

Lebanon County Human Services Plan FY 2025-2026

August 11, 2025

Submitted by:

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1. Appendix A - Assurance of Compliance

Appendix A Fiscal Year 2025-2026

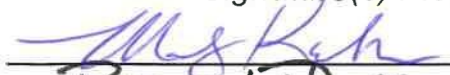
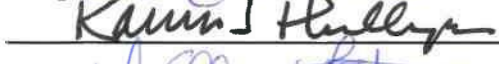

COUNTY HUMAN SERVICES PLAN ASSURANCE OF COMPLIANCE

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: <u>8/7/2025</u>
	Robert J. Phillips	Date: <u>8/7/2025</u>
	Jo Ellen Litz	Date: <u>8/7/2025</u>

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 uniformed 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 once a year 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 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 initiating new projects to address those needs. This includes searching for potential funding options to sustain the projects. Membership also includes representatives from: WellSpan Good Samaritan Hospital, WellSpan Philhaven, Youth Advocate Program, Lebanon Family Health Services, Lebanon County Christian Ministries, Lebanon YMCA, UPMC, Domestic Violence Intervention, Lancaster General/ Penn Medicine, Family First Health (FQHC), Penn State REACH, Veterans Affairs, the District Attorney's Office, and the Superintendent of Record representing all county schools, Area Agency on Aging, parents, students, media, and Lebanon County Commissioners. This Board also oversees a number of projects including: Communities That Care, Communities Violence Prevention (PCCD), the 50+ Festival, Aging Inspired (for the older adult population), Better Together addressing food access, mental health and physical activity, Cultural Diversity Conference, Healthy Kids Day, 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 supports for county constituents. They utilize a treatment team (for children, adolescents and adults) that meet on a weekly basis to review recommended services and supports before authorization or referrals occur. A diversion team meets on a monthly basis to discuss all individuals receiving services in a community inpatient psychiatric hospital, extended acute unit and Wernersville State Hospital. During these monthly meetings, they discuss anticipated discharges and recommended services and supports. All 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) on a monthly basis 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 with supports.

Efforts to re-establish a Re-Entry Coalition with a Re-entry Coordinator within Lebanon County have been successful. In September 2024, a new 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.

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.

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 in to their home school, Cyber School or other viable option. In addition, by utilizing Multi-systemic Therapy (MST), there has been a noted decrease in placements, especially as it relates to Juvenile Probation. Finally, MH/ID/EI and Children and Youth Services have 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.

In 2023-2024, Probation Services' Juvenile Unit collaborated with the Community Health Council of Lebanon County to provide Teen Intervene Programming to those youth caught with substances other than nicotine. Teen Intervene utilizes evidence-based intervention and cessation programming. We will continue to educate and collaborate with school districts and police departments to encourage the use of Teen Intervene services as a diversion from the criminal justice system.

In October 2024, representatives from several county offices participated in the statewide Behavioral Health Summit in Hershey, PA sponsored by the Administrative Office of Pennsylvania Courts (AOPC): the Courts, Commissioners' Office, Office of the District Attorney, Public Defender's Office, Lebanon County MH/ID/EI, and Probation Services. County Action Teams were tasked with identifying and prioritizing the top mental health service needs of their county, identifying an action plan to move forward with further research, development, and implementation of identified services, and establishing committees and sub-committees to collaborate in bringing these services into practice. More participants have been invited to join the County Action Team since the Summit and regular meetings are being held. The top three needs identified by the Lebanon County Action Team that are being researched and developed are: 1) Early identification of individuals with mental health needs upon arrest and early interventions for treatment services, 2) Increased diversion opportunities for individuals with mental health needs who get arrested, and 3) Increased housing opportunities for individuals with mental health needs.

Using state grant funding, small groups of Treatment Court members on adult probation participated in equine therapy in 2025. Services are trauma-focused and evidence-based and have been effective in addressing anxiety, depression, PTSD, attachment disorders, substance use, and self-destructive behaviors. Services are provided by licensed professional counselors and licensed behavior specialists who hold master or doctoral degrees in the mental health field.

Our ID/Autism Bridge Housing developed in 2020 as a collaboration between the ID program and Lebanon Community Action Partnership has completely stalled, as there are no longer any affordable and safe 1-bedroom apartments available in our community. However, we continue to search for apartments to re-institute this housing.

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 has continued to expand our mental health permanent supportive housing units which are now up to 15 units as of FY 24-25. The team remains focused on identification of funding resources to maintain current Student Assistance Programming as well as expanding the Student Assistance Program into elementary schools for additional prevention services. This is dependent upon additional sustainable mental health base funds.

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 News

6/13/25, 11:01 AM

Notice of public hearings for Lebanon County MH/ID/EI - LebTown



SPONSORED ?

Notice of public hearings for Lebanon County MH/ID/EI



Sponsored by **Lebanon County MH/ID/EI Program**
June 19, 2025



You are invited to participate in public hearings as part of the process to develop Lebanon County's Fiscal Year 2025-2026 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!

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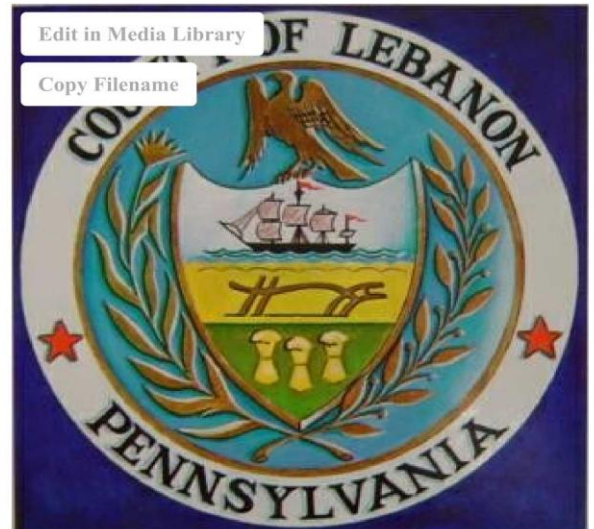
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The public hearings will be held in-person at Lebanon County MH/ID/EI Second Floor Conference Room, 220 East Lehman Street, Lebanon, on the following dates/times:

- Wednesday, July 9, 2025 at 10:00 a.m.
- Wednesday, July 16, 2025 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.





SPONSORED ⓘ

Second notice of public hearings for Lebanon County MH/ID/EI



Sponsored by **Lebanon County MH/ID/EI Program**
June 26, 2025



You are invited to participate in public hearings as part of the process to develop Lebanon County's Fiscal Year 2025-2026 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!

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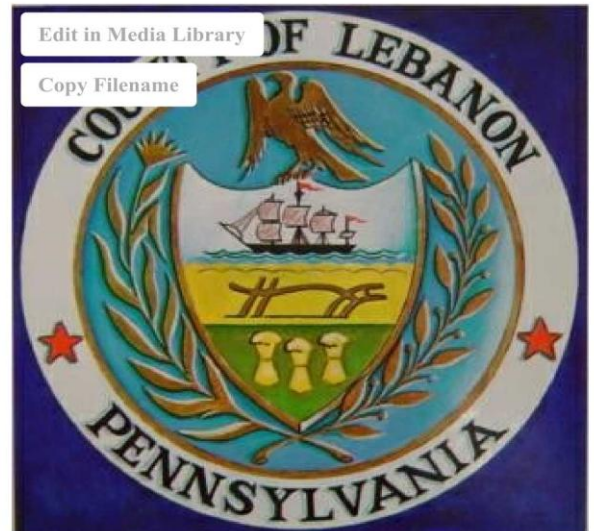
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holly.leahy@lebanoncountypa.gov.





JUL 21 2025

PO Box 630531 Cincinnati, OH 45263-0531

AFFIDAVIT OF PUBLICATION

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



Notice of Public Hearing

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:

06/23/2025, 06/30/2025, 07/06/2025, 07/13/2025

and that the fees charged are legal.

Sworn to and subscribed before on 07/13/2025

You are invited to participate in public hearings as part of the process to develop Lebanon County's Fiscal Year 2025-2026 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!

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Notary, State of WI, County of Brown

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State of Wisconsin

❖ Summary

LEBANON COUNTY FY 25-26 HUMAN SERVICES PLAN PUBLIC HEARING #1

Location/Method: In-person at Lebanon County MH/ID/EI 220 East Lehman Street, Lebanon, PA
Date: 7/9/25 – 10:00 AM to 11:30 AM

The public hearing began at 10:00 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.

Jocelyn Stakem, Lebanon County CHIPP Coordinator/ Housing Specialist, then presented on the Cross Collaboration of Services.

Rachel Vucic: QUEST was missed as a provider of vocational support.

Jocelyn Stakem: QUEST is included in the full plan narrative. We couldn't include all the vocational providers in the PowerPoint, but we can add QUEST to the PowerPoint for the next public hearing.

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.) 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.

Jen McLaughlin: I am curious about the Safe2Say app and Crisis involvement. Can you give more information?"

Kasey Felty: The app is a way for individuals to anonymously report concerns about a child or adolescent regarding suicidal ideation, bullying, depression or school violence. These anonymous tips go to the schools and law enforcement.

Tracy Dugan added: The tips go to schools and law enforcement during school hours. Evenings and overnight they are going to law enforcement. Crisis can join law enforcement to visit the home and prevent a crisis or the need for a higher level of care by connecting the individuals to resources immediately. This also allows law enforcement to enter the home, assess the situation and exit the scene if crisis is able to manage the situation without continued law enforcement presence.

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.

Jim Donmoyer: How do they determine how much waiver money to allocate to each county?

Chris Heibel: The Office of Developmental Programs (ODP) bases the amount on the wait list. Our wait list is called PUNS (Prioritization of Urgency of Need) and includes those that are in the emergency category (needing services immediately to ensure health and safety), those in critical need (or needing services within the next 2 years) or planning (needing services within the next 5 years). ODP gives us “slots” based on all this information which equates to allocated funding. A slot is given to a person until they move out of state, do not comply with requirements, or pass away.

ODP has a current initiative to try to alleviate all adults from the current waiting list. As a result, we have been granted extra waiver slots over the past few years. Although we have not received any additional base funds. We are a smaller county, so we are given less than the bigger counties.

Rachel Vucic: What causes someone to be ineligible for a waiver?

Chris Heibel: Waiver eligibility is driven by the County Assistance Office (CAO) and income requirements. The CAO reviews their residence, employment and finances. A 401K counts against them, but a PA ABLE account could help. If they are receiving social security disability they cannot have more than \$8,000 in assets and a social security income of \$2,000 or less in assets.

Rebecca Snavely: Is there respite services available for children?

Chris Heibel: Yes, but we must be careful. If they are 14 or 15, we can look at respite. We can look to family services for younger children who would not be appropriate for respite or group home setting.

All services are available to someone if they are open and eligible. But if they need behavioral health, they would be covered through the Medicaid HealthChoices system and then the ID system could begin to assist after age 21.

Christine Hartman, Lebanon Community Action Partnership, then provided an overview of the Homeless Assistance Program (HAP) services. Christine noted that they received an increase of \$39,000 which is the first increase since 2007. The participants did not have any questions or comments regarding this portion presented.

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.

Sue elaborated that they will be entering into a new 5-year agreement with the Department of Drug and Alcohol Programs (DDAP) January 1, 2026. These are state and federal funds. Funding is a major concern.

Ali Perrotto: Do you expect any changes due to the federal changes?

Jim Donmoyer: Yes, we are hearing that our SORs money will be affected but we have not received a formal allocation notice. We are hoping for flat funding.

Christine Hartman then provided an overview of the Human Services Development Fund section. Christine noted that the largest portion of the funds go to Crisis Intervention to cover after-hour services. She also noted that they have not received an increase in this funding since 2007. The participants did not have any questions or comments regarding this portion presented.

Sue Douglas, Lebanon County MH/ID/EI Director of Fiscal Operations, provided an overview of the Human Services Block Grant funding as well as the total funding for each county department and the percentage of the

total funding that is block grant. Sue provided detailed information as part of her presentation. There were no questions or comments for this section of the plan.

Prior to the meeting concluding the following discussion occurred:

Ali Perrotto: SARCC has seen a decline in referrals from the county for victim services. How often do we have someone identified for victim services?

Christine Hartman (CAP): We typically make referrals to Domestic Violence Intervention (DVI) as this is the most reported to us. We do not specifically ask for sexual assault concerns.

Chris Heibel (ID): If sexual assault is reported, they are referred to SARCC but there are not many. Case managers offer assistance and referral but most decline.

Jim Donmoyer (SU): We complete a 6-8 page assessment process and make appropriate referrals based upon the assessment.

Kasey Felty (MH): This is part of our extensive assessment process as well. However, there are fewer individuals coming through our doors since we outsourced mental health targeted case management to Service Access & Management (SAM). SAM Blended Case Managers (BCMs) can make referrals but I am not sure if they are as familiar so this might be a reason for the decline in referrals.

Ali would like to complete training. Chris Heibel and Kasey Felty agreed to work with Ali to coordinate training for all relevant entities.

Jen McLaughlin: Can CSG Psych Rehab make direct referrals to SARCC?

Ali Perrotto: Yes. Anyone can seek assistance from SARCC.

Ali Perrotto: I have a question about housing. How often are folks transitioning successfully out of bridge housing?

Christine Hartman (CAP): There are streaks. We have not had anyone in bridge housing for a while as 1 unit is being renovated due to property damage from the last residents. On average 65% successfully transition.

Chris Heibel (ID): ID people do not leave housing.

Kasey Felty (MH): We have 2 transitional housing programs – The Cottage for forensic individuals and Jumpstart for young adults. Jumpstart is too new (open less than a year), so we did not have anyone transition out yet. For the Cottage there have been 3 successful transitions to the community. They have been successful for over a year in the community. The forensic population is challenging but if you have the right support in place they can be successful in our community.

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 2025-26 HUMAN SERVICES PLAN
PUBLIC HEARING #1
7/9/2025**

NAME	AFFILIATION	EMAIL
Christine Hartman	Lebanon Community Action Partnership	christine.hartman@lebanoncountypa.gov
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Skyler Deitrick	Community Services Group	deitricks@csgonline.org
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Jocelyn Stakem	Lebanon MH/ID/EI	Jocelyn.stakem@lebanoncountypa.gov
Mary Dorman	WellSpan Philhaven Crisis	Mdorman3@wellspan.org
Brandon Smith	Lebanon Drug & Alcohol Commission	Brandon.smith@lebanoncountypa.gov
Vicki DeLoatch	Lebanon Family Health Services	vicki@lebanonfamilyhealth.org
Rachel Vucic	Quest	rvucic@paquest.com
Wenda Dinatale	LCCM Fresh Start	wenda@lccm.us
Michael Kuhn	Lebanon County Commissioner	
Ali Perrotto	SARCC	aperrotto@sarcclebanon.org

❖ **Summary**

**LEBANON COUNTY
FY 2025-2026 HUMAN SERVICES PLAN PUBLIC HEARING #2**

Location/Method: In-person at Lebanon County MH/ID/EI 220 East Lehman Street, Lebanon, PA
Date: 7/16/2025 – 2:00 PM – 3:30 PM

The public hearing began at 2:00 p.m. with Holly Leahy, Administrator Lebanon MH/ID/EI, 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 present introduced themselves, Holly Leahy gave a brief background into the timeline, county planning process, and development of the plan.

Janine Mauser then presented on the Cross Collaboration of Services. 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 monies which increases their funding overall. (This is important to note since the actual state allocations have not increased.) There were no questions or comments.

Holly Leahy then reviewed the mental health section of the plan and provided a summary on each of the various components. She noted that our primary goal is to maintain the current services and support considering the federal and state budget situation. We are hoping for best case scenario of flat funding. However, if our funding is cut, we will need to make some tough decisions. A lot of our providers are smaller so even a small cut in their funding could be catastrophic.

Jessica Paul: Regarding the increased Housing Support funds. Is this due to the increased number of individuals served or increased cost for housing?

Holly Leahy: This is primarily due to the increased cost for housing, but we did add the Jumpstart program for young adults ages 18-24 (3 individuals) and a few more apartments for the New Start program (permanent supportive housing).

Jessica Paul: What is included in the Family Support services category?

Sue Douglas: This is mostly sign language and only used if we have an individual in need of sign language.

Sue Douglas reviewed the mental health data for individuals served broken out by the services and the amount of funding per cost center.

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 portion with a pie chart for ID services presented by Sue Douglas. There were no questions or comments.

Christine Hartman, Lebanon Community Action Partnership Administrator, then provided an overview of the Homeless Assistance Program (HAP) services. She indicated that they had their first increase since 2007 of \$39,000.

Jim Donmoyer: So, if someone is being evicted you can only pay up to \$650?

Christine Hartman: Correct. We have landlord agreements to pay up to \$650. With our budget restraints, we just cannot pay more than \$650. Although the average rent is between \$1300-\$1400. We work with landlords for payment arrangements to ensure they are not evicted.

Madison Colaco: Could you please explain bridge housing?

Christine Hartman: Yes. This is a bridge between homelessness and long-term housing. It's up to 2 years. We work on debt remediation. They do not pay utilities, and it comes fully furnished.

Jim Donmoyer Comments: There are 67 counties, but not all counties are part of the block grant. We have been a block grant county since 2017. The advantage is that we can share funds. If one department is running a deficit and another under budget, we can share to cover the deficit.

This has been an advantage for us. This was the way to go.

Tim Nicklas: So, this was the first increase since 2007?

Christine Hartman: Yes, only \$39,000 since 2007.

Jim Donmoyer: They are asking us to do the same things or more in 2025 with the same monies from 2007. They are not considering that budgets go up, rent goes up and more people need services.

Sue Douglas: Lebanon County is very conservative. A lot of other counties have started services and housing that they cannot sustain. We have been more conservative in starting things we can sustain within our current funding.

Christine Hartman: Every year I get together with the team to determine what we can do with the funds. ERAP funds were helpful, but this is gone. It is all on us now.

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.

Jessica Paul: What is LCCF?

Jim Donmoyer: Lebanon County Correctional Facility.

Madison Colaco: Did 89 people show up here for services?

Jim Donmoyer: No, they presented at the Emergency Room (ER).

Madison Colaco: By choice?

Jim Donmoyer: Not necessarily. They could have been administered Narcan, so they were medicated and transported to the ER. A warm handoff system is then required. The flow for Substance Use is:

Person presents at ER – Crisis meets with them immediately – Crisis screening – Assessed for services Yes or No – If yes, PA Counseling Services (PCS) comes in to get them into treatment if they allow – The person can refuse treatment as illustrated in the data

Madison Colaco: Can they be forced into treatment?

Jim Donmoyer: No, we can't force anyone into treatment. All of this is voluntary.

Jessica Paul: Are we able to track outcomes from those who overdose?

Matthew Rys / Jim Donmoyer: This is difficult to track due to different funding (insurance). We don't necessarily get outcomes information because we are not funding their service. We can track the 39 we referred to treatment.

Tim Nicklas: There are also confidentiality issues.

Jim Donmoyer shared a comparison of overdose deaths from year to year. He indicated that a lot of things go into the numbers. In the end, 1 death is too many. They do not ask us why the data has changed positively or negatively. But the decrease in overdose deaths could be because of the availability of Medication Assisted Treatment (MAT), the Heroin task force efforts and presence at events, Narcan

distribution and the drug trends changing. There has been a shift from Methamphetamines (Meth). So, a lot more Meth than Heroine cases.

Jessica Paul: Is there a committee that comes up with creative ways to spend the Opioid settlement funds?

Jim Donmoyer: No. There is no official board or committee. There are discussions at every meeting I go to about ways to get treatment in needed areas or gaps using the settlement funds. Meetings such as my advisory board, Criminal Justice Advisory Board (CJAB) and the LCCF Warden. We all collaborate.

Jessica Paul: Has there been success in getting NA or AA meetings in the prison?

Jim Donmoyer: No. The prison is 50% understaffed so there is little time for guards to do extra meetings. This is a management thing, and it just comes down to no manpower.

Before the staffing issues there were all kinds of services in the prison. This comes with increased liability and responsibility for staff. MAT is up and running through PrimeCare so this has not stopped or slowed with the staffing issues.

Jessica Paul: This is unfortunate that there are limited recovery services due to staffing.

Jim Donmoyer: Our prison is older and not designed as some of the newer prisons for a treatment wing. It's designed to simply house individuals...To keep them and society safe.

Prison management are pro-treatment, but the facility is 80 years old and not conducive to recovery services. I would love to use settlement funds for more recovery services in the prison.

Jessica Paul: Maybe due to the criminal justice system pushing for a higher focus on development of recovery services this will happen.

Jim Donmoyer: Judge Tylwalk through CJAB is pro-treatment with implementation of specialty courts like DUI court, Drug court and Veterans court. Mental Health court is not far behind.

Everyone involved is pro-services and all want more. Of note, the average length of stay at LCCF is only 21 days.

Jessica Paul: Are people spending less time at LCCF because they are getting connected to services in the community upon release?

Jim Donmoyer: Yes. The Naaman Center goes into LCCF to serve and get the connected before release whenever able.

Sue Douglas: Sue elaborated that they will be entering into a new 5-year agreement with the Department of Drug and Alcohol Programs (DDAP) January 1, 2026. These are state and federal funds. Funding is a major concern.

Christine Hartman then provided an overview of the Human Services Development Fund section.

Amanda Cieri: Can community resources be accessed by other departments?

Christine Hartman: Absolutely. Reach out and we will help.

Jessica Paul asked if we were able to provide the draft Human Services plan prior to submitting it to the state for review and comments?

Holly Leahy responded that it can be shared once prepared. It will be a quick turnaround and will not give much time for review and comment. I will forward the draft to you once prepared.

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 is available electronically upon request. Additionally, once the Human Services plan has been approved by the PA Department of Human Services it will be posted on the County website.

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

**LEBANON COUNTY
FY 2025-26 HUMAN SERVICES PLAN
PUBLIC HEARING #2
7/16/2025**

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Part III Cross-Collaboration of Services

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

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

As discussed in recent submissions, many agencies and supports discussed below continue to experience significant staffing shortages which have impacted their ability to adequately deliver services; however, they remain a vital part of the network essential to support our residents. Knowing this challenge exists makes the goal of collaboration amongst county agencies even more imperative. Lebanon County will continue to search for viable models and potential funding sources in examining these needs as we serve our constituents.

1. Employment:

Several avenues for employment opportunities continue to exist within our systems. The county works closely with providers to identify employment opportunities for individuals with disabilities. "Work With Us," fully embraces the *Employment First* Initiative, recognizing that all individuals "with a disability are valued members of society and deserve the opportunity to work." This initiative remains intact under the direction of Governor Shapiro.

CareerLink has embarked on a new initiative that is specifically focused on those aged fourteen and older, titled "Pathways to Progress". Under this program individuals can experience six job opportunities, interview and resume assistance, and opening a Pa CareerLink account to access resources. Their current 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 ear-marked for employment services only. OVR funds may also be pursued, as appropriate, to assist individuals with supportive employment opportunities.

The county mental health office works closely with its local providers to provide employment opportunities to those diagnosed with a serious mental illness. OVR funds are leveraged to promote competitive employment. MH base funds can be utilized to assist with job coaching and employment follow-up to assist the individual in maintaining their employment position within the community.

Employment continues to be a barrier amongst the transition-aged population. This population often struggles with decision making skills, most closely associated with employment and higher forms of education. Utilization of OVR's guidance related to these issues is extremely beneficial in navigating the transition to adulthood and increases chances of success and long-term gains in this target population. However, a challenge this past year has been related to changes within OVR's structural system. Lebanon County Children and Youth Services continues to provide support to youth in their care through an Independent Living Coordinator. This individual assists youth transitioning out of care with acquiring skills to access employment and housing. Additionally, once a youth has left care, the coordinator is also able to provide a stipend to those who complete an independent living program, which can be used for housing or employment. An ongoing layer of support for this population is youth focused peer support currently being provided by Recovery Insight, PeerStar, and WellSpan Philhaven.

For eligible adults, support services are available to work with individuals who have identified an employment goal as a step toward their recovery. Vocational support is also available to adults working with Assertive Community Treatment Team (ACT), the Fairweather Lodge, the New Start Program, Forensic Transitional Housing Program (Cottage), Jumpstart, Blended Case Management or Psychiatric Rehabilitation through Community Services Group.

Across all systems and populations, the Disability Empowerment Center serves as a valuable resource. An Independent Living Coordinator works to prioritize self-determination, individual control, and personal choice. They work to eliminate barriers and effect positive change. Employment is a commonly identified goal.

Tec Centro Workforce Development Network (Tec Centro) continues to support the bilingual workforce in Lebanon County. They offer training courses for a variety of industries and career paths. These courses are designed to quickly and comprehensively prepare the individual or the student for the workforce with opportunities for continued growth. Upon conclusion of the class, students will receive a certificate of completion and/or will sit for National or State Certification Examinations.

2. Housing:

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. In 2017, OMHSAS approved a CHIPP project for Lebanon County which entailed establishing an enhanced personal care home to provide services for those diagnosed with a serious mental illness as well as medical complexity. In adherence to the Olmstead Plan, three individuals were discharged from Wernersville State Hospital and five individuals from the community were selected for the home. Currently, the home remains full.

One of our partners in this process is the Housing Authority of Lebanon County (HACL). The HACL welcomes the opportunity to collaborate as housing options become available. They also participate in a variety of housing initiatives throughout the county as we continue to have discussions involving new opportunities to allow for additional choice and integration. The HACL works with all populations including those with disabilities to identify appropriate and affordable housing.

Three Lebanon County organizations have recently formed a housing collaborative to address county wide housing needs via a WellSpan grant which will focus on immediate and long-term needs. One third of this funding is designated for the Lebanon Rescue Mission's Agape Safe Haven housing project set to open in the spring of 2027. The balance of the initial funding will be used to hire a housing development director which will be a collaborative partnership between Lebanon County Christian Ministries (LCCM) and the Community Health Council of Lebanon County.

As is the case in every county, Lebanon deals with the problem of homelessness. A collaborative partner in addressing this issue is LCCM. The priority focus remains on Social Determinants of Health (SDoH). 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.

Lebanon County continues to make steps toward finding new housing models as funding allows. In fiscal year 2024-2025 the young adult housing program “Jumpstart” was implemented. This initiative focuses on ages 18-24 with serious mental illness and possible forensic or foster care system involvement. This is a partnership with both the Lebanon County Housing Authority and Community Services Group. Goals include employment, self-sufficiency, relationship building, tenancy skills and life readiness. Length of stay is 12-18 months. We also continue with our existing housing initiatives; the New Start Program and the Forensic Transitional (Cottage) Program, a subsidiary of the New Start Program. Both programs have the goal of self-sustainability through ongoing case management and skill building. Eligibility for the program 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 2024-2025 include:

- a.** Lebanon County Mental Health has continued to maintain our current service system with little to no cuts to programming.
- b.** Lebanon County Mental Health has continued to expand Housing Support Services. This expansion includes our Jumpstart program, which serves 3 transition age adults. Jumpstart provides housing and services to 3 transition age adults with the goal of teaching them independent living skills to successfully transition into their own permanent housing. We also now have 15 New Start apartments that provide permanent housing and services to individuals within our community. These programs have assisted individuals with Serious Mental Illness to live in the least restrictive setting within our community.
- c.** Lebanon County Mental Health in partnership with Wellspan Philhaven have continued to improve and enhance Crisis Intervention Services for Lebanon County. These enhancements include:
 - Development of the Mobile Crisis Collaboration Team which meets quarterly and includes team members from Lebanon County MH/ID/EI, Lebanon County Crisis Intervention Services, Wellspan Philhaven, Lebanon County Department of Emergency Services, First Aid and Safety Patrol, Police Chiefs from two Lebanon County Police Departments and the James Biever Police Community Alliance.
 - Lebanon County Crisis Intervention Services is the first Crisis system within Pennsylvania to work directly with the Attorney General’s office and Safe2Say. Lebanon County Crisis Intervention Services will work with local Law Enforcement and schools when tips are reported to the Safe2Say app. Lebanon County Crisis Intervention Services may join local law enforcement to visit the home and prevent a crisis or potential need for a higher level of care by connecting the individuals to resources immediately.
 - Increased access and usage of the Lebanon County Crisis Intervention Walk-in center, Mobile Crisis Teams and Peer Support services, decreasing the number of individuals using the local Emergency Department for crisis support.

- Lebanon County Mental Health in collaboration with The Panto Group is in the final developmental stages of the Comprehensive County Crisis System Plan.

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 opportunities and enhancing existing housing opportunities for individuals diagnosed with Serious Mental Illness.
 - Telehealth Peer Support 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 Transition Age Youth 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 become active members of the 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 supports to assist Transition age youth that are aging out of the Children's system and do not meet the criteria for county based-funded adult services. Often, these individuals have historically spent their youth with high-level service systems in place and have not had the opportunity to experience significantly challenging circumstances without the services their progress has relied on.
 - Specialized support and training opportunities for Transition age youth to learn employment skills.

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.
 - CHIP 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:
 - Lebanon County consistently has a waiting list for Wernersville State Hospital and Extended Acute Unit beds due to individuals with Serious Mental illness having a combination of needing higher levels of care and limited financial resources. Often, individuals have significant personal care needs that limit community discharge resources, as there are limited options for individuals with medical and psychiatric concerns.
 - 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 needs access to a Long-Term Structured Residential program to serve individuals who have severe and persistent mental illness and have reached maximum benefit from the state hospital level of care but are unable to effectively be served in the community services that currently exist.

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 that are currently involved in the forensic system or have a forensic history.
 - In collaboration with the Lebanon County Correctional Facility, Lebanon County Mental Health receives daily updates of individuals that have been incarcerated. This effort allows Lebanon County Mental Health to be alerted and become involved in the beginning stages of individuals' incarceration.
 - Lebanon County has developed a Behavioral Health Action Team which will focus on the following goals:
 1. The need for early identification and intervention process to provide services in a timely fashion to lessen involvement in the criminal justice system for those with behavioral health issues.
 2. The development and implementation of a mental health court to provide a systemic way to shepherd cases through the court system while providing necessary supportive services for those involved.
 3. Address the housing dilemma faced by many individuals with mental health issues who find themselves incarcerated with no readily available ability to re-enter into society due to the lack of appropriate housing.
 - 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 Court / Jail diversion program to decrease the number of individuals with serious mental illness in the prison system.
 - 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

Strengths:

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

Needs:

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

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

Strengths:

- Services to the Lesbian, Gay, Bi-sexual, Transgendered, Questioning and Intersex (LGBTQI) population has improved with education and clinical experience.
- All trainings offered throughout this region are encouraged and marketed electronically throughout the services and supports in Lebanon county.
- Annual Stories Lessons Arts and Music (SLAM) LGBTQ Seminar at Lebanon Valley College.
- The LGBT Center of Reading provides support groups in Lebanon for LGBTQ+ individuals in recovery and LGBTQ+ veterans.
- PA Peer Support Coalition is partnering with Keystone Pride Recovery Initiative (KPRI) to provide training and education to the community.
- Lebanon County is researching and pursuing local opportunities for training and education.
- 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:

- 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.
- WEPA! Working to Empower People for Advancement provide low-cost training and education services to the Lebanon County community

Needs:

- Bilingual staff in all service providers. Overall, service providers in Lebanon County are limited in their ability to hire bilingual staff, despite constant advertisements and attempts to secure qualified bilingual staff. (There is 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

▪ **Strengths:**

- BrainSTEPS – a program through the Lancaster-Lebanon IU13. The BrainSTEPS (Strategies Teaching Educators, Parents, & Students) Brain Injury School Re-Entry Consulting Program assists PA schools in creating educational plans for students following acquired brain injury. This program is eligible for youth, including transitional aged youth who are still enrolled in school.
- The Brain Injury Association of Pennsylvania offers those who have experienced brain injury and their family members the ability to improve quality of life through support, education, advocacy, and research. They offer a variety of programs and support groups to individuals throughout the course of 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.
- 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.

- Wellspan Philhaven's Green Pasture program provides mental health care services sensitive to the values of the Plain Community.
- Needs:
 - Outpatient therapists who are trained and specialized in treating individuals with traumatic brain injury.
 - Specialized housing for individuals needing supervision and/or assistance with daily living needs if they do not meet criteria for other housing placements, or if their needs exceed what other options (personal care homes, assisted living environments) can provide. Although the county identifies this as a need, there is no concrete plan for development 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.
 - Day programming activities if they do not meet qualifying criteria for existing day programming offered through the Area Agency on Aging.

c) Recovery-Oriented Systems Transformation (ROST):

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 supports.

Lebanon County Mental Health has continued to fiscally maintain the current services and supports without having to make any financial cuts.

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

Lebanon County Mental Health has continued to expand Housing Support Services. This expansion includes our Jumpstart program, which serves 3 transition age adults. Jumpstart provides housing and services to 3 transition age adults with the goal of teaching them independent living skills to successfully transition into their own permanent housing. We also now have 15 New Start apartments that provide permanent housing and services to individuals within our community. These programs have assisted with keeping individuals with Serious Mental Illness in the least restrictive setting within our community.

ii. Improve and expand our local Crisis Intervention Services

Lebanon County Mental Health in partnership with Wellspan Philhaven have continued to improve and enhance Crisis Intervention Services for Lebanon County. These enhancements include:

- Development of the Mobile Crisis Collaboration Team. The intention of the Mobile Crisis Collaboration Team is to establish clear communication between all entities regarding laws and expectations. Identifying and removing barriers to full collaboration in the community between all entities. Education and engagement of stakeholders with Lebanon County Crisis

Intervention Services. Identification of training needs and funding resources to provide requested training. Reviewing and monitoring of Lebanon County dispatch reports and data. Ensuring the safety of all entities with appropriate technology. Implementation of Lebanon County Crisis Intervention Services automatic deployment. Also, the creation and distribution of informational resources to the community.

- Lebanon County Crisis Intervention Services is the first Crisis system within Pennsylvania to work directly with the Attorney General's office and Safe2Say. Lebanon County Crisis Intervention Services will work with local Law Enforcement and schools when tips are reported to the Safe2Say app. Lebanon County Crisis Intervention Services may join local law enforcement to visit the home and prevent a crisis or potential need for a higher level of care by connecting the individuals to resources immediately.
- Increased access and usage of the Lebanon County Crisis Intervention Walk-in center, Mobile Crisis Teams and Peer Support, decreasing the number of individuals using the local Emergency Department for crisis support.
- Lebanon County Mental Health in collaboration with The Panto Group is in the final developmental stages of the Comprehensive County Crisis System Plan.

ii. *Coming Year List:*

1. Maintain Current Services and Supports

☒ Continuing from prior year ☐ New Priority

Narrative including action steps: The Lebanon County Mental Health program will continue to work to maintain current services and supports listed on the attached *Existing County MH Services Chart* as these services have been invaluable to consumers within the community. Lebanon County Mental Health has seen an increase of base funding utilization and will continue to find it challenging to address the increasing needs of our community while continuing to receive flat funding or minimal funding increases. Flat funding also does not accurately reflect the increasing costs of providing services. Additional funding is needed, at minimum, to maintain the current service delivery and does not allow Lebanon County Mental Health to expand or fully accommodate the ever-growing needs of our community as service costs continue to rise. Lebanon County Mental Health will continue to regularly discuss availability of services and supports during quarterly Quality Management Team Meetings, in various other community stakeholder meetings and during internal department meetings. Lebanon County Mental Health will continue to embrace and support the philosophy of recovery and resiliency as well as monitor the impact of the current service delivery system. Lebanon County Mental Health will continue to monitor service outcomes and explore alternative strategies to ensure the meeting of individual needs and to promote recovery in the most effective and cost-efficient manner. Lebanon County Mental Health also recognizes the community efforts that are being made to connect individuals to supports and resources. These include the yearly Mental Health Awareness Festival that is funded fully by Provider donations and the active Community Support Program that does not receive any funding.

Timeline: By December 2025, Lebanon County will have completed discussions regarding provider funding. April 2026, Lebanon County will have completed discussions with providers to develop FY 26-27 funding and determine the County's fiscal resources available for programs.

Fiscal and Other Resources: Current funding of positions, services and supports are utilized.

Tracking Mechanism: This priority will be tracked and monitored by the Quality Management Team (QMT) and Lebanon County MH/ID/EI through monthly, quarterly and annual reviews and discussion regarding access to services, service outcomes and fiscal resources. Lebanon County MH/ID/EI will also utilize consumer satisfaction surveys, incident reports and other resources.

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 struggle with the lack of affordable and safe housing available for individuals living with Serious Mental Illness. The average rental amount for a one-bedroom apartment unit continues to increase, making them too high priced for individuals living on a fixed income from Social Security. Lebanon County Mental Health will continue to regularly discuss the availability of housing services and supports during quarterly Quality Management Team Meetings, in various other community stakeholder meetings and during internal department meetings.

Timeline: By December 2025, the Quality Management Team will continue discussions surrounding housing opportunities and quality improvement of established housing services and supports. By April 2026, Lebanon County will have completed internal discussions to determine if there are any County fiscal resources available for creating any improvement or expansion of existing housing projects.

Fiscal and Other Resources: Additional funding is needed for housing projects. Mental Health base funds continue to be stretched to capacity and cannot absorb any new projects without cuts to other base funded services. If any new housing projects are considered, they must have start-up and sustainment funding available.

Tracking Mechanism: This priority will be tracked and monitored by the Quality Management Team (QMT) and Lebanon County MH/ID/EI through monthly, quarterly and annual reviews and discussion regarding access to services, service outcomes and fiscal resources. Lebanon County MH/ID/EI will also utilize consumer satisfaction surveys, incident reports and other resources

3. Improve and expand our county crisis system services.

☒ Continuing from prior year ☐ New Priority

Narrative including action steps: Lebanon County Mental Health will continue to prioritize the expansion of our Lebanon County Crisis Intervention Services for our community. The Mobile Crisis Collaboration Team will establish clear communication between all entities regarding laws and expectations. Identifying and removing barriers to full collaboration in the community between all entities. Education and engagement of stakeholders with Lebanon County Crisis Intervention Services. Identification of training needs and funding resources to provide requested training. Reviewing and monitoring of Lebanon County dispatch reports and data. Ensuring the safety of all entities with appropriate technology. Implementation of Lebanon County Crisis Intervention Services automatic deployment. Also, the creation and distribution of informational resources to the community. Lebanon County Mental Health will also utilize the Comprehensive County Crisis Systems Plan for additional guidance on how to expand within the limitations of our funding.

Timeline: August 2025, the Comprehensive County Crisis Systems Plan will be completed and distributed to county crisis partners. The Mobile Crisis Collaboration Team will meet quarterly to discuss progress and updated goals.

Fiscal and Other Resources: Mental Health base funds continue to be stretched, and additional funding is needed for continued improvement/enhancement of our Crisis Intervention Services.

Tracking Mechanism: This priority will be tracked and monitored during bi-weekly meetings with consultants, biweekly meetings with Wellspan Philhaven, and quarterly meetings with the Mobile Crisis Collaboration Team. Lebanon County MH/ID/EI will also utilize consumer satisfaction surveys and other resources identified as necessary.

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 25-26.

There has been a strong movement within Lebanon County to embed trauma informed care initiatives into services. Communities That Care has a program goal to mitigate the harmful impacts of early trauma and adversity in Lebanon County. Lebanon County MH/ID/EI also provided free Trauma 101/102 trainings to the community in CY 2025.

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 25-26.

Each year, the Community Health Council of Lebanon coordinates a Cultural Diversity Conference. Approximately 100+ individuals from our Lebanon community and a few from surrounding counties attend this conference. This includes professionals, community members, individuals in recovery and many more. The committee ensures trainer competency and that there are many different cultures represented at the workshops throughout the day. Several agencies in the county have policies surrounding attendance at this conference. For example, the Lebanon County Mental Health Base Service Unit places staff on rotating mandatory attendance as well as new case managers mandated to take the training in 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 25-26.

Lebanon County Mental Health is continuing to explore additional Diversity, Equity and Inclusion efforts that focus on bias and micro aggressions.

Lebanon County Mental Health, in partnership with CABHC and Lebanon County Christian Ministries developed a Social Determinants of Health Voucher program to provide funding to individuals that have been assessed and identified with a Social Determinants of Health need.

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 has an active suicide prevention task force that meets monthly. The task force includes a few committees with separately scheduled meetings to address the topics. Current initiatives include:

- Ongoing suicide prevention and awareness media campaign. This campaign includes radio ads, social media posts and a local bus campaign that will be run through the city on 2 buses during the months of June, July and August in 2025.
- Website: <http://communityhealthcouncil.com/suicide/>
- Enhancement and management of a Remembrance Garden. This includes names of those lost to suicide on pavers with the permission of family members. The yearly Remembrance Ceremony is held in December.
- Each September is designated Suicide Prevention month in Lebanon County by the County Commissioners. The month focuses on suicide prevention and awareness opportunities including WRAP classes, Suicide Prevention Walk and community candle lighting. (Our task force begins scheduling / coordinating these events each January.)

- The “You Matter” campaign is a local grass roots effort to share a positive message of hope, healing, and wellness to every person in our community by providing acknowledgement, validation and a sense of belongingness through sharing the single message “You Matter”. The “You Matter” campaign was initiated in September 2017 and our taskforce continues these efforts by offering presentations to the community that reflects the “You Matter” message. This message has the potential to improve the morale, self-esteem, wellness, and cohesiveness of our entire community. Additionally, we have broadened the “You Matter” message to include other positive messaging while promoting overall mental health wellness.
- Lebanon County Suicide Loss Support Group.

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

The Employment First Act (Act 36 of 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.

Previous Year: FY 24-25 County Supported Employment Data for ONLY Individuals with Serious Mental Illness		
<ul style="list-style-type: none"> • 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 <p><i>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).</i></p>		
Data Categories	County MH Office Response	Notes
i. Total Number Served	5	
ii. # served ages 14 up to 21	0	
iii. # served ages 21 up to 65	5	
iv. # of male individuals served	3	
v. # of female individuals served	2	
vi. # of non-binary individuals served	0	
vii. # of Non-Hispanic White served	2	

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	0	
xiv. # of individuals served who have more than one disability	4	
xv. # of individuals served working part-time (30 hrs. or less per wk.)	5	
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)	1	
xviii. # of individuals served with highest hourly wage	4	
xix. # of individuals served who are receiving employer offered benefits (i.e., insurance, retirement, paid leave)	4	

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 24-25 and 25-26 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 24-25), as well as projected amounts for SFY 25-26. If this data isn't available because it's a new program implemented in SFY 25-26, do not enter any collected data.
- Please note: Data from projects initiated and reported in the chart for SFY 25-26 will be collected in next year's planning documents.

1. Capital Projects for Behavioral Health				Check box <input type="checkbox"/> 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 24-25 (only County MH/ID dedicated funds)	5. Projected Amount for SFY 25-26 (only County MH/ID dedicated funds)	6. Actual or Estimated Number Served in SFY 24-25	7. Projected Number to be Served in SFY 25-26	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				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
Short-term tenant-based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.									
1. Project Name	2. Year of Implementation	3. Funding Sources 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 Bridge Subsidies in SFY	9. Average Monthly Subsidy Amount in SFY24-25	10. Number of Individuals Transitioned to another Subsidy in SFY24-25
Rental Subsidy Funds	2010	HealthChoices Reinvestment	\$300.00	\$3,500.00	1	5	1	\$300.00	1
Transition Age Youth Housing Support “Jumpstart”	2023	Base	\$83,501 (through April)	\$256,946	2	3	2	\$3,479.20	0
Totals			\$83,801	\$260,446	3	8	3	\$3,779.20	1
Notes:									

3. Master Leasing (ML) Program for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
Leasing units from private owners and then subleasing and subsidizing these units to consumers.									
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 Owners/ Projects Currently Leasing	9. Number of Units Assisted with Master Leasing in SFY24-25	10. Average Subsidy Amount in SFY24-25
New Start Program	2017	CHIPP	\$140,081 (thru May)	\$108,142 0 \$130,150 \$88,033	14	15	13	13	\$825 Month/apt
		CMHSBG	\$65,588 (thru March)						
		Base	0						
		HealthChoices Reinvestment	0						
Totals			\$205,669	\$326,325					
Notes:	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				<input type="checkbox"/> 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. <i>Total</i> \$ 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				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
HSS are used to assist consumers in transitions to supportive housing 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 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
Supported Housing Program	1996	CHIPP	\$36,604 (thru March)	0	65			70	1
		CMHSBG	\$36,603	0					
		HealthChoices Reinvestment	0	\$79,285					
		Base	0	\$8,809					
Totals			\$73,207	\$88,094					
Notes:	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				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings, 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 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. Average Contingency Amount per person
Housing Support Funds	1998	HealthChoices Reinvestment	\$5,913	\$6,500	3			5	\$960
Totals			\$5,913	\$6,500					
Notes:	Includes expenses used for state hospital STL room and board.								

7. Other: Identify the Program for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.			
<p>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.</p>							
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 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
Enhanced Personal Care Home (SCR)	2018	CHIPP thru April	\$398,310	\$315,000	8		8
		Base	\$74,309	\$146,715			
		HealthChoices reinvestment	0	\$172,505			
Fairweather Lodge	2017	Base	0	\$29,432	6		6
		CMHSBG thru April	\$46,538	0			
		HealthChoices Reinvestment	\$4,670	\$59,441			
Totals			\$514,827	\$723,093			
Notes:	\$14,736 of the projected HealthChoices reinvestment funding for the Fairweather Lodge is dedicated to furnishings and renovations.						

e) **Certified Peer Specialist Employment Survey:**

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.

In the table below, please include CPSs employed in any 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

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 15 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
Number of New Peers Trained in CY 2024	5

f) Existing County Mental Health Services

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

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

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	56	TMACT and outcomes rating scale	CABHC /Wellspan Philhaven	Annually/ Every 6 months	No	No	Wellspan Philhaven
Supportive Housing	Yes	65	Adherence to their housing sub-lease	County/ Housing Authority/NSP staff	Annually	No	No	Wellspan Philhaven
Supported Employment	Yes	5	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	83	The lead clinician observed co-occurring group quarterly and also 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	Yes	0	SAM and TAMS. This tool measures fidelity to the model of the therapist and of the supervisor .	It is the MST national tool.	It is measured at intake and discharge . Also monthly and bi-monthly, therapists , consultant and supervisors are measured . Outcome s fidelity is measured 2x/year for the entire program.	MST is a blueprint national evidence-based program which has gone through rigorous research.	Yes. All staff attend a 5 day training that requires passing a test. Staff also receive quarterly booster training. Supervisors attend an additional 2 day Supervisor training.	PA Counseling Services
Functional Family Therapy	Yes	5	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 Psycho-Education	No							

h) Additional EBP, Recovery-Oriented and Promising Practices Survey:

- 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. **service provided**, 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	435	
Compeer	Yes	37	
Fairweather Lodge	Yes	5	
MA Funded Certified Peer Specialist (CPS)- Total**	Yes	146	
CPS Services for Transition Age Youth (TAY)	Yes	7	
CPS Services for Older Adults (OAs)	Yes	12	
Other Funded CPS- Total**	Yes	21	
CPS Services for TAY	Yes	0	
CPS Services for OAs	Yes	0	
Dialectical Behavioral Therapy	Yes	16	
Mobile Medication	No		
Wellness Recovery Action Plan (WRAP)	Yes	8	
High Fidelity Wrap Around	No		
Shared Decision Making	No		
Psychiatric Rehabilitation Services (including clubhouse)	Yes	71	
Self-Directed Care	No		
Supported Education	No		
Treatment of Depression in OAs	Yes	8	
Consumer-Operated Services	No		
Parent Child Interaction Therapy	Yes	0	
Sanctuary	No		
Trauma-Focused Cognitive Behavioral Therapy	Yes	25	
Eye Movement Desensitization and Reprocessing	No		
First Episode Psychosis Coordinated Specialty Care	No		
Other (Specify)			

Reference: Please see SAMHSA's National Registry of Evidenced-Based Practices and Programs for more information on some of the practices: [Resource Center | SAMHSA](#)

i) Involuntary Mental Health Treatment

1. During CY 2024, 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 2024
☐ 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 2024
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 2024 (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 2024:
 - 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 2023		283
II. Number of involuntary inpatient hospitalizations following an IOT or AOT for CY 2023		5
III. Number of AOT modification hearings in CY 2023		
IV. Number of 180-day extended orders in CY 2023		138
V. Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY 2023		\$255,316

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, a 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.

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. PROMISE™ Companion Guides

- ❖ Have all available claims paid by the county/joinder during CY 2024 been reported to the state as an encounter? ☒ Yes ☐ No

k) Categorical State Base Funding (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 in FY 25-26:

For many years, Lebanon County's budget has been under-funded and over-stretched. Increased mandates have forced Lebanon County to do more while no additional monies have been provided. The current funding commitments have left services unable to cope with the increased demands and needs of the individuals within our community. Lebanon County has seen this inadequate funding negatively impact our crisis services, the local hospital, law enforcement, schools, and more. Despite internal efforts to maximize the stagnant budget, Lebanon County is unable to keep up. Without increased funding, the current array of services and support will not be able to be maintained, causing an even greater impact to an already strained Mental Health system. For the Mental Health system to not only be maintained but expanded, Pennsylvania needs to make a meaningful and sustainable investment in county base funding.

Lebanon County would utilize the increased base funding to adjust contracts to account for cost-of-living increases, strengthen our locally provided care, continue to enhance our local crisis system and continue to develop residential mental health programs. Lebanon County also recognizes the importance of developing Mobile Response Teams and a Crisis Walk in Center per the SAMSHA guidelines. Lebanon County will not be able to meet these guidelines without additional and adequate funding for long term sustainment. To develop additional sustainable programming, Lebanon County would need to receive a significant increase in base funding in addition to necessary continued increases in coming years.

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)]

If an allocation is expected in the following categoricals for FY 25-26, 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 24-25:

Respite services:

Consumer Drop-In Centers:

Direct Care Worker Recruitment & Retention:

Philadelphia State Hospital Closure:

Forensic Support Team:

Student Assistance Program:

m) Federal Grant Funding (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 25-26 allocation.**

Services that were rendered by these funds include:

- Student Assistance Program
- Housing Support Services
- Peer Support Services
- Fairweather Lodge
- Assertive Community Treatment
- Psychiatric Rehabilitation

- **CMHSBG – General Training (70167): Please describe the plans to use any carryover funds from FY 24-25:**

Lebanon County MH/ID/EI will utilize these funds for the following:

- Continued use of Pryor Learning Platform
- Crisis Intervention Team (CIT) Training
- Question, Persuade, Refer (QPR) Training
- Diversity, Equity, and Inclusion Training
- 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 25-26 allocation:**

Lebanon County MH/ID/EI will utilize these funds for the Administrative Case Management Cost Center.

- **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 24-25.**

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 Abuse Assessments
- Gambling Counseling
- Outpatient Counseling
- 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
- Partial Hospitalization
- Detoxification
- Inpatient Rehabilitation
- Case Management/Resource Coordination
- Certified Recovery Specialist Program Services
- Halfway House Programs
- Specialized 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 to include DUI Court, Drug Court, and Veterans Court
- Prevention Services
- Intervention Services
- Male Recovery Housing
- Female Recovery Housing

Please provide the following information for FY 24-25:

1. Waiting List Information:

Services	# of Individuals*	Wait Time (days)**
Withdrawal management	50	0-2 days
Medically- managed intensive inpatient services	0	N/A
Opioid treatment services (OTS)	721	0-2 days
Clinically- managed, high- intensity residential services	62	1-2 days
Partial Hospitalization program (PHP) services	17	1-2 days

Outpatient	451	3-5 days
Other (specify)	0	N/A

*Average weekly number of individuals

**Average weekly wait time per person

2. Overdose Survivors' Data: Describe below the SCA plan for offering overdose survivors direct referral to treatment for FY 24-25.

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 emergent 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 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 2024-2025 in Lebanon County

# of Overdose Survivors	# Referred to Treatment	Referral methods(s)	# refused Treatment
75	14 (19%)	WHO Provider	61 (81%)

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

LOC American Society of addiction Medicine (ASAM) Criteria	# of Providers	# of Providers Located In-County	# of Co-Occurring/Enhanced Programs
4 WM	2	0	0
4	2	0	1
3.7 WM	12	1	0
3.7	5	0	0
3.5	17	1	8
3.1	9	0	0
2.5	4	0	0
2.1	4	2	3
1	7	4	4

4. **Treatment Services Needed in County:** Provide a brief overview of the services needed in the county to afford access to appropriate clinical treatment services.

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

- Halfway Housing
- Add a Provider Contract for Intensive Outpatient Counseling Services

B. Provide an overview of any expansion or enhanced plans for existing providers:

- The LCCDAA continues to contract with Positive Recovery Solutions (PRS) for them to provide medically assisted treatment services (Vivitrol) for Lebanon County residents. This will help address the OUD crisis in Lebanon County.
- The Lebanon Treatment Center (methadone clinic) received a facility census increase by DDAP from 385 to 400 clients. This increase will help address the OUD crisis in Lebanon County.
- The Lebanon Treatment Center (methadone clinic) received a facility license from DDAP to add 105 Buprenorphine treatment slots to the clinic. For the fiscal year 22'-23', the Lebanon County Commission on Drug & Alcohol Abuse entered a contract with the Lebanon Treatment Center to provide Buprenorphine treatment.
- Drug & Alcohol programs/ services to serve the adolescent population, especially inpatient WM & inpatient services.
- 15 bed Male Recovery House (Herkey House)
- 15 bed Female Recovery House (Herkey House)
- 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 an 18-year period

Opioid funded Projects include the following:

- 1) MAT Maintenance Program at the Lebanon County Correctional Facility
- 2) MAT Induction Program
- 3) Dedicated OUD/SUD/ Co-Occurring Probation Case Manager/ Probation Officer
- 4) OUD Outreach worker (RASE Project)
- 5) Prevention Specialist (Compass Mark)

C. Provide an overview of any use of Health choices reinvestment funds to Develop New services:

- Expansion of MAT services embedded in Outpatient clinics.

- Expansion of Certified Recovery Specialist's (CRS) services embedded in Outpatient clinics.
- Recovery House Licensing Support for providers.
- Contingency Management (CM) Program for adults with OUD/SUD/Co-Occurring diagnosis
- SDOH funds to assist our clients.

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

Narcan resources available in Lebanon County.

In 2015, the LCCDAA established a heroin task force due to the high overdose deaths in Lebanon County. The distribution of Narcan kits to the 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, T.W. Ponessa Counseling, 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 Center counseling, Pyramid Behavioral Health counseling, and Volunteers in Medicine.

Note: 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.

1987 Narcan kits were distributed during 2024-2025.

6. County Warm Handoff Process: Please provide a brief overview of the current warm handoff protocols established by the county including challenges with implementing warm handoff process.

a. Warm handoff data from 2024-2025:

# of Individuals contacted	476
# of individuals who entered treatment	224 (47%)
# of individuals who have completed treatment	unknown

Last report in 2023-2024- 54% of individuals entered treatment.

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 emergent 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

❖ Intellectual Disabilities Services

Continuum of Services to Enrolled Individuals:

Lebanon County MH/ID/EI currently provides services to approximately 570 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

	<i>Estimated number of Individuals served in FY 24-25</i>	<i>Percent of total Number of Individuals Served</i>	<i>Projected Number of Individuals to be served in FY 25-26</i>	<i>Percent of total Number of Individuals Served</i>
Supported Employment	18	23%	20	25%
Pre-Vocational	0	0%	0	0%
Community Participation	0	0%	0	0%
Base Funded Supports Coordination	94	16%	99	17%
Residential (6400)/unlicensed	1	1%	1	1%
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	100%	6	100%
Assistive Technology	0	0%	0	0%
Remote Supports	1	6%	2	11%

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 3 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, 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 25-26 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 been able to increase our waiver capacity for a number of emergency situations. In addition, ODP has a new initiative to end the wait list for adults, so an increase in waiver capacity has been provided for the AE to accomplish this. We have received an increase of about 7% in waiver funds only.

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. We have also been working with the HCQU over the last fiscal year to provide training to providers on the Fatal Four.

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 part 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, Quality Council, 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 individuals, families, providers, and advocates. The committee reviews behavior support plans and incidents involving rights violations or incidents of concern. Family members also participate in the local Quality Management review team. ODP can support this effort by continuing to provide technical assistance when requested.

The County Housing Coordinator will be contacted as resource to supply information to the SC, team, individual, and family on the housing options available and how these options could be accessed. This information will be used in the planning process for the individual. 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 some 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 62 individuals authorized in FY 24-25 compared to 54 in FY 23-24. 23 individuals are authorized under the VF/EA option for FY 24/25 which is a slight decrease of 2 from prior years.

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 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 2 years with permission from the State. While in Bridge Housing the families must agree to receive case management services and work with the Case Manager in removing the barriers that caused them to become homeless. As a program, Case Management and Bridge Housing go hand in hand. The adults are expected to gain meaningful employment, reduce their debt, and work on their goals as outlined in their individual goal plans. Through the Community Services Block Grant, the expense of 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 2025-2026 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 1 Case Manager, 1 Housing Assistance Officer, and an 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 2025-2026.

Rental Assistance

Lebanon County Community Action Partnership has been working in the housing arena for the past 32 years. Families in a housing crisis, in threat of eviction or homeless, are instructed to contact Community Action Partnership for assistance. Rental Assistance will be provided to individuals and families who are homeless or in threat of becoming homeless through the Homeless Assistance Program, Community Services Block Grant, and the Emergency Food and Shelter National Board Program. Lebanon County is a small community and since resources are limited, we try to not duplicate services. Agencies we work closely with when dealing with 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 in order 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 provide assistance to 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 2025-2026 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, Community Service Block Grant, and Emergency Food and Shelter National Board Program funding. Emergency Shelter is needed, especially during the winter months. FRESH Start Resource Center and Emergency Shelter fills up quickly which leaves no options for the overflow of additional homeless families/individuals. Community Action also provides assistance to fire victims through referrals from the American Red Cross. Community Action also provides shelter assistance due to condemnations 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 2025-2026 program year since Emergency Shelter is a vital piece in our continuum of services to the homeless.

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 the Brethren. Homeless 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 the 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 2025-2026 program year under the Other Housing Supports.

Homeless Management Information Systems

Lebanon County Community Action Partnership currently participates in the HMIS and has for the past twelve years.

❖ 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 homeless and/or in threat of becoming homeless families and/or individuals. Funding for this position is utilized in conjunction with the Emergency Food and Shelter National Board Program, Community Services Block Grant, and the Homeless Assistance Program. The goal of case management services is to assist the homeless in removing barriers in order to become self-sufficient. Results are achieved through goal planning which can include, but is not limited to, budget counseling, applying for 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 – Non-Block Grant Counties Only

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:	1.	2.	3.	4.	5.	6.
Lebanon	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE & FEDERAL)	HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	3		\$ 9,041			
Administrative Management	308		\$ 96,272		\$ 207,502	\$ 82,607
Administrator's Office			\$ 556,681			\$ 443,045
Adult Developmental Training						
Children's Evidence-Based Practices						
Children's Psychosocial Rehabilitation						
Community Employment	5		\$ 77,427			
Community Residential Services	10		\$ 430,004			\$ 240,590
Community Services	243		\$ 85,324			\$ 156,683
Consumer-Driven Services	34		\$ 94,857			\$ 76,364
Emergency Services	412		\$ -			\$ 302,703
Facility Based Vocational Rehabilitation						
Family Based Mental Health Services	1		\$ 7,796			
Family Support Services	1		\$ 109			
Housing Support Services	41		\$ 500,682			\$ 223,353
Mental Health Crisis Intervention	1,855		\$ 402,197			\$ 475,869
Other						
Outpatient	1		\$ 13,740			
Partial Hospitalization	1		\$ 315			
Peer Support Services	10		\$ 31,524			
Psychiatric Inpatient Hospitalization	1		\$ 822			
Psychiatric Rehabilitation	9		\$ 104,490			
Social Rehabilitation Services	74		\$ 243,827			\$ 35,495
Targeted Case Management	52		\$ 223,270			
Transitional and Community Integration	3		\$ 10,020			
TOTAL MENTAL HEALTH SERVICES	3,064	\$ 2,888,398	\$ 2,888,398	\$ -	\$ 207,502	\$ 2,036,709

INTELLECTUAL DISABILITIES SERVICES

Administrator's Office			\$ 441,623			\$ 581,222
Case Management	97		\$ 162,853			
Community-Based Services	50		\$ 468,014			
Community Residential Services	1		\$ 313,301			
Other						
TOTAL INTELLECTUAL DISABILITIES SERVICES	148	\$ 1,385,791	\$ 1,385,791	\$ -	\$ -	\$ 581,222

HOMELESS ASSISTANCE SERVICES

Bridge Housing	10		\$ 12,500			
Case Management	30		\$ 27,500			
Rental Assistance	350		\$ 114,335			
Emergency Shelter	200		\$ 8,500			
Innovative Supportive Housing Services	14		\$ 7,500			
Administration			\$ 15,500			
TOTAL HOMELESS ASSISTANCE SERVICES	604	\$ 185,835	\$ 185,835		\$ -	\$ -

SUBSTANCE USE DISORDER SERVICES

Case/Care Management	24		\$ 60,687			
Inpatient Hospital						
Inpatient Non-Hospital	33		\$ 153,194			
Medication Assisted Therapy						
Other Intervention	270		\$ 75,000			
Outpatient/Intensive Outpatient						
Partial Hospitalization	6		\$ 2,550			
Prevention						
Recovery Support Services						
Administration						
TOTAL SUBSTANCE USE DISORDER SERVICES	333	\$ 291,431	\$ 291,431	\$ -	\$ -	\$ -

HUMAN SERVICES DEVELOPMENT FUND

Adult Services	27		\$ 11,619			
Aging Services						
Children and Youth Services						
Generic Services	500		\$ 69,197			
Specialized Services	-					
Interagency Coordination						
Administration			\$ 9,000			
TOTAL HUMAN SERVICES DEVELOPMENT FUND	527	\$ 89,816	\$ 89,816		\$ -	\$ -
GRAND TOTAL	4,676	\$ 4,841,271	\$ 4,841,271	\$ -	\$ 207,502	\$ 2,617,931