is anticipated, through the use of this service, the need for placements may be reduced; however, this service is just now beginning so there is no statistical data available for us at this time.

Mental Health also meets with the Community Support Program on a monthly basis and the Quality Management Team on a quarterly basis. These groups bring together stakeholders from all levels of the service system including consumers, family members, providers and agencies. Both the Community Support Program participants and Quality Management Team are involved in the creation, review and approval of the mental health portion of this plan.

Our team of human service agencies within Lebanon County continues to utilize various resources such as consumer satisfaction surveys, housing surveys, community organizations and various assessments. Although this list is not all encompassing of the teams, meetings, resources, and stakeholders that are utilized throughout the county, this is a sampling of our commitment to involve stakeholders on all levels as a guide for the delivery of human services. Lebanon County has demonstrated for many years an outstanding collaborative effort. If barriers are identified, they are quickly and effectively removed to insure continuity and consistency of services. Department Heads of all agencies have an excellent positive relationship with one another.
Part II  PUBLIC HEARING NOTICE

❖ Proof of Publication

Proof of Publication
State of Pennsylvania

Lebanon Daily News is the name of the newspaper(s) of general circulation published continuously for more than six months at its principal place of business, 718 Poplar Street, Lebanon, PA.

The printed copy of the advertisement hereto attached is a true copy, exactly as printed and published, of an advertisement printed in the regular issues of the said Lebanon Daily News published on the following dates, viz:

4/20/2018

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF LEBANON

Before me, a Notary Public, personally came Karen Ahrens who being duly sworn deposes and says that she is the Legal Advertising Clerk of Lebanon Daily News and her personal knowledge of the publication of the advertisement mentioned in the foregoing statement as to the time, place and character of publications are true, and that the affiant is not interested in the subject matter of the above mentioned advertisement.

Sworn and subscribed to before me, on this 20 day of April 2018

Karen Ahrens
Notary Public

The charge for the following publication of above mentioned advertisement and the expense of the affidavit.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertisement Cost</td>
<td>$86.80</td>
</tr>
<tr>
<td>Affidavit Fee</td>
<td>$5.00</td>
</tr>
<tr>
<td>Total Cost</td>
<td>$91.80</td>
</tr>
</tbody>
</table>
The meeting began at 3:00 p.m. with Kevin Schrum, Administrator of the Lebanon County MH/ID/EI Program, welcoming guests and staff. After those present introduced themselves, Mr. Schrum gave a brief background into the timeline and process for development of the plan and gave a brief overview of the various components to the plan which will be presented today.

Holly Leahy, Director of Mental Health Services at MH/ID/EI, then reviewed the draft mental health section of the plan and provided a brief summary on each of the various components. The following are Questions and/or comments discussed.

Question by Pat Madigan, PMHCA:
- Does the New Start Program include any family units?
  - No. All of the apartments are for single individuals in need of a 1-bedroom apartment.

Question by Jessica Paul, CSS:
- Do you have any data or outcomes for the PCS Day Reporting Center?
  - We understand that there are approximately 50 individuals currently utilizing the PCS Day Reporting Center. Outcomes indicate that the Day Reporting Center is making a very positive impact on the individuals served as well as a decrease to the daily census at the Lebanon County Correctional Facility. The Day Reporting Center appears to be gaining traction and continually growing.

Question by Pat Madigan, PMHCA:
- Can we describe what actions are being taken to address the Opioid epidemic? How is mental health addressing the Opioid epidemic?
  - The mental health program is working collaboratively with the Heroin task force created by the Lebanon County Commission on Drug and Alcohol (LCCDAA) and the Lebanon city mayor. The mental health program was not given any additional monies to address the opioid epidemic, however, LCCDAA was given a large sum of funds to address the opioid epidemic.

The LCCDAA Executive Director was not available for this public hearing in order to give additional information about ongoing efforts but we will follow-up on this question afterward and send additional information to Pat.

Pat noted that she would like to see more information in all the sections of the plan on the Opioid epidemic and education efforts.

Follow-up: The LCCDAA Executive Director was able to provide a 2-page document outlining Lebanon’s response to the Opioid epidemic, which was sent to Pat electronically.
Question by Jessica Paul, CSS:
- What efforts take place to identify youth at-risk for substance usage? Also, what is done within the school setting to address education and prevention?
  - Empower the Mind, our Student Assistance Program (SAP) provider plays a huge part in identifying at-risk youth by completing extensive assessments and then referring the youth to appropriate services and supports.
  - Additionally, CompassMark (LCCDAA contracted provider) is completing education and prevention training/support within the school settings.

Question by Dr. Daryl Jackson, Veterans Affairs:
- Does the mental health system identify veterans?
  - Yes, the entire mental health system would be screening potential patients/clients for their veteran status.

Question by Dr. Daryl Jackson, Veterans Affairs:
- If someone in the system is identified as appropriate for a nursing home level of care, is the referring person reaching out to the VA system for assistance with locating a nursing home facility for a veteran?
  - Lebanon County Area Agency on Aging (AAA) plays a large part in the nursing home referral process. We are not able to answer if AAA reaches out to the VA system or not.
  - Dr. Jackson was able to offer information that the VA system has resources and most likely able to accept veterans with serious mental illness and also their spouses. Dr. Jackson recommends that the mental health system reach out to the VA with nursing home needs for veterans.

Question by Dr. Daryl Jackson, Veterans Affairs:
- Can you explain in more detail what the CHIPP Project is and why are you completing the project?
  - We were able to further explain the reason for the CHIPP Project and more detailed information on the Enhanced Personal Care Home.

Dawn Wolfe, Director of ID/EI Services followed with a review of the draft ID section of the plan and the sources of data that were used to develop this section. She specifically noted the Autism population added this year, the employment group that meets monthly and highlighted the upcoming Dual Diagnosis training by the HCQU. The following are Questions and/or comments discussed.

Question by Pat Madigan, PMHCA:
- Can you expand on the inclusion of individuals diagnosed with Autism?
  - Dawn was able to further expand on the inclusion of individuals diagnosed with Autism.
- Comment that there are challenges in the counties to ensure services in place and safety of individuals.
  - Dawn noted that this is the first year and a learning curve for providers. There have been numerous changes in the ID system over the last year.

Question by Pat Madigan, PMHCA:
- Can we describe what actions are being taken to address the Opioid epidemic? Are there education programs setup now?
No, there are no current education programs for substance use in the ID system. ID will look at the prevention piece. If needs are identified, the individual is referred to services within the Drug and Alcohol system.

The HCQU can complete trainings as necessary.

Pat noted that she would like to see more information in all the sections of the plan on the Opioid epidemic and education efforts.

Mr. Schrum then provided an overview of the sections of the plan including Homeless Assistance, Human Services and Support and Substance Use Disorder Services (Drug and Alcohol). Mr. Schrum also answered several additional questions from participants.

Question by Dr. Daryl Jackson, Veterans Affairs:
- How can individuals access the homeless assistance services?
  - Either through Lebanon County Community Action Partnership or Lebanon County Crisis Intervention and Information services.

Question by Pat Madigan, PMHCA:
- Do we have Recovery Specialists for Lebanon County in the Drug and Alcohol system?
  - Yes, through the RASE Project.

Dennis Good, Lebanon County MH/ID/EI Director of Fiscal, provided an overview of the financial spreadsheet. There were no question or comments for this section of the plan.

Mr. Schrum concluded the public hearing by thanking the participants and asking them to email staff any additional comments or questions. He also invited them to attend the next public hearing scheduled for May 3, 2018.
<table>
<thead>
<tr>
<th>NAME</th>
<th>AFFILIATION</th>
<th>EMAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lisa Barney</td>
<td>Replyan</td>
<td><a href="mailto:BARNEY@PAHouse.gov">BARNEY@PAHouse.gov</a></td>
</tr>
<tr>
<td>Pat Maricich</td>
<td>PMHCA</td>
<td>P.MARICICH@PMHCA</td>
</tr>
<tr>
<td>Dave Wright</td>
<td>Consumer</td>
<td>DAW@AGRIco@com</td>
</tr>
<tr>
<td>Jessica Paul</td>
<td>CSS</td>
<td><a href="mailto:JESSICA@CSS-PA.org">JESSICA@CSS-PA.org</a></td>
</tr>
<tr>
<td>Dawn Wolfe</td>
<td>MH/IDEI</td>
<td><a href="mailto:dwoold@leban.org">dwoold@leban.org</a></td>
</tr>
<tr>
<td>Jennifer Grossley</td>
<td>MH/IDEI</td>
<td><a href="mailto:jgrasseley@leban.org">jgrasseley@leban.org</a></td>
</tr>
<tr>
<td>Janine Mannix</td>
<td>CASSET</td>
<td><a href="mailto:JMANAXE@leban.org">JMANAXE@leban.org</a></td>
</tr>
<tr>
<td>Holly Leathy</td>
<td>MH/IDEI</td>
<td><a href="mailto:HLEATHY@leban.org">HLEATHY@leban.org</a></td>
</tr>
<tr>
<td>Nicole Snyder</td>
<td>MH/IDEI</td>
<td><a href="mailto:NSNYDER@leban.org">NSNYDER@leban.org</a></td>
</tr>
<tr>
<td>Jen Cutshall</td>
<td>CSG</td>
<td><a href="mailto:cutshall@csgonline.org">cutshall@csgonline.org</a></td>
</tr>
<tr>
<td>Ashley Dana</td>
<td>CSG</td>
<td><a href="mailto:DANA@csgonline.org">DANA@csgonline.org</a></td>
</tr>
<tr>
<td>Nicole Mannix</td>
<td>CHC</td>
<td><a href="mailto:NMANIX@willson.org">NMANIX@willson.org</a></td>
</tr>
<tr>
<td>Darryl J. Tate</td>
<td>PA DMV</td>
<td>DA <a href="mailto:J@PA.gov">J@PA.gov</a></td>
</tr>
<tr>
<td>Kevin Schrum</td>
<td>MH/IDEI</td>
<td><a href="mailto:KSCHUM@leban.org">KSCHUM@leban.org</a></td>
</tr>
</tbody>
</table>
The meeting began at 3:00 p.m. with Kevin Schrum, Administrator of the Lebanon County MH/ID/EI Program, welcoming guests and staff. After those present introduced themselves, Mr. Schrum gave a brief background into the timeline and process for development of the plan and gave a brief overview of the various components to be presented today.

Holly Leahy, Director of Mental Health Services at MH/ID/EI, then reviewed the draft mental health section of the plan and provided a brief summary on each of the various components. The following are Questions and/or comments discussed.

Request by Maureen Westcott, The Arc of Lancaster and Lebanon:
- Since our agency name is so close to The Arc of Dauphin (rep payee), could you please add of Dauphin County to the name on page 18?
  - Yes.

Request by Mike Ritter, Domestic Violence:
- I believe that you missed DVI as a strength, could you please add DVI to all applicable sections as a strength?
  - Absolutely. (Mike will provide me a brief blurb for the plan.)

Question by Mike Ritter, Domestic Violence:
- Is the Domestic Violence Group still occurring?
  - We believe so. We have not been given any update that this group has been discontinued.

Question by Mike Ritter, Domestic Violence:
- Can you please explain the purpose of a mental health court? Do other counties have a mental health court?
  - Holly was able to provide a detailed explanation of a mental health court and how it exists in many counties within Pennsylvania. We also discussed the fact that it is cost prohibitive and that we have been able to implement the “Adult CASSP” pilot as an alternative to mental health court.

Request by Mike Ritter, Domestic Violence:
- Please make a correction for the parenting class which is now called “Be the One”, sponsored by DVI and Lebanon Family Health Services.

Comment by Mike Ritter, Domestic Violence:
- For linguistic needs, it appears that Arabic is becoming quite a big need in the county. Should this be added to the linguistic needs for bilingual staff in addition to Spanish?
  - Yes, we are all seeing this need.
Request by Mike Ritter, Domestic Violence:
- DVI provides a domestic violence training as it relates to TBI. Could you please add this as a strength to the TBI special population?
  - Absolutely. (Mike will provide me a brief blurb for the plan.)

Dawn Wolfe, Director of ID/EI Services followed with a review of the draft ID section of the plan and the sources of data that were used to develop this section. She specifically noted the Autism population added this year, the employment group that meets monthly and highlighted the upcoming Dual Diagnosis training by the HCQU. The following are Questions and/or comments discussed.

Comment by Maureen Westcott, The Arc of Lancaster and Lebanon:
- There is quite a lot going on in the ID world. Everyone is very connected in this area. Great to see the interaction and relationships between the various groups (employment, supports coordination and provider agencies).

Phyllis Holtry, Lebanon County Community Action Partnership Executive Director, provided an overview of the Homeless Assistance and the Human Services and Supports sections. The following are Questions and/or comments discussed.

Corrections were noted by Mike Ritter, Domestic Violence:
- Page 65 – for rental assistance, the name of his agency should be changed to “Domestic Violence Intervention of Lebanon County”
- Page 65- Mental Retardation should be changed to Intellectual Disabilities
- Page 66 – HOPES should be changed to “FRESH Start”

James Donmoyer, LCCDAE Executive Director, followed with a review of the Substance Disorder Services section of the plan. The following are Questions and/or comments discussed.

Question by Mike Ritter, Domestic Violence:
- For the overdose survivor statistic, how many of the 67 individuals referred to treatment died?
  - This statistic is unknown. We continue to develop the data tracked. Perhaps this should be added to our tracking.

Dennis Good, Lebanon County MH/ID/EI Director of Fiscal, provided an overview of the financial spreadsheet. There were no question or comments for this section of the plan.

Mr. Schrum concluded the public hearing by thanking the participants and asking them to email staff any additional comments or questions.
<table>
<thead>
<tr>
<th>NAME</th>
<th>AFFILIATION</th>
<th>EMAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>KEVIN SCHRUM</td>
<td>Leb. Co. MH(101E)</td>
<td><a href="mailto:kschrum@lebcounty.org">kschrum@lebcounty.org</a></td>
</tr>
<tr>
<td>James R. Donmoyer</td>
<td>Leb. County D&amp;I A</td>
<td><a href="mailto:jdonmoyer@lebcounty.org">jdonmoyer@lebcounty.org</a></td>
</tr>
<tr>
<td>Molly Leathy</td>
<td>Leb. Co. MH(101E)</td>
<td><a href="mailto:mleathy@lebcounty.org">mleathy@lebcounty.org</a></td>
</tr>
<tr>
<td>Mike Ritter</td>
<td>Homeless Coalition</td>
<td><a href="mailto:dvnec@dvnec.org">dvnec@dvnec.org</a></td>
</tr>
<tr>
<td>Maureen Westcott</td>
<td>The Arc</td>
<td><a href="mailto:mwestcott@theare.org">mwestcott@theare.org</a></td>
</tr>
<tr>
<td>Phyllis Holley</td>
<td>CAP</td>
<td><a href="mailto:pholtry@lebcounty.org">pholtry@lebcounty.org</a></td>
</tr>
<tr>
<td>Janine Mauser</td>
<td>CASSP</td>
<td><a href="mailto:jmauser@lebcounty.org">jmauser@lebcounty.org</a></td>
</tr>
<tr>
<td>Audra Grassley</td>
<td>MH/ID/ET</td>
<td><a href="mailto:grassley@lebcounty.org">grassley@lebcounty.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part III Cross-Collaboration

Lebanon County seeks to creatively use funding to promote cross-systems development and collaboration recognizing the positive outcomes in serving our residents in a fiscally prudent manner. We believe in maintaining the individual in the least restrictive environment possible and in adherence to the CASSP principles: family focused, community based, multi-systemic, culturally competent, least restrictive and least intrusive. Lebanon County recognizes that families often experience cross-system issues and therefore applying a more holistic approach to service provision is necessary.

As individuals are known to engage with multiple systems and services, a great deal of collaboration and planning occurs as each department has a variety of services available to meet that person’s particular set of needs. In turn, each department discusses the available services and the best way to utilize their resources to assist the individual in a cost effective manner. Recognizing that housing and employment play crucial roles in an individual’s overall well-being and recovery, has brought about a great deal of focus in these two areas. Lebanon County remains committed to continuing our search for additional ways to better serve our community.

Employment

Several avenues for employment opportunities have been developed within our systems. The county works closely with providers to identify employment opportunities for individuals with disabilities. The Lebanon County Employment Coalition fully embraces the Employment First Initiative, recognizing that all individuals “with a disability are valued members of society and deserve the opportunity to work.” This coalition releases the Employment Information Guide which is designed to provide information to individuals with a diagnosed disability and their families about the benefits of employment and the supports and services available to become successfully employed. To this end, the Workforce Innovation and Opportunity Act or WIOA, is a federally funded employment and training program designed to assist individuals prepare for and launch a career path. Eligible individuals include dislocated workers and low-income adults. WIOA collaborates with a wide array of agencies to offer employer connections and career advisement.

Within the ID system, funds are leveraged to make accommodations for job-coaching or other on-going supportive employment services to meet the needs of the individual. In addition, specific base funds are earmarked for employment services only. OVR funds may also be pursued as appropriate to assist individuals with supportive employment opportunities. Within the scope of Lebanon County’s employment services is Project SEARCH, a collaborative effort between the Lancaster-Lebanon IU13, OVR, and local business partners. Project SEARCH is a unique learning employment opportunity that stresses employability and independent living skills in order to make a successful transition from school to adult life. The goal is to obtain competitive employment within the community upon completion of the program. In addition, the Lebanon County coalition, “Work With Us”, seeks to develop strategies to increase employment opportunities for individuals with disabilities.

The county mental health office works closely with its local providers to provide employment opportunities to those diagnosed with a serious mental illness. OVR funds are leveraged to promote competitive employment. MH base funds can be utilized to assist with job coaching and employment follow-up to assist the individual in maintaining their employment position within the community. Through the Quality Management Team (QMT), Lebanon County has identified a priority of enhancing current competitive employment services to an outcomes based system (SAMHSA model). We have four employment service providers though only one provider is currently following this model. QMT has identified several action steps to engage the other providers to assess their interest in transitioning to the SAMHSA model.
Employment continues to be a barrier amongst the transition-aged population. In an effort to educate this population, this is also a focused area of concern within the WARRIOR Project operated through Pennsylvania Counseling Services. The WARRIOR Project provides a guided approach to employment skills including but not limited to: application completion, interview skills, appropriate hygiene, workplace dynamics, and employment maintenance.

Across all systems and populations, Goodwill Industries serves as a valuable resource. Through their Work Incentives Planning and Assistance Services Program, their goal is to educate individuals regarding work incentives in support of employment and financial self-sufficiency while still receiving disability benefits.

**Housing**

Lebanon County initially developed a local Olmstead Plan in 2012 following an announcement from the Commonwealth to achieve the goal of ending the unnecessary institutionalization of adults who have a serious and persistent mental illness. Following the revision of the Department of Human Services of Mental Health and Substance Abuse Services Olmstead Plan for Pennsylvania State Mental Health System in 2013, and the subsequent revision in May 2016, Lebanon County began to formulate a strategy to move forward of addressing the needs of Lebanon County residents. This revised plan includes updates and steps to help accomplish the goal of ending unnecessary institutionalization of adults with a serious mental illness, but also children with a serious emotional disturbance, those dually diagnosed with a substance use disorder, medical complexity, or an intellectual disability.

In 2017, OMHSAS approved a CHIPP project for Lebanon County. This project entails establishing an enhanced personal care home to provide services for those diagnosed with a serious mental illness as well as medical complexity. In an effort to comply with the Olmstead Plan, the initial three individuals will be discharged from Wernersville State Hospital.

Lebanon County continues to make steps toward following a Housing First model. A Housing First model indicates that a person is first stabilized in housing, and then any other needs are addressed. These needs may include but are not limited to mental health and substance abuse. Housing First programs have been shown to be more cost effective than traditional housing models and less expensive than more restrictive environments such as inpatient hospital settings or prison. One such initiative within our county is the New Start Program. This program is designed to assist individuals with a serious mental illness secure their own lease.

One of our partners in this process is the Housing Authority of Lebanon County (HACL). The HACL welcomes the opportunity to collaborate as housing options become available. The HACL participates in a variety of housing initiatives throughout the county as we continue to have discussions involving new opportunities to allow for additional choice and integration. The HACL works with all populations including those with disabilities to identify appropriate and affordable housing. An additional county partner is the Pennsylvania Link to Aging and Disability Resources. Monthly cross collaboration meetings allow agencies to share information on a wide variety of topic areas, most notably housing.

As is the case in every county, Lebanon deals with the problem of homelessness, therefore the Lebanon County Coalition to End Homelessness exists. While this coalition has been in existence for several years, there is a renewed focus on strategic planning and how best to serve our community. A collaborative partner within the coalition is the Berks County Intermediate Unit who administers the Education for Children and Youth Experiencing Homelessness Program. This program assists the school districts to ensure compliance and adherence to state mandates regarding homeless youth. Multiple shelter programs have been established...
within Lebanon County to combat this pervasive issue. All of the shelters also participate in the efforts of the coalition.

Lebanon County will continue to search for viable models and potential funding sources in examining these needs as we serve our constituents.
Part IV HUMAN SERVICES NARRATIVE

❖ Mental Health Services

a) Program Highlights

Some of the program highlights during fiscal year 2017-2018 include:

1) October 2017, PA Counseling Services opened a Day Reporting Center designed to help reduce the county’s jail population by offering an alternative to incarceration for those with nonviolent charges.

2) October 2017, True North Wellness Services selected as the provider for Functional Family Therapy. Implementation efforts began in October 2017 with services offered February 2018.


4) Hospital-based Extended Acute Unit at WellSpan Ephrata Hospital opened July 2017. This added 3 new beds for Lebanon County.

5) “New Start Program”, Permanent Supportive Housing, began accepting referrals in July 2017. At full capacity, this will include 10 individual 1-bedroom apartments scattered throughout Lebanon County.

b) Strengths and Needs

Older Adults (ages 60 and above)

Strengths

- Lebanon County’s Crisis Intervention Program staff trained and experienced to address the issues and needs associated with the aging population. This includes mobile crisis, if necessary.

- The Lebanon County MH/ID/EI Program works closely with the local Area Agency on Aging to develop person-centered plans for older adults who have a mental health diagnosis. Annually, memorandums of understanding (MOU) agreements are renewed. These MOU’s affirm the collaborative working relationship that exists between our systems to support older adults.

- Mental Health case management services including Intensive Case Management (ICM), Resource Coordination (RC), Forensic Resource Coordination and administrative case management.

- Care Management through Lebanon County Area Agency on Aging. Older adults can access these services through an intake with Lebanon County Area Agency on Aging.

- Center-based Social Rehabilitation Services & Drop-in Center that includes community outings through Halcyon Activities Center.

- Coordinated Discharge Planning with Medical inpatient Units to Community and Skilled Nursing resources. Case managers or county administration participate in planning meetings to develop a person-centered plan.

- Interagency Team meetings are scheduled, when necessary, to bring all stakeholders involved with the older adult together to support and develop a person-centered plan.
Advocacy is available through mental health case managers, Area Agency on Aging service coordinators, PA Mental Health Consumers Association and Disability Rights of PA.

Coordination of psychiatric and medical concerns in licensed MH residential services such as the Community Residential Rehabilitation Program (CRR). Case managers work with the older adult to identify necessary services and access providers within the community. (Lebanon CRR will be closing effective June 30, 2018 as part of the approved CRR Conversion plan.)

Income-based Senior Housing Options through completion of applications, based upon eligibility criteria.

APPRISE Program (insurance & medication program), available through the Area Agency on Aging. APPRISE is Pennsylvania’s State Health Insurance Assistance Program (SHIP). The Pennsylvania Department of Aging created APPRISE to help Pennsylvania residents understand their Medicare and other health insurance benefits, and assist citizens in making informed decisions about their health care options. APPRISE works individually and confidentially with clients to determine their individual health care needs and preferences, compare health insurance options, plan ahead for long term living, and obtain Medicare and supplemental coverage that fits their lifestyle and their budget.

Senior Centers (daily activity centers) available through the Area Agency on Aging.

Volunteer opportunities through the Retired Senior Volunteer Program (RSVP) & Area Agency on Aging.

PA 24 Hour Gambling Hotline, Gambling Prevention Programs and Certified Gambling Counselors made available through the Lebanon County Drug and Alcohol Commission.

State Waivers for those who qualify such as the Independence Waiver and the OBRA Waiver. Area Agency on Aging works with the individual to identify applicable waivers and eligibility criteria. The Independence Waiver allows for individuals with a physical disability to remain at home or in the community, and allows for as much independence as possible. General criteria is for individuals 18-60, who are eligible for nursing facility services, and do not have a primary diagnosis of Mental Health or Intellectual Disability. The OBRA Waiver is for adults with a disability that occurred prior to the age of 22. The OBRA Waiver addresses a nursing facility resident determined to be inappropriately placed, and also provides services that can assist an individual to live in the community and remain as independent as possible. Primary diagnosis must also not be Mental Health or Intellectual Disability.

Anger Management Group Therapy through one provider, PA Counseling Services. Older adults can pursue these services by directly contacting the provider or through a referral process.

Emergency respite services through Area Agency on Aging.
- Domestic Violence Intervention Group. This program utilizes the Duluth model as an intervention tool for men who have battered their partners. Throughout time, the men will reflect on their behaviors and assess how they used physical, sexual and emotional abuse to control their partner. The ultimate goal of the program is to urge the clients to find alternative methods of communicating and to help them move from a stance of power and control to one of non-violence and equality.

- Domestic Violence Intervention of Lebanon County provides support, sanctuary and assistance to victims of violence.

- Mental health awareness trainings for the community. The county sponsors several mental health awareness trainings including Mental Health First Aid (MHFA) and Question Persuade Refer (QPR) suicide prevention trainings each fiscal year for individuals that live and work in Lebanon County. The county plans to continue offering these trainings as long as funding permits.

- WellSpan Philhaven’s “Rapid Access Clinic” where individuals can walk-in during clinic hours every weekday and see a therapist, who can arrange for them to see a CRNP that day regarding med, if needed. (This opportunity is available to adults in the community who are not currently in treatment with an outpatient provider.)

- Certified Peer Support Specialist for Older Adults. We are able to refer to one peer specialist provider (WellSpan Philhaven) with staff specifically trained to work with older adults.

- Lebanon Recovery Center is a drop-in facility to serve those struggling with addiction within Lebanon County. Assistance in accessing treatment, 12-Step and peer support resources, employment application assistance, and other case management services available. This center also hosts recovery social events, 12-Step meetings and supportive life skills assistance.

- Representative Payee services available through three providers (The Arc of Dauphin, CrissCross Representative Payee Services and The Advocacy Alliance).

- The Pennsylvania Link to Aging and Disability Resources − Berks-Lancaster-Lebanon Service Area partner network − is a "no wrong door" system: a shared statewide approach for Services and Supports for adults and older adults.

- Federally Qualified Health Center (FQHC) and Behavioral Health services co-location through Welsh Mountain Health Centers (Lebanon Community Health). This is a Physical Health / Behavioral Health project.

- Albright LIFE (Living Independently for Elders) center of Lebanon, LIFE is Pennsylvania’s version of the national Program of All-Inclusive Care for the Elderly (PACE): provides a full spectrum of comprehensive support services to meet the individual’s needs while encouraging socialization. Available to adults age 55 and older who meet the eligibility criteria.

- Adult Day Care Centers through two providers, Cedar Haven and Londonderry Village, funded by Area Agency on Aging.
A Supported Housing Program through WellSpan Philhaven, which provides assistance in the development of necessary skills, allowing them to obtain and retain appropriate living arrangements in the community. This program does not provide apartment units or rooms for individuals in recovery to rent.

Compeer services. In addition to Compeer matches, the Lebanon Compeer Program offers ongoing mental health support groups through United Way funding.

WRAP classes offered periodically throughout the year by Recovery Insight, Inc.

Mobile Mental Health / Intellectual Disabilities Intervention Services through Community Services Group began in January 2017 through a HealthChoices reinvestment project. (ages 21+)

Outpatient clinics providing evidenced based services such as Dialectic Behavior Therapy (DBT), Cognitive Behavior Therapy (CBT), Trauma Focused Cognitive Behavioral Therapy (TFCBT), Eye Movement Desensitization and Reprocessing (EMDR) and more.

Hospital-based Extended Acute Unit at WellSpan Ephrata Hospital opened July 2017. This added 3 new beds for Lebanon County.

Partners for Progress provides 10 apartments in the community, assisting homeless, mentally ill individuals to move toward permanent housing through WellSpan Philhaven, in partnership with the Lebanon Housing Authority. (ages 18+)

“New Start Program”, Permanent Supportive Housing, began accepting referrals in July 2017. This will include 10 individual 1-bedroom apartments scattered throughout Lebanon County.

Homeless Shelters: FRESH Start Program, the Rescue Mission, the Women’s Shelter on Willow (Calvary Chapel), New Path and AGAPE

Sexual Assault Resource Counseling Center (SARCC)

Re-engineered Discharge Process (RED) pilot through Health Choices including three community hospitals for adults 18+.

Sanctuary model utilized in several community acute inpatient units for adults 18+.

Needs

Nursing Homes willing to accept individuals with serious mental illness has long been a challenge, both in serving the state hospital population, as well as other community special populations. It is not unusual for an individual to be approved for nursing home level of care and have a lengthy waiting list until a home accepts the admission.

Guidelines for mental health case managers referring to skilled nursing facilities and alternative community resources. No guidelines exist to assist the case manager in
knowing how to work within the complex older adult system. Case managers often rely on Area Agency on Aging to assist them in referrals. An extensive Letter of Agreement (LOA) between AAA and MH/ID/EI exists and is updated on an annual basis. The LOA indicates a process for cross-systems collaboration as well as case review/planning and service delivery, which will be reviewed with case management staff. AAA staff also invited by the MH/ID/EI Consultation & Education Coordinator to monthly in-service programs for education regarding psychiatric medications, best practices, and various agency updates throughout Lebanon County. AAA is invited to complete in-service trainings for Mental Health staff as deemed necessary.

- Licensed Psychiatric Rehabilitation program. (Lebanon County does not have any psychiatric rehabilitation in the county; however, there is an approved HealthChoices reinvestment plan to implement fiscal year 17-18.)

- Geriatric Psychiatric Services. (Currently, there are no providers specializing in geriatric psychiatric services in Lebanon County or easily accessible to Lebanon County residents.)

- Geriatric Psychiatric Inpatient Units. (Currently, there are no providers with a geriatric psychiatric inpatient unit in Lebanon County or easily accessible to Lebanon County residents.) Planned: Lancaster General Hospital (Lancaster County) plans to open a geriatric unit in summer 2018.

- Adults (ages 18 and above)

  Strengths

  - Crisis Intervention Program and Emergency Services staff trained and experienced to address the issues and needs associated with adults. This includes mobile crisis, if necessary.

  - Mental Health case management services including Intensive Case Management (ICM), Resource Coordination (RC), Forensic Resource Coordination and administrative case management.

  - Homeless Shelters: FRESH Start Program, the Rescue Mission, the Women’s Shelter on Willow (Calvary Chapel), New Path and AGAPE

  - Community Support Planning through the Lebanon Community Support Program (CSP) monthly meetings. Based on the input from the CSP membership, various speakers and informative presentations offered throughout the year.

  - Interagency Team meetings are scheduled, when necessary, to bring all stakeholders involved with the adult together, to support and develop a person-centered plan.

  - Outpatient clinics providing evidenced based services such as Dialectic Behavior Therapy (DBT), Cognitive Behavior Therapy (CBT), Trauma Focused Cognitive Behavioral Therapy (TFCBT), Eye Movement Desensitization and Reprocessing (EMDR) and more.

  - Assertive Community Team (ACT) services through Philhaven. ACT services are only available through a referral process and for individuals that meet eligibility criteria.
- Certified Peer specialists through two licensed providers (Philhaven and Recovery InSight, Inc.). In addition, certified peer support specialists can be found embedded in multiple services and supports.

- Center-based Social Rehabilitation Services & Drop-in Center that includes community outings through Halcyon Activities Center.

- Community Residential Rehabilitation (CRR) program. Partial CRR program (transitional housing program) with six-bed capacity to assist individuals with development of independent living skills necessary to transition to a more independent living option. (Lebanon CRR will be closing effective June 30, 2018 as part of the approved CRR Conversion plan.)

- Co-occurring (mental health and substance abuse) Outpatient Treatment Services through two providers, PA Counseling Services and TW Ponessa and Associates, using the evidence based Hazelden co-occurring curriculum. Adults can access this service by contacting the provider directly or through referrals from various referring agencies.

- PA 24 Hour Gambling Hotline, Gambling Prevention Programs and Certified Gambling Counselors made available through the Lebanon County Drug and Alcohol Commission.

- State Waivers for those who qualify such as the Independence Waiver and the OBRA Waiver. Area Agency on Aging works with the individual to identify applicable waivers and eligibility criteria.

- Anger Management Group Therapy through one provider, PA Counseling Services. Adults can pursue these services by directly contacting the provider or through a referral process.

- Domestic Violence Intervention of Lebanon County provides support, sanctuary and assistance to victims of violence.

- Domestic Violence Intervention Group. This program utilizes the Duluth model as an intervention tool for men who have battered their partners. Throughout time, the men will reflect on their behaviors and assess how they used physical, sexual and emotional abuse to control their partner. The ultimate goal of the program is to urge the clients to find alternative methods of communicating and to help them move from a stance of power and control to one of non-violence and equality.

- Mental health awareness trainings for the community. The county sponsors several mental health awareness trainings including Mental Health First Aid (MHFA) and Question Persuade Refer (QPR) suicide prevention trainings each fiscal year for individuals that live and work in Lebanon County. The county plans to continue offering these trainings as long as funding permits.

- Philhaven’s “Rapid Access Clinic” where individuals can walk-in during clinic hours every weekday and see a therapist, who can arrange for them to see a CRNP that day regarding meds, if needed. (This opportunity is available to adults in the community who are not currently in treatment with an outpatient provider.)
Tele-psychiatry services, in order to increase availability and access to psychiatric services. (Two providers approved to provide tele-psychiatry for Lebanon County, Philhaven and PA Counseling Services.)

Lebanon Recovery Center is a drop-in facility to serve those struggling with addiction within Lebanon County. Assistance in accessing treatment, 12-Step and peer support resources, employment application assistance, and other case management services available. This center also hosts recovery social events, 12-Step meetings and supportive life skills assistance.

Representative Payee services available through 3 providers (The Arc of Dauphin, CrissCross Representative Payee Services and The Advocacy Alliance)

The Pennsylvania Link to Aging and Disability Resources – Berks-Lancaster-Lebanon Service Area partner network – is a "no wrong door" system: a shared statewide approach for Services and Supports for adults and older adults.

Federally Qualified Health Center (FQHC) and Behavioral Health services co-location through Welsh Mountain Health Centers (Lebanon Community Health). This is a Physical Health / Behavioral Health project.

The Lebanon Fairweather Lodge began accepting referrals September 2017.

“New Start Program”, Permanent Supportive Housing, began accepting referrals in July 2017. This will include 10 individual 1-bedroom apartments scattered throughout Lebanon County.

Albright LIFE center of Lebanon, an adult day care center, provides a team of caregivers, therapists and clinicians to support each individual’s needs while encouraging socialization. Available to adults age 55 and older.

Competitive employment services (SAMHSA model). Employment services are available such as mobile work crew and job coaching through four providers, however, there is only one provider following the SAMHSA model.

Respite and/or Emergency Respite services. With the assistance of the HealthChoices system, the respite management provider (Youth Advocate Programs) is continually trying to further develop a network of providers for this service. Currently there are three providers identified for adults and/or transition-aged youth with one of the providers offering emergency respite.

A Supported Housing Program through Philhaven which provides assistance in the development of necessary skills, allowing them to obtain and retain appropriate living arrangements in the community. This program does not provide apartment units or rooms for individuals in recovery to rent.

Compeer services. In addition to Compeer matches, the Lebanon Compeer Program offers ongoing mental health support groups through United Way funding.
WRAP classes offered through Recovery Insight Inc. periodically throughout the year.

Mobile Mental Health / Intellectual Disabilities Intervention Services through Community Services Group began in January 2017 through a HealthChoices reinvestment project. (ages 21+)

Hospital-based Extended Acute Unit at WellSpan Ephrata Hospital opened July 2017. This added 3 new beds for Lebanon County.

Partners for Progress provides 10 apartments in the community, assisting homeless, mentally ill individuals to move toward permanent housing through WellSpan Philhaven, in partnership with the Lebanon Housing Authority. (ages 18+)

Sexual Assault Resource Counseling Center (SARCC)

Re-engineered Discharge Process (RED) pilot through Health Choices including three community hospitals for adults 18+.

Sanctuary model utilized in several community acute inpatient units for adults 18+.  

Needs:

Licensed psychiatric rehabilitation program. (Lebanon County does not have any psychiatric rehabilitation in the county; however, there is an approved HealthChoices reinvestment plan to implement fiscal year 17-18.)

Mental Health Court / Jail diversion program in an effort to decrease the amount of individuals with serious mental illness in the prison system.

Rapid-entry Acute Adult Partial Hospitalization Program. This is identified as a need to prevent adult inpatient readmissions.

Mental health screening at county central booking in an effort to divert to treatment versus fines / charges / imprisonment

Serious Mental Illness (SMI) priority in all residential services. (Currently limited to Partners for Progress, New Start Program and Fairweather Lodge.)

Section 8 Housing vouchers with priority for individuals with Serious Mental Illness (SMI). (The Housing Authority did not accept new applications between July 1, 2010 and April 6, 2016.) On April 7, 2016, the Housing Authority reopened their Section 8 waiting list to new applications, however, there is no priority given to those with Serious Mental Illness. If funding becomes available for new housing vouchers, they use a lottery system and pull from the wait list of applicants. Unfortunately, the demand for housing assistance far exceeds the funding available to the Housing Authority.

Transition-age Youth (ages 18-26)- Counties are encouraged to include services and supports assisting this population with independent living/housing, employment, and post-secondary education/training.

Strengths:
Mental Health case management services including Intensive Case Management (ICM), Resource Coordination (RC), Forensic Resource Coordination and administrative case management.

Interagency Team meetings are scheduled, when necessary, to bring all stakeholders involved with the transition-aged youth together, to support and develop a person-centered plan.

The system has been diligently working to divert transition-aged youth from Residential Treatment Facilities (RTFs) and Community Residential Rehabilitation (CRR) host homes to less restrictive services, whenever possible, in an effort to lessen reliance on these services.

Multi-system Case Reviews through CASSP Transition Collaboration Team (TCT) during which the CASSP Coordinator brings all stakeholders together with a core team to develop a person-centered plan, exploring all possible resources available to the Transition-aged Youth.

Transition Planning to Adult Services through the Transition Treatment Team during which the CASSP Coordinator brings together the child/adolescent case management unit and the adult case management units to coordinate a “seamless” transition to adult services. This is available for all Transition-aged youth currently receiving case management services.

Center-based Social Rehabilitation Services and Drop-in Center that includes community outings through Halcyon Activities Center.

The WARRIOR Project is an acronym standing for “We Are Remarkable Responsible Individuals of Resilience” Project. The WARRIOR Project is a specialized transitional support service for youth ages 16-21, made available through the use of HealthChoices reinvestment funds. At this program, the youth develops a person-centered plan (goals) as they prepare for adulthood and then chooses effective strategies to accomplish them. This person-centered plan allows plans and decisions to be made in partnership with the youth, not for them. The WARRIOR Project Coordinator is also trained in the Prepared Renter Program (PREP), to assist individuals with independent living skills.

Certified Peer specialists through two licensed providers (WellSpan Philhaven and Recovery Insight, Inc.). In addition, certified peer support specialists can be found embedded in multiple services and supports.

Respite and/or Emergency Respite services. With the assistance of the HealthChoices system, the respite management provider (Youth Advocate Programs) is continually trying to further develop a network of providers for this service. Currently there are three providers identified for adults and/or transition-aged youth with one of the providers offering emergency respite.

Assertive Community Team (ACT) services through WellSpan Philhaven. ACT services are only available through a referral process and for individuals that meet eligibility criteria.
Co-occurring (mental health and substance abuse) Outpatient Treatment Services through two providers, PA Counseling Services and TW Ponessa and Associates, using the evidence based Hazelden co-occurring curriculum. Individuals can access this service by contacting the provider directly or through referrals from various referring agencies.

Full continuum of services through HealthChoices system including inpatient services, partial hospitalization, outpatient services, Behavioral Health Rehabilitation Services (BHRS) – BSC/MT/TSS, After-school program, Family Based Mental Health Services, CRR Host Home and RTF.

Juvenile Firesetters Program (JFACTS) through Community Services Group. This is a highly specialized service for juveniles with fire setting behaviors which was developed by the provider and is available through a referral process. (up to age 21)

PA 24 Hour Gambling Hotline, Gambling Prevention Programs and Certified Gambling Counselors made available through the Lebanon County Drug and Alcohol Commission.

Mentor-A-Mother Program through the Community Health Council of Lebanon. Young mothers can participate in group gatherings that provide a safe environment for discussions, questions, learning and support. In the group mentoring setting, young parents are connected with mentors who are dedicated to encouraging successes within their educational, social and parental goals. **Age Range – 13-20**

Domestic Violence Intervention of Lebanon County provides support, sanctuary and assistance to victims of violence.

Domestic Violence Intervention Group. This program utilizes the Duluth model as an intervention tool for men who have battered their partners. Throughout time, the men will reflect on their behaviors and assess how they used physical, sexual and emotional abuse to control their partner. The ultimate goal of the program is to urge the clients to find alternative methods of communicating and to help them move from a stance of power and control to one of non-violence and equality.

Mental health awareness trainings for the community. The county sponsors several mental health awareness trainings including Mental Health First Aid (MHFA) and Question Persuade Refer (QPR) suicide prevention trainings each fiscal year for individuals that live and work in Lebanon County. The county plans to continue offering these trainings as long as funding permits.

WellSpan Philhaven’s “Rapid Access Clinic” where individuals can walk-in during clinic hours every weekday and see a therapist, who can arrange for them to see a CRNP that day regarding meds, if needed. (This opportunity is available to adults, ages 18 or older, in the community who are not currently in treatment with an outpatient provider.)

Tele-psychiatry services, in order to increase availability and access to psychiatric services. (Two providers approved to provide tele-psychiatry for Lebanon County, WellSpan Philhaven and PA Counseling Services.)
- A Supported Housing Program through WellSpan Philhaven which provides assistance in the development of necessary living skills, allowing them to obtain and retain appropriate living arrangements in the community. This program does not provide apartment units or rooms for individuals in recovery to rent.

- The “Adult CASSP” Team (formal name is yet to be determined) is an attempt to establish an affordable alternative to a Mental Health court. This team brings representatives from multiple stakeholders together to discuss the special challenges and barriers an offender faces with community integration. These meetings include representatives from the district attorney’s office, the public defender’s office, Lebanon County Correctional Facility, Lebanon County Commission on Drug & Alcohol Abuse, probation, MH/ID/EI, and is facilitated by the CASSP Coordinator.

- Mobile Mental Health / Intellectual Disabilities Intervention Services through Community Services Group began in January 2017 through a HealthChoices reinvestment project. (ages 21+)

- Compeer services. In addition to Compeer matches, the Lebanon Compeer Program offers ongoing mental health support groups through United Way funding.

- WRAP classes offered through Recovery Insight Inc. periodically throughout the year.

- Outpatient clinics Lebanon Recovery Center is a drop-in facility to serve those struggling with addiction within Lebanon County. Assistance in accessing treatment, 12-Step and peer support resources, employment application assistance, and other case management services available. This center also hosts recovery social events, 12-Step meetings and supportive life skills assistance. **Age Range – 18+**

- Representative Payee services available through three providers (The Arc of Dauphin, CrissCross Representative Payee Services and The Advocacy Alliance). **Age Range – 18+**

- The Pennsylvania Link to Aging and Disability Resources – Berks-Lancaster-Lebanon Service Area partner network – is a "no wrong door" system: a shared statewide approach for Services and Supports for adults with disabilities and older adults. While this resource primarily address resources for adults and older adults, it is also a networking opportunity to discuss available resources for all individuals with disabilities (regardless of age), including transition-aged youth.

- Federally Qualified Health Center (FQHC) and Behavioral Health services co-location through Welsh Mountain Health Centers (Lebanon Community Health). This is a Physical Health / Behavioral Health project.

- Competitive employment services (SAMHSA model). Employment services are available such as mobile work crew and job coaching through four providers, however, there is only one provider following the SAMHSA model. **Age Range – 18+**

- Providing evidenced based services such as Dialectic Behavior Therapy (DBT), Cognitive Behavior Therapy (CBT), Trauma Focused Cognitive Behavioral Therapy (TFCBT), Eye Movement Desensitization and Reprocessing (EMDR) and more.
Hospital-based Extended Acute Unit at WellSpan Ephrata Hospital opened July 2017. This added 3 new beds for Lebanon County.

Partners for Progress provides 10 apartments in the community, assisting homeless, mentally ill individuals to move toward permanent housing through WellSpan Philhaven, in partnership with the Lebanon Housing Authority. (ages 18+)

“New Start Program”, Permanent Supportive Housing, began accepting referrals in July 2017. This will include 10 individual 1-bedroom apartments scattered throughout Lebanon County.

Homeless Shelters: FRESH Start Program, The Rescue Mission, the Women’s Shelter on Willow (Calvary Chapel), New Path and AGAPE.

Sexual Assault Resource Counseling Center (SARCC)

Re-engineered Discharge Process (RED) pilot through Health Choices including three community hospitals for adults 18+.

Sanctuary model utilized in several community acute inpatient units for adults 18+.

Needs:

Specialized Transitional Adult housing Program as well as Specialized / Supported Housing services. Landlords are very resistant to rent to transition-aged youth due to their poor experiences with this population in the past. Often, transition-aged youth are unsuccessful in an independent living situation (independent apartment) and then many options are closed for them in the community. It would be helpful to have specialized housing programs to assist the transition-aged youth in learning the skills before going into an independent living situation. Although the county identifies this as a need, there is no concrete plan for development at this time. Lebanon County will continue to search for viable models and potential funding sources in examining this need.

Licensed psychiatric rehabilitation program. (Lebanon County does not have any psychiatric rehabilitation in the county; however, there is an approved HealthChoices reinvestment plan to implement fiscal year 17-18.)

Mental Health Court / Jail diversion program in an effort to decrease the amount of individuals with serious mental illness in the prison system.

**Children (under 18)**

**Strengths:**

Student Assistance program behavioral health consultation. Each school district in Lebanon County has a behavioral health professional assigned to them. These SAP behavioral health professionals consult with school staff to recommend and refer children to appropriate mental health and substance abuse services.
- Mental Health case management services including Intensive Case Management (ICM), Resource Coordination (RC), Forensic Resource Coordination and administrative case management.

- Fast track for children unknown to the mental health system in need of Out-of-Home treatment. PerformCare, our managed care organization, involves our CASSP Coordinator in all ISPT meetings for children / adolescents who are not open with the county mental health system recommended for out-of-home placement. This enables the county to have input with regard to these recommendations and assist in diversion efforts, if warranted and the least restrictive placement.

- Coordination/planning with BH-MCO at person-level. PerformCare clinical care managers are diligent with involvement of stakeholders (including county representatives) in the planning process for services and ensuring that they are individualized / person-centered.

- School-based mental health outpatient services are provided in nearly all county schools by various licensed outpatient providers. The licensed outpatient provider is able to deliver outpatient services in the school setting during the school day, with the parent’s approval, knowledge and involvement. This provides easier access to outpatient services.

- A healthy network of respite service providers has been developed through the HealthChoices system. Families can access respite directly through the provider or through a referral process.

- The system has been diligently working to divert children from Residential Treatment Facilities (RTFs) and Community Residential Rehabilitation (CRR) host homes to less restrictive services, whenever possible, in an effort to lessen reliance on these services.

- Family-based Mental Health Services are recommended through a psychological or psychiatric evaluation process and must be deemed medically necessary for the child.

- CRR Host Home Intensive Treatment program (CRR ITP) model with one provider, Northwestern Human Services, through the HealthChoices system. This model necessitates that the family or guardian (discharge resource) be highly involved in the treatment service and subsequent transition back to the community. (Unlike CRR, host home services where the family or guardian sometimes abandons the child in the system.)

- Case management monitoring & advocacy for children in RTFs. A mental health case manager is involved with all scheduled treatment team meetings, continuity of care meetings and discharge planning meetings. This ensures that there is a smooth transition back to the Lebanon community with available support services.

- Multi-system Case Reviews through CASSP during which the CASSP Coordinator brings all stakeholders together with a core team to develop a person-centered plan, exploring all possible resources available to children.

- Zero tolerance on use of mechanical restraints. Absolutely no mechanical restraints are utilized in any setting.
County Children Services Planning Committee. The committee meets on a quarterly basis to collaborate on all children’s services and to discuss any agency system changes or changes within the HealthChoices system that would affect children’s services and supports.

Crisis Intervention Program and Emergency Services staff trained and experienced to address the issues and needs associated with children. This includes mobile crisis, if necessary.

Special county respite funding through OMHSAS. This funding is used to send children to community camp experiences, providing much needed respite for families and children within a natural community setting.

The WARRIOR Project is an acronym standing for “We Are Remarkable Responsible Individuals of Resilience” Project. The WARRIOR Project is a specialized transitional support service for youth ages 16-21, made available through the use of HealthChoices reinvestment funds. At this program, the youth develops a person-centered plan (goals) as they prepare for adulthood and then chooses effective strategies to accomplish them. This person-centered plan allows plans and decisions to be made in partnership with the youth, not for them.

Juvenile Firesetters Program (JFACTS) through Community Services Group. This is a highly specialized service for juveniles with fire setting behaviors which was developed by the provider and is available through a referral process.

Contingency Management Adolescent drug & alcohol treatment services (evidence-based practice) through PA Counseling Services. Individuals can access this service directly or through a referral process.

Afterschool Youth Center at the YMCA and Salvation Army after school program provided to children in the community by community members / volunteers. The community volunteers plan all the activities for the programs.

Mentor-A-Mother Program through the Community Health Council of Lebanon. Young mothers and fathers can participate in group gatherings that provide a safe environment for discussions, questions, learning and support. In the group mentoring setting, young mothers and fathers are connected with a mentor who is dedicated to encouraging successes within their educational, social and parental goals.

Through the HealthChoices system, there is continued review of Behavioral Health Rehabilitation Services (BHRS) in an effort to improve the services and outcomes.

Multi-systemic Therapy (MST) as an Evidence Based Practice service option through PA Counseling Services. Available to youth ages 12-17.

Parent Child Interactive Therapy (PCIT) as an Outpatient Evidence Based Practices service option through TW Ponessa and Associates. Available to children ages 2-7.

Tele-psychiatry services, in order to increase availability and access to psychiatric services in the community through one provider, PA Counseling Services.
Flexible Outpatient Therapy began April 2016 as a pilot with WellSpan Philhaven. Flexible Outpatient Therapy is an innovative type of service delivery model for children / adolescents ages 3 through 18, that combines traditional clinic based therapy with the ability for a licensed therapist to provide treatment in the home or community as supported by the individual’s behaviors and/or symptoms

Big Brother / Big Sister Mentoring Program

Communities that Care and Project Northland spearheaded by the Community Health Council of Lebanon

Signs of Suicide Curriculum purchased and distributed to all school districts, including the Catholic School, in Lebanon County by the Lebanon County Suicide Prevention Task Force. Additionally, a representative from each school district is participating on a planning committee to develop standardized curricula. There are ongoing suicide prevention efforts in the county

“Be the One”, parenting classes offered through Lebanon Family Health Services and co-sponsored by Domestic Violence Intervention of Lebanon County.

WellSpan Philhaven offers parenting courses, Parenting A Better Way

Functional Family Therapy (FFT) through True North Wellness.

Sexual Assault Resource Counseling Center (SARCC)

Domestic Violence Intervention of Lebanon County provides support, sanctuary and assistance to victims of violence.

Needs

Family engagement. The mental health system needs to engage families in all areas including full engagement in their child’s treatment, in addition to program development and policies related to mental health services and supports.

Implementation of tele-therapy at select Residential Treatment Facilities (RTFs). We are encouraging RTFs to use tele-therapy so that families can be more involved in therapy sessions (while their child remains at the RTF), despite transportation issues. There is an approved HealthChoices reinvestment plan in implementation phase for each county to purchase technology and room available for families to access and communicate with RTFs. Additionally, this plan will increase the technology at most of the RTF sites utilized for the Capital 5 Region counties.

Use of Sanctuary model in all children’s services, especially Inpatient settings. Providers have been given the option to train and implement the Sanctuary model with positive outcomes. There are many providers that have not implemented this model as of yet.

Resiliency in Action training for providers. This training provides a mandate for social change — it is a clarion call for creating relationships and opportunities in all human
systems throughout the lifespan. Changing the status quo in our society means changing paradigms, both personally and professionally, from risk to resilience, from control to participation, from problem-solving to positive development, from Eurocentrism to multiculturalism, from seeing youth as problems to seeing them as resources, from institution-building to community-building, and so on. Fostering resilience is an inside out, deep structure process of changing our own belief systems to see resources and not problems in youth, their families, and their cultures. However, fostering resilience also requires working on the policy level for educational, social, and economic justice.

- The Incredible Years implemented under school-based outpatient clinics. The Incredible Years® child training programs use dinosaur-themed materials and life-size puppets to engage children and strengthen social, emotional, and academic skills. The child treatment program (Small Group Dinosaur) is used by counselors and therapists in a small group setting to treat children with conduct problems, ADHD, and internalizing problems. The small group treatment program is delivered in 18-22 weekly 2-hour sessions.

**Individuals transitioning out of state hospitals**

**Strengths**

- Please refer to the extensive list of strengths listed under Older Adults and Adults, which are available to those transitioning out of state hospitalization.

- Community Support Plan which is a person-centered plan created by the individual and all stakeholders while the individual is in a state hospital setting. This community support plan follows the individual upon discharge and is a “road map” for community reintegration.

- Interagency Team meetings are scheduled, when necessary, to bring all stakeholders involved with the individual together, to support their community support plan or person-centered plan.

- Outpatient clinics providing evidenced based services such as Dialectic Behavior Therapy (DBT), Cognitive Behavior Therapy (CBT), Trauma Focused Cognitive Behavioral Therapy (TFCBT), Eye Movement Desensitization and Reprocessing (EMDR) and more.

- Assertive Community Team (ACT) services through Philhaven. ACT services are only available through a referral process and for individuals that meet eligibility criteria.

- Certified Peer specialists through two licensed providers, WellSpan Philhaven and Recovery Insight Inc. In addition, certified peer support specialists can be found embedded in multiple services and supports.

- Community Residential Rehabilitation (CRR) program. Partial CRR program (transitional housing program) with six-bed capacity to assist individuals with development of independent living skills necessary to transition to a more independent living option. (Lebanon CRR will be closing effective June 30, 2018 as part of the approved CRR Conversion plan.)
- State Waivers for those who qualify such as the Independence waiver, OBRA waiver, Aging waiver etc. Adults can work with multiple providers to complete applications and determine if they meet eligibility criteria for the waiver.

- Representative Payee services available through 3 providers (The Arc of Dauphin, CrissCross Representative Payee Services and The Advocacy Alliance)

- Competitive employment services (SAMHSA model). Employment services are available such as mobile work crew and job coaching through four providers, however, there is only one provider following the SAMHSA model.

- Federally Qualified Health Center (FQHC) and Behavioral Health services co-location through Welsh Mountain Health Centers (Lebanon Community Health). This is a Physical Health / Behavioral Health project.

- Fairweather Lodge began accepting referrals September 2017.

- “New Start Program”, Permanent Supportive Housing, began accepting referrals July 2017. This will include 10 individual 1-bedroom apartments scattered throughout Lebanon County. Referrals from state hospitalization given first priority.

- Respite and/or Emergency Respite services. With the assistance of the HealthChoices system, the respite management provider (Youth Advocate Programs) is continually trying to further develop a network of providers for this service. Currently there are three providers identified for adults and/or transition-aged youth with one of the providers offering emergency respite.

- A Supported Housing Program through Philhaven which provides assistance in the development of necessary skills, allowing them to obtain and retain appropriate living arrangements in the community. This program does not provide apartment units or rooms for individuals in recovery to rent.

- Adult Day Care Centers through two providers, Cedar Haven and Londonderry Village, funded by Area Agency on Aging.

**Needs**

- Licensed psychiatric rehabilitation program. (Lebanon County does not have any psychiatric rehabilitation in the county; however, there is an approved HealthChoices reinvestment plan to implement fiscal year 17-18.)

- Mental Health Court / Jail diversion program in an effort to decrease the amount of individuals with serious mental illness in the prison system.

- Mental health screening at county central booking in an effort to divert to treatment versus fines / charges / imprisonment

- Serious Mental Illness (SMI) priority in all residential services. (Currently limited to Partners for Progress and the Adult CRR.)
Section 8 Housing vouchers with priority for individuals with Serious Mental Illness (SMI). (The Housing Authority did not accept new applications between July 1, 2010 and April 6, 2016.) On April 7, 2016, the Housing Authority reopened their Section 8 waiting list to new applications, however, there is no priority given to those with Serious Mental Illness. If funding becomes available for new housing vouchers, they use a lottery system and pull from the wait list of applicants. Unfortunately, the demand for housing assistance far exceeds the funding available to the Housing Authority.

**Co-occurring Mental Health/Substance Use Disorder**

**Strengths**

- Co-occurring (mental health and substance abuse) Outpatient Treatment Services through two providers, PA Counseling Services and TW Ponessa and Associates, using the evidence based Hazelden co-occurring curriculum. Adults can access this service by contacting the provider directly or through referrals from various referring agencies.

- Drug & Alcohol (D & A) Screening at MH Intakes and Transitions

- Mental Health case management services including Intensive Case Management (ICM), Resource Coordination (RC), Forensic Resource Coordination and administrative case management.

- Crisis Intervention Program and Emergency Services staff trained and experienced to identify and address the issues and needs associated with the co-occurring population. *Age Range - Lifespan*

- Upon identification and authorization from the co-occurring individual, all mental health service and support providers complete referrals to appropriate drug and alcohol services.

- Coordination with Courts and Probation Services, both adult and juvenile.

- Assertive Community Team (ACT) services through WellSpan Philhaven. ACT services are only available through a referral process and for individuals that meet eligibility criteria. *Age Range – Adults 18+

- Dual Licensed Outpatient clinics.

- Certified Peer specialists through two licensed providers, WellSpan Philhaven and Recovery Insight Inc. In addition, certified peer support specialists can be found embedded in multiple services and supports. *Age Range – Adults 18+

- Center-based Social Rehabilitation Services & Drop-in Center that includes community outings through Halcyon Activities Center. *Adults – 18+

- Community Support Planning through the Lebanon Community Support Program (CSP) monthly meetings. Based on the input from the CSP membership, various speakers and informative presentations are offered throughout the year.
- PA 24 Hour Gambling Hotline, Gambling Prevention Programs and Certified Gambling Counselors made available through the Lebanon County Drug and Alcohol Commission.

- Anger Management Group Therapy through one provider, PA Counseling Services. Adults can pursue these services by directly contacting the provider or through a referral process.

- Recovery Advocacy Service Empowerment (RASE) Project. A non-profit organization dedicated to assisting individuals and families affected by the disease of addiction. Providing a variety of recovery support and advocacy services including the Recovery Specialists Program (RSP) which is a community based service. RSP provides 1:1 recovery coaching designed to improve and increase an individual's level of life functioning and sustained recovery.

- Lebanon Recovery Center is a drop-in facility to serve those struggling with addiction within Lebanon County. Assistance in accessing treatment, 12-Step and peer support resources, employment application assistance, and other case management services available. This center also hosts recovery social events, 12-Step meetings and supportive life skills assistance.

- Drug and Alcohol Detox, Rehabilitation services and Methadone Clinics.

- Contingency Management Adolescent Drug & Alcohol Treatment Services (Evidence Based Practice) through PA Counseling Services. Individuals can access this service directly or through a referral process. *Age Range – adolescents 12 to 17*

- A Heroin task force established in October 2015. This is a joint venture between the Lebanon County Commission on Drug and Alcohol & Mayor Capello (City of Lebanon).

Needs

- Interagency Team meetings. With the great differences between the mental health system’s privacy laws and the Drug and Alcohol Commission’s privacy laws, it has created a barrier to coordination of care within an interagency setting. However, all efforts are made to obtain signed releases of information that meet the standards of both systems in an effort to support the individual in their journey toward recovery.

- Education, training and utilization of Harm Reduction philosophy by all providers. Harm Reduction is a set of practical strategies that help people reduce the negative consequences of drug use, alcoholism and mental illness by addressing the conditions of use and treatment. Rather than focusing solely and immediately on cessation of drug use or acceptance of mental health treatment, harm reduction makes improving the quality of the individual’s life, health and wellbeing the primary criteria for success.

Justice-involved individuals

Strengths
- Crisis Intervention Program and Emergency Services staff trained and experienced to address the issues and needs associated with the justice-involved individuals.

- Mental Health case management services including Intensive Case Management (ICM), Resource Coordination (RC), Forensic Resource Coordination and administrative case management. *Age Range – 3+

- Center-based Social Rehabilitation Services & Drop-in Center that includes community outings through Halcyon Activities Center. *Age Range – Adults 18+

- Interagency Team meetings are scheduled, when necessary, to bring all stakeholders involved with the individual together to support and develop a person-centered plan.

- Advocacy is available through mental health case managers (if involved), PA Mental Health Consumers Association and Disability Rights of PA.

- PA 24 Hour Gambling Hotline, Gambling Prevention Programs and Certified Gambling Counselors made available through the Lebanon County Drug and Alcohol Commission.

- Anger Management Group Therapy through one provider, PA Counseling Services. Adults can pursue these services by directly contacting the provider or through a referral process. *Age Range – Adults 18+

- Outpatient clinics providing evidenced based services such as Dialectic Behavior Therapy (DBT), Cognitive Behavior Therapy (CBT), Trauma Focused Cognitive Behavioral Therapy (TFCBT), Eye Movement Desensitization and Reprocessing (EMDR) and more.

- Assertive Community Team (ACT) services. ACT services are only available through a referral process and for individuals that meet eligibility criteria. *Age Range – Adults 18+

- Co-occurring (mental health and substance abuse) Outpatient Treatment Services through two providers, PA Counseling Services and TW Ponessa and Associates, using the evidence based Hazelden co-occurring curriculum. Adults can access this service by contacting the provider directly or through referrals from various referring agencies.

- Coordination with Courts and Probation Services, both juvenile and adult.

- Bi-annual collaboration meetings with the county prison system. These meetings include county administration, mental health case management provider, VA, probation, prison psychiatrist, prison social worker, prison deputy warden and the drug and alcohol commission. During meetings we discuss the prison admit process, coordination of care and the prison release process which includes coordination of care and community re-integration, and any / all issues or concerns related with the justice-involved individuals.

- Day Treatment Program for justice-involved juveniles. The Day Treatment Program is utilized as a cost effective alternative to residential placement. Juveniles are either identified by juvenile probation as being at a high risk of being placed outside their home or are already at a residential facility and return home early. The juveniles spend 20-24 hours per week at the Youth Advocate Programs building and work on an evidence based cognitive behavior thinking curriculum developed by the Department of Justice and the
University of Cincinnati. Youth also work on life skills with an emphasis on educational and vocational training. Youth between the ages of 14-20 may be referred to this program.

- Truancy Intervention Services, operated by Youth Advocate Programs (YAP). Referrals are generated via school districts and Children & Youth Services (CYS). YAP’s Truancy Intervention Program works intensively with youth and their parents/caregivers to increase school attendance, positive in-school behavior, academic performance, and the relationship between the school and the family, while also supporting the family with concrete and pro-social needs. The duration of the program is approximately 6 months. *Age Range – Grades 1-12, with a primary focus on middle school.*

- Re-Entry/Aftercare Services offered through Youth Advocate Programs. These services are designed to safely bring youth home from correctional or residential facilities. YAP’s services reduce risk factors for recidivism and promote community safety, youth accountability, and youth well-being through the development of highly individualized service and safety plans that address the needs and strengths of each youth and their family. The duration of this service is approximately 9 months. *Age Range – Birth to Age 21*

- Domestic Violence Intervention of Lebanon County provides support, sanctuary and assistance to victims of violence.

- Domestic Violence Intervention Group. This program utilizes the Duluth model as an intervention tool for men who have battered their partners. Throughout time, the men will reflect on their behaviors and assess how they used physical, sexual and emotional abuse to control their partner. The ultimate goal of the program is to urge the clients to find alternative methods of communicating and to help them move from a stance of power and control to one of non-violence and equality. *Age Range – Adults 18+

- Tele-psychiatry services, in order to increase availability and access to psychiatric services. (Two providers approved to provide tele-psychiatry for Lebanon County, Philhaven and PA Counseling Services.) *Age Range – 3+

- Certified Peer specialists through two licensed providers, WellSpan Philhaven and Recovery Insight Inc. In addition, certified peer support specialists can be found embedded in multiple services and supports. *Age Range – 18+

- Lebanon Recovery Center is a drop-in facility to serve those struggling with addiction within Lebanon County. Assistance in accessing treatment, 12-Step and peer support resources, employment application assistance, and other case management services available. This center also hosts recovery social events, 12-Step meetings and supportive life skills assistance.

- Competitive employment services (SAMHSA model). Employment services are available such as mobile work crew and job coaching through four providers, however, there is only one provider following the SAMHSA model. In addition, it is very challenging to assist the justice-involved individual with employment, as most employers are not open to hiring / working with this population.
The “Adult CASSP” Team (formal name yet to be determined) is an attempt to establish an affordable alternative to a Mental Health court. This team brings representatives from multiple stakeholders together to discuss the special challenges and barriers an offender faces with community integration. These meetings include representatives from the district attorney’s office, the public defender’s office, Lebanon County Correctional Facility, Lebanon County Commission on Drug & Alcohol Abuse, probation, MH/ID/EI, and is facilitated by the CASSP Coordinator.  

A Validated Risk Needs Assessment is conducted for every child and adolescent who is referred to juvenile probation. This assessment evaluates the risk to re-offend and well as eight need areas to target for specific intervention services. An example of a need area is family circumstances and parenting. This tool then drives the probation officer’s caseload assignment (based on low, medium, and high levels of risk) as well as targeting services that the youth and their family may benefit from at the present time. 

Multi-Systemic Therapy is offered in Lebanon County through PA Counseling Services. This service was implemented in April 2016. Funding is through the HealthChoices system; however, county funding is available until the individual receives Medical Assistance benefits. Referrals are generated through the juvenile justice or child welfare system. It is anticipated that 15-18 cases can be served by MST per year.

Mobile Mental Health / Intellectual Disabilities Intervention Services through Community Services Group began in January 2017 through a HealthChoices reinvestment project. (ages 21+)

Needs

- Mental Health Court / Jail diversion program in an effort to decrease the amount of individuals with serious mental illness in the prison system.
- Mental health screening at county central booking in an effort to divert to treatment versus fines / charges / imprisonment.
- Section 8 Housing vouchers with priority for individuals with Serious Mental Illness (SMI). (The Housing Authority did not accept new applications between July 1, 2010 and April 6, 2016.) On April 7, 2016, the Housing Authority reopened their Section 8 waiting list to new applications, however, there is no priority given to those with Serious Mental Illness. If funding becomes available for new housing vouchers, they use a lottery system and pull from the wait list of applicants. Unfortunately, the demand for housing assistance far exceeds the funding available to the Housing Authority.
- Advocacy within the prison system.
Veterans

Strengths

- Non-service connected veterans may access services based upon eligibility and availability. For veterans and their families who are service connected, veterans assistance is provided through information and referral in applying for and accessing benefits and services individuals and their families are entitled to receive through the Office of Veterans Affairs administrative office. In some cases, due to gaps in services, veterans and their families are served by both the MH and VA systems based on their need and eligibility for services.

- Compeer CORPS, Vet2Vet, is a program through Compeer to help our United States military veterans, one vet helping another vet through one-to-one friendships.

Needs

- A Veteran’s Administration (VA) Hospital is located within Lebanon County so there is a large influx of veterans to Lebanon County. With that being said, many veterans are ineligible for VA benefits or choose not to utilize VA services. This is placing a strain on the county mental health base funding to meet all their needs with the current funding. Increased funding would greatly benefit this population.

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

Strengths

- Services to the Lesbian, Gay, Bi-sexual, Transgendered, Questioning and Intersex (LGBTQI) population has improved with education and clinical experience.

- Any and all trainings offered throughout this region are encouraged and marketed electronically throughout the services and supports in Lebanon county

- Annual Stories Lessons Arts and Music (SLAM) LGBTQ Seminar at Lebanon Valley College

- Individuals encouraged to utilize the LGBT Center in Harrisburg, PA for advocacy, education and support.

Needs:

- Strategies such as training and education need to continue.

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

Strengths

- The Lebanon County MH/ID/EI Program, as well as the Medicaid BH-MCO, PerformCare, has in place policies and procedures to support agencies in addressing the language and linguistic support needs of persons in service. This is particularly necessary
when the mental health workforce does not represent the cultural, language, and ethnic demographics of the community population. Lebanon County maintains a contract with EXACT Communication for ethnic-specific language and linguistic services to persons. Additionally, service providers are including components in their assessment tools with regard to ethnic needs to provide more culturally competent services.

- Each client receiving mental health targeted case management services is assessed through an extensive Recovery and Resiliency assessment tool. This includes questions regarding any racial or ethnic preferences to ensure culturally sensitive services.

- Throughout the services and supports in Lebanon County, providers have continued their pursuit of bilingual staff and in some cases have been successful in employing qualified bilingual (Spanish & English) staff. Arabic is also becoming an increasing need in the community as well.

- The Literacy Council of Lebanon (located at CareerLink in Lebanon) offers high quality basic education and career pathways instruction to adults. Their mission is to promote literacy and help adults reach their reading, writing, math and English communication goals through personalized instruction.

- Language Line Services, Inc. is a free service that staff can utilize in working with individuals with limited English proficiency.

- The Plain Communities Outpatient Clinic (formerly Green Pasture Outpatient) is a service of Philhaven to the Plain Community. Offering talk therapy, medication therapy, psychological testing and Green Pasture residential services.

- Annual Latin style health fair offered by Lebanon Family Health Services. Event includes local service providers, health screenings, interactive demonstrations and activities.

Needs

- Bilingual staff in all service providers. Overall, service providers in Lebanon County are limited in their ability to hire bilingual staff, despite constant advertisements and attempts to secure qualified bilingual staff. (There are simply not enough qualified bilingual staff in the area to meet the needs.)

Other - Traumatic Brain Injury

Strengths

- BrainSTEPS – a program through the Lancaster-Lebanon IU13. The BrainSTEPS (Strategies Teaching Educators, Parents, & Students) Brain Injury School Re-Entry Consulting Program assists PA schools in creating educational plans for students following acquired brain injury. This program is eligible for youth, including transitional aged youth who are still enrolled in school.

- The Brain Injury Association of Pennsylvania offers those who have experienced brain injury and their family members the ability to improve quality of life through support,
education, advocacy, and research. They offer a variety of programs and support groups to individuals throughout the course of the lifespan. They also provide Pre-Enrollment Assistance to people applying for the Commonwealth’s Head Injury Program. The Pennsylvania Head Injury Program (HIP) was created in 1988 by the Emergency Medical Services Act of 1985 and pays for head injury rehabilitation services for people who qualify. The goal of the program is to help individuals with a traumatic brain injury (TBI) live independently in their homes and communities. Individuals must be 21 years or older to apply for HIP.

- The COMMCARE Waiver is available for individuals 21 and older to provide services to help keep a person in their home and in the community to remain as independent as possible. Individuals must have a medically determinable diagnosis of TBI, be eligible for specialized rehabilitation facility services, the disability must result in substantial functional limitation in three or more major life activities such as mobility, behavior, communication, self-care, self-direction, independent living, or cognitive capacity, and they must not be ventilator dependent.

- Domestic Violence Intervention of Lebanon County offers a domestic violence intervention training as it relates to an individual with a traumatic brain injury.

**Needs**

- Outpatient therapists who are trained and specialized in treating individuals with traumatic brain injury.

- Specialized housing for individuals needing supervision and/or assistance with daily living needs if they do not meet criteria for other housing placements, or if their needs exceed what other options (personal care homes, assisted living environments) can provide. Although the county identifies this as a need, there is no concrete plan for development at this time. We will continue to search for viable models and potential funding sources, especially if any individual formally diagnosed with TBI should have need for specialized housing.

- Day programming activities if they do not meet qualifying criteria for existing day programming offered through the Area Agency on Aging.

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

☑ Yes ☐ No

If yes, please describe the CLC training being used. Plans to implement CLC training may also be included in the discussion.

- Each year, the Community Health Council of Lebanon coordinates a Cultural Diversity Conference. Approximately 100+ individuals from our Lebanon community and a few from surrounding counties attend this conference. This includes professionals, community members, individuals in recovery and many more. The committee ensures trainer competency and that there are many different cultures
represented at the workshops throughout the day. (Spanish, those in poverty, Amish and many more.) There are several agencies in the county which have policies surrounding attendance at this conference. For example, the Lebanon County mental health case management unit places their existing staff on rotating mandatory attendance as well as new case managers mandated to take the training in their first year of employment.

**Does the county currently have any suicide prevention initiatives?**

☑ Yes ☐ No

If yes, please describe. Counties without current suicide prevention initiatives may also describe plans to implement future initiatives in the coming fiscal year.

Lebanon County has an active suicide prevention task force that meets monthly. (Our monthly meetings normally include at least 20 community members.) The task force includes six sub-committees with separately scheduled meetings to address the topics. Current initiatives include:

- Ongoing suicide prevention and awareness media campaign in partnership with WellSpan Philhaven. This includes radio, television, newspaper and a website.
- Website: [http://communityhealthcouncil.com/suicide/](http://communityhealthcouncil.com/suicide/)
- Sub-committee members working in collaboration with all school districts to create curriculum / programming for school staff and students in Lebanon County that fits into a school day and class timeline.
- Creation and management of a Remembrance Garden. This includes names of those lost to suicide on pavers with the permission of family members. Each September a Remembrance Ceremony is held at the garden.
- Ongoing Mental Health First Aid (MHFA) and Question Persuade Refer (QPR) Suicide prevention trainings offered throughout the year.
- Each September is designated Suicide Prevention month in Lebanon County by the County Commissioners. The month is focused on suicide prevention and awareness opportunities including WRAP classes, QPR and MHFA trainings, a Recovery training, community candle lighting, “You Matter” events and a Remembrance Ceremony. (Our task force begins scheduling / coordinating these events each January.)
- “You Matter” campaign. This campaign is a local grass roots effort to share a positive message of hope, healing, and wellness to every person in our community by providing acknowledgement, validation and a sense of belongingness through sharing the single message “You Matter”. The “You Matter” campaign was kicked off last September by bringing LeAnn Hull to every school in Lebanon County to share her “You Matter” message. This year, our taskforce will continue those efforts by going throughout the community to share a “You Matter” presentation. During the presentations, the participants will be given two wristbands with the message “You Matter”, one to wear as a sign of their own self-worth and the other wristband to award to someone in their circle that needs to hear the message that they matter. This “You Matter” message has the potential to improve the morale, self-esteem, wellness and cohesiveness of our entire community!
Additionally, we are pursuing “You Matter” awareness throughout the county with walking trail markers, yard signs and t-shirts.
c) **Supportive Housing:**

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

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

<table>
<thead>
<tr>
<th>1. Capital Projects for Behavioral Health</th>
<th>□ Check if available in the county and complete the section.</th>
</tr>
</thead>
<tbody>
<tr>
<td>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).</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Name</th>
<th>&quot;Funding Sources by Type (include grants, federal, state &amp; local sources)</th>
<th>Total $ Amount for FY 16-17 (only County MH/ID dedicated funds)</th>
<th>Projected $ Amount for FY 18-19 (only County MH/ID dedicated funds)</th>
<th>Actual or Estimated Number Served in FY 16-17</th>
<th>Projected Number to be Served in FY 18-19</th>
<th>Number of Targeted BH Units</th>
<th>Term of Targeted BH Units (ex: 30 years)</th>
<th>Year Project first started</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 2. Bridge Rental Subsidy Program for Behavioral Health

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

<table>
<thead>
<tr>
<th>Rental Subsidy Funds</th>
<th>*Funding Sources by Type (include grants, federal, state &amp; local sources)</th>
<th>Total $ Amount for FY 16-17</th>
<th>Projected $ amount for FY 18-19</th>
<th>Actual or Estimated Number Served in FY 16-17</th>
<th>Projected Number to be Served in FY 18-19</th>
<th>Number of Bridge Subsidies in FY 16-17</th>
<th>Average Monthly Subsidy Amount in FY 16-17</th>
<th>Number of Individuals Transitioned to another Subsidy in FY 16-17</th>
<th>Year Project first started</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Choices reinvestment</td>
<td>$2,250</td>
<td>$7,850</td>
<td>3</td>
<td>10</td>
<td>3</td>
<td>$187.50</td>
<td>3</td>
<td>2010</td>
<td></td>
</tr>
</tbody>
</table>

### 3. Master Leasing (ML) Program for Behavioral Health

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

<table>
<thead>
<tr>
<th>New Start Program</th>
<th>*Funding Source by Type (include grants, federal, state &amp; local sources)</th>
<th>Total $ Amount for FY 16-17</th>
<th>Projected $ amount for FY 18-19</th>
<th>Actual or Estimated Number Served in FY 16-17</th>
<th>Projected Number to be Served in FY 18-19</th>
<th>Number of Owners/Projects Currently Leasing</th>
<th>Number of Units Assisted with Master Leasing in FY 16-17</th>
<th>Average Subsidy Amount in FY 16-17</th>
<th>Year Project first started</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Choices reinvestment</td>
<td>0</td>
<td>$53,280</td>
<td>0</td>
<td>6</td>
<td>3</td>
<td>0</td>
<td>$685 / month per apartment</td>
<td>July 2017</td>
<td></td>
</tr>
<tr>
<td>Partners for HUD &amp; local</td>
<td>$117,224</td>
<td>$36,786 for</td>
<td>11</td>
<td>11</td>
<td>10</td>
<td>11</td>
<td>$645</td>
<td>2004</td>
<td></td>
</tr>
</tbody>
</table>
### 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.**

<table>
<thead>
<tr>
<th><em>Funding Source by Type</em> (include grants, federal, state &amp; local sources)</th>
<th><strong>Total $ Amount for FY 16-17</strong></th>
<th><strong>Projected $ Amount for FY 18-19</strong></th>
<th><strong>Actual or Estimated Number Served in FY 16-17</strong></th>
<th><strong>Projected Number to be Served in FY 18-19</strong></th>
<th>Number of Staff FTEs in FY 16-17</th>
<th>Year Project first started</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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.**

<table>
<thead>
<tr>
<th><em>Funding Sources by</em></th>
<th><strong>Total $ Amount for</strong></th>
<th><strong>Projected $ Amount</strong></th>
<th><strong>Actual or Estimated</strong></th>
<th><strong>Projected Number to</strong></th>
<th><strong>Number of Staff FTEs</strong></th>
<th>Year Project</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

The program participant paid an average of $170 per month so the average monthly subsidy was $475.

The Housing Choice Voucher program 8/1/18 budgeted.
<table>
<thead>
<tr>
<th>Type</th>
<th>MH Base Funds</th>
<th>FY 16-17</th>
<th>FY 18-19</th>
<th>Number Served in FY 16-17</th>
<th>be Served in FY 18-19</th>
<th>in FY 16-17</th>
<th>first started</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supported Housing Program</td>
<td></td>
<td>$55,793</td>
<td>$58,644</td>
<td>54</td>
<td>55</td>
<td>1 FTE</td>
<td>1996</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Type</th>
<th>Total $ Amount for FY 16-17</th>
<th>Projected $ Amount for FY 18-19</th>
<th>Actual or Estimated Number Served in FY 16-17</th>
<th>Projected Number to be Served in FY 18-19</th>
<th>Average Contingency Amount per person</th>
<th>Year Project first started</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Support Funds</td>
<td>$1,318.74</td>
<td>$417.19</td>
<td>5</td>
<td>2</td>
<td>$263.75</td>
<td>2010</td>
</tr>
<tr>
<td>Health Choices reinvestment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing Support Funds</td>
<td>0</td>
<td>$5,000</td>
<td>0</td>
<td>5</td>
<td>$1,000</td>
<td>1998</td>
</tr>
<tr>
<td>MH Base Funds / CHIPP funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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**.

<table>
<thead>
<tr>
<th></th>
<th>*Funding Sources by Type (include grants, federal, state &amp; local sources)</th>
<th>Total $ Amount for FY 16-17</th>
<th>Projected $ Amount for FY 18-19</th>
<th>Actual or Estimated Number Served in FY 16-17</th>
<th>Projected Number to be Served in FY 18-19</th>
<th>Year Project first started</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fairweather Lodge</td>
<td>Health Choices reinvestment</td>
<td>0</td>
<td>$32,000</td>
<td>0</td>
<td>6</td>
<td>FY 2017-2018</td>
</tr>
<tr>
<td>Fairweather Lodge</td>
<td>MH Base Funds</td>
<td>0</td>
<td>$61,000</td>
<td>0</td>
<td>6</td>
<td>FY 2017-2018</td>
</tr>
<tr>
<td>CRR Conversion</td>
<td>MH Base Funds</td>
<td>$275,059</td>
<td>0</td>
<td>9</td>
<td>0</td>
<td>FY 17-18 – closed 6/30/2018</td>
</tr>
<tr>
<td>Enhanced Personal Care Home</td>
<td>CHIPP</td>
<td>0</td>
<td>$315,000</td>
<td>0</td>
<td>3</td>
<td>FY 2017-2018</td>
</tr>
<tr>
<td>Enhanced Personal Care Home</td>
<td>MH Base Funds</td>
<td>0</td>
<td>$85,000</td>
<td>0</td>
<td>3-5</td>
<td>FY 2017-2018</td>
</tr>
<tr>
<td>Enhanced Personal Care Home</td>
<td>Health Choices reinvestment funds</td>
<td>0</td>
<td>$85,000</td>
<td>0</td>
<td>3-5</td>
<td>FY 2017-2018</td>
</tr>
</tbody>
</table>
d) Recovery-Oriented Systems Transformation

1. Increase Evidence-Based Services and Supports

**Narrative including action steps:** Lebanon County identifies that there are some evidence-based services and promising practices that should be pursued to further enhance our service system. Therefore, based upon the needs identified in the special populations, we will continue to pursue the following options in fiscal year 2018-2019:

1. Explore family psycho-education
   a. Research other counties and funding streams utilized to determine if there is any way possible to implement, without additional mental health base funding.
   b. Possibly complete a targeted survey to assess the family level of interest in this service and whether or not to continue brainstorming ideas for implementation and funding.
      i. By June 30, 2019
2. Functional Family Therapy (FFT)
   a. Provider identified as True North Wellness and began accepting referrals February 2018.
3. Psychiatric Rehabilitation Services
   a. Continue working with the Capital region counties to implement Psychiatric Rehabilitation Services through an approved Health Choices reinvestment plan. Implementation steps to include:
      i. Creation and distribution of a Request for Proposals (RFP) in collaboration with CABHC (Capital Area Behavioral Health Collaborative, Inc.)
         1. by December 31, 2018
      ii. Review of RFPs submitted from providers
         1. By January 31, 2019
      iii. Choose a provider
         1. By January 31, 2019
      iv. Work with the provider of choice to fully implement service in Lebanon County
         1. By June 30, 2019

**Timeline:** Completion by June 30, 2019

**Fiscal and Other Resources:**
1. Family Psycho-education: We are not able to identify funds at this time to implement. We will search for creative funding options but the mental health base funds are maximized and not able to stretch to the implementation of this service.
2. Functional Family Therapy (FFT): Start-up funds will be provided by a HealthChoices reinvestment plan. Sustainment of FFT will occur through HealthChoices funding for members and their families. We are not able to offer any mental health base funding for non-HealthChoices members, as the mental health base funds are maximized and not able to stretch to this service.
3. Psychiatric Rehabilitation Services: Start-up funds will be provided by a HealthChoices reinvestment plan. Sustainment of Psychiatric Rehabilitation Services will occur through HealthChoices funding for members. We are not able to offer any mental health base funding for non-HealthChoices members, as the mental health base funds are maximized and not able to stretch to this service.

**Tracking Mechanism:** This priority will be tracked and monitored by the Quality Management Team (QMT).

2. Enhancement of current competitive employment service to an outcomes based system (SAMHSA model)
Narrative including action steps: Currently, employment services are available, such as mobile work crew and job coaching through four providers, however, there is only one provider following the SAMHSA model. The other three providers have been highly encouraged to research the SAMHSA model to implement. Action Steps to include:

1. Quality Management Team (QMT) will request a meeting with the 3 providers to discuss the benefits to the SAMHSA model  
   a. By June 30, 2019
2. Quality Management Team (QMT) will assist the 3 providers in assessing their current models and identifying the steps necessary to transition to the SAMHSA model  
   a. By June 30, 2019
3. Quality Management Team (QMT) will research the funding opportunities to assist the providers with start-up funds for this transition.  
   a. By June 30, 2019
4. Quality Management Team (QMT) will assist the providers in the transition, if the providers are willing and funds necessary become available  
   a. By June 30, 2019

Timeline: Completion by June 30, 2019

Fiscal and Other Resources: The providers have identified a need for start-up funds. At this time, the funds for start-up have not been identified. As you can see from above, Quality Management Team (QMT) will research the funding options, in an attempt to identify start-up funds for this project.

Tracking Mechanism: This priority will be tracked and monitored by the Quality Management Team (QMT).

3. Improve involvement of persons and families receiving services in advisory and evaluation roles that will lead to development and implementation of consumer-run services.

Narrative including action steps: Over the years, Lebanon County has been unsuccessful in attempts to engage individuals in recovery and their family members to actively participate in the assessment and delivery of mental health services. Participation on advisory boards and evaluation boards have been identified as the biggest need, however, we value their participation whenever and wherever possible. Action Steps:

1. Quality Management Team (QMT) will brainstorm ideas to engage and recruit persons and their family members to become involved  
   a. Completed January 29, 2018. Brainstorm ideas include:
      i. Consider offering a stipend or a punch card (receive an incentive after the 3rd meeting)  
       1. County funds not available
       2. Shem Heller will talk to Tony House, PerformCare to assess if PerformCare is able to assist with stipends
      ii. Challenge providers to become more involved with consumers participating by transporting in provider vans and bringing consumers along to meetings
      iii. Consider a mentor option to try to get consumers to meetings to participate
      iv. Consider changing the location of the meetings to someplace more consumer friendly
      v. Consider adding meetings at provider locations that would be smaller and more consumer friendly
      vi. Consider holding a focus group to engage individuals in recovery versus a regular meeting
      vii. Consider conference calls – Shem Heller / Lisa Shissler, PerformCare – offered their conference line information so individuals can call in and participate
2. Quality Management Team (QMT), along with persons and their family members identified, will update the county ROSI (Recovery Oriented Systems Indicators)
   a. By December 31, 2018
3. Quality Management Team (QMT) will include persons and their family members in the identification of potential consumer run-services to be developed or expanded into Lebanon County
   a. By June 30, 2019

**Timeline:** Completion by June 30, 2019

**Fiscal and Other Resources:** At this time, there are no funds needed for this project. It will simply take time to complete the tasks.

**Tracking Mechanism:** This priority will be tracked and monitored by the Quality Management Team (QMT).

4. Improve and expand re-entry and diversion options for justice-involved individuals.

**Narrative including action steps:** Lebanon County tracks, monitors and collaborates with Lebanon County Correctional Facility (LCCF), as well as State Correctional Institutions (SCIs), for individuals with serious mental illness. We work diligently to develop re-entry options and supports for those released from the justice system, to aide in successful re-integration back to our community. The data continues to support the need for a mental health court or jail diversion program for Lebanon County.

In October 2017, a local provider, PA Counseling Services, created and opened the Lebanon County Day Reporting Center. The Day Reporting Center will offer an alternative to incarceration for those with nonviolent charges. This option should help jail diversion efforts tremendously for willing participants.

**Action Steps:**
1. Lebanon County will continue to research sustainable funding options to create a mental health court
2. Lebanon County will work closely with PA Counseling Services and the justice system on the implementation of the Day Reporting Center
3. Lebanon County Mental Health will continue to offer trainings, as available, for the county central booking department as well as law enforcement officers, in order to further educate and promote diversion from fines, charges and imprisonment for those with serious mental illness
4. Lebanon County Mental Health will continue to work closely with Wernersville Community Correctional Center (CCC), Pathways, for the re-integration of Lebanon County residents
5. Lebanon County will continue to work closely with Lebanon County Correctional Facility (LCCF), as well as State Correctional Institutions (SCIs) for the re-integration of Lebanon County residents
6. Lebanon County Mental Health will continue to support the efforts of our CASSP Coordinator holding “Adult CASSP” – treatment team meetings as an attempt to establish an affordable alternative to a Mental Health court
7. Lebanon County Mental Health staff will continue to participate on local Re-entry Coalition meetings

**Timeline:** Fiscal year 2018-2019

**Fiscal and Other Resources:** At this time, there are no funds needed for this project.

**Tracking Mechanism:** This priority will be tracked and monitored by the Quality Management Team (QMT).
### e) Existing County Mental Health Services:

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

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

*HC= HealthChoices
3. Human Services Proposed Budget and Service Recipients Spreadsheet

f) Evidence Based Practices Survey

See following page
<table>
<thead>
<tr>
<th>Evidenced Based Practice</th>
<th>Is the service available in the County/Joinder? (Y/N)</th>
<th>Current Number served in the County/Joinder (Approx)</th>
<th>What fidelity measure is used?</th>
<th>Who measures fidelity? (agency, county, MCO, or state)</th>
<th>How often is fidelity measured?</th>
<th>Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)</th>
<th>Is staff specifically trained to implement the EBP? (Y/N)</th>
<th>Additional Information and Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assertive Community Treatment</td>
<td>Y</td>
<td>53</td>
<td>TMACT</td>
<td>CABHC</td>
<td>Annually</td>
<td>Yes</td>
<td>Yes</td>
<td>WellSpan Philhaven</td>
</tr>
<tr>
<td>Supportive Housing</td>
<td>Y</td>
<td>10</td>
<td>Actively participating in at least 2 health &amp; recovery programs while in the program</td>
<td>Lebanon County Housing Authority &amp; PFP staff</td>
<td>Annually</td>
<td>No</td>
<td>No</td>
<td>Partners for Progress (PFP) – HUD funded</td>
</tr>
<tr>
<td>Supportive Housing</td>
<td>Y</td>
<td>3</td>
<td>Adherence to their housing sub-lease</td>
<td>County / Housing Authority / NSP staff</td>
<td>Annually</td>
<td>No</td>
<td>No</td>
<td>New Start Program began July 2017</td>
</tr>
<tr>
<td>Supported Employment</td>
<td>Y</td>
<td>1</td>
<td>Staffing caseload: amount/percent of time; Zero exclusion</td>
<td>AHEDDs central office</td>
<td>Quarterly</td>
<td>Yes</td>
<td>Yes</td>
<td>AHEDD Include # employed = 1</td>
</tr>
<tr>
<td>Integrated Treatment for Co-occurring Disorders (MH/SA)</td>
<td>Y</td>
<td>46</td>
<td>None currently – Beginning FY 16-17, the lead clinician will observe co-occurring group quarterly and also review co-occurring client charts.</td>
<td>Agency</td>
<td>Quarterly</td>
<td>No</td>
<td>No</td>
<td>PA Counseling Services</td>
</tr>
<tr>
<td>Service</td>
<td>Y/N</td>
<td>Survey Data</td>
<td>Agency</td>
<td>At the Conclusion of Each Group</td>
<td>No/Yes</td>
<td>Organization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-----</td>
<td>-------------</td>
<td>--------</td>
<td>---------------------------------</td>
<td>--------</td>
<td>-------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Integrated Treatment for Co-occurring Disorders (MH/SA)</strong></td>
<td>Y</td>
<td>62</td>
<td></td>
<td>No</td>
<td>Yes</td>
<td>TW Ponessa &amp; Associates</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Illness Management/Recovery</strong></td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medication Management (MedTEAM)</strong></td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Therapeutic Foster Care</strong></td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Multisystemic Therapy</strong></td>
<td>Y</td>
<td>12</td>
<td></td>
<td>Measured for every therapist on every case. Supervisor is measured for entire program.</td>
<td>Not sure. MST is a blueprint national evidence based program which has gone through rigorous research.</td>
<td>PA Counseling Services &amp; CSG</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Functional Family Therapy</strong></td>
<td>Y</td>
<td>8 as of 4/11/18</td>
<td></td>
<td>Therapist (Agency)</td>
<td>Every session</td>
<td>Yes. All staff attend an initial 5-day training that requires passing a test. Staff also receive quarterly booster trainings. Supervisors attend an additional 2-day supervisor training.</td>
<td>True North Wellness - Began February 2018</td>
<td></td>
</tr>
<tr>
<td><strong>Family Psycho-Education</strong></td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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

See following page
<table>
<thead>
<tr>
<th>Recovery Oriented and Promising Practices</th>
<th>Service Provided (Yes/No)</th>
<th>Number Served (Approximate)</th>
<th>Additional Information and Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumer/Family Satisfaction Team</td>
<td>Yes</td>
<td>395</td>
<td></td>
</tr>
<tr>
<td>Compeer</td>
<td>Yes</td>
<td>62</td>
<td></td>
</tr>
<tr>
<td>Fairweather Lodge</td>
<td>Yes</td>
<td>3</td>
<td>Began accepting referrals Sept 2017</td>
</tr>
<tr>
<td>MA Funded Certified Peer Specialist – Total**</td>
<td>Yes</td>
<td>51</td>
<td>WellSpan Philhaven &amp; Recovery Insight</td>
</tr>
<tr>
<td>CPS Services for Transition Age Youth (ages 18-26)</td>
<td>Yes</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>CPS Services for Older Adults (ages 60+)</td>
<td>Yes</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Other Funded Certified Peer Specialist – Total **</td>
<td>Yes</td>
<td>4</td>
<td>WellSpan Philhaven &amp; Recovery Insight</td>
</tr>
<tr>
<td>CPS Services for Transition Age Youth (ages 18-26)</td>
<td>Yes</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>CPS Services for Older Adults (ages 60+)</td>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Dialectical Behavioral Therapy</td>
<td>Yes</td>
<td>25</td>
<td>Philhaven &amp; CSG</td>
</tr>
<tr>
<td>Adolescent Dialectical Behavioral Therapy</td>
<td>Yes</td>
<td>6</td>
<td>Philhaven &amp; CSG</td>
</tr>
<tr>
<td>Mobile Meds</td>
<td>Yes</td>
<td>20</td>
<td>Mobile Psychiatric Nursing</td>
</tr>
<tr>
<td>Wellness Recovery Action Plan (WRAP)</td>
<td>Yes</td>
<td>24</td>
<td>Recovery Insight</td>
</tr>
<tr>
<td>High Fidelity Wrap Around/ Joint Planning Team</td>
<td>No</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Shared Decision Making</td>
<td>No</td>
<td>0</td>
<td>Common Ground reinvestment project approved but we were unable to partner with an OP provider for the project</td>
</tr>
<tr>
<td>Psychiatric Rehabilitation Services (including clubhouse)</td>
<td>No</td>
<td>0</td>
<td>Approved HealthChoices reinvestment plan to implement Fiscal year 2017-</td>
</tr>
<tr>
<td>Self-Directed Care</td>
<td>No</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Supported Education</td>
<td>No</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Treatment of Depression in Older Adults</td>
<td>No</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td>Provided</td>
<td>Count</td>
<td>Provider(s)</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>----------</td>
<td>-------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Consumer Operated Services</td>
<td>Yes</td>
<td>15</td>
<td>Hearing Voices Network Support Group</td>
</tr>
<tr>
<td>Parent Child Interaction Therapy</td>
<td>Yes</td>
<td>20</td>
<td>TW Ponessa, CSG &amp; Lori R. Amey</td>
</tr>
<tr>
<td>Sanctuary</td>
<td>Yes</td>
<td></td>
<td>Multiple RTF facilities and inpatient units using the Sanctuary model</td>
</tr>
<tr>
<td>Trauma Focused Cognitive Behavioral Therapy</td>
<td>Yes</td>
<td>26</td>
<td>3 providers: PA Counseling Services, TW Ponessa and WellSpan Philhaven</td>
</tr>
<tr>
<td>Eye Movement Desensitization And Reprocessing (EMDR)</td>
<td>Yes</td>
<td>60</td>
<td>WellSpan Philhaven &amp; TW Ponessa</td>
</tr>
<tr>
<td>First Episode Psychosis Coordinated Specialty</td>
<td>No</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Other (Specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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/joiner including, but not limited to:
- case management
- Medicaid-funded peer support programs
- inpatient settings
- consumer-run organizations
- psychiatric rehabilitation centers
- residential settings
- intensive outpatient programs
- ACT, PACT, or FACT teams
- drop-in centers

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of CPSs Employed</td>
<td>11</td>
</tr>
<tr>
<td>Number Full Time (30 hours or more)</td>
<td>5</td>
</tr>
<tr>
<td>Number Part Time (Under 30 hours)</td>
<td>6</td>
</tr>
</tbody>
</table>
Intellectual Disabilities Services

Continuum of Services to Enrolled Individuals

Lebanon County MH/ID/EI currently provides services to approximately 540 individuals with an Intellectual Disability and Autism who are registered with the agency. Upon being determined eligible for services, an individual is provided with the choice of a Supports Coordination Organization (SCO). Currently SAM, Inc. and CMU provide SCO services within Lebanon County. After choosing an SCO, a Supports Coordinator (SC) is assigned to the individual. The SC will meet with the individual to complete an Individual Support Plan (ISP) and a Prioritization of Urgency of Need for Services (PUNS).

The ISP will determine what services and supports are needed. The PUNS will be completed to determine the urgency of needs of services and supports. The PUNS is a planning and information gathering tool. The information from the PUNS is entered into HCSIS. The Office of Developmental Programs has developed protocols on how the PUNS are to be administered and utilized. Depending on the urgency of the individual’s need they may have to wait for funding, they may receive a waiver slot (if available), or those with an intellectual disability may receive funding with base dollars (if available). Individuals with autism are also referred to the Bureau of Autism Services (BAS) to register for services through BAS. Information on the resources available through ASERT are also provided. All individuals and families will be provided with information and assistance with accessing the Community of Practice/Lifecourse Framework.

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Estimated Individuals served in FY 17-18</th>
<th>Percent of total Individuals Served</th>
<th>Projected Individuals to be served in FY 18-19</th>
<th>Percent of total Individuals Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supported Employment</td>
<td>23</td>
<td>27</td>
<td>25</td>
<td>30</td>
</tr>
<tr>
<td>Pre-Vocational</td>
<td>3</td>
<td>8</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Adult Training Facility</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Base Funded Supports Coordination</td>
<td>89</td>
<td>16</td>
<td>89</td>
<td>16</td>
</tr>
<tr>
<td>Residential (6400)/unlicensed</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>100</td>
</tr>
<tr>
<td>Life sharing (6500)/unlicensed</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>PDS/AWC</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>PDS/VF</td>
<td>5</td>
<td>36</td>
<td>6</td>
<td>42</td>
</tr>
<tr>
<td>Family Driven Family Support Services</td>
<td>27</td>
<td>100</td>
<td>27</td>
<td>100</td>
</tr>
</tbody>
</table>
Supported Employment

Supported Employment remains a priority service in Lebanon County for individuals with Intellectual Disabilities/Autism. In addition to numerous providers of more traditional employment services there are several providers in Lebanon County that have staff who are certified in the Discovery Process and have received training in the area of Customized Employment. There are still more providers that are planning to have staff trained in Discovery and Customized Employment. The Lebanon AE is encouraging providers to work with individuals using these techniques, in particular with individuals who have historically found it difficult to find and/or maintain employment.

Over the next year, the Lebanon AE will continue to support the employment group-Work With Us-which meets on a monthly basis. The group is composed of staff from the AE, SCO, Local School Districts and IU, provider agencies, the local Arc, and OVR. The group discusses employment strategies, best practices, and ways to best promote employment in Lebanon County. Networking opportunities are also encouraged. Some goals of the group over the next year include: Increasing Stakeholder Involvement, increasing opportunities for transportation to employment, and increasing awareness amongst employers and the community of employment for individuals with disabilities.

The Lebanon AE is requiring that all ISPs for individuals who are transition age and older include information regarding employment, the discussion that was held, and individual’s interest in employment. Every attempt will be made to make base funds available to individuals with an intellectual disability who are choosing employment, if no other funding source is available. In conjunction with the SCO, the AE will continue to review the PUNS for anyone who is listed as needing funding for employment. Part of the review process will be to determine how funding will be obtained for employment. SCOIs are always encouraged to discuss the benefits and opportunities of employment with individuals and families and to work closely with schools and OVR. Lebanon also has an outcome in the Quality Management Plan to increase the number of individuals employed. Several of the strategies already listed are included in the plan. The outcome is to increase the number of those employed by 5% each year. For the current FY we are on target to surpass the 5% increase.

Lebanon County has participated in the Employment Pilot for the last several years. We are estimating that we will serve up to five individuals during the 17-18 fiscal year and use all funds allocated to the Employment Pilot. The current allocation is $17,995. We are currently serving four individuals. All of these individuals initially received OVR funding and then received employment pilot funds for follow along job coaching services. All are employed in positions that they have held for at least a year. Three of these individuals are recent graduates who did not have waiver funding immediately upon graduation.

Supports Coordination

Lebanon County will continue to encourage and assist the local support’s coordination organizations (SCOs), CMU and SAM, Inc. to engage individuals and families in a
conversation to explore the communities of practice/supporting families using the life

course tools to link individuals to resources available to anyone in the community. A

training was held in January of 2018 for all SCO staff on the life course tools. AE staff

also attended this training. SCO staff are beginning to use the tools. Ongoing

discussions are held between the AE and SCOs regarding the use of the tools. Support

and technical assistance are provided as needed. Lebanon County is also part of a

Regional Collaborative along with Dauphin, Cumberland/Perry and Lancaster Counties.

Planning for the development of this collaborative continues and SCOs are updated on an

ongoing basis. While Lebanon County is in the beginning stages of using the life course

tools, we view it as a valuable resource and are anxious to continue developing the

process within the county.

Both SCOs actively plan for individuals on the waiting list and work closely with the

involved teams. SCOs also routinely review individuals on PUNS through weekly staff

meetings and individual supervision. On a monthly basis both SCOs provide Lebanon

County with a listing of individuals who are in need of services and are closely involved

in choosing who will receive any vacant waiver slots. SCOs also provide a weekly

update to Lebanon County and will alert Lebanon County if the situation has changed.

Lebanon County will also support both SCOs in the introduction of Community of

Practice to individuals and families who are currently on the waiting list.

Lebanon County actively encourages the use of self-direction. The Arc recently provided

a training for individuals and families on self-directing their own services. SCO staff

discuss the option of self-directing with individuals and families. It is also a topic of

discussion at meetings between the SCO and AE. Discussion has centered on the use of

the service and how to best present information to families.

Lifesharing options

Lifesharing Options are always presented as a viable option for individuals seeking

residential services and for those already receiving residential services. Discussions are

held at ISP and other scheduled meetings. Individuals and families are presented with the

information, discussions are held, and the individual and family make a decision on what

is the best option for them. Lebanon County has included an objective in the AE Quality

Management plans to increase the number of individuals seeking Lifesharing. The

Lebanon AE fully supports the growth of Lifesharing by participating in conversations

with providers and SCOs concerning the benefits of this service. Lebanon County has

also provided base funding in the past for this service. SCOs are also encouraged to

discuss and explore Lifesharing for individuals who are seeking emergency or immediate

residential services.

Supported Living is a new service that became effective on 7/1/17. Supported Living

provides another option for some individuals. The AE is working with both SCOs to

determine which individuals currently served might be interested in this option. We

expect to see an increase in the use of this service over the next few years.
A current barrier to increasing LifeSharing has been the number of families/individuals who are available to provide the service. Lebanon has still been able to increase the number of individuals in Lifesharing by reaching out to providers in neighboring counties who may have more opportunities and choices for the individual and families. Lebanon County has also been reaching out to providers to discuss their ability to expand their current program. The change in service definitions that became effective in July of 2017 that allows family members to provide Lifesharing should also increase opportunities to expand Lifesharing. An additional barrier to both services continues to be lack of waiver funding (Consolidated and Community Living Waiver) opportunities for those who have voiced an interest however are not in an emergency situation.

ODP can continue to be of assistance in the expansion of these services by providing training on the benefits of Lifesharing and providing technical assistance to providers interested in expanding this service. Additional funding for these services would also allow for and encourage the expansion of these services.

**Cross Systems Communications and Training**

Lebanon County is committed to increasing the capacity of our community providers to more fully support individuals with multiple needs, especially medical needs. This will be done in several ways. Training is continually offered to community providers on the specific needs of the individual and how to best meet those needs based on the specific diagnosis or circumstances of the individual. For example if there is an individual with a seizure disorder training on seizures and how to develop a protocol for the management of the seizures would be provided. We believe that all individuals regardless of their need can and should have access to services provided in their home community. If an individual has significant needs they may require additional staffing in order to receive services and the additional staffing may be funded with base dollars. These are a few ways in which Lebanon County will be able to increase the capacity of community providers.

Lebanon County recognizes the importance of effective communication and collaboration with local school districts in order to engage individuals and families at an early age. Lebanon County is part of a regional collaborative for the Community of Practice. Efforts are being made within the county to provide information to local school districts on the life course/supporting families’ paradigm and how this process is able to be coordinated with the transition of students into the adult system. AE staff will begin by attending the local school social worker meetings to introduce the concept. SC staff will continue to attend IEP and other meetings families and school district staff. SC staff will continue to discuss the paradigm switch as they engage families, school district, and other team members in the process. The Work with Us employment meeting is also attended by school district staff. The life course/supporting families paradigm is also discussed at these meetings specifically as how it relates to employment.

Lebanon County communicates and collaborates with other agencies in many ways. Lebanon County Mental Health and Intellectual Disability staff meets two times a month
to discuss individuals who are dual diagnosed and are currently experiencing difficulties. The purpose of the meetings is to discuss resources, recommendations, and potential services. The focus is on providing community based services. A plan of action is developed and is implemented by the Mental Health, Intellectual Disabilities, and various other involved community agencies such as the Area Agency on Aging, Children and Youth, etc. The plan also outlines who is responsible for completing what action. OMHSAS, ODP, and/or the local Positive Practices Committee may provide technical Assistance. Ongoing cross system training is provided by and available through the South Central HCQU. In June of 2018, the HCQU will be presenting training to MH staff and providers on symptoms of Mental Illness for those who also had an intellectual disability. SCO and AE staff are members of the CASSP core team and participates in CASSP meetings. The Lebanon AE also participates in Lebanon County’s regularly scheduled meetings of the Children’s Services Planning Committee. Needed Agency/System Changes are regularly discussed at these meetings. Plans are also being developed to offer training to our local crisis intervention on working with individuals with Autism. We are anticipating collaborating with ASERT to present the training.

**Emergency Supports**

If an individual needs emergency service the team would determine what supports are needed. If an individual has waiver funding those funds would be utilized. If waiver funds were not available, base funds would be utilized to meet short-term needs. Generic and natural supports would also be explored to determine if the individual’s emergency and/or ongoing needs could be met. Base funds would then be reviewed to determine if the person’s long term needs could be met through available base funding. If base funds are not sufficient to meet, the long-term needs and there is no available waiver capacity an unanticipated emergency request would be made to ODP for additional waiver capacity. The search for emergency services for an individual begins in Lebanon County. If the service is not available within Lebanon County then the surrounding counties are searched until the service is found. Lebanon County continues to actively work with providers to build capacity and resources for emergency situations.

Lebanon County does reserve a portion of base funds for emergency situations. During normal working hours, the plan in the previous paragraph would be followed. Outside of normal working hours, the county crisis Intervention program provides Emergency Supports. The Lebanon County MH/ID/EI Administrator is available 24 hours a day and seven days a week to respond to emergency needs. Additional administrative staff may also become involved depending on the need. Both SCOs are available 24 hours a day and depending on the situation may be contacted to assist. Needed services would then be obtained through the local provider network.

Lebanon County via the contracted provider does provide mobile crisis services within the county. Mobile crisis within Lebanon County is provided by individual crisis counselors and is not a team delivered service. There are currently not any plans to create a mobile crisis team concept due to a lack of funding. Crisis staff have not been trained to work with individuals who have an ID and/or an Autism diagnosis and do not have a
background in either ID and/or Autism. Training will be offered to crisis staff specific to working with individuals with an intellectual disability. This training will be offered by the HCQU in June of 2018. We are planning to partner with ASERT to offer training specific to Autism. This training will be held over the next year.

Lebanon County has met the requirement of a 24-hour Emergency Response Plan as required under the Mental Health and Intellectual Disabilities Act of 1966 by contracting with Philhaven, a Behavioral Health Provider, to provide 24-hour crisis intervention services.

**Administrative Funding**

We are involving the PA Family Network in the planning and implementation of our Regional Collaborative Community of Practice development plans within Lebanon County. The PA Family Network has provided training to all SC and AE staff and have been part of our ongoing development of the Community of Practice by providing training to families and individuals in both a group and individual basis. At the local level, we have involved families of all age groups but have focused on families of very young children. These families will then guide how strategies are developed at the local level to provide discovery and navigation and the connecting and networking for individuals and families. We are currently working with families on how to best develop a peer support system and our exploring the use of the My Neighborhood app. The Arc of Lancaster has been an integral part of the process. We will continue to ask ODP to provide technical assistance when needed and will rely on the use of Community of Practice and Life Course Framework information to introduce this concept to individuals and families.

Lebanon County continues to work closely with the South Central PA HCQU in order to insure that all individuals living in the County will have the quality of life that they choose. The county works with the HCQU to insure that technical assistance is provided when a health related concern is noted in incident reports. In addition, staff continues to make referrals for individual or provider training to improve health status and insure proper care. The HCQU continues to be utilized for Comprehensive Data Collection reviews to insure all health related concerns can be addressed. The county also continues to utilize the Positive Practices and Rapid Response meetings, the pharmacy reviews, and Behavior Support Plan reviews in order to assist individuals, families, provider agencies and county staff in addressing difficult situations. The county has used the data generated by the HCQU to determine specific training needs for staff and providers. Lebanon County is planning to use data supplied by the HCQU on medication errors, which are filed as an increase in medication errors has been noted. We will partner with the HCQU in the review of the data and the identifying of issues. A goal to reduce the number of medication areas and strategies to achieve this will then be developed and included in the Quality Management Plan.

The IM4Q process allows Lebanon County to measure people’s quality of life and the quality of services delivered. When concerns, questions, or issues are determined
through the IM4Q process, the county insures that follow-up is completed to address the issue presented. Considerations generated by the IM4Q process are addressed by the SC and other team members in order to effect positive changes in the individual’s life. The IM4Q information is reviewed and any patterns noted are considered for the QM plan. Our current QM plan includes one outcome related to the IM4Q process.

ODP could be of assistance to Lebanon County in more fully utilizing data by providing technical assistance on the various reports available from various sources. We are currently in the process of working with our local IM4Q team to determine how we might better utilize data that has been collected in order to improve the quality of the lives of the individuals that we serve.

Lebanon County supports local providers to increase competency and capacity to support individuals with a higher level of need by being available to provide technical assistance to providers on specific situations. Lebanon County also strongly encourages provider participation in regional PPC meetings and the PPC review of cases. The ODP Regional Dual Diagnosis Coordinator has also been involved in offering recommendations for individuals who have a higher level of need. Local agencies such as Aging, Children and Youth, etc. have also been involved with various teams with Lebanon County acting as a liaison and bridge to these various agencies. ODP can provide assistance in this area by continuing to offer technical assistance and trainings on how to meet the needs of these individuals with higher-level needs, in particular individuals who also have significant mental health needs. We encourage providers to utilize HCQU trainings and consultation to better meet the physical health, aging, and communication needs of individuals served. Technical Assistance provided by ODP in the various areas has also been useful in supporting local providers.

The Lebanon County MH/ID/EI Risk Management Committee has been developed for the purpose of providing a process in which to reduce the frequency and severity of adverse events to individuals with an Intellectual Disability through risk identification, evaluation, action planning, and action plan implementation. The Risk Management Committee continues to utilize the HCQU, IM4Q process, Quality Council, and training to maintain a high quality of living for the individuals that the county serves. Risk Management Committee meets on a weekly basis in order to identify and address any concerns identified. Assistance in analyzing incident data is given to providers in order to prevent and/or decrease the occurrence of similar types of incidents. Lebanon County has developed a Human Rights Committee, which is composed of individuals, families, providers, and advocates. The committee reviews behavior support plans and incident involving rights violations or incidents of concern. Family members also participate in the local Quality Management review team. ODP can support this effort by continuing to provide technical assistance when requested.

The County Housing Coordinator will be contacted as resource to supply information to the SC, team, individual, and family on the housing options available and how these options could be accessed. This information will be used in the planning process for the individual.
The development of an Emergency Preparedness Plan is not an area that has been addressed in Lebanon County in the past. A discussion would need to be held with providers to determine if their particular agency has a plan and to what extent the plan would meet the needs of the individuals served. The discussion could start at a regularly scheduled provider meeting. There are many resources on Emergency Preparedness on the Temple website, which might be used as a starting point. The local Emergency Management Agency would also be a resource. The local LINK program recently held a training on emergency preparedness. The AE staff attended the training and LINK will be a valuable resource in this process.

**Participant Directed Services (PDS)**

Individuals and families will continue to be provided information on participant-directed services at intake, initial ISP development and annual ISP meetings. FMS options of AWC and VF/EA will also continue to be reviewed with individuals and families when funding is available to enroll an individual in the Waiver as well as any time choice of providers is discussed. Information will also be provided at any time an individual or family requests information regarding PDS services. The AE will also continue to encourage SCO’s to review these options with families and individuals.

Barriers and challenges to the use of AWC include that often families do not have any natural supports or know of any individuals who would be able to provide services through the AWC model. Therefore, they request a traditional provider instead. In addition, often families do not wish to go through the extra steps involved with AWC and request services from whatever traditional provider has staff available. Frequently, individuals and families state that they do not care what provider serves them – just whoever can get services started the most quickly.

Barriers and challenges to the use of the VF/EA model are similar to AWC, with the additional challenge of families frequently not being interested in the responsibilities and time commitment involved in being a CLE. Again, their priority is to get services in place as quickly as possible, and that is their priority.

One solution that may assist both SCO’s and families is the use of the Supports Broker service. A provider based in Lebanon has just been qualified to provide Supports Broker services, which will allow families to have more local options for this service. SCO staff have already been discussing the use of a Supports Broker with several families and feel it will greatly benefit them in helping to manage all of the responsibilities required with PDS services.

The SCO’s and AE will continue to offer the two PDS models to families as noted above. SCO and AE staff will also continue to offer any training to individuals and families as needed or requested regarding questions about PDS services, documentation requirements for the provision of services, etc. In addition, the local ARC has been providing support in Lebanon County over the past year and recently conducted a training regarding Supports Broker services.
Information on any seminars or training opportunities that ODP offers will be passed along to SCO’s, individuals and families as a way to offer them another way to receive information about the PDS options.

Community for All

Lebanon County currently has 20 individuals living in congregate living situations. Five of the individuals are living in state ICF (one of these individuals is part of the Benjamin litigation) and fifteen of the individuals are living in a private ICF. The SC will at regularly scheduled meetings discuss with the individual and family their desire to return to the community. If the individual and family are interested in leaving the facility, the SC and team will develop outcomes for their return to the community. In addition, when openings occur within the county providers will be approached regarding their ability to serve the individuals. Funding would then be requested from ODP.
Homeless Assistance Services

Lebanon County Community Action Partnership (CAP) operates three units of bridge housing, three units of transitional housing, and two units of shelter housing for homeless families with children. Community Action also provides rental assistance and shelter assistance for homeless and at threat of becoming homelessness for families and individuals.

**Bridge Housing:**

Homeless families, from the streets, shelters, or through eviction can move into Bridge Housing and could remain for up to 2 years with permission from the State. While in Bridge Housing, the families must agree to receive case management services and work with the Case Manager in removing the barriers that caused them to become homeless. As a program, Case Management and Bridge Housing go hand in hand. The adults are expected to gain meaningful employment, reduce their debt, and work on their goals as outlined in their individual goal plans. Through the Community Services Block Grant, the expense of child care and/or transportation costs are covered so the head/heads of households can secure employment. Upon entrance into the program, all families must complete and submit applications to all the subsidized housing providers in the county. Upon entrance into the program, the Case Manager also ensures that all the families are receiving mainstream resources that they are entitled to receive. Upon exiting the program, families are expected to transition, with the help of their Case Manager, into permanent housing and maintain meaningful employment. If a family needs additional time, beyond 2 years and an opening is available, the family is moved into transitional housing. Since the beginning of the 16-17 program year, two families have been able to transition into permanent housing. The efficiency of Bridge Housing is evaluated based on its occupancy rate which is always at capacity, with the exception of a week or two for repairs/cleaning of each unit. We will continue to provide Bridge Housing during the 2018-2019 program year since Bridge Housing is a vital piece in Lebanon’s continuum of services to the homeless.

**Case Management:**

CAP approaches housing issues through a team effort/ holistic approach. The housing team consists of the Case Manager, Housing Officer, Case Manager Supervisor, and the Director of Social Services. The housing team meets with each family in Bridge Housing and Transitional Housing on a monthly basis to do case reviews to ensure the family is moving forward in meeting their goals and to discuss and resolve any issues the family has encounter. The housing team acts as a support system for the families and helps keep them motivated and moving forward with their goals. Support services provided by CAP include transportation and child care. CAP, through the Community Services Block Grant, will provide funding to pay for child care and/or transportation so heads of households can get to and from work. Vouchers for food and clothing can be provided to CAP clients as a result of a written agreement with Lebanon County Christian Ministries. An ongoing issue faced by our program participants is being able to secure safe
affordable permanent housing. Case Management is a vital part of the Bridge House Program. The County evaluates the efficiency of this service through an exit interview with each of the families as well as whether they transition into permanent housing and maintain a living wage. Case Management is a vital part of the Bridge House Program and will continue to be offered in 18-19.

**Rental Assistance:**

Lebanon County Community Action Partnership has been working in the housing arena for the past 28 years. Families in a housing crisis, in threat of eviction or homeless, are instructed to contact Community Action for assistance. Rental Assistance will be provided to individuals and families who are homeless or in threat of becoming homeless through the Homeless Assistance Program, Community Services Block Grant, and the Emergency Food and Shelter National Board Program. Lebanon County is a small community and since resources are limited, we try to not duplicate services. Agencies we work closely with when dealing with homeless and at risk of homelessness, include but are not limited to, Lebanon County Housing Authority, Rescue Mission/Agape Family Shelter, Jubilee Ministries, Step Into Life Ministries, Lebanon County Christian Ministries/Caring Cupboard, Mental Health/Intellectual Disabilities/Early Intervention, Area Agency on Aging, Domestic Violence Intervention of Lebanon County and Crisis Intervention and Information Services as well as local landlords. Because we are a small community, the social service agencies work closely together through cross referrals/shared clients and regular communications to ensure clients are receiving all the services they are eligible to receive. All families and/or individuals seeking rental/shelter assistance through CAP’s array of services are thoroughly screened to ensure they are receiving all the mainstream services they are eligible/entitled to receive. The Housing Officer reviews each families/individuals budgets and makes suggestions on where they may be able to cut costs in order to save money. There is always a need for rental assistance based on the demand for the service. Because of limited funding, we have had to put a cap on monthly rent payments so the dollars can be stretched to provide assistance to more families/individuals in need. Because of the demand, there are no proposed changes for the 2018-2019 program year.

**Emergency Shelter:**

Lebanon County Christian Ministries has established a network of churches that are used for overnight shelter. This plan is based on existing programs in other communities throughout the country. This overnight shelter, called the FRESH Start Resource Center and Emergency Shelter, operates year round because of the high demand. The FRESH Start Resource Center and Emergency Shelter rotates locations on a bi-weekly schedule and provides basic shelter to homeless families and individuals. When the shelter is at capacity, Lebanon County Community Action Partnership will provide Emergency Shelter at a motel, through a voucher system using Homeless Assistance Program and Emergency Food and Shelter National Board Program funding. Emergency Shelter is needed, especially during the winter months. FRESH Start Resource Center and Emergency Shelter fills up quickly which leaves no options for the over flow of
additional homeless families/individuals. Shelter funding is limited and from time to time, we run out of shelter funding. There are no changes for the 2018-2019 program year since Emergency Shelter is a vital piece in our continuum of services to the homeless.

**Other Housing Supports:**

In 2010, the Rescue Mission had a house that became available to house one homeless family for a short period of time until the family could secure permanent housing. CAP screened the family and provided case management and thus the concept of “shelter houses” came into existence. Lebanon County Community Action Partnership currently operates two shelter houses, which can accommodate families up to 90 days. Our two-unit apartment is owned by the Church of the Brethren and overseen by Jubilee Ministries. Homeless families are referred to the Shelter Houses by FRESH Start Emergency Shelter or from within Community Action through the intake process. CAP’s only expense with the shelter houses is the utilities, furnishings, and case management services. Motivated homeless families in the shelter houses can transition into permanent housing, and if there is a vacancy and they need more time, bridge and/or transitional housing. All the families in shelter houses receive intensive case management services. The shelter houses will fall under the category of Other Housing Supports under the Homeless Assistance Program. The shelter houses are evaluated by the county as successful based on the utilization and placement rate. Because the shelter houses are deemed successful, there will be no changes for the 2018-2019 program year under the Other Housing Supports.

**Homeless Management Information Systems:**

Lebanon County Community Action Partnership currently participates in the HMIS and has for the past seven years.
Substance Abuse Disorder Services

Access to Services: funding treatment for residents in Lebanon County. In addition to funding treatment for residents of Lebanon County, Lebanon County Commission on Drug and Alcohol Abuse (LCCDAA) also funds education and information services for all Lebanon County residents.

LCCDAA through licensed professional providers, funds a wide range of treatment services for residents of Lebanon County including:

- Substance Abuse Evaluations
- Gambling Counseling
- Outpatient Counseling
- Intensive Outpatient Counseling
- Medication Assisted Treatment
- Partial Hospitalization
- Detoxification
- Inpatient Rehabilitation
- Case Management/Resource Coordination
- Halfway House Programs
- Specialized services for IV drug users, pregnant women and women with children.
- Prevention Services
- Intervention Services

1. Waiting List Information

<table>
<thead>
<tr>
<th>Service</th>
<th># of Individuals</th>
<th>Wait Time (days)**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detoxification Services</td>
<td>89</td>
<td>3 days</td>
</tr>
<tr>
<td>Non-Hospital Rehab Services</td>
<td>66</td>
<td>3 days</td>
</tr>
<tr>
<td>Medication Assisted Treatment</td>
<td>38</td>
<td>5 days</td>
</tr>
<tr>
<td>Halfway House Services</td>
<td>2</td>
<td>No wait time</td>
</tr>
<tr>
<td>Partial Hospitalization</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Outpatient</td>
<td>180</td>
<td>5 days</td>
</tr>
</tbody>
</table>

**Use average weekly wait time

2. Overdose Survivors’ Data

Lebanon County Commission on Drug & Alcohol Abuse (LCCDAA) Overdose Survivor Policy & Procedures in 2015-2016

70
DDAP defines an overdose as a situation in which an individual is in a state requiring emergency medical intervention as a result of the use of drugs. This policy and procedure will address all drug related overdoses, especially heroin and other opioids. DDAP has identified this group of individuals as one of the priority populations for Single County Authorities (SCA).

It is the policy of the Lebanon County Commission on Drug & Alcohol Abuse (LCCDAA) to facilitate a smooth transition between emergent care facilities and substance abuse treatment, following emergency room visits for a drug overdose. The SCA will provide a current listing of contact information for all local screening, assessment, and treatment providers to local emergency rooms and urgent care facilities, along with a description of the process to access care for all individuals. The SCA will also allow priority access to substance abuse treatment for those being referred by the emergency room following an overdose.

The Lebanon County Commission on Drug & Alcohol Abuse (LCCDAA) will use the Contracted Provider Model when addressing the needs of individuals who are drug overdose survivors. The LCCDAA contracts with Lebanon County Crisis Intervention agency and Pennsylvania Counseling Services (PCS) for this purpose.

During LCCDAA normal business hours, 8:00am to 4:30pm Monday through Friday, area emergent care facilities will contact the Lebanon County Crisis Intervention when an individual presents in their emergent care facilities as a result of a drug related overdose. The crisis worker will be required to report to the emergent care facility and meet with the individual. The crisis worker will begin a detoxification bed search through the White Deer Run call center, complete a basic drug & alcohol screen, have the individual sign a release of information for Pennsylvania Counseling Services (PCS), and then contact the PCS office. The crisis worker and the Pennsylvania Counseling Mobile Assessor will coordinate services for the individual. If a bed is not immediately available, the PCS Mobile assessor will coordinate with the Lebanon County Commission on Drug & Alcohol Abuse for funding to provide interim services to the individual until a bed becomes available.

During holidays, weekends, and after normal business hours, Crisis Intervention will be contacted directly by emergent care facilities when an individual presents in their emergent care facilities as a result of a drug related overdose. The crisis worker will be required to report to the emergent care facility and meet with the individual. The crisis worker will begin a detoxification bed search through the White Deer Run call center, complete a basic drug & alcohol screen, and have the individual sign a release of information for Pennsylvania Counseling Services (PCS), and then contact the PCS office. The crisis worker will forward this information to the PCS mobile Assessor and begin to coordinate services for the individual. If a bed is not immediately available, the PCS Mobile Assessor will coordinate with Lebanon County Commission on Drug & Alcohol Abuse for funding to provide interim services to the individual until a bed becomes available. The PCS Mobile Assessor will be responsible for tracking such referrals or refusals of treatment, along with information provided by the crisis intervention agency.
This policy and procedures is not limited to a particular population (e.g., the publically funded client, co-occurring individuals, MA client’s, etc.) meaning the clients who have commercial or private insurances must be included in the SCA’s policy and procedures. This is considered a 24/7 service provided by the Lebanon County SCA, the Lebanon County Crisis Intervention agency, and PCS.

This policy will be reviewed annually and updated as needed. When changes occur, the new information will be redistributed by D&A Commission staff to the following Lebanon County emergency departments and DDAP.

WellSpan Good Samaritan Hospital Emergency Room  
4th and Walnut Street, Lebanon

Med Express Urgent Care  
1010 West Crestview Drive, Lebanon

Lancaster General Health Urgent Care  
1701 Cornwall Road, Lebanon

We will add any new emergent care providers to this list during our annual review of the policy.

Revised on 1/24/18

***The data shown in the boxes below are from the year 2015-2017 when the Warm handoff started in Lebanon County to present***

<table>
<thead>
<tr>
<th># of Overdose Survivors</th>
<th># Referred to Treatment</th>
<th># Refused Treatment</th>
<th># of Deaths from Overdoses</th>
</tr>
</thead>
<tbody>
<tr>
<td>109</td>
<td>67</td>
<td>42</td>
<td>60</td>
</tr>
</tbody>
</table>

3. Levels of Care (LOC)

<table>
<thead>
<tr>
<th>LOC</th>
<th># of Providers</th>
<th># of Providers Located In-County</th>
<th>Special Population Services**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Hospital Detox</td>
<td>2</td>
<td>0</td>
<td>Medical services, bilingual</td>
</tr>
<tr>
<td>Inpatient Hospital Rehab</td>
<td>2</td>
<td>0</td>
<td>Medical services</td>
</tr>
<tr>
<td>Inpatient Non-Hospital Detox</td>
<td>21</td>
<td>1</td>
<td>Co-occurring services</td>
</tr>
<tr>
<td>Inpatient Non-Hospital Rehab</td>
<td>13</td>
<td>1</td>
<td>Co-occurring males only, females only, short &amp;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td>-------</td>
<td>-------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Partial Hospitalization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intensive Outpatient</td>
<td>5</td>
<td>2</td>
<td>Adult male, adult female, &amp; co-occurring.</td>
</tr>
<tr>
<td>Outpatient</td>
<td>9</td>
<td>6</td>
<td>Adult male, Adult females, adolescents &amp; co-occurring.</td>
</tr>
<tr>
<td>Halfway House</td>
<td>8</td>
<td>0</td>
<td>Male, female, &amp; women with children.</td>
</tr>
</tbody>
</table>

4. **Treatment Services Needed in County**

LCCDAA through licensed professional providers, funds a wide range of treatment services for residents of Lebanon County including:

- Substance Abuse Evaluations
- Gambling Counseling
- Outpatient Counseling
- Intensive Outpatient Counseling
- Medication Assisted Treatment
- Partial Hospitalization
- Detoxification
- Inpatient Rehabilitation
- Case Management/Resource Coordination
- Halfway House Programs
- Specialized services for IV drug users, pregnant women and women with children.
- Prevention Services
- Intervention Services

***Lebanon County Commission on Drug & Alcohol Abuse has a full continuum of treatment Services ***

**Treatment services expansion including the development of any new services or resources to meet local needs include the following:**

The LCCDAA entered into a contract with Positive Recovery Solutions (PRS) for them to provide medically assisted treatment services (Vivitrol) for Lebanon County residents. This will help address the heroin epidemic.
The LCDDAA also entered into a contract with the RASE Project with reinvestment funding form CABHC for the RASE Project to provide medically assisted treatment services (Vivitrol) for Lebanon county residents. This will also help address the heroin epidemic.

The LCCDAA increased funding to the RASE Project for them to provide Buprenorphine treatment to eight County funded Clients instead of only four County funded clients.

The Lebanon Treatment Center (methadone clinic) received a facility census increase by DDAP from 385 to 400 clients. This increase will help address the heroin epidemic.

**Access to and Use of Narcan in County**

**Narcan resources available in Lebanon County:**

In 2015, the LCCDAA established a heroin task force due to the high overdose deaths in Lebanon County. The distribution of Narcan kits to the general public, social agencies, and law enforcement was a priority of the task force. The following groups were provided with Narcan kits after the appropriate training was completed. They Included:

LCCDAA  
Pa Counseling  
T.W. Ponessa Counseling  
Rase Project  
Lebanon County Correctional Facility  
Lebanon County Probation Services  
Lebanon Valley College  
HACC Lebanon campus.

Note: The local EMT staff and law enforcement agencies & police departments in Lebanon County also have Narcan kits. The LCCDAA continues to provide Narcan kits to social agencies, law enforcement & police departments.

5. ASAM Training

The Capital Area Behavioral Health Collaborative (CABHC) will fund a total of eight ASAM two day trainings with a total of 320 professionals to be trained in ASAM. The professionals are in Dauphin, Lancaster, Lebanon, Cumberland, and Perry Counties. As of 4/9/18, there has been a total of 120 professionals trained in ASAM. All the 320 professionals will be trained by the July 1, 2018 deadline. In Lebanon County specifically, the two staff members will be trained in ASAM before this deadline, as both are scheduled for this training. Matt Rys is scheduled for April 30 & May 1, 2018. Brandon Smith is scheduled for May 15 & 16, 2018.
<table>
<thead>
<tr>
<th></th>
<th># of Professionals to be Trained</th>
<th># of Professionals Already Trained</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCA</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Provider Network</td>
<td>320</td>
<td>120</td>
</tr>
</tbody>
</table>
Human Services and Supports/Human Services Development Fund

Adult Services:

Program Name: Second Start

Description of Services: This component supports case management services as it relates to working with homeless and/or in threat of becoming homeless families and/or individuals. Funding for this position is utilized in conjunction with the Emergency Food and Shelter National Board Program, Community Services Block Grant, and the Homeless Assistance Program. The goal of case management services is to assist the homeless in removing barriers in order to become self-sufficient. Results are achieved through goal planning which can include, but is not limited to, budget counseling, applying for main stream resources, applying for subsidize housing, establishing a savings account, securing and maintaining employment.

Service Category: Service Planning/Case Management - a series of coordinative staff activities to determine with the client what services are needed and to coordinate their timely provision by the provider and other resources in the community.

Generic Services:

Program Name: Information and Referral Services

Description of Services: The County currently provides a successful Information and Referral (I&R) program which serves the community and clients of various social service agencies. The program provides a comprehensive array of detailed information regarding human service agencies, referrals, elderly reassurance calls, etc. I&R staff refer clients to appropriate agencies for food, clothing, shelter and transportation, and provide necessary after-hour coverage for both county and various non-profit social service agencies on behalf of Lebanon residents. This service is provided 24 hours a day.

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

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

- [✓] Adult
- [✓] Aging
- [✓] CYS
- [✓] SUD
- [✓] MH
- [✓] ID
- [✓] HAP
<table>
<thead>
<tr>
<th>County: Lebanon</th>
<th>1. ESTIMATED INDIVIDUALS SERVED</th>
<th>2. HSBG ALLOCATION (STATE &amp; FEDERAL)</th>
<th>3. HSBG PLANNED EXPENDITURES (STATE &amp; FEDERAL)</th>
<th>4. NON-BLOCK GRANT EXPENDITURES</th>
<th>5. COUNTY MATCH</th>
<th>6. OTHER PLANNED EXPENDITURES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MENTAL HEALTH SERVICES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACT and CTT</td>
<td>Administrative Management</td>
<td>1,039</td>
<td>$219,542</td>
<td>$7,438</td>
<td>$242,012</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Administrator's Office</td>
<td></td>
<td>$371,936</td>
<td>$50,119</td>
<td>$15,807</td>
<td>$227,022</td>
</tr>
<tr>
<td></td>
<td>Adult Developmental Training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Children's Evidence-Based Practices</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Children's Psychosocial Rehabilitation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Community Employment</td>
<td>21</td>
<td>$126,409</td>
<td>$4,279</td>
<td>$8,515</td>
<td>$223,359</td>
</tr>
<tr>
<td></td>
<td>Community Residential Services</td>
<td>9</td>
<td>$586,398</td>
<td>$24,922</td>
<td>$13,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Community Services</td>
<td>319</td>
<td>$200,342</td>
<td>$8,515</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consumer-Driven Services</td>
<td>29</td>
<td>$26,200</td>
<td>$1,114</td>
<td>$223,359</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emergency Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Facility Based Vocational Rehabiliation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Family Based Mental Health Services</td>
<td>2</td>
<td>$8,148</td>
<td>$346</td>
<td>$111</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Family Support Services</td>
<td>25</td>
<td>$5,666</td>
<td>$241</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Housing Support Services</td>
<td>61</td>
<td>$59,162</td>
<td>$2,514</td>
<td>$150,770</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mental Health Crisis Intervention</td>
<td>1,936</td>
<td>$355,434</td>
<td>$15,106</td>
<td>$32,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>228</td>
<td>$185,893</td>
<td>$350</td>
<td>$7,900</td>
<td>$73,500</td>
</tr>
<tr>
<td></td>
<td>Outpatient</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Partial Hospitalization</td>
<td></td>
<td>$5,885</td>
<td>$250</td>
<td>$98</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Peer Support Services</td>
<td>3</td>
<td>$61,800</td>
<td>$147</td>
<td>$98</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Psychiatric Inpatient Hospitalization</td>
<td>1</td>
<td>$23,491</td>
<td>$98</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Psychiatric Rehabilitation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Social Rehabilitation Services</td>
<td>141</td>
<td>$230,367</td>
<td>$9,791</td>
<td>$69,500</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Targeted Case Management</td>
<td>507</td>
<td>$336,235</td>
<td>$1,007</td>
<td>$14,920</td>
<td>$1,028,071</td>
</tr>
<tr>
<td></td>
<td>Transitional and Community Integration</td>
<td>338</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL MENTAL HEALTH SERVICES</strong></td>
<td>4,661</td>
<td>$2,805,518</td>
<td>$51,476</td>
<td>$113,769</td>
<td>$1,832,212</td>
</tr>
</tbody>
</table>

<p>| <strong>INTELLIGENT DISABILITIES SERVICES</strong> |                                |                                      |                                               |                             |                |                               |</p>
<table>
<thead>
<tr>
<th>Administrator's Office</th>
<th>Case Management</th>
<th>Community-Based Services</th>
<th>Community Residential Services</th>
<th>Other</th>
<th><strong>TOTAL INTELLIGENT DISABILITIES SERVICES</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>320</td>
<td>76</td>
<td>1</td>
<td></td>
<td>397</td>
</tr>
<tr>
<td>Administrator's Office</td>
<td>$839,182</td>
<td>$73,413</td>
<td>$428,244</td>
<td>$262,235</td>
<td>$1,603,074</td>
</tr>
<tr>
<td>Case Management</td>
<td>$839,182</td>
<td>$73,413</td>
<td>$428,244</td>
<td>$262,235</td>
<td>$1,603,074</td>
</tr>
<tr>
<td>Community-Based Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Residential Services</td>
<td>1</td>
<td>$262,235</td>
<td>$11,145</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL INTELLIGENT DISABILITIES SERVICES</strong></td>
<td>397</td>
<td>$1,603,074</td>
<td>$6,724</td>
<td>$52,855</td>
<td>$20,872</td>
</tr>
</tbody>
</table>
3. Human Services Proposed Budget and Service Recipients Spreadsheet

### APPENDIX C-1: BLOCK GRANT COUNTIES

**HUMAN SERVICES PROPOSED BUDGET AND INDIVIDUALS TO BE SERVED**

<table>
<thead>
<tr>
<th>County:</th>
<th>1. ESTIMATED INDIVIDUALS SERVED</th>
<th>2. HSBG ALLOCATION (STATE &amp; FEDERAL)</th>
<th>3. HSBG PLANNED EXPENDITURES (STATE &amp; FEDERAL)</th>
<th>4. NON-BLOCK GRANT EXPENDITURES</th>
<th>5. COUNTY MATCH</th>
<th>6. OTHER PLANNED EXPENDITURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lebanon</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### HOMELESS ASSISTANCE SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>Estimated</th>
<th>HSBG Allocation</th>
<th>Planned Expenditures</th>
<th>Non-Block Grant</th>
<th>County Match</th>
<th>Other Planned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bridge Housing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rental Assistance</td>
<td>31</td>
<td></td>
<td>$15,122</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Shelter</td>
<td>115</td>
<td></td>
<td>$71,265</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Housing Supports</td>
<td>128</td>
<td></td>
<td>$6,122</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration</td>
<td>3</td>
<td></td>
<td>$3,722</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL HOMELESS ASSISTANCE SERVICES</strong></td>
<td>277</td>
<td>$146,289</td>
<td>$146,289</td>
<td>$</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

#### SUBSTANCE USE DISORDER SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>Estimated</th>
<th>HSBG Allocation</th>
<th>Planned Expenditures</th>
<th>Non-Block Grant</th>
<th>County Match</th>
<th>Other Planned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case/Care Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Non-Hospital</td>
<td>245</td>
<td></td>
<td>$242,672</td>
<td>$10,314</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication Assisted Therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Intervention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient/Intensive Outpatient</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partial Hospitalization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recovery Support Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL SUBSTANCE USE DISORDER SERVICES</strong></td>
<td>245</td>
<td>$242,672</td>
<td>$242,672</td>
<td>$</td>
<td>-</td>
<td>10,314</td>
</tr>
</tbody>
</table>

#### HUMAN SERVICES DEVELOPMENT FUND

<table>
<thead>
<tr>
<th>Service</th>
<th>Estimated</th>
<th>HSBG Allocation</th>
<th>Planned Expenditures</th>
<th>Non-Block Grant</th>
<th>County Match</th>
<th>Other Planned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Services</td>
<td>31</td>
<td></td>
<td>$11,637</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aging Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children and Youth Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic Services</td>
<td>420</td>
<td></td>
<td>$69,197</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialized Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interagency Coordination</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration</td>
<td></td>
<td></td>
<td>$8,982</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL HUMAN SERVICES DEVELOPMENT FUND</strong></td>
<td>451</td>
<td>$85,816</td>
<td>$85,816</td>
<td>$</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

| **GRAND TOTAL**                     | 6,031     | $4,887,369      | $4,887,369           | $58,200         | $176,948     | $1,853,084    |