Lebanon County Human Services Plan
FY 2026-2027

July 2, 2026

Submitted by:

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Christine Hartman, Administrator, Lebanon County Community Acton Partnership
James R. Donmoyer, Jr., Exec. Dir., Lebanon County Commission on Drug and Alcohol Abuse
Christine Heibel, Director of ID/EI Services, Lebanon County MH/ID/EI Program
Audrey Fortna, Director of Lebanon County Probation Services
Kasey Felty, Director of Mental Health Services, Lebanon County MH/ID/EI Program
Jocelyn Stakem, CHIPP Coordinator/Housing Specialist, MH/ID/EI Program
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Susan M. Douglas, Director of Fiscal Operation, Lebanon County MH/ID/EI Program

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Appendix A
Fiscal Year 2026-2027

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 153 of 2016, 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 assures that it and its providers 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 (relating to contract compliance):

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

Signature(s) Please Print Name(s)

	Michael J. Kuhn	Date: 7/2/2026
	Robert J. Phillips	Date: 7/2/2026
	Jo Ellen Litz	Date: 7/2/2026

2. Human Services Plan

Part I COUNTY PLANNING PROCESS

The County Planning Process has not undergone any significant changes since last year's submission. The Lebanon County human services planning committee has continued to meet as necessary to discuss the block grant funds and unmet needs. This committee includes members from MH/ID/EI, Drug and Alcohol, Lebanon Community Action Partnership and County Fiscal staff. The County continues with a team approach to develop consistent and uniform plans for delivery of human services.

The Children's Service Planning Committee, which is comprised of representatives from MH/ID/EI, Children and Youth Services, Probation, Drug and Alcohol, and CASSP meets as needed to review various aspects of human services delivery in the county including issues and barriers affecting the effective delivery of those services.

In February 2021, Lebanon County implemented a joint county team approach for complex case coordination. This team is comprised of members from MH/ID/EI, Children and Youth Services, Probation, Drug and Alcohol, and CASSP who developed a county policy and procedure for addressing complex cases for individuals under age 21 with overlapping involvement of services. Team members meet once a month or as needed for emergencies to discuss case needs and create a comprehensive strategic plan to address the needs.

Representatives from Children and Youth Services, MH/ID/EI, Drug and Alcohol, and CASSP also serve on the Community Health Council (CHC) of Lebanon. (The CHC in partnership with WellSpan Good Samaritan Hospital includes a CHC Executive Director.) The Community Health Council meets monthly and is a coalition of a wide range of representatives from our community. CHC is individuals and organizations working together to encourage and support a safe, healthy, and substance free community for every individual with a focus on community wellness. The coalition is constantly identifying unmet needs within the county and initiate new projects to address those needs. This includes searching for potential funding options to sustain the projects. This Board also oversees a number of projects including: Communities That Care, Communities Violence Prevention (PCCD), the 50+ Aging Your Way Festival, Aging Inspired (for the older adult population), Better Together addressing food access, mental health and physical activity, Community Health Worker Networking Group, Cultural Diversity Conference, Diabetes Prevention Program, Healthy Kids Day, Housing Collaborative, Mentor a Mother, Youth Only Fishing, Tobacco & Vaping Coalition, Suicide Prevention Task Force, Stronger Together (Heroin Task Force), and the Coalition to End Homeless of Lebanon County. These are just a sampling of the special projects through the Community Health Council of Lebanon.

Our Mental Health program utilizes several teams to discuss recommended services and support for county constituents. They utilize a treatment team (for children, adolescents and adults) that meet on a weekly basis to review recommended services and support before authorization or referrals occur. A diversion team meets monthly 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 teams work diligently to meet the needs of our residents in the least restrictive setting.

Mental Health also meets with the Community Support Program (CSP) monthly and the Quality Management Team (QMT) 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 and actively participate in the public hearings.

During 2022, Lebanon County implemented a Team MISA (Mental Illness and Substance Abuse). A collaboration established between Mental Health, District Attorney, PrimeCare, Probation, Prison, Drug & Alcohol, Court Administration, Crisis, Public Defenders office and Area Agency on Aging. This collaboration meets monthly to address the needs of criminal justice-involved individuals and develop plans to reintegrate individuals back into our community in the least restrictive setting with support.
In September 2024, a Re-entry Coordinator was hired and initiated re-entry coalition meetings. This coalition of stakeholders continues to meet on a regular basis to re-engage the community, to identify the specific needs or challenges of Lebanon County re-entrants, and to develop a strategic plan to put supports into place that positively impact the lives of returning citizens. This team is actively working with those released from prison to re-integrate with support in the least restrictive setting.

The Intellectual 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 Organizations (SCOs) meet 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, The "Work With Us" Employment initiative, a group dedicated to employment issues which consists of providers, ID staff, ARC, OVR, IU #13, and school district personnel meet quarterly 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 them.

Representatives from MH/ID/EI, Probation, and Drug and Alcohol serve on the Criminal Justice Advisory Board (CJAB) which meets bimonthly to review, discuss and address a variety of needs as it relates to issues within our justice system, both juvenile and adult. The CJAB Committee also includes members from law enforcement, Domestic Violence Intervention, the District Attorney's Office, Court Administration, the Public Defender's Office, the Sheriff's Department, County Commissioners, and the President Judge. In 2024 the CJAB by-laws were amended to permit non-voting members to make an application to CJAB. To date, three organizations have been approved: Sexual Assault Resource and Counseling Center (SARCC), Lebanon County Branch #26AA of the NAACP, and Potential Re-entry Opportunities in Business and Education (PROBE). DUI Court, Veteran's Court and Drug Court remain as treatment court options in Lebanon County. Individuals with pending charges and an identified drug and alcohol addiction or mental health needs can make application for participation in any of the Lebanon County Drug Court Programs, which offer an evidence-based and therapeutic approach to supervision in support of recovery. 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.

Collaborative discussions have been held for several years regarding the establishment of a Lebanon county Wellness Court (MH Court). The group of Lebanon County stakeholders who participated in the Pennsylvania Judicial Summit on Behavioral Health in October 2024 identified Wellness Court as one of the top goals for Lebanon County. A Wellness Court implementation team was established post-summit to gather information and develop the parameters. It is anticipated that Lebanon County Wellness Court will come to fruition prior to the end of 2026.

Lebanon County Commission on Drug and Alcohol Abuse (LCCDAA) maintains numerous programs within the County to combat the Opioid epidemic including a Methadone clinic and Buprenorphine treatment slots at the Lebanon Treatment Center. In addition to the numerous ongoing programs and services, several initiatives including: expansion of MAT services and Certified Recovery Specialists embedded in outpatient clinics, Contingency Management (CM) program for adults with OUD/SUD/Co-Occurring diagnosis, OUD Outreach Worker (RASE Project), a 15 bed male and a 15 bed female Recovery House (Herkey House) in Lebanon County, MAT maintenance program and MAT Induction program at the Lebanon County Correctional Facility, and a dedicated OUD/SUD/Co-Occurring Probation case manager. DUI Court continues to be very successful in the county. The Lebanon Heroin Task Force (Stronger Together) and the Lebanon County Drug and Alcohol Commission Advisory Board continue to take an active collaborative role to address the epidemic and prevention efforts within Lebanon County.

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 reintegrates the youth back into their home school, Cyber School or other viable option. The county lost their Multi-systemic Therapy (MST) provider in September 2025, however, we began discussion with a new provider in January 2026 and should have MST reinstated within the county sometime July/August 2026. MST have historically shown a noted decrease in placements, especially as it relates to Juvenile Probation. Finally, MH/ID/EI and Children and Youth Services have a positive relationship with True North Wellness, the provider for Functional Family Therapy (FFT). It is anticipated, through the continued use of this evidence-based services that the need for placements will be reduced.

Early 2026, Lebanon County Probation Services utilized grant funds from PCCD to procure a facility dog. After almost two years on the wait list with Susquehanna Service Dogs, Shannon has been assigned to the Probation team. Shannon will assist mostly with Lebanon County Treatment Court participants and individuals on the mental health caseloads, but she can also be utilized for individuals on supervision who are not on those caseloads but are experiencing anxiety about court or an office visit, or child victims who may be nervous about the investigation process. In addition, she has already been an asset to staff morale and wellness.

In January 2026, Lebanon County submitted a grant proposal to the GAINS Center for Sequential Intercept Mapping (SIM). We were not awarded this grant; however, we then applied for JRI 2 funds. We received notice in June 2026 of the approved JRI 2 funds and will begin the planning process for a county SIM workshop sometime late fall 2026.

The human services planning committee continues to identify unmet needs within our county, based upon outcomes, and increases the funding for rental assistance and shelter housing through Community Action Partnership, when funds are available.

The team of human service agencies within Lebanon County continues to utilize various resources such as advisory boards, consumer satisfaction surveys, housing surveys, assessments, and community meetings to ensure positive collaboration and furtherance of county planning purposes. 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. For many years, Lebanon County has demonstrated a strong collaborative effort. Barriers identified are quickly addressed, and if possible, removed to ensure continuity and consistency of services. Agency directors have a positive working relationship with one another that allows for the betterment of Lebanon County.

Part II PUBLIC HEARING NOTICE
Proof of Publication: LebTown online and Facebook

Sponsored by **Lebanon County MH/ID/EI Program**

- May 28, 2026

First notice, published May 28, 2026

https://lebtown.com/2026/05/28/notice-of-public-hearings-for-lebanon-county-mh-id-ei/

You are invited to participate in public hearings as part of the process to develop Lebanon County's Fiscal Year 2026-2027 Human Services Plan. This plan includes information for Lebanon County Mental Health, Intellectual Disabilities, Commission on Drug & Alcohol and Community Action Partnership. We would truly appreciate your feedback!

The public hearings will be held in-person at Lebanon County MH/ID/EI Conference Room D, 220 East Lehman Street, Lebanon, on the following dates/times:

- Wednesday, June 17, 2026 at 10:00 a.m.
- Wednesday, June 24, 2026, at 2:00 p.m.

Questions about the public hearing should be directed to Holly Leahy, Administrator, Lebanon County MH/ID/EI Program at 717-274-3415 or

holly.leahy@lebanoncountypa.gov.

https://lebtown.com/2026/06/04/second-notice-of-public-hearings-for-lebanon-county-mh-id-ei-2/

Second notice, published June 4, 2026

Sponsored by **Lebanon County MH/ID/EI Program**
June 4, 2026

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PO Box 630531 Cincinnati, OH 45263-0531

Proof of Publication: Lebanon Daily News

USA TODAY CO.

* LocaliQ

AFFIDAVIT OF PUBLICATION

JUL 0 6 2026

Lebanon County Mh/Id/Ei 220 E Lehman ST Lebanon PA 17046-3930

STATE OF WISCONSIN, COUNTY OF BROWN

The Lebanon Daily News, a newspaper published in the city of Lebanon, Lebanon County, State of Pennsylvania, and personal knowledge of the facts herein state and that the notice hereto annexed was Published in said newspapers in the issue:

06/03/2026, 06/09/2026, 06/16/2026, 06/21/2026

and that the fees charged are legal.
Sworn to and subscribed before on 06/21/2026

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Lebanon County Human Services
Public Hearings

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June 3, 9, 16, 21 2026
LSOM0525185

❖ **Summary**

LEBANON COUNTY
FY 26-27 HUMAN SERVICES PLAN PUBLIC HEARING #1

Location/Method: In-person at Lebanon County MH/ID/EI 220 East Lehman Street, Lebanon, PA
Date: 6/17/2026 – 10:00 AM to 11:30 AM

The public hearing began at 10:03 a.m. with Holly Leahy, Administrator of the Lebanon County MH/ID/EI Program, welcoming guests, and staff. For today's public hearing, a detailed PowerPoint presentation was created and presented by each contributor to the written plan.

After those in attendance introduced themselves, Holly Leahy gave a brief background into the timeline, county planning process, and development of the plan.

Janine Mauser, Lebanon County CASSP Coordinator, presented Cross Collaboration of Services focusing on employment and housing. The county outlines collaborative efforts to provide employment and housing support. Vocational support is available. The county employs a dedicated employment specialist, who attends meetings to stay informed. It was stated that a housing development director was hired as part of the housing collaborative initiative. Holly Leahy, Administrator of Lebanon County MH/ID/EI, mentioned that Kasey Felty would offer more about the existing county housing. There were no questions or comments.

Sue Douglas, Director of Fiscal Operations, presented the overall split for the block grant funds amongst the county departments, as well as the percentage of each department's overall budget the block grant comprises. She also explained that some departments receive separate grant funds which increases their funding overall. (This is important to note since the actual state allocations have not increased.) She explained that the block grants only make up a portion of some of the funding. There were no questions or comments.

The Mental Health section of the plan and a summary of each of the various components were presented by Kasey Felty. This included a financial pie chart indicating how funds are spent, presented by Sue Douglas.

Kasey explained Base funding, Reinvestment funding, and HealthChoice funding. Kasey added that without the reinvestment funds, it will be more difficult to bring new programming into Lebanon County.

Donna Forte: Do you prefer to have a contract with a provider, in the event base funding is needed in advance?

Kasey: Yes, I will be going over that information in the next slide.

Kasey went over a list of services. She explained the individuals served through base funding.
She then went on to list the goals for 2026-2027, which included maintaining supports with no or limited re-investment funds, expanding the cottage, develop a home for males; as the current program focuses on females only. Holly Leahy stated that, this is not currently approved by the county commissioners, this will be presented to them tomorrow morning. Kasey added that a mental health court is also in the works as well. She stated that a small team is on this and if all goes well it should be in place by the end of 2026. Kasey also added that this is in the very early stages of development.

Kasey went on to discuss the housing support services. She stated this combines affordable housing with tailored services. It helps individuals achieve stability and independence. It is geared towards individuals facing complex situations. Kasey stated that there is really great success with this program, it offers case management support. She added that they are always looking to expand.

Madison Colaco: The rental subsidies are separate from the rent rebate program from the state?

Kasey: Correct.

Amanda Crotsley: I can't remember if you spoke about this or not already, Are you looking to add any males in the homes?

Kasey: Not at this time, it is still a new program. It is primarily for the sex that currently is in the home. At this time it is females in the home, if it were empty we could look at data, need, funding, if that would be possible to add males. Kasey went over the program mental health highlights.

Kasey stated that Crisis Intervention has strengthened crisis services in Lebanon County. Holly added that a lot of work has gone into those services over the last few years. It provides what is needed in the community. Kasey stated that the narrative contains a reduction in 302's, no waiting list for Wernersville State Hospital, or extended acute care. Also, less emergency room visits. Kasey stated that these regulations may derail that. Kasey went on to suicide prevention initiatives.
Kasey stated there is a very active suicide prevention task force within the county. This has a huge presence/awareness. Anyone wanting to become involved should reach out to Kasey.

Kasey went on to speak about CCRI. (Consolidated Community Reporting Initiative)
She stated that they must report any funding used, as well as tracking, that the funds are being used appropriately. Sue went over the budget for mental health with slides and pie charts. Kasey added that commercial insurance typically does not cover crisis services. Kasey stated concerns with the new regulations would be where would that money be coming from if there was no increase in base funding. Also, services may be lost. Sue explained that we provide mental health funds for crisis intervention. Holly stated that these new regulations could be detrimental to individuals' health and well-being. Individuals would drop out of services, also could be taxing to the county. Kasey added that waiting lists for other services, due to staffing, would lead to more people requiring services. A lot of monitoring for the new year, which we are grateful to maintain.

Christine Heibel, Director of ID/EI Services followed with a review of the ID section of the plan and the sources of data that were used to develop this section. This included a financial pie chart indicating how funds are spent, presented by Sue Douglas.

Chris Heibel went over Intellectual Disability Services. Explained where the funding is coming from. She stated that funding comes from base funding, waiver funding, and state/federal money. ODP determines what money we get. Sue explained in detail the ID funding statistics.

Chris explained the monitoring, investigations (abuse/neglect) that may arise, and additional programs. She explained the services included such as respite care, job coaching, and where the support coordination services come into play. She stated there are three agencies that monitor these services. Also, mentioned that once a year an award ceremony is held to honor individuals.

Donna Forte: Do you have any health or provider fairs to share with individuals and their families?

Chris: We did this year, targeted as a disability health fair. This was held at the aging office with over forty different vendors. If you would like to be involved, I will take your information down for future events. We do have a provider meeting once a quarter. We do not have as many events as mental health due to funding.

Kieran McKinney, Lebanon Community Action Partnership, then provided an overview of the Homeless Assistance Program (HAP) services. Kieran filled in for Christine Hartman. Kieran explained Bridge Housing Services, Case Management, Rental Assistance, and Emergency Shelter. She stated most of their referrals come

from phone calls. She stated that they have a staff of only eight people but are mighty. Their office is very busy. Kieran stated it is hard to keep individuals on track; they must meet goals to be successful. She explained that rental assistance is to avoid eviction and that the person meets with a housing case manager. Emergency shelter, they are provided with hotel vouchers to a local inn in Lebanon. She stated that this is the only one willing to work with CAP. Kieran then explained that the homeless count is so intense, the vouchers are being used a lot. She then went into Initiative Support Housing Services as well as Transitional Housing. She explained a pie chart.

Sue then went into more detail.

Commissioner Kuhn had to leave the meeting due to another scheduled meeting. He offered kind words before leaving. He stated that the new regulations will threaten services and loss of license. He stated this will cause overcrowding in the emergency rooms and more people in prisons. Commissioner Kuhn said he thinks it is very sad how the state is handling this.

Holly explained planned expenditures with a pie chart.

James Donmoyer, Executive Director of the Lebanon County Commission on Drug and Alcohol Services reviewed the Substance Use Disorder section of the plan. This included a financial pie chart indicating how funds are spent, presented by Sue Douglas.

James started by stating that his office is to assess, refer, and fund individuals. He stated that people get very confused about this when they call his staff. They must explain that they don't provide the actual services. James explained that his office does not ask the county for any type of funding. Their funding comes from federal funds, DDAP funds, and block grants. He stated that the block grants are very helpful to their programs. He went on to explain the long list of services in Lebanon County. James went onto go over the Wait list information. He then explained the Overdose Survival data, went into details about the warm hand off program in Lebanon County. James stated that the White Deer Run facility recently closed. James stated his goals are to have less people I the emergency room and that the numbers in general are looking better. James went onto explain the Narcan resources available in Lebanon County. He stated that if you are not on the list for that, let him know. James stated that he gets requests for Narcan all the time. He explained that the number of overdose deaths is going down, and that the numbers are headed in the right direction. James went on to discuss his treatment services that he believes are needed in Lebanon County. The first one being a half-way house in the county. The next one is adding a provider contract for intensive outpatient counseling and getting back a withdrawal management program. James went onto the treatment services expansion list. No questions or comments for James.

Sue went over the Drug and Alcohol Expenditures Cost chart. She explained that they do not get a lot of block grant money as they get federal funds. They do funnel money to other programs that are in need.

Holly asked if there are any questions for James. No questions or comments. Holy went over Human Services and Supports. (HSDF) Holly explained that a lot happens daily through Crisis Intervention. He went over a pie chart as well.

Holly Leahy concluded the public hearing by thanking the participants and asking them to email staff any additional comments or questions. She also indicated that the PowerPoint presentation can be shared electronically upon request and that the final approved human services plan would be shared as well.

Holly thanked everyone for their partnerships in serving our disabled community.

❖ **PUBLIC HEARING #1 - Sign-In Sheet / Log of Participants**

LEBANON COUNTY
FY 2026-27 HUMAN SERVICES PLAN
PUBLIC HEARING #1
6/17/2026

NAME	AFFILIATION	EMAIL
Kieran McKinney	Lebanon Community Action Partnership	Kieran.mckinney@lebanoncountypa.gov
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Kasey Felty	Lebanon County MH/ID/EI	Kasey.felty@lebanoncountypa.gov
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Holly Leahy	Lebanon MH/ID/EI	holly.leahy@lebanoncountypa.gov
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Brandon Smith	Lebanon Drug & Alcohol Commission	Brandon.smith@lebanoncountypa.gov
Donna Forte	Safe in Home Remote Supports	dforte@safeinhome.com
Madison Colaco	Congressman Meuser's Office	Madison.colaco@mail.house.gov
Michael Kuhn	Lebanon County Commissioner	Michael.kuhn@lebanoncountypa.gov

❖ **Summary**

LEBANON COUNTY
FY 2026-2027 HUMAN SERVICES PLAN PUBLIC HEARING #2

Location/Method: In-person at Lebanon County MH/ID/EI 220 East Lehman Street, Lebanon, PA
Date: 6/24/2026 – 2:00 PM – 3:30 PM

The public hearing began at 2:03 PM. with Holly Leahy, Administrator of Lebanon County MH/ID/EI, welcoming guests and staff. After those in attendance introduced themselves, a detailed PowerPoint was presented on the Human Service Plan for the 2026-2027 Fiscal Year.

Holly Leahy began the presentation by giving a brief background into the timeline, county planning process, and development of the plan.

Jocelyn Staken, Lebanon County CHIPP Coordinator/Housing Specialist, then presented on the Cross Collaboration of Services and the focus on employment and housing. There were no questions following this section.

Susan Douglas, Director of Fiscal Operations, presented the overall split for the block grant funds amongst the county departments, as well as the percentage of each department's overall budget the block grant comprises. She explained exactly what a block grant is.

Lori Burrus: Is the block grant funding different than state funding?

Susan Douglas: Yes, we receive state and federal dollars that are what we call categorical. They can only be used in the program to which they are funded. MHID, HAP, etc. The block grant funds are state funds, and they can me moved between the programs as needed.

Holly Leahy: When we refer to base funding this is really the base funding for the program. This is how we a funding our services and support within the county.

JoEllen Litz: A lot of times the state funding comes from federal funding and other times it does not, which is it here?

Susan Douglas: I'll start with the Drug and Alcohol program; a lot of their funding is federal funding. All our treatment money, our state opioid response money, that's all federal money.

JoEllen Litz: Is this directly from the federal government or via the state?

Susan Douglas: Via the state, through our allocations. The state is responsible for doing those and sends us allocation letters. In the allocation letter it is designated if it is federal or state, what appropriation number it's coming from, all that information. For MH/ID and for HAP and HSDF their funds are mostly from the state. There is not a lot of federal funds, though there are community mental health block grants funds which are about $200,000 and a Social Services Block Grant, but there is not a lot for MH/ID programs. Those are the only federal ones.

JoEllen Litz: In 2012 when I was president of the County Commissioners Association one of the things that I lobbied for was state funding of mental health.

Susan Douglas: Yes, we are always still looking for that.

JoEllen Litz: And we are still looking for that, but I didn't know, to get to her point, if it was truly state money or if it was funneled down from the feds. Is it all state money basically?

Susan Douglas: Yes, but it also depends on which program your talking about. Drug and Alcohol has a lot of federal money, but the MHID programs are mostly state funded.

Kasey Felty; Director of Mental Health, presented the Mental Health section of the plan and a summary was given on the various components.

Lori Burrus: What is a service within that funding?

Kasey Felty: The Medicaid service?

Lori Burrus: Yes, is that what it is?

Kasey Felty: Yes, medical assistance provides insurance for individuals to receive mental health services. They can use that for psychiatry, for outpatient services, etc. So that is for the individuals that qualify for medical assistance.

Pretty much all the mental health services, the ones that we create within our county program, have nothing to do with insurance.

Holly Leahy: The Medicaid funding is for all behavioral health services so that does include both mental health and substance abuse populations.

Kasey Felty went on to explain the MH Housing Support Services available in the county and provided an overview of the number of individuals each program was able to serve. She stated part of the mental health plan is to maintain and support current services. A mental health court is hopefully to be up and running by the end of 2026, all contingent on state funding.

James Donmoyer: How many people are in the Fairweather Lodge?

Kasey Felty: That program can have 6.

Kasey stated they are really excited about the expansion of forensic transitional home, which would house males. She stated the female home has had great success. Kasey explained how the Crisis services in Lebanon County have been a huge help and have been a great addition to the county. The new regulations could be detrimental to the services currently offered. Kasey shared that a huge portion of the mental health budget does go to the crisis intervention services. Kasey shared concerns over the new regulations.

Kasey then touched on the counties Suicide Prevention Initiatives and the Consolidated Community Reporting Initiative. Kasey stated that the suicide task force is robust. She went on to explain all of the suicide prevention events. She stated there has been a decrease of death by suicide. Kasey explained CCRI; a report that tracks the funding and that the funds are used appropriately. Susan Douglas presented on the funding of Mental Health.

Chris Heibel, Director of ID/EI Services, presented the Intellectual Disability Services portion of the plan and its various components with Susan Douglas presenting a further breakdown on the program funding. Funding for ID services in the county is determined by the ODP and is a combination of Base and Waiver funding. There were no questions following this section.

Christine Hartman, Administrator of Lebanon County Community Action Partnership, presented on the Homeless Assistance Program (HAP). Christine explained the Bridge House and that case management is vital. She went on to explain rental assistance, and emergency shelter.

Jo Ellen Litz: It says displaced due to fires and condemnations. If it were like a Campbelltown tornado or some other natural event, would you be the one assisting with temporary homelessness?

Christine Hartman: Well, we could. A lot of those are homes covered by homeowners' insurance. What we normally do is help with the renters in Lebanon who don't typically get renter's insurance as their landlords don't make them get it.

Jo Ellen Litz: So they don't have to be homeless for a year?

Christine Hartman: No. If they come in from public safety right now we would put them up until we can find other means. A lot of people like to call and ask if we give hotel vouchers, but with our funding we can't do that all the time. We work closely with Crisis, who is our provider after hours, as well as with The Mission and Fresh Start to see what openings they have. With our vouchers, it is typically a means of last resort because we must save them for condemnations, natural disasters, fires, and code blues. We fund the code blues to put unsheltered people up during code blue times when the weather gets bad. We have to regulate it a little bit.

Jo Ellen Litz: Thank you. They are just calling for tornadoes every other day. Do we send them to you, because that is a question I am asked.

Christine Hartman: Yes. If you come across anyone that is unsheltered have them call us first and we can figure it out.

Christine touched on the Innovative Supportive Housing Services offered by CAP and the Homeless Management Information System before going over the funding for the programs offered in her department.

Sandi Arnold: What is Fresh Start?

Christine Hartman: Fresh Start is our Lebanon county shelter located at the Chestnut Street Community Center. We don't have a low barrier shelter in Lebanon, there are barriers here like drug testing and they do run a background check. It's mostly for families with children and they can stay up to 30 days.

James Donmoyer, Executive Director of the Lebanon County Commission on Drug and Alcohol Services reviewed the Substance Use Disorder section of the plan. This included a financial pie chart indicating how funds are spent, presented by Susan Douglas

James noted that with the block grant, Drug and Alcohol can share their extra funding with the other departments in our building. James noted that their base funding has not gone up in several years, but MH was faced a significant 10% decrease in 2012 of their base funding. There have only been 2 small increases since, so Drug & Alcohol can use their extra funding to support MH and additionally HAP programming. Most of D&A's funding comes from federal funds and DDAP. At the Lebanon Counties Commission on Drug and Alcohol the office assess, refers, and fund individuals. With the closure of White Deer Run, the county is looking to re-establish a provider contract for Intensive Outpatient Counseling, Inpatient 3.5 Rehabilitation Program, and Withdraw Management. Currently, there is progress being made to open a halfway house in the county The county is also in need of adolescent IOP and partial as well as early intervention programming for adults. Currently there is a contract with Compass Mark to provide prevention education in schools. There are also Student Assistance Programs (SAPs) in which we contract with Empower the Mind to assess and refer adolescents. James explained the Narcan resources in Lebanon County. He stated they are currently working on the half-way house in the county. James explained the needs of the county in further detail.

Sandi Arnold: The Student Assistance Program, is that different from the things that go on with say elementary on up and the police?

James Donmoyer: Yes. The Student Assistance Program has nothing to do with law enforcement. It's just two different things.

Sandi Arnold: What does the Student Assistance Program actually do?

James Donmoyer: What they do is they work with the school district and with the guidance counselors to identify troubled youth. Maybe those missing school, smelling of a certain odor, or under the influence. Those are the ones that get referred to the school for disciplinary things. When the parents and kid meet with the school and the kid admits to a problem with drug and alcohol, they are then referred to SAP which can assess and refer them to treatment. James showed slides and explained the opioid funds. He explained treatment services have case managers.

James went on to discuss the Law Enforcement Treatment Initiative (LETI). Individuals referred to LETI for D&A have their treatment funded by the commission. Sue Douglas presented details of the budget.

Lori Burrus: The LETI Program, is that adults and youth?

James Donmoyer: That is adults. Basically, there are three phases to it. The first phase is self-referral, which hardly ever happens. I'm not sure why you would if you're not involved in the criminal justice system.

Matt Rys: That would include like a family member reaching out to law enforcement saying "My son has an issue and I'm looking to get him into treatment."

James Donmoyer: The second phase would include those folks who have police officer contact. The Police Officer can arrest them/file charges but also refer them to LETI. If the person gets on with LETI, the charges don't go away but could however reduce sentencing. The third and most common phase comes after arrest. When they go to their preliminary hearing the District Attorney can refer them to LETI where they could potentially get their charges reduced. Again, the charges do not go away.

Christine Hartman, Administrator of Lebanon County Community Action Partnership, presented on the Human Services Development Fund (HSDF) and how the programs funding is distributed. There were no additional questions regarding HSDF.

Holly Leahy concluded the public hearing by thanking the participants and asking them to email staff any additional questions or comments. She also indicated that the PowerPoint presentation can be shared electronically upon request and that the final approved human services plan would be shared as well.

Holly thanked everyone for their partnerships in serving our disabled community.

- **PUBLIC HEARING #2 - Sign-In Sheet / Log of Participants**

LEBANON COUNTY
FY 2026-27 HUMAN SERVICES PLAN
PUBLIC HEARING #2
6/24/2026

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Part III Cross-Collaboration of Services

Lebanon County aims to use its funding creatively to strengthen cross-system development and collaboration, recognizing that such coordination leads to positive outcomes while maintaining fiscal responsibility. We are committed to supporting individuals in the least restrictive environment possible and upholding the CASSP principles: family-focused, community-based, multi-systemic, culturally competent, least restrictive, and least intrusive. Lebanon County acknowledges that families often face challenges spanning multiple systems; therefore, a holistic, integrated approach to service delivery is essential.

Because individuals often interact with multiple systems and services, extensive collaboration and careful planning occur across departments. Each department evaluates its available resources and determines how best to support the individual in a cost-effective and coordinated way. Increasing recognition of the critical roles that housing and employment play in overall well-being and recovery has brought significant focus to these areas. Lebanon County remains committed to exploring additional opportunities to better serve our community and to strengthening the partnerships among local agencies.

As noted in recent submissions, many agencies and supports referenced below continue to face significant staffing shortages, which have affected their capacity to deliver services effectively. Despite these challenges, they remain essential components of the network that supports our residents. Acknowledging these ongoing constraints makes collaboration among county agencies even more critical. Lebanon County will remain diligent in exploring viable service models and potential funding sources to address these needs and continue serving our community effectively.

1. Employment:

Due to ongoing flat funding levels, Lebanon County has been unable to implement new employment programs or initiatives. Despite these fiscal constraints, we remain committed to optimizing the effectiveness of our existing programs to meet the needs of the community. Several established employment pathways continue to operate successfully, and these opportunities remain accessible to individuals engaged with our systems.

Agencies continue to utilize CareerLink for individuals to pursue employment opportunities. Individuals can experience job opportunities, interview and resume assistance, and opening a Pa CareerLink account to access resources. Their downtown location allows for increased access for walk-in clients and overall greater community engagement.

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 designated for employment services only. OVR funds may also be pursued, as appropriate, to assist individuals with supportive employment opportunities. The administrative entity is a part of the Lancaster/Lebanon Employment Coalition which is comprised of various stakeholders with the common goal of improving employment outcomes. According to fiscal year 25-26 reporting, approximately 27% of individuals between the ages of 18 to 64 who receive services were competitively employed.

The county mental health office works closely with its local providers to provide employment opportunities to those diagnosed with a serious mental illness. 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. The mental health office has identified a dedicated employment specialist who participates in the quarterly OMHSAS employment meetings.

There are a variety of services that assist eligible individuals towards gainful employment. These providers include Quest, OVR, Assertive Community Treatment Team (ACT), Blended Case Management, Psychiatric Rehabilitation, Tec Centro, AHEDD, DDS, QUEST, YAP, and Vista. An additional layer of support exists for individuals who have expressed employment as a goal and are enrolled in one of our housing or peer support programs.

2. Housing:

With no new mandates Lebanon County continues to follow their Olmstead Plan Status Update Report submitted in July 2019. The 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.

The Housing Authority of the County of Lebanon (HACL) serves as a key partner in this work. HACL remains open to collaboration as new housing opportunities arise and actively participates in numerous countywide housing initiatives. Ongoing discussions continue to explore options that expand choice and promote community integration. HACL supports all populations, including individuals with disabilities, in identifying safe, appropriate, and affordable housing options.

Last year's submission mentioned three Lebanon County organizations that formed a housing collaborative to address county wide housing needs via a WellSpan grant. A housing development director has been hired and is working steadily to establish partnerships within the county to expand housing opportunities.

As is the case in every county, Lebanon deals with the problem of homelessness. A collaborative partner in addressing this issue is LCCM. They provide assistance related to health-related social needs. Partner agencies can submit a voucher request for unmet needs including clothing, food, shelter, transportation, childcare and utilities. LCCM remains dedicated to a more holistic approach in combating homelessness. They continue to partner with the Chestnut Street Community Center for temporary shelter. A continued community outreach effort includes a fresh produce market that is available weekly. Step Into Life Ministries utilize space within LCCM to offer laundry and shower drop-in services to the unhoused.

Due to funding, no new housing programs were implemented for this year. However, we continue with our existing housing programs. We also continue with our existing housing initiatives; the New Start Program and the Forensic Transitional (Cottage) Program. In addition, Jumpstart continues to serve our young adult population. All programs have the goal of self-sustainability through ongoing case management and skill building. Eligibility for the programs is established through the county mental health system with referrals stemming from provider agencies.

Part IV HUMAN SERVICES NARRATIVE

❖ MENTAL HEALTH SERVICES

a) Program Highlights:

Some of the program highlights during fiscal year 2025-2026 include:

a. Lebanon County Mental Health has continued to expand and achieve significant success with our Housing Support Services. The county is now in the early stages of developing additional forensic transitional housing and supports. This expansion will specifically serve males involved in the forensic system and will mirror the structure and approach of our existing forensic housing support program.

b. Lebanon County Mental Health, in partnership with WellSpan Philhaven, has continued to strengthen and enhance Crisis Intervention Services for Lebanon County. These enhancements have resulted in several significant achievements over the last fiscal year, including:

- **i.** A 79% increase in mobile crisis responses
- **ii.** A 38% increase in walk-in contacts
- **iii.** An 11% decrease in Emergency Department visits
- **iv.** A 37% increase in crisis-related phone calls
- **v.** A reduction in involuntary commitments
- **vi.** The "Community Champions" Award in the small/medium hospital category from The Hospital and Healthsystem Association of Pennsylvania (HAP)
- **vii.** The 2026 "I Am Patient Safety" Award in the Healthcare Disparity category from the Patient Safety Authority
- viii. Additionally, Crisis Intervention partnered with the Lebanon County Humane Society to provide safe-haven services for pets belonging to individuals who are involuntarily committed.

c. Lebanon County Mental Health partnered with Mental Health America of Lancaster/Lebanon County to reintroduce Advocacy Services to the Lebanon County community. Mental Health America of Lancaster/Lebanon County will provide the following services:

- **i.** Family and Child Advocacy
- **ii.** Adult Advocacy and Peer Support
- **iii.** Prison Advocacy, Support, and Education Programming

d. Lebanon County Mental Health and community mental health providers have expanded community outreach efforts by creating the Mental Health Awareness Festival, partnering with local Aevidum Clubs for the Together for Tomorrow 5k event and coordinating multiple Suicide Prevention activities held throughout September.

e. Lebanon County Mental Health continues to sustain its current service system with minimal to no reductions in county-funded programming.

b) Strengths and Needs by Populations

1. Older Adults (ages 60 and above)

- Strengths:
  - Lebanon County continues to maintain an ongoing collaborative relationship with our local Office of Aging to develop person-centered plans for older individuals who have a mental health diagnosis. Annually, memorandums of understanding (MOU) agreements are renewed.
  - Keystone Human Services Specialized Community Residence (SCR) is a licensed personal care home, enhanced with a nurse and specialty MH trained staff, to support individuals with severe mental illness when they develop significant physical health needs.
  - QUEST, Inc. is working on special licensing for older adult day programming.
  - Older adults may have access to all the services identified on our List of Existing County MH Services Chart.

- Needs:
  - Lebanon County needs nursing and personal care homes willing to accept individuals with serious mental illness. This continues to be a long-standing challenge, both in serving the state hospital population, as well as other community special needs populations. An individual may be approved for nursing or personal care home level of care but experience a lengthy waiting list until a home is able to admit them.
  - Providers that specialize in geriatric behavioral health care. Currently we have no providers with this specialty in Lebanon County.
  - Lebanon County needs to continue to increase outreach to our older population through education of the services and supports that are available to them.
  - Access to services is more difficult for individuals that have Medicare as the insurer. Lack of Medicare providers significantly affect service options and access to care for Older Adults.

2. Adults (ages 18 to 59)

- Strengths:
  - Lebanon County Mental Health continues to focus on developing new housing support opportunities and enhancing the existing housing support opportunities for individuals diagnosed with Serious Mental Illness.
  - Telehealth services are assisting with providing service opportunities to individuals that may typically have barriers to accessing services.
  - The List of Existing County MH Services Chart outlines specific services currently provided within our county for all adults diagnosed with a Serious Mental Illness. We consider our service array to be a strength despite continued funding concerns and capacity limitations.

- Needs:
  - Expansion of treatment providers to varied sites located across our county. This expansion would be able to increase service availability and accessibility due to transportation issues.
  - Mental health screening at county central booking to divert to treatment versus fines, charges, or imprisonment.
  - Serious Mental Illness (SMI) priority in all residential services.

- Continued outreach, community awareness and involvement led by the Suicide Prevention Task Force to reach individuals that are not involved in public mental health services.
- Lebanon County would benefit from advancing and implementing Peer-run Behavioral Health Services.
- Increased support for our local Community Support Program.

3. Transition age Youth (ages 18-26)

- Strengths:
  - 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.
  - The WARRIOR Project assists youth with developing a person-centered plan (goals) as they prepare for adulthood and effective strategies to accomplish them. This person-centered plan allows 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.
  - Jumpstart Housing Support provides recovery-oriented, resiliency-based support to young adults living with mental illness and/or co-occurring substance abuse. Jumpstart is time-limited and meant to empower individuals to develop the skills necessary to successfully live independently, obtain employment, and actively engage as members of their community.
  - Complex Case Team was created with the goal of the Lebanon County child-serving departments to focus on early intervention, long-term prevention, and services that support family stability, safety, community protection, and the child/youth's healthy development and permanent connections.
  - QUEST, Inc. provides specialized case reviews to assist with Individualized Educational Plan meetings.
  - Full continuum of services through HealthChoices system to include but not limited to inpatient services, partial hospitalization, outpatient services, Intensive Behavioral Health Services, After-School program, Family Based Mental Health Services, CRR Host Home and RTF.

- Needs:
  - Specialized support is needed for Transition age youth who are aging out of the children's system but do not meet eligibility criteria for county-funded adult services. Many of these individuals have relied on intensive, high-level service systems throughout their youth and have not had the opportunities to navigate significant challenges without the structured supports they have previously depended on.
  - Specialized support and training opportunities for Transition age youth to learn employment skills.
  - Expansion of Jumpstart to serve male and female populations.

4. Children (under age 18)

- Strengths:
  - Most Children's Services are not funded by base dollars but rather Medical Assistance, the Managed Care organization or their parent's/guardian's insurance. Lebanon County does have base funding to cover needed services if not covered by insurance.
  - Lebanon County has a strong CASSP system that supports and is supported by the entire county child serving agencies.
  - Student Assistance Program behavioral health consultation. Each school district in Lebanon County has a behavioral health professional assigned to them. SAP behavioral health professionals consult with school staff to recommend and refer children to appropriate mental health and/or substance abuse services.
  - Complex Case Team was created with the goal of the Lebanon County child-serving departments to focus on early intervention, long-term prevention, and services that support family stability, safety, community protection, and the child/youth's healthy development and permanent connections.
  - Wellspan Philhaven provides Peer Support Services (individual and group) to individuals that are 14 years of age or older.
  - New Psychiatric Rehabilitation regulation provides the ability for agencies to serve individuals that are 14 years or older.
  - Full continuum of services through the HealthChoices system to include but not limited to: inpatient services, partial hospitalization, outpatient services, Intensive Behavioral Health Services, After-School program, Family Based Mental Health Services, CRR Host Home and RTF.

- 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.
  - Greater education is provided to parents/guardians regarding Medical Assistance and the Managed Care system.
  - Lebanon County continues to experience disturbances with timely access for all child/adolescent mental health services. Lebanon County continues to engage in conversations to try to problem solve the dire situation; however, reductions in funding and lack of effective solutions continues to decrease the quantity and availability of child/adolescent behavioral health services in our county.

5. Individuals transitioning from state hospitals

- Strengths:
  - Lebanon County has a strong commitment to community integration. Housing programs focused on diversion include the Enhanced Personal Care Home, New Start Program and Fairweather Lodge.
  - CHIPP Coordinator actively attends Wernersville State Hospital and Extended Acute Unit meetings for collaboration and coordination of discharge planning.
  - Community Support Plans are developed to connect individuals with support and treatment services prior to discharge. This community support plan follows the individual upon discharge and is a "road map" for community re-integration.

- The List of Existing County MH Services Chart outlines specific services currently provided within our county for all adults diagnosed with a Serious Mental Illness.

- Needs:
  - Historically, Lebanon County has consistently maintained a waiting list for Wernersville State Hospital and Extended Acute Unit beds due to individuals with serious mental illness requiring higher levels of care coupled with limited financial resources. Many individuals also have significant personal care needs, which further restrict community discharge options, as there are few suitable placements for those with both medical and psychiatric complexities.
  - Lebanon County needs nursing and personal care homes willing to accept individuals with serious mental illness. This continues to be a long-standing challenge, both in serving the state hospital population, as well as other community special needs populations. An individual may be approved for nursing or personal care home level of care but experience a lengthy waiting list until a home is able to admit them.
  - Lebanon County continues to lack access to a Long-Term Structured Residential (LTSR) program, which is essential for individuals with severe and persistent mental illness who have maximized the benefit of state hospital care but cannot safely or effectively be supported within the existing community-based service system. Establishing access to an LTSR level of care would fill a critical gap and ensure that these individuals receive the intensive structure, supervision, and treatment needed to maintain stability and prevent unnecessary hospitalization.

6. Individuals with co-occurring mental health/substance use disorder

- Strengths:
  - Co-occurring (mental health and substance use disorder) Outpatient Treatment Services through two providers, PA Counseling Services and 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.
  - Lebanon County has developed specialty courts (Drug, DUI, Veterans) with the purpose of diverting individuals from incarceration or if they are incarcerated to provide services and supports upon release.
  - The List of Existing County MH Services Chart outlines specific services currently provided within our county for all adults diagnosed with a Serious Mental Illness.

- 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 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.

7. Criminal Justice-involved individuals

- Strengths:
  - Team MISA was implemented to divert low risk individuals with mental illness and other special needs from prison in the very early stages of incarceration. Each representative has a strong interest in improving the Criminal Justice System's handling of persons with mental illness and other special needs while having the authority to influence change within their respective departments. Each Team MISA meeting focuses on developing effective working relationships and processes between the systems, reducing jail time for individuals with mental illness as well as other special needs, expanding community treatment options, educating team members about mental illness, special needs and substance use disorder and increasing early diversion for D&A and MH/ID defendants.
  - The Cottage (Forensic Transition Home) provides housing and support to individuals currently involved in the forensic system or those with a forensic history. Lebanon County will be expanding this program to included additional housing supports specifically for males involved in the forensic system.
  - In collaboration with the Lebanon County Correctional Facility, Lebanon County Mental Health receives daily updates of individuals that have been incarcerated. This process ensures that Lebanon County Mental Health is promptly alerted and able to engage at the earliest stages of an individual's incarceration.
  - Lebanon County has established a Behavioral Health Action Team focused on developing Mental Health Court.
  - Development of the Behavioral Health Threat Assessment Team.
  - Law Enforcement Treatment Initiative (LETI) assists individuals that have substance abuse and/or mental health concerns to receive treatment in lieu of incarceration when appropriate.
  - The List of Existing County MH Services Chart outlines specific services currently provided within our county for all adults diagnosed with a Serious Mental Illness.

- Needs:
  - Mental health screening at county central booking to divert to treatment versus fines / charges / imprisonment.
  - Housing Choice Vouchers (formerly 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.

8. Veterans

a. Strengths:

i. 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.

ii. Lebanon County's Veterans Court is a voluntary treatment court based on proven national research and program models. Veterans Court provides the judicial system with a sentencing alternative for Veterans that promotes public safety and enhances the quality of Veterans' lives by equipping participants with the tools necessary to lead a productive and law-abiding lifestyle.

iii. CompeerCorps program is an extension of the traditional Compeer model that is designed to serve the Veteran community by matching Veteran volunteers with other Veterans in mental health recovery.

b. Needs:

i. Lebanon County experiences a high influx of veterans due to the presence of both a Veterans Administration (VA) Hospital and an active military post within the county. However, many veterans are either ineligible for VA benefits or choose not to utilize VA services. As a result, the demand placed on county mental health base funding continues to grow, creating significant strain on already limited resources. Increased funding is needed to adequately support this population and ensure access to necessary mental health services.

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

Strengths:

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

ii. All trainings offered throughout this region are encouraged and marketed electronically throughout the services and supports in Lebanon county.

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

iv. The LGBT Center of Reading provides support groups in Lebanon for LGBTQ+ individuals in recovery and LGBTQ+ veterans.

v. PA Peer Support Coalition is partnering with Keystone Pride Recovery Initiative (KPRI) to provide training and education to the community.

vi. Lebanon County is researching and pursuing local opportunities for training and education.

vii. Sexual Assault Resource and Counseling Center (SARCC) provides Art groups to the adults and youth.

Needs:

- Strategies such as training and education need to continue.
- Additional support groups and social opportunities within the Lebanon County area.

10. Racial/Ethnic/Linguistic minorities (RELM) including individuals with Limited English Proficiency (LEP)

Strengths:

a. Strengths:
   i. 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 regarding ethnic needs to provide more culturally competent services.
   ii. WEPA! Working to Empower People for Advancement provide low-cost training and education services to the Lebanon County community.

b. Needs:
   i. 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.)

11. Other populations, not identified in #1-10 above. Specify: Traumatic Brain Injury

a. Strengths:
   i. 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.
   ii. 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 their 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.

iii. 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 3 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.

iv. Wellspan Philhaven's Green Pasture program provides mental health care services sensitive to the values of the Plain Community.

Needs:

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

vi. 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 currently. 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.

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

c) <u>Recovery-Oriented Systems Transformation (ROST):</u>

i. *Previous Year List:*

- Provide a brief summary of the progress made on your FY 24-25 plan ROST priorities:

i. Maintain current services and support.

Lebanon County Mental Health has successfully sustained all existing services and supports without need to implement any financial cuts. While we continue to fully utilize current state funding, an increase in our base funding is essential to support the development of new and innovative services.

ii. Improve and expand access to affordable and safe housing for individuals with Serious Mental Illness.

Lebanon County Mental Health has continued to expand and achieve progress within our Housing Support Services. The county is now in the early stages of developing additional forensic transitional housing and related supports. This new initiative will specifically serve males involved in the forensic system and will mirror the structure and successful approach of our existing forensic housing support program.

iii. Improve and expand our local Crisis Intervention Services

These enhancements have produced measurable system-level improvements over the past fiscal year. Lebanon County Crisis Intervention Services experienced a 79% increase in mobile crisis responses, a 38% increase in walk-in contacts, and a 37% increase in crisis-related phone calls, along with an 11% reduction in Emergency Department utilization and a decrease in involuntary commitments. The program's performance was further recognized through the Community Champions Award in the small/medium hospital category from the Hospital and Healthsystem Association of Pennsylvania (HAP) and the 2026 I Am Patient Safety Award in the Healthcare Disparity category from the Patient Safety Authority. In addition, Crisis Intervention established a partnership with the Lebanon County Humane Society to provide safe-haven services for pets belonging to individuals undergoing involuntary commitment, supporting improved stabilization and continuity of care during crisis episodes.

ii. Coming Year List:

1. Maintain Current Services and Supports

☒ Continuing from prior year ☐ New Priority

Narrative including action steps: Lebanon County Mental Health will continue to maintain all existing services and supports outlined in the **Existing County MH Services Chart**, as these programs remain essential to meeting the needs of individuals in the community. However, the County continues to experience increased utilization of base-funded services alongside flat or minimal funding increases, which do not reflect the rising costs of service delivery. As a result, available funding is insufficient to sustain the current level of need or to support the development of new service options. To address these challenges, Lebanon County Mental Health will continue to evaluate service availability and capacity through ongoing discussions held during Quality Management Team meetings, stakeholder forums, and internal planning sessions. The County will remain committed to supporting recovery and resiliency principles, monitoring service outcomes, and exploring cost-effective strategies to ensure individual needs are met. Additionally, the County acknowledges and supports community-driven efforts such as the annual Mental Health Awareness Festival, fully funded through provider donations, and the unfunded but active Community Support Program, both of which play an important role in linking individuals to resources and promoting wellness throughout the community

Timeline: By December 2026, Lebanon County will complete provider funding discussions. By April 2027, the County will finalize FY 27–28 provider planning and determine available fiscal resources.

Fiscal and Other Resources: Existing funding for positions, services, and supports will continue to be utilized.

Tracking Mechanism: Progress will be monitored by QMT and MH/ID/EI through monthly, quarterly, and annual reviews of service access, outcomes, and fiscal resources. Additional monitoring tools will include consumer satisfaction surveys, incident reports, and other relevant data sources.

2 Improve and expand access to affordable and safe housing for individuals living with Serious Mental Illness.

☒ Continuing from prior year ☐ New Priority

Narrative including action steps: Lebanon County continues to face significant challenges related to the limited availability of affordable and safe housing for individuals living with Serious Mental Illness (SMI). Rising rental costs, particularly for one-bedroom units, have outpaced the fixed incomes of many individuals who rely on Social Security, further restricting access to stable housing. To address this persistent need, Lebanon County Mental Health will continue to assess housing availability, quality, and system gaps through ongoing discussions during quarterly Quality Management Team (QMT) meetings, community stakeholder forums (Lebanon County Housing Collaborative), and internal department planning sessions. These efforts will support informed decision-making regarding service needs, potential development opportunities, and strategies to strengthen existing housing supports.

Timeline: By December 2026, QMT will continue focused discussions on housing opportunities and quality improvement needs related to current programs. By April 2027, Lebanon County will complete internal fiscal reviews to determine whether any county resources are available to support improvements or expansion of existing housing initiatives.

Fiscal and Other Resources: Additional funding is needed to support new or expanded housing projects. Mental Health base funds are currently at capacity and cannot support the development of new initiatives without reductions to other essential services. Any future housing project must include both start-up and ongoing sustainment funding to ensure long-term viability.

Tracking Mechanism: Progress will be monitored through monthly, quarterly, and annual reviews by QMT and Lebanon County Mental Health. Monitoring will include analysis of service access, outcomes, fiscal utilization, consumer satisfaction surveys, incident reports, and other relevant data sources.

3. Improve and expand re-entry and diversion options for justice-involved individuals, including the development of a Mental Health/Wellness Court.

☐ Continuing from prior year ☒ New Priority

Narrative including action steps: Lebanon County will strengthen its diversion efforts by continuing the work of Team MISA and expanding strategies that redirect individuals with Serious Mental Illness (SMI) away from incarceration and toward appropriate treatment. A key component of this initiative is the exploration, planning, and advancement of a Mental Health/Wellness Court. Establishing this court would create a formal, evidence-informed judicial pathway designed to reduce recidivism, decrease jail utilization, and support long-term stability for eligible individuals. As part of the planning process, Lebanon County will assess feasibility, review funding options, examine successful models in comparable counties, and collaborate with justice system, behavioral health, and community partners to identify resource needs and implementation steps.

Through stakeholder discussions, the planning team determined that the program will focus on individuals with criminal charges who have an existing Serious Mental Illness diagnosis. Applicants will undergo screening using the Ohio Risk Assessment System (ORAS). While treatment courts traditionally target individuals assessed as High Risk/High Need, stakeholders agreed to consider all applicants except those rated low in both categories, as participation would not be clinically or programmatically appropriate. The anticipated program capacity is 10–15 participants, with 15 identified as the maximum manageable caseload for a single probation officer. The District Attorney has expressed support for a hybrid pre- and post-adjudication model, with murder and homicide identified as the only categorical disqualifying offenses. To support the development of local procedures and program guidelines, the planning team also reviewed participant manuals from several established county treatment courts.

Timeline: Initial planning and brainstorming workshops for the Mental Health/Wellness Court were held on December 12, 2025, and February 13, 2026, with participation from MH/ID/EI, Probation Services, the District Attorney's Office, the Public Defender's Office, and Lebanon County Commission on Drug and Alcohol. Although the initial goal was to begin manual development in mid-Spring 2026 and launch the court in September 2026, efforts were temporarily redirected while the Treatment Court Coordinator completed accreditation activities for the existing Drug and DUI Courts through the AOPC. With that process nearing completion, manual development will proceed in Summer 2026, with the goal of implementing the Mental Health/Wellness Court by the end of 2026.

Fiscal and Other Resources: Implementation of a Mental Health Court will require additional funding to support judicial, clinical, and case management functions, including dedicated staffing, training, data collection capacity, and ongoing operational costs. Lebanon County Mental Health will explore possible funding sources such as county base funds, grant opportunities, and potential cost-sharing through the criminal justice system. Existing resources will be used to support planning activities; however, new funding will be necessary to ensure sustainable implementation.

Tracking Mechanism: Progress will be monitored by QMT and through ongoing collaboration with the Behavioral Health Action Team, Team MISA, and justice system partners. Tracking will include quarterly updates on planning milestones, analysis of diversion outcomes, review of recidivism and service engagement data, stakeholder feedback, and evaluation of fiscal impacts. Once implemented, program effectiveness will be monitored through standardized performance indicators, including reduced jail utilization and increased treatment linkage.

d) Strengths and Needs by Service Type:

1. Describe telehealth services in your county:

a. How is telehealth being used to increase access to services?
   - Many treatment providers in the community offer both in person and telehealth services for outpatient services, allowing increased access for individuals served within Lebanon County.

b. Is the county implementing innovative practices to increase access to telehealth for individuals in the community?

- Lebanon County Mental Health has not implemented any practices to increase access to telehealth. Lebanon County would support any provider that requested assistance to do so.

c. What are the obstacles the county encounters in the deployment of telehealth services? (limited access to reliable internet, digital literacy, privacy concerns, and cultural and language barriers).
   - Lebanon County Mental Health has not heard of any obstacles in the deployment of telehealth services.

2. Is the county seeking to have service providers embed trauma informed care initiatives (TIC) into services provided?

☒ Yes ☐ No
If yes, please describe how this is occurring. If no, indicate any plans to embed TIC in FY 26-27.

Lebanon County has continued to advance the integration of trauma-informed care across the service system. In CY 2025 and 2026, Lebanon County MH/ID/EI supported this effort by offering free Trauma 101 and Trauma 102 trainings to community members and provider agencies, reinforcing the county's commitment to promoting trauma-responsive practices.

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

☒ Yes ☐ No
If yes, please describe the CLC training being used, including training content/topics covered, frequency with which training is offered, and vendor utilized (if applicable). If no, counties may include descriptions of plans to implement CLC trainings in FY 26-27.

Each year, the Community Health Council of Lebanon coordinates a Cultural Diversity Conference that brings together more than 100 participants from Lebanon County and surrounding communities. Attendees include professionals, community members, and individuals in recovery, among others. The conference planning committee ensures that trainers are appropriately qualified and that the workshops reflect a wide range of cultural perspectives. Several local agencies have established policies that support or require staff participation. For example, the Lebanon County Mental Health Base Service Unit assigns staff to attend on a rotating basis, and all newly hired case managers are required to participate within their first year of employment.

4. Are there any Diversity, Equity, and Inclusion (DEI) efforts that the county has completed to address health inequities?

☒ Yes ☐ No
If yes, please describe the DEI efforts undertaken. If no, indicate any plans to implement DEI efforts in FY 26-27.

Lebanon County MH/ID/EI continues to advance Diversity, Equity, and Inclusion (DEI) efforts by offering free community trainings focused on promoting cultural responsiveness and reducing disparities within the service system. In addition, MH/ID/EI staff can participate in supplemental DEI coursework through Pryor Learning Solutions.

Lebanon County Mental Health, in partnership with Lebanon County Christian Ministries, also continues to operate the Social Determinants of Health (SDOH) Voucher Program, which provides financial assistance to individuals who have been assessed and identified as having unmet SDOH needs that impact their stability, functioning, and overall well-being.

5. Does the county currently have any suicide prevention initiatives which addresses all age groups?

☒ Yes ☐ No
If yes, please describe the initiatives. If no, counties may describe plans to implement future initiatives in the coming fiscal year.

Lebanon County continues to implement a comprehensive, county-wide approach to suicide prevention and postvention. Current initiatives include:

- Ongoing media campaign that promotes suicide prevention and awareness through radio messaging, social media outreach, and community-based promotional efforts, supported by the Suicide Prevention Task Force' dedicated website (http://communityhealthcouncil.com/suicide/).

- The Task Force oversees the ongoing enhancement and maintenance of a Remembrance Garden, which honors individuals lost to suicide with family permission. In 2026, The Task Force will be hosting a rededication ceremony in recognition of the garden's 10-year anniversary. Additionally, the Task Force also hosts an annual Remembrance Ceremony each December to support families and the community in honoring their loved one.

- Each September, in recognition of Suicide Prevention Month, Lebanon County coordinates a series of community-based activities, including "Taking Action" for Self-Wellness classes, a Suicide Prevention Walk, and a community candle-lighting ceremony.

- Lebanon County also continues to promote the local "You Matter" campaign, a grassroots effort centered on fostering connection, hope, and belonging by sharing the message "You Matter" through community presentations and expanded positive-messaging initiatives aimed at improving overall mental wellness.

- Additional supports include the Lebanon County Suicide Loss Support Group, partnership with local Aevidum Clubs for the "Together for Tomorrow" 5K event, and active participation in numerous community outreach events throughout the year.

6. Individuals with Serious Mental Illness (SMI): Employment Support Services

The Employment First Act (Act of Jun. 19, 2018,P.L 229, No 36 Cl. 35 EMPLOYMENT FIRST ACT ENACTMENT, 2018) requires county agencies to provide services to support competitive integrated employment for individuals with disabilities who are eligible to work under federal or state law. For further information on the Employment First Act, see Employment-First-Act-three-year-plan.pdf (pa.gov)

a. Please provide the following information for your County MH Office Employment Specialist single point of contact (SPOC).
- Name: Nicole Snyder
- Email address: Nicole.Snyder@lebanoncountypa.gov
- Phone number: 717-274-3415

b. Please indicate if the county **Mental Health office** follows the SAMHSA Supported Employment Evidence Based Practice (EBP) Toolkit:

☐ Yes ☒ No

Please complete the following table for all supported employment services provided to **only** individuals with a diagnosis of Serious Mental Illness (SMI), defined as persons age 18 and over, who currently or at any time during the past year, have had a diagnosable mental, behavioral or emotional disorder that is listed in the current DSM that has resulted in functional impairment, which substantially interfere with or limits one more major life activities.

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Previous Year: FY 25-26 County Supported Employment Data for ONLY Individuals with Serious Mental Illness		
• Please complete all rows and columns below • If data is available, but no individuals were served in a category, list as zero (0) • Only if no data available for a category, list as N/A *Include additional information for each population served in the Notes section. (For example, 50% of the Asian population served speaks English as a Second Language, or number served for ages 14-21 includes juvenile justice population).*		
Data Categories	County MH Office Response	Notes
i. Total Number Served	6	
ii. # served ages 14 up to 21	0	
iii. # served ages 21 up to 65	6	
iv. # of male individuals served	3	
v. # of female individuals served	3	
vi. # of non-binary individuals served	N/A	None disclosed
vii. # of Non-Hispanic White served	3	
viii. # of Hispanic and Latino served	2	
ix. # of Black or African American served	1	
x. # of Asian served	0	
xi. # of Native Americans and Alaska Natives served	0	
xii. # of Native Hawaiians and Pacific Islanders served	0	
xiii. # of multiracial (two or more races) individuals served	N/A	None disclosed
xiv. # of individuals served who have more than one disability	2	
xv. # of individuals served working part-time (30 hrs. or less per wk.)	6	
xvi. # of individuals served working full-time (over 30 hrs. per wk.)	0	
xvii. # of individuals served with lowest hourly wage (i.e.: minimum wage)	6	
xviii. # of individuals served with highest hourly wage	0	
xix. # of individuals served who are receiving employer offered benefits (i.e., insurance, retirement, paid leave)	0	

7. Supportive Housing:

a. Please provide the following information for the County MH Office Housing Specialist/point of contact (SPOC).

Name: Jocelyn Stakem
Email address: Jocelyn.Stakem@lebanoncountypa.gov
Phone number: 717-274-3415

b. Please indicate if the county **Mental Health office** follows the **SAMHSA Permanent Supportive Housing Evidence-Based Practices** toolkit:

☒ Yes ☐ No

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 with the Office of Mental Health and Substance Abuse Services (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, or at risk of, experiencing homelessness.

c. **Supportive Housing Activity** *to include:*
- *Community Hospital Integration Projects Program funding (CHIPP)*
- *Reinvestment*
- *County Base funded*
- *Other funded and unfunded, planned housing projects*

i. Please identify the following for all housing projects operationalized in SFY 25-26 and 26-27 in each of the tables below**:**
- Project Name
- Year of Implementation
- Funding Source(s)

ii. Next, enter amounts expended for the previous state fiscal year (SFY 25-26), as well as projected amounts for SFY 26-27. If this data isn't available because it's a new program implemented in SFY 26-27, do not enter any collected data.

- Please note: Data from projects initiated and reported in the chart for SFY 26-27 will be collected in next year's planning documents.

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

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

1. Project Name	2. Year of Implementation	3. Funding Sources by Type (Including grants, federal, state & local sources)	4. Total Amount for SFY 25-26 (only County MH/ID dedicated funds)	5. Projected Amount for SFY 26-27 (only County MH/ID dedicated funds)	6. Actual or Estimated Number Served in SFY 25-26	7. Projected Number to be Served in SFY 26-27	8. Number of Targeted BH United		9. Term of Targeted BH Units (e.g., 30 years)
Totals									
Notes:									

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

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

1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. Total $ Amount for SFY25-26	5. Projected $ Amount for SFY26-27	6. Actual or Estimated Number Served in SFY25-26	7. Projected Number to be Served in SFY26-27	8. Number of Bridge Subsidies in SFY 25-26	9. Average Monthly Subsidy Amount in SFY25-26	10. Number of Individuals Transitioned to another Subsidy in SFY25-26
Rental Subsidy Funds	2010	HealthChoices Reinvestment	0	$2,000.00	0	2	0	0	0
Transition Age Youth Housing Support "Jumpstart"	2023	Mental Health Base Increase Funds	$64,296	$81,187	5	6	2	$1,388	1
		Human Services Block grant	$18,964	$77,785					
Totals			$83,260	$158,972	5	8	2	#1,388	1
Notes:	Total amount for SFY 25-26 is actual through March 2026								

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

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

1. Project Name	2. Year of Implementation	3. Funding Source by Type (include grants, federal, state & local sources)	4. *Total* $ Amount for SFY25-26	5. Projected $ Amount for SFY26-27	6. Actual or Estimated Number Served in SFY25-26	7. Projected Number to be Served in SFY26-27	8. Number of Owners/ Projects Currently Leasing	9. Number of Units Assisted with Master Leasing in SFY25-26	10. Average Subsidy Amount in SFY25-26
New Start Program	2017	CHIPP	$50,882	$106,524	21	25	16	16	$950 /month per apt
		Human Services Block Grant	$26,054	$34,569					
		Mental Health Base Increase Funds	$78,596	$115,727					
		HealthChoices Reinvestment	$12,916	$102,616					
Totals			$168,448	$359,436					
Notes:	Total amount for SFY 25-26 is actual through January 2026. New Start Program numbers also include The Cottage Transitional Housing Program as they are billed together through the provider.								

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.

1. Project Name	2. Year of Implementation	3. Funding Source by Type (include grants, federal, state & local sources)	4. *Total* $ Amount for SFY24-25	5. Projected $ Amount for SFY25-26	6. Actual or Estimated Number Served in SFY24-25			7. Projected Number to be Served in SFY25-26	8. Number of Staff FTEs in SFY24-25
Totals									
Notes:									

5. Housing Support Services (HSS) for Behavioral Health				☒ Check if available in the county and complete the section.					
HSS are used to assist consumers in transitions to supportive housing or services needed to assist individuals in sustaining their housing after move-in.									
1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. *Total* $ Amount for SFY25-26	5. Projected $ Amount for SFY26-27	6. Actual or Estimated Number Served in SFY25-26			7. Projected Number to be Served in SFY26-27	8. Number of Staff FTEs in SFY25-26
Supported Housing Program	1996	Mental Health Base Increase Funds	$46,757	$19,544	63			70	1
		Human Services Block Grant	$13,966	$5,838					
		HealthChoices Reinvestment	$16,223	$72,618					
Totals			$79,946	$98,000					
Notes:	Total amount for SFY 25-26 is actual through April 2026. Supported Housing program numbers also include The Cottage Transitional Housing Program as they are billed together through the provider.								

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, and other allowable costs.

1. Project Name	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. *Total* $ Amount for SFY25-26	5. Projected $ Amount for SFY26-27	6. Actual or Estimated Number Served in SFY25-26			7. Projected Number to be Served in SFY26-27	8. Average Contingency Amount per person
Housing Support Funds	1998	HealthChoices Reinvestment	$7,047	$10,000	2			4	$3,523.50
Totals			$7,047	$10,000					$3,523.50
Notes:	Includes expenses used for state hospital STL room and board.								

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 the 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.**

1. Project Name (include type of project such as PBOA, FWL, CRR Conversion, etc.)	2. Year of Implementation	3. Funding Sources by Type (include grants, federal, state & local sources)	4. *Total* $ Amount for SFY25-26	5. Projected $ Amount for SFY26-27	6. Actual or Estimated Number Served in SFY25-26			7. Projected Number to be Served in SFY26-27
Enhanced Personal Care Home (SCR)	2018	CHIPP	$315,000	$315,000	9			9
		Human Services Block Grant	$220,601	$60,819				
		HealthChoices reinvestment	0	$290,198				
Fairweather Lodge	2017	Healthchoices Reinvestment	$37,683	$62,373	4			6
		Human Services Block Grant	$13,139	$30,032				
Totals			$586,423	$758,422	13			15
Notes:	Total amount for Enhanced personal Care Home for SFY 25-26 is actual through April 2026. Total amount for Fairweather Lodge for SFY 25-26 is actual through March 2026.							

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

Certified Peer Specialist" (CPS) is defined as:

An individual with lived mental health recovery experience who has been trained by a Pennsylvania Certification Board (PCB) approved training entity and is certified by the PCB.

<u>In the table below</u>, please include CPSs employed in <u>any</u> mental health service in the county/joinder including, but not limited to:

- case management
- inpatient settings
- psychiatric rehabilitation centers
- intensive outpatient programs
- drop-in centers
- HealthChoices peer support programs
- consumer-run organizations
- residential settings
- ACT or Forensic ACT teams
- Crisis

County MH Office CPS Single Point of Contact (SPOC)	Name: Kasey Felty Email: Kasey.Felty@lebanoncountypa.gov Phone number:717-274-3415
Total Number of CPSs Employed	**14**
Average number of individuals served (ex: 15 persons per peer, per week)	**Average of 14 individuals per week**
Number of CPS working full-time (30 hours or more)	**9**
Number of CPS working part-time (under 30 hours)	**5**
Hourly Wage (low and high), *seek data from providers as needed*	**$18.00-$26.95**
Benefits, such as health insurance, leave days, etc. (Yes or No), *seek data from providers as needed*	**Yes, staff receive EAP, mileage reimbursement, Paid Time off, Holiday, Health Insurance, Life Insurance, Short/Long Term Disability, Vision and Dental Insurance**
Number of New Peers Trained in CY 2025	**3**

f) <u>Existing County Mental Health Services</u>

Please i

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

Please indicate all currently available services and the funding source(s) utilized. Note: HC= HealthChoices

g) Evidence-Based Practices (EBP) Survey

Please include both county and HealthChoices funded services.

(Below: if answering Yes (Y) to **#1. Service available,** please answer questions #2-7)

SAMHSA's EBP toolkits: https://store.samhsa.gov/product/Supported-Education-Evidence-Based-Practices-EBP-KIT/SMA11-4654

Evidenced-Based Practice	1. Is the service available in the County/ Joinder? (Y/N)	2. Current number served in the County/ Joinder (Approx.)	3. What fidelity measure is used?	4. Who measures fidelity? (agency, county, MCO, or state)	5. How often is fidelity measured?	6. Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	7. Is staff specifically trained to implement the EBP? (Y/N)	8. Additional Information and Comments
Assertive Community Treatment	Yes	53	TMACT and outcomes rating scale	CABHC/Wellspan Philhaven	Annually/ Every 6 months	No	No	Wellspan Philhaven
Supportive Housing	Yes	84	Adherence to their housing sub-lease	County/Housing Authority /Wellspan Philhaven staff	Annually	No	No	Wellspan Philhaven
Supported Employment	Yes	6	Staffing Caseload: amount/percent of time; zero exclusion Services: ongoing assessment, rapid search (e.g. length of time to placement, individual, diversity of job; performance, follow along support, ongoing service, assertive outreach	County, Agency	Quarterly	Yes	Yes	Include # Employed
Integrated Treatment for Co-occurring Disorders (Mental Health/SUD)	Yes	15	The lead clinician observed co-occurring group quarterly and reviews co-occurring charts	Agency	Quarterly	No	No	Ponessa and Associates and PA Counseling Services
Illness Management/ Recovery	No							

Medication Management (MedTEAM)	**No**							
Therapeutic Foster Care	**No**							
Multisystemic Therapy	**No**							
Functional Family Therapy	**Yes**	**1**	**Adherence self-report and competence self-report (by therapist)**	**Therapist (Agency), Supervisor (Agency or FFT LLC consultant)**	**Every session. Each time a therapist presents a case at supervision (generally at least every other week)**	**No. There is a model specific implementation of 3 phases, managed/overseen by FFT LLC.**	**Yes**	**True North Wellness**
Family Psychoeducation	**No**							

h) <u>Additional EBP, Recovery-Oriented and Promising Practices Survey:</u>

- Please include both county and HealthChoices funded services.
- Include CPS services provided to all age groups in total, including those in the age break outs for TAY and OAs.

(Below: if answering yes to **#1. <u>service provided</u>**, please answer questions #2 and 3)

Recovery-Oriented and Promising Practices	1. Service Provided (Yes/No)	2. Current Number Served (Approximate)	3. Additional Information and Comments
Consumer/Family Satisfaction	Yes	244	
Compeer	Yes	31	
Fairweather Lodge	Yes	4	
MA Funded Certified Peer Specialist (CPS)- Total**	Yes	42	
CPS Services for Transition Age Youth (TAY)	Yes	8	
CPS Services for Older Adults (OAs)	Yes	13	
Other Funded CPS- Total**	Yes	3	
CPS Services for TAY	Yes	0	
CPS Services for OAs	Yes	0	
Dialectical Behavioral Therapy	Yes	0	
Mobile Medication	No		
Wellness Recovery Action Plan (WRAP)	Yes	5	
High Fidelity Wrap Around	No		
Shared Decision Making	No		
Psychiatric Rehabilitation Services (including clubhouse)	Yes	66	
Self-Directed Care	No		
Supported Education	No		
Treatment of Depression in OAs	Yes	0	
Consumer-Operated Services	No		
Parent Child Interaction Therapy	No		
Sanctuary	No		
Trauma-Focused Cognitive Behavioral Therapy	Yes	0	
Eye Movement Desensitization and Reprocessing	No		
First Episode Psychosis Coordinated Specialty Care	No		
Other (Specify)			

i) Involuntary Mental Health Treatment

1. During CY 2025, did the County/Joinder offer *Assisted Outpatient Treatment (AOT)* Services under PA Act 106 of 2018?
   - ☒ No, chose to opt-out for all of CY 2025
   - ☐ Yes, AOT services were provided from: _____ to _____ after a request was made to rescind the opt-out statement
   - ☐ Yes, AOT services were available for all of CY 2025

2. If the County/Joinder chose to provide AOT, list all outpatient services that were provided in the County/Joinder for all or a portion of CY 2025 (check all that apply):
   - ☐ Community psychiatric supportive treatment
   - ☐ ACT
   - ☐ Medications
   - ☐ Individual or group therapy
   - ☐ Peer support services
   - ☐ Financial services
   - ☐ Housing or supervised living arrangements
   - ☐ Alcohol or substance abuse treatment when the treatment is for a co-occurring condition for a person with a primary diagnosis of mental illness
   - ☐ Other, please specify: _____

3. If the County/Joinder chose to opt-out of providing AOT services for all or a portion of CY 2025:
   a. Provide the number of written petitions for AOT services received during the opt-out period. _____0____
   b. Provide the number of individuals the county identified who would have met the criteria for AOT under Section 301(c) of the Mental Health Procedures Act (MHPA) (50 P.S. § 7301(c)). ___0_____

4. Please complete the following chart as follows:
   a. Rows I through IV fill in the number
      i. **AOT services column**:
         1) Available in your county, BUT if no one has been served in the year, enter 0.
         2) Not available in your county, enter N/A.
      ii. **Involuntary Outpatient Treatment (IOT) services column:** if no one has been served in the last year, enter 0.
   b. Row V fill in the administrative costs of AOT and IOT

	AOT	IOT
I. Number of individuals subject to involuntary treatment in CY 2025	N/A	281
II. Number of involuntary inpatient hospitalizations following an IOT or AOT for CY 2025	N/A	1
III. Number of AOT modification hearings in CY 2025	N/A	
IV. Number of 180-day extended orders in CY 2025	N/A	127
V. Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY 2025	N/A	$267,237

j) Consolidated Community Reporting Initiative Data reporting

DHS requires the County/Joinder to submit a separate record, or "pseudo claim," each time an individual has an encounter with a provider. An encounter is a service provided to an individual. This would include, but not be limited to, professional contact between an individual and a provider and will result in more than one encounter if more than one service is rendered. For services provided by County/Joinder contractors and subcontractors, it is the responsibility of the County/Joinder to take appropriate action to provide the DHS with accurate and complete encounter data. DHS' point of contact for encounter data will be the County/Joinder and no other subcontractors or providers. It is the responsibility of the County/Joinder to take appropriate action to provide DHS with accurate and complete data for payments made by County/Joinder to its subcontractors or providers. DHS will evaluate the validity through edits and audits in PROMISe, timeliness, and completeness through routine monitoring reports based on submitted encounter data. (Pennsylvania General Assembly, (1966). *Mental Health and Intellectual Disability Act of 1966*, P.L. 96, No. 6 Section 305. http://www.legis.state.pa.us/wu01/li/li/us/pdf/1966/3/006..pdf)

File	Description	Data Format/Transfer Mode	Due Date	Reporting Document
837 Health Care Claim: Professional Encounters v5010	Data submitted for each time an individual has an encounter with a provider. Format/data based on HIPAA compliant 837P format	ASCII files via SFTP	Due within 90 days of the county/joinder accepting payment responsibility; or within 180 calendar days of the encounter	HIPAA implementation guide and addenda. PROMIS*e*™ Companion Guides

- Have all available claims paid by the county/joinder during CY 2025 been reported to the state as an encounter? ☒ Yes ☐ No

k) <u>Categorical State Base Funding</u> (to be completed by all counties)

Please provide a brief narrative as to the services that would be expanded or new programs that would be implemented with increased base funding:

With increased base funding, Lebanon County would adjust provider contracts to reflect cost-of-living increases, reinforce locally delivered services, and continue developing residential mental health programs. The County also recognizes the importance of establishing Mobile Response Teams and a Crisis Walk-In Center consistent with SAMHSA guidelines; however, these initiatives cannot be implemented or sustained without additional long-term funding. To support the development of new, durable programming that meets community needs, Lebanon County requires a significant increase in base funding, along with continued incremental growth in future years.

<u>l) Categorical State Funding-FY 25-26 [ONLY to be completed by counties not participating in the Human Services Block Grant (i.e. Non-Block Grant)]</u>

If an allocation is expected in the following categoricals for FY 26-27, please describe the services to be rendered with these funds, estimates of number of individuals served, and plans to use any carryover funds, if approved, from FY 25-26:

Respite services:
Consumer Drop-In Centers:
Direct Care Worker Recruitment & Retention:
Forensic ACLU Projects:
Children's Funds Non-Categorical:
Children's Base (100% categorical):
Student Assistance Program:

<u>m) Federal Grant Funding</u> (to be completed by all counties, where appropriate). Please limit response to no more than one page for each question.

- **CMHSBG – Non-Categorical (70167): Please describe the services to be rendered with these funds for the expected FY 26-27 allocation:**
    - These funds will continue to be utilized to support our Crisis Intervention Services.

- **CMHSBG – General Training (70167): Please describe the plans to use any carryover funds from FY 25-26:**

- Lebanon County MH/ID/EI will continue to utilize these funds for the free community trainings to include:
    - Mental Health First Aid
    - Grief First Aid
    - Diversity, Equity, Inclusion
    - The Decline of Youth Mental Health
    - Youth Mental Health trends
    - Youth Mental Health First Aid
    - Lethal Means Safety Training
    - Taking Action for Self-Wellness
    - Any additional mandatory training courses that are scheduled

- **Social Service Block Grant (70135): Please describe the services to be rendered with these funds for the expected FY 26-27 allocation:**

    - Lebanon County MH/ID/EI will utilize these funds to help offset the cost of the Base Service Unit.

- **KEEP EMPOWERING YOUTH - PARTNERS, PROVIDERS, LIVED EXPERIENCE KEY-PPLE (71022) - Please describe the project milestones you expect to achieve with these funds and plans to use any carryover funds from FY 25-26.**

  Not Applicable

❖ **Substance Use Disorder Services**

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

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 Use Disorder (SUD) Assessments
- Gambling Counseling
- SUD Outpatient Counseling
- SUD Intensive Outpatient Counseling
- Medication Assisted Treatment to include all forms of MAT
- Medication Assisted Treatment at LCCF to include MAT Maintenance
- Medication Assisted Treatment at LCCF to include MAT Induction
- Dedicated Adult Probation Office for SUD caseload
- SUD Partial Hospitalization
- SUD Withdrawal Management
- SUD Inpatient Rehabilitation
- SUD Halfway House Program
- SUD Case Management/Resource Coordination
- Certified Recovery Specialists Program Services
- Specialized SUD services for IV drug users, pregnant women and women with children
- Maternal Assistance Drug & Alcohol treatment services
- Specialized services for Adolescents seeking Drug & Alcohol services
- Treatment Court Programs offered are DUI Court, Drug Court, and Veterans Court
- SUD Prevention Services – Compass Mark
- SUD Intervention Services – Compass Mark
- Student Assistance Program (SAP) – Empower the Mind
- Male Recovery Housing (Herkey House)
- Female Recovery Housing (Herkey House)
- OUD Outreach Worker (Ascend Ministries)

Please provide the following contact information for the individual who is filling out the information in this section:

Name: James R. Donmoyer, Jr. Title: Executive Director
Entity (Single County Authority (SCA) or other county agency: Lebanon County SCA
Email address: James.DonmoyerJr@lebanoncountypa.gov
Phone number: 717-274-0427

Please provide the following information for FY 25-26:

1. **Wait List Information:** Please complete the table below for fiscal year 25-26. If the average weekly waiting time (days) for placement does not adhere to placement as referenced in the Department of Drug and Alcohol Programs (DDAP's) Case Management & Clinical Services (CMCS) Manual for withdrawal management (within 24 hours) or all others (within 14 days after LOCA completion), a narrative explanation should be provided.

LOC American Society of Addiction Medicine (ASAM) 3rd Edition Criteria	Services	Average Weekly Number of Individuals*	Average Weekly Wait Time (days)
4 WM	Inpatient Withdrawal Management	**0**	N/A
4	Medically Managed Intensive Inpatient	0	N/A
3.7 WM	Medically Monitored Inpatient WM	2	w/in 24 hours
3.7	Medically Monitored Intensive Inpatient	0	N/A
3.5	Clinically Managed High Intensity Residential	1	1-2 days
3.1	Clinically Managed Low Intensity Residential	0	N/A
2.5	Partial Hospitalization Program	1	3-5 days
2 WM	Ambulatory Withdrawal Management with Extended On-Site Monitoring	0	N/A
2.1	Intensive Outpatient	2	3-5 days
1 WM	Ambulatory Withdrawal Management without Extended On-Site Monitoring	0	N/A
1	Outpatient	3	3-5 days
Other	Specify		

*Average weekly number of individuals for FY 25-26

**Average weekly wait time (days) for placement in FY 25-26

a. What is the source of the data reported on the table above?

Lebanon County SCA Case Management records.

2. **Overdose Survivors' Data**: Please identify which model (SCA Agency, Contracted Provider, Certified Recovery Specialist (CRS), Treatment Provider, Hospital Staff, or other DDAP models, as identified in DDAP's CMCS Manual) the county uses to offer overdose survivors direct referrals to treatment for FY 25-26.

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

DDAP defines an overdose as a situation in which an individual is in a state requiring emergency medical intervention because 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 Commission on Drug & Alcohol Abuse when an individual presents in their emergent care facilities because of a drug related overdose. The LCCDAA case manager will locate an open bed at a contracted facility and work with the emergency care facility to get the individual into treatment as soon as possible. Interim services will be provided as necessary.

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 because of a drug related overdose. The crisis worker will be required to report to the emergency care facility and meet with the individual. The crisis worker will begin a withdrawal management bed search , 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 are not limited to a particular population (e.g., the publicly funded client, co-occurring individuals, MA client's, etc.) meaning the clients who have commercial or private insurance 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 & 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

***The data shown in the boxes below are from the year 2025-2026 in Lebanon County

Referral Model(s)	# of Overdose survivors*	# Referred to Treatment	# Refused Treatment
Contracted provider Model	25	5	20

*An overdose, as defined in DDAP's Case Management & Clinical Services Manual, is a situation in which an individual is in a state requiring emergency medical intervention as a result of the use of drugs or alcohol.

a. What is the source of the data reported on the table above?
Lebanon County Crisis Intervention Agency & PCS Counseling (PCS)

3. **Levels of Care (LOC)**: Please provide the following information for the county's contracted providers.

LOC American Society of Addiction Medicine (ASAM) 3rd Edition Criteria	# of Providers	# of Providers Located In-County	# of Co-Occurring/enhanced Programs
4 WM	2	0	0
4	2	0	0
3.7 WM	12	0	0
3.7	6	0	0
3.5	14	0	7
3.1	9	0	0
2.5 WM	0	0	0
2.1	2	2	2
1 WM	0	0	0
1	7	4	7
Other	0	0	0

a. What is the source of the data reported on the table above? The Lebanon County SCA based on our provider Contracts.

4. **Treatment Services Needed in County**: Please provide a brief overview of the current services needed in the county for FY 26-27 in sections a, b, and c below.

    a. Provide a brief overview of the current services needed in the county to afford access to appropriate clinical treatment services:

        - Halfway Housing – The Lebanon County SCA continues to attempt to secure a provider contract that can provide this service. We are currently in discussions with one provider (Herkey House) to contract with our office and provide this service in Lebanon County.

        - Add an additional Provider Contract for adult Intensive Outpatient Counseling Services- The Lebanon County SCA continues to attempt to secure a provider contract for this service in Lebanon County.

        - Add a Second Recovery House for Males- The current Male Recovery House (Herkey House) is consistently full and has a waiting list from time to time, so a second Male recovery house is being sought by The Lebanon County SCA in partnership with Herkey House as the provider of this service.

        - Intensive Outpatient Program (IOP) for adolescents in Lebanon County.

        - Partial Program for adolescents in Lebanon County.

        - Add a provider contract for inpatient 3.5 rehab program in Lebanon County.

        - Add a provider contract for a 3.7 withdrawal Management program in Lebanon County.

          Note- In 2025 WDR New Perspectives closed both their 3.7 withdrawal management & 3.5 Rehab programs in Lebanon County.

        - Provide an overview of any expansion or enhancement plans for existing or new providers to meet the current treatment needs within the county:

        - Lebanon County was awarded and received Opioid Settlement funds as part of the

        - States opioid settlement lawsuit in the amount of 4,178,306 to be spent over 18 Year period

    b. Provide an overview of any expansion or enhancement plans for existing or new providers to meet the current treatment needs within the county:

       Opioid funded Projects include the following:

1) MAT Maintenance Program at the Lebanon County Correctional Facility to expand MAT treatment services in Lebanon County for incarnated individuals to continue to expand MAT capacity

2) MAT Induction Program at the Lebanon County Correctional Facility to expand MAT treatment services in Lebanon County for incarcerated individuals to continue to expand MAT capacity

3) Dedicated OUD/SUD/ Co-Occurring Probation Case Manager/ Probation Officer to provide CM services to criminal justice individuals and get them engaged in treatment services, we are attempting to expand capacity.

4) SUD Outreach worker (Ascend Ministries)- Engage with individuals in our community and help them enter SUD treatment services.

5) Added a Prevention Specialist (Compass Mark)- engage and provide prevention services in all Lebanon County school districts for treatment services for school aged individuals from K-12 grade. An additional prevention specialist will expand the capacity.

6) Law Enforcement Treatment Initiative (LETI)- engage and provide the criminal justice individuals with treatment as a diversion program from the criminal justice system to include incarceration.

c. Provide an overview of any use of Health Choices reinvestment funds to develop new services during the reporting year:

The CABHC / Health choices reinvestment program has no funds available for reinvestment projects or new services due to a deficit in the past two years, therefore there is no funds to develop new services with reinvestment funds.

5. Access to and Use of Naloxone in County: Please describe the entities that have access to Naloxone, any training or education done by the SCA or other entities and coordination efforts to provide Naloxone.

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 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: The LCCDAA, Pa Counseling, Ponessa Behavioral Health Services, Lebanon County Correctional Facility, Lebanon County Probation Services, Lebanon Valley College, HACC Lebanon campus, Lebanon Family Health, 911 Rapid Response, Well Span Family Medicine, Empower the Mind, Compass Mark, Lebanon Treatment Center, Naaman Counseling Center , Volunteers in Medicine, Prime Care Medical, Lebanon County Prison, Empower The Mind, Compass Mark, Halcyon Center, Local fire companies ,DES, All Lebanon County School Districts, Lebanon County Crisis

Intervention Agency, Heroin Task Force, Public consumers, and at all community events in Lebanon County.
The local EMT staff and law enforcement agencies & police Departments in Lebanon County also have Narcan kits. The Lebanon County SCA Director is the recognized entity for Lebanon County.

Empower The Mind has provided free Narcan training for our entire community throughout the year 2025-2026.

1,987 Narcan kits were distributed during 2024-2025. In 2025-2026 there have been over 2,000 Narcan kits distributed in Lebanon County.

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6. **County Warm Handoff Process:** Please provide a brief overview of the current warm handoff protocols established by the county including challenges and program successes. Protocols include offering direct referrals to treatment services for individuals who have experienced an overdose or have been hospitalized.

   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/warm handoff cases 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 Commission on Drug & Alcohol Abuse when an individual presents in their emergent care facilities because of a drug related overdose. The LCCDAA case manager will locate an open bed at a contracted facility and work with the emergency care facility to get the individual into treatment as soon as possible. Interim services will be provided as necessary.

   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 because of a drug related overdose. The crisis worker will be required to report to the emergency 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 are not limited to a particular population (e.g., the publicly funded client, co-occurring individuals, MA clients, etc.) meaning the clients who have commercial or private insurance 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 & 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

Revised on 6/28/24

a. Warm Handoff Data: FY 25-26

# of Individuals Contacted	# of Individuals who Entered Treatment	# of Individuals who Completed Treatment
419	189 (45%)	Unknown

1.What is the source of the data reported in the table above?
The Lebanon County Crisis Intervention Agency

- **Intellectual Disabilities Services**

Continuum of Services to Enrolled Individuals:

Lebanon County MH/ID/EI currently provides services to approximately 600 individuals with a diagnosis of an Intellectual Disability, Autism, Developmental Disability under the age of 9, and/or a child under the age of 21 who is medically complex 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., ECCM, and CCR 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 they may receive funding with base dollars (if available). Information on the resources available through ASERT is also provided. Depending on the needs of the individual referrals may be made to other sources such as OVR, OLTL, CHC, MH, EPSDT, etc. All individuals and families will be provided with information and assistance with accessing the Community of Practice/Lifecourse Framework and information for the PA Family Network (PAFN)

Individuals Served

	Estimated number of Individuals served in FY 25-26	*Percent of total Number of Individuals Served*	*Projected Number of Individuals to be served in FY 26-27*	*Percent of total Number of Individuals Served*
Supported Employment	17	30%	20	33%
Pre-Vocational	0	0%	0	0%
Community Participation	0	0%	0	0%
Base Funded Supports Coordination	82	100%	87	100%
Residential (6400)/unlicensed	1	2%	1	2%
Life sharing (6500)/unlicensed	0	0%	0	0%
PDS/AWC	0	0%	0	0%
PDS/VF	0	0%	0	0%
Family Driven Family Support Services	6	11%	8	13%
Assistive Technology	0	0%	0	0%
Remote Supports	2	4%	3	5%

Supported Employment:

Supported Employment remains a priority service in Lebanon County for individuals with Intellectual Disabilities and 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. 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. Lebanon County has access to numerous providers of employment services.

The Lebanon Employment Coalition merged with the Lancaster Employment Coalition 4 years ago. The merger of these two groups has allowed for additional collaboration as both counties share the same providers and Intermediate Unit. The group is composed of staff from the AE, SCO, Local School Districts and IU, provider agencies, the local ARC, consumers, ODP, and OVR. The group discusses employment strategies, best practices, and ways to best promote employment in both counties. Networking opportunities are also encouraged. Some goals of the group over the next year include Increasing Stakeholder Involvement, increasing employer engagement, and increasing awareness amongst employers and the community of employment for individuals with disabilities. The Central Region ODP Employment Lead has been an active participant in this group.

The Lebanon AE is also continuing to meet with representatives from each school district in order to explain services available for those with an Intellectual Disability and Autism. The meetings are also used to discuss the benefits of employment and Lebanon Counties support of employment as choice upon transition into the adult system. This group continues to focus on the area of employer engagement, and we regularly have employers who attend our meetings. Some of these same employers also make the group aware of job postings within their company. These job openings have then been shared with the employment coalition.

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 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. SCOs are always encouraged to discuss the benefits and opportunities of employment with individuals and families and to work closely with schools and OVR. The Lebanon AE will also be focusing on Benefits Counseling this year and reviewing with our SCO's. Trainings are being planned for both the SCO's, providers, individuals and families.

Lebanon Transit also offers reduced fare Shared Ride programs for folks qualifying under ADA and PWD. Eligibility does include intellectual disabilities. This can help support employment and other connections in the community. In the past year, individuals have also begun to utilize Uber and Lyft as transportation to and from their job.

Supports Coordination:

Current SCOs offering services in Lebanon County include SAM, Inc., ECCM, and CCR.

Lebanon County will continue to encourage and assist the local Support's Coordination Organizations (SCOs), 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. All AE and SCO staff have been trained. SCO staff are using the tools. Ongoing discussions are held between the AE and SCOs regarding the use of the tools. The AE has added the use of the life course tools to our Quality Management Plan. The AE expects that the SCO discuss the life course framework with all new intakes within the first 45 days of the SCO receiving the referral. Many SCs are using the tool as part of the Annual Review Update meeting. 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.

The AE works with all SCOs to actively plan for individuals on the waiting list and work closely with the involved teams. AE's routinely participate in team meetings for those with more complex needs. SCOs also routinely review individuals on PUNS through weekly staff meetings and individual supervision. On a monthly basis, the three 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 the SCOs in the introduction of Community of Practice/Lifecourse Framework to individuals and families who are currently on the waiting list. SCOs are also encouraged to refer individuals and families to the PA Family Network.

Lebanon County actively encourages the use of self-direction. The Arc has provided trainings for individuals and families on self-directing their own services. Families are also referred to PAFN trainings, in particular the use of self-directed supports. SCO staff discuss the option of self-directing with individuals and families. SCOs routinely provide information on Support Brokers as a service and how it might be beneficial to individuals. It is also a topic of discussion at meetings between the SCO and AE. Discussions have centered on the use of the service and how to best present information to families.

Lifesharing and Supported Living:

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. 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 is also providing base funding for this service. SCOs are also encouraged to discuss and explore Lifesharing for individuals who are seeking emergency or immediate residential services.

Supported Living provides another option for some individuals. The AE continues to work with SCOs to determine which individuals currently served might be interested in this option. We are hopeful that we will see an increase in the use of this service. The AE also continues to engage providers in discussions about offering Supported Living.

A current barrier to increasing Life Sharing 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 Life sharing 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. 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 and are not in an emergency situation. We have designated some base funding for use in the 26-27 fiscal year for both Lifesharing and Supported Living. 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. Over the past year, ODP has not been able to increase our waiver capacity except for a number of emergency situations. In addition, ODP has a new initiative to end the wait list for adults (Multi-Year Program Growth Strategy or MYPGS) to utilize unused authorized waiver funding

to increase capacity for funding for additional individuals. The county is waiting for ODPs determination if they will allow additional capacity this year.

Cross Systems Communications and Training:

Lebanon County is committed to increasing the capacity of our community providers to more fully support individuals with multisystem needs. The AE routinely participates in local complex case reviews with various local agencies such as MH, CYS, MCOs, and Probation. Various resources and strategies are discussed. Training is continually offered to community providers on the specific needs of the individual (for those with medical complexities) 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. We have also offered providers training in the Fatal Four. Training has been provided by our local HCQU. We have also along with the SCOs reviewed individuals who are at risk for the Fatal Four and strongly suggested training for providers who serve these individuals.

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 meet at least annually with all local school district staff to discuss eligibility, services, employment, and the Lifecourse Framework. 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.

Lebanon County communicates and collaborates with other agencies in many ways. Lebanon County Mental Health and Intellectual Disability staff meets once 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. SCO and AE staff are members of the CASSP & TCT core team and participate in CASSP and TCT 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. SCOs are aware of resources available through other systems (EPSDT, OLTL & CHC waivers, MH, Aging. Etc.) and provide this information to individuals and families as appropriate. Lebanon AE has also participated with other county agencies to develop a

local complex Case Process for youth. The Lebanon Complex Case Review Team meets on a regular basis.

Emergency Supports:

Lebanon County does reserve some HSBG funds for those who may emergency needs. If an emergency situation occurs, 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.

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. All 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. Crisis staff have been trained to work with individuals who have an ID and/or an Autism diagnosis. On a yearly basis Crisis staff are required to receive training from the HCQU on various topics pertinent to working with individuals who are diagnosed with an Intellectual Disability and/or Autism. Several staff have a background in working with individuals with either an ID and/or an Autism diagnosis.

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 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. Information on trainings by the PA Family Network are provided to families. The Lebanon AE has developed an email list of individuals and families and

pertinent emails regarding PA Family Network Events and trainings are forwarded. Families are also informed of the option to work directly with the PA Family Network for planning and the completion of the Lifecourse tools. All SCO and AE staff have been trained and are familiar with Community of Practice and the Lifecourse tools. At the local level, we have involved families of all age groups but have on 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 continue to work closely with our local Arc and have ongoing discussions about how to best support individuals and families. The Arc of Lancaster Lebanon has also been fundamental in providing trainings to families and individuals and in the development of local support groups.

Lebanon County continues to work closely with the South Central PA HCQU in order to ensure that all individuals living in the County will have the quality of life that they choose. The county works with the HCQU to ensure 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 ensure 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.

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 ensures 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.

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 providers to take participate in the statewide positive practices meetings/trainings. The ODP Central Region Clinical Director has also been involved in offering recommendations for individuals who have a higher level of need. We continue to receive technical assistance from 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, Provider Risk Screening, 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 mitigate risk with any areas of 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 the AE, SCOs, providers, stakeholders, families/individuals and advocates. The committee reviews behavior support plans and incidents involving rights violations or incidents of concern to determine patterns, trends and issues that require remediation. 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. We have also partnered with our local Community Action Partnership (CAP) to develop housing options for individuals we support. Over the last year, CAP has assisted individuals with locating, furnishing, and maintaining their own apartments. Any supports/services, which are needed, are coordinated by the SC.

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. We have over the last several years worked closely with providers in dealing with the COVID-19 pandemic. The information/resources developed and disseminated by ODP have greatly assisted our work with the providers, individuals, and families.

Participant Directed Services (PDS):

Individuals and families continue to be provided with information on participant-directed services by the AE during intake meetings and when funding is available to enroll an individual in any of the ID/A Waivers. SCO agencies review these options during the initial ISP development and annually during ISP meetings. Reminders of PDS options are also given any time choice of providers is discussed and at any time an individual or family requests information regarding PDS services. The AE also ensures that the SCO has documented that choice of provider was reviewed, including PDS options, prior to authorizing services for newly enrolled individuals in the ID/A Waivers.

Barriers and challenges to the use of PDS services remain similar to prior years. This includes that families do not always have natural supports or know of individuals who would be able to provide services through this model. Families have also expressed that while they might be interested in being an SSP, they might not know someone who would be able or interested in serving as the Managing Employer or as the CLE. Individuals and families may also not be interested in the responsibilities and time commitment involved in being a CLE. Utilizing a Supports Broker has been found to be helpful to many families and this continues to be a service suggested by the SCO and/or AE.

The number of individuals using AWC services has increased with 67 individuals authorized in FY 25-26 compared to 62 in FY 24-25. 29 individuals are authorized under the VF/EA option for FY 25-26, which is an increase of 6 from the prior year.

There continues to be an increase in families who are familiar with PDS options. When explained during the Waiver enrollment process, families often express being aware of this type of option and frequently mention knowing other families utilizing this type of model. This is a change from past years when families had no knowledge of PDS.

The SCO's and AE will continue to offer the 2 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 continued to provide support in Lebanon County 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. This is done by the AE emailing the information to the AE's individual/family email list. Information from the PA Family Network on a workshop series on Participant-Directed Services was recently sent to the email list.

Community for All:

Lebanon County currently has approximately 15 individuals living in congregate living situations. Two of the individuals are living in a state ICF (one of these individuals is part of the Benjamin litigation) and thirteen of the individuals are living in a private ICF. The SC will attend 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.

Technology:

Lebanon County has been able to continue to provide funding for a new service with base funds. The service that was added in the 23-24 fiscal year is called remote supports. This service is for individuals aged 16 or older and provides assistance in obtaining or maintaining their independence in their own private home and community to decrease the

need for assistance of others. Individuals are provided with technology equipment that will link them via two-way communication to off-site agency direct support staff 24/7 for assistance with questions, concerns, discussions regarding their health and safety needs. In addition, if there is enough funding left toward the end of the fiscal year, the county will offer to assist individuals and families with assistive technology needs that are not required to be funded by Medicaid. Examples of assistance that has been provided in the past has included vehicle and home modifications. The purpose is to assist families with costly items that will allow them to remain in their own homes. Durable medical equipment cannot be covered.

❖ HOMELESS ASSISTANCE PROGRAM SERVICES

Lebanon County Community Action Partnership (CAP) operates 3 units of bridge housing and 2 units of shelter housing for homeless families with children.

Bridge Housing Services

Homeless families, from the streets, shelters, or through eviction can move into Bridge Housing and could remain for up to 18 months 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. 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 childcare 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 from the program, families are expected to transition, with the help of their Case Manager, into permanent housing and maintain meaningful employment. 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 2026-2027 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 2 Housing Case Managers, 1 Social Service Director, and 1 Administrator. The housing team meets once a month to review the progress of each family in Bridge Housing and Shelter Housing. These case reviews are done to ensure the family is moving forward in meeting their goals. Transportation and childcare, through the Community Services Block Grant, will provide funding to pay for childcare and/or transportation so heads of households can get to and from work. Vouchers for food and clothing through Lebanon County Christian Ministries can be written by the case manager. An ongoing issue faced by our program participants is being able to secure safe affordable permanent housing. 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 2026-2027.

Rental Assistance

Lebanon County Community Action Partnership has been working in the housing arena for the past 33 years. Families in a housing crisis, in threat of eviction or unsheltered, are instructed to contact Community Action Partnership for assistance. Rental Assistance will be provided to individuals and families who are unsheltered or in threat of becoming unsheltered through the Homeless Assistance Program and the Community Services Block Grant. 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 homelessness and at risk of homelessness, include but are not limited to, Lebanon County Housing Authority, Rescue Mission/Agape Family Shelter, Jubilee Ministries, Lebanon County Christian Ministries, Mental Health/Intellectual Disabilities/Early Intervention, Area Agency on Aging, Lebanon County 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 Assistance Officer reviews each families/individuals budgets and makes suggestions on where they may be able to cut costs to save money. Because of limited funding, we have had to put a cap on monthly rent payments so the dollars can be stretched to aid more families/individuals in need. The efficiency of the Rental Assistance Program is based on the utilization rate and the very low number of families/individuals who return for additional rental assistance. There is always a need for rental assistance based on the demand for the service. Because of the demand, there are no proposed changes for the 2026-2027 program year.

Emergency Shelter

Lebanon County Christian Ministries' FRESH Start Resource Center and Emergency Shelter provides basic shelter to homeless families and individuals. Lebanon County Community Action Partnership will provide Emergency Shelter at a motel, through a voucher system using Homeless Assistance Program and Community Service Block Grant funding. Emergency Shelter is needed, especially during the winter months. FRESH Start Resource Center and Emergency Shelter fill up quickly which leaves no options for the overflow of additional unsheltered families/individuals. Community Action Partnership also aids fire victims through referrals from the American Red Cross. Community Action Partnership also provides shelter assistance due to condemnation through referrals from Public Safety. Shelter funding is limited and from time to time, we run out of shelter funding. The efficiency of the Emergency Shelter Program is based on the very low number of families/individuals who return for additional assistance later in the program year. Families/individuals placed in shelter are usually able to secure permanent housing with the help from Community Action Partnership. There are no changes for the 2026-

2027 program year since Emergency Shelter is a vital piece in our continuum of services to the unsheltered.

Innovative Supportive Housing Services

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 1 shelter house, which can accommodate families up to 90 days. Our two-unit apartment is owned by the Church of Brethren. Unsheltered families are referred to the Shelter Houses by FRESH Start Resource Center and Emergency Shelter or from within Community Action Partnership through the intake process. CAP's only expense with the shelter houses is the utilities, furnishings, and case management services. Motivated homeless families in shelter houses can transition into permanent housing, and if there is a vacancy and they need more time, bridge 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 year 2026-2027 program under the Other Housing Supports.

Homeless Management Information Systems

Lebanon County Community Action Partnership currently participates in the HMIS and has for the past fourteen years. The agency has also started utilizing PA Navigate. PA Navigate is an online tool that connects Pennsylvanians with community-based organizations, county and state agencies, and healthcare providers, for referrals to community resources that help them meet their most basic needs such as food, shelter, transportation, and more.

PA Navigate also allows individuals to refer themselves for services and facilitates greater connection and communication between healthcare providers and organizations that serve shared populations.

❖ HUMAN SERVICES AND SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND (HSDF)

Please use the fields and dropdowns to describe how the county intends to utilize HSDF funds on allowable expenditures for the following categories.

Dropdown menu may be viewed by clicking on "Please choose an item." Under each service category.

Adult Services*: Please provide the following:*

Program Name: Second Start

Description of Services: This component supports case management services as it relates to working with unsheltered and/or in threat of becoming unsheltered families and/or individuals. Funding for this position is utilized in conjunction with the Community Services Block Grant and the Homeless Assistance Program. The goal of case management services is to assist the homeless in removing barriers to become self-sufficient. Results are achieved through goal planning which can include, but is not limited to, budget counseling, applying for mainstream resources, applying for subsidized 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.

Aging Services: Please provide the following:
Program Name:
Description of Services:
Service Category: Please choose an item.

Children and Youth Services: Please provide the following:
Program Name:
Description of Services:
Service Category: Please choose an item.

Generic Services: Please provide the following:

Program Name: Information and Referral Services

Description of Services: The County 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 services 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

Specialized Services: Please provide the following: (Limit 1 paragraph per service description)
Program Name:
Description of Services:

Interagency Coordination: (Limit of 1 page)
If the county utilizes funds for Interagency Coordination, please describe how the funding will be utilized by the county for planning and management activities designed to improve the effectiveness of categorical county human services. The narrative should explain both:

- how the funds will be spent (e.g., salaries, paying for needs assessments, and other allowable costs).
- how the activities will impact and improve the human services delivery system.

Other HSDF Expenditures – <u>Non-Block Grant Counties Only</u>

If the county plans to utilize HSDF funds for Mental Health, Intellectual Disabilities, Homeless Assistance, or Substance Use Disorder services, please provide a brief description of the use and complete the chart below.

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

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

Note: Please refer to Planned Expenditures directions at the top of Appendix C-2 for

3. Human Services Proposed Budget and Service Recipients Spreadsheet

County: Lebanon County	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	1		$ 19,158	$ 10,498	$ -	$ -
Administrative Management	281		$ 204,927	$ -	$ 198,000	$ 63,548
Administrator's Office			$ 164,084	$ -	$ -	$ 797,071
Community Employment and Employment Relate	7		$ 52,571	$ 20,332	$ -	$ -
Community Participation Support						
Community Residential Services	8		$ 375,819	$ -	$ -	$ 366,308
Community Services	1		$ 181,901	$ -	$ -	$ -
Consumer-Driven Services	34		$ 71,661	$ 11,681	$ -	$ 90,325
Family Based Mental Health Services	1		$ 6,276	$ -	$ -	$ -
Family Support Services	1		$ 50,109	$ -	$ -	$ -
First Episode Psychosis Services						
Housing Support Services	74		$ 263,164	$ 163,514	$ -	$ 274,148
Intensive Behavioral Health Services						
Mental Health Crisis Intervention	1,672		$ 828,624	$ -	$ -	$ 461,869
Mental Health Procedures Act Commitments	546		$ 72,102	$ 129,458	$ -	$ 122,000
Other						
Outpatient	1		$ 13,740	$ -	$ -	$ -
Partial Hospitalization	1		$ 315	$ -	$ -	$ -
Peer Support Services	5		$ 15,879	$ 15,645	$ -	$ -
PATH						
Psychiatric Inpatient Hospitalization	1		$ 822	$ -	$ -	$ -
Psychiatric Rehabilitation	10		$ 63,016	$ 41,474	$ -	$ -
Social Rehabilitation Services	69		$ 174,277	$ 70,432	$ -	$ 35,495
Student Assistance Program Services	223		$ 37,115	$ 43,885	$ -	$ -
Targeted Case Management	58		$ 66,558	$ 86,375	$ -	$ -
Transitional and Community Integration	7		$ 310,020	$ -	$ -	$ -
TOTAL MENTAL HEALTH SERVICES	3,001		$ 2,972,138	$ 593,294	$ 198,000	$ 2,210,764

INTELLECTUAL DISABILITIES SERVICES

Administrator's Office			$ 555,402	$ -	$ -	$ 569,383
Case Management	112		$ 154,282	$ -	$ -	$ -
Community-Based Services	56		$ 421,826	$ -	$ -	$ -
Community Residential Services	1		$ 322,386	$ -	$ -	$ -
Other						
TOTAL INTELLECTUAL DISABILITIES SERVICES	169		$ 1,453,896	$ -	$ -	$ 569,383

HOMELESS ASSISTANCE SERVICES

Bridge Housing	12		$ 15,500			
Case Management	50		$ 27,500			
Rental Assistance	400		$ 113,335			
Emergency Shelter	150		$ 7,500			
Innovative Supportive Housing Services	10		$ 6,500			
Administration			$ 15,500			
TOTAL HOMELESS ASSISTANCE SERVICES	622		$ 185,835		$ -	$ -

SUBSTANCE USE DISORDER SERVICES

Case/Care Management	118		$ 60,687			
Inpatient Hospital						
Inpatient Non-Hospital	32		$ 138,194			
Medication Assisted Therapy						
Other Intervention	481		$ 75,000			
Outpatient/Intensive Outpatient						
Partial Hospitalization	6		$ 2,550			
Prevention						
Recovery Support Services						
Administration			$ 15,000			
TOTAL SUBSTANCE USE DISORDER SERVICES	637		$ 291,431	$ -	$ -	$ -

HUMAN SERVICES DEVELOPMENT FUND

Adult Services	30		$ 11,619			
Aging Services						
Children and Youth Services						
Generic Services	450		$ 69,197			
Specialized Services						
Interagency Coordination						
Administration			$ 9,000			
TOTAL HUMAN SERVICES DEVELOPMENT FUND	480		$ 89,816		$ -	$ -

GRAND TOTAL	4,909	$ -	$ 4,993,116	$ 593,294	$ 198,000	$ 2,780,147