

# DAUPHIN COUNTY

## **2014/15 Human Services Block Grant Plan**

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**DAUPHIN COUNTY**  
**HUMAN SERVICES BLOCK GRANT PLAN**  
**2014-15**

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# **Appendix B**

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### **PART I: COUNTY PLANNING PROCESS**

*To describe the critical stakeholder groups including individuals who receive services, families of service recipients, consumer groups, providers and partners from other systems; and, how these stakeholders were provided with an opportunity for participation in the planning process, including information on outreach and engagement-* Dauphin County has multiple venues through which we involve the public, providers and clients in all of our planning. Effective 2013-2014 Plan Year, the Dauphin County Commissioners re-structured the planning process to include a formalized Human Services Block Grant Planning Advisory Committee. The Committee consists of one member of the following: Mental Health/Intellectual Disabilities Advisory Board; Children and Youth Advisory Board; Drugs and Alcohol Advisory Board; Mental Health Provider; Intellectual Disabilities Provider; Children and Youth Provider; Drugs and Alcohol Provider; Mental Health/Intellectual Disabilities consumer, past or present; Children and Youth consumer, past or present; and one Drugs and Alcohol consumer, past or present. Members *ex officio*: Dauphin County Administrator of Human Services, Dauphin County Administrator of Agency on Aging; Dauphin County Administrator of Children and Youth, Dauphin County Administrator of Drug and Alcohol; and Dauphin County Administrator of Mental Health/Intellectual Disabilities.

The Human Services Block Grant Planning Advisory Committee meets no less than quarterly to review plan progress and offer input/ feedback. In preparation and development of the 2014/15 year plan, the Committee met 3 times since January 1, 2014. Each meeting was publicly advertised according to the guidelines prescribed. Dauphin County has utilized various tools and forums in assessing the local need. Through community forums, summits, focus groups and numerous cross-systems work groups, the county regularly asks for input and feedback from youth, adults, families and the community in terms of how we can improve services and where there are gaps in services. This area will be explored in more details throughout this plan.

Dauphin County previously had an Integrated Human Services Planning Team (IHSP) structure, as well as other existing initiatives to involve the public, providers and clients in our ongoing planning process. Dauphin County's IHSP steering committee, comprised of about 30 members, representing Children and Youth Services, Juvenile Probation, Adult Probation, Mental Health/Intellectual Disabilities, Early Intervention, Aging, the Case Management Unit, Drug and Alcohol Services, the Human Services Directors' Office, Systems of Care (parents and consumers), the faith-based community, providers and school district representatives has continued the work at the sub-committee level to ensure the work of integration and collaboration among services and systems without the IHSP funding availability. Dauphin County plans to continue this multiple small committee structure to ensure the action and momentum continues this fiscal year.

Consumers, community members and providers are also included in our planning process through regular community stakeholder meetings and summits held by each of our human services agencies. In addition, through Dauphin County's Systems of Care Initiative, we have an

active committee structure of family and community members who are very involved in improving their communities. The network consists of a family committee, youth committee, community committee and faith-based committee. These groups provide valuable input for our planning process as well.

*Dauphin County intends to use funds to provide services to its residents in the least restrictive setting appropriate to their needs.* Act 80 of 2012 which created the Human Services Block Grant, has provided greater flexibility and opportunity for local officials to meet the needs of its community. This flexibility provides an opportunity to make decisions at the County level for the highest and best use with the Human Service dollars.

As an example, a consistent message was received during the Public Hearings and specifically from the Planning and Advisory Committee- the County must continue to develop opportunities in the area of employment services. Dauphin County continues to exploring the development of a Human Services Career Link. Paid employment is an essential goal for many homeless persons, persons with an intellectual disability, persons with a mental health diagnosis, persons with a substance use disorder, and teens aging out of the Children and Youth foster care system. A cross systems approach to providing employment opportunities across many of the consumer population of the Human Services Block Grant is an example of the innovation and flexibility that can be achieved with the Human Services Block Grant.

Each categorical consumer population that can benefit from such an approach faces their own set of barriers in finding and keeping employment, and so their needs are not fully met with Pennsylvania's traditional Career Link model. Barriers include the need for pre-employment readiness, skill development, limited or sporadic work histories, criminal histories, assistance with job development and job finding, and in some case on going supports to maintain employment. A comprehensive approach to meeting the needs of our human services departments and our common goal to increase employment opportunities among all our consumer groups in a coordinated fashion will allow us to coordinate local resources, focus our efforts, and improve the efficiency of our various employment initiatives in an integrated approach to human services employment.

Resources for employments support exist and are funded through various mechanisms in several of these systems including the homeless service system with HUD funding or Veteran Administration Funding, and through the state Office Of Vocational Rehabilitation (OVR), in some cases for persons with an intellectual disability or mental illness, and both the MH and ID system provide funding for competitive employment job development, job searches, and supports.

Our current local system has resources for evidenced based supported employment for homeless person with the YWCA for Y Works, and a SAMHSA funded supported employment grant for person who are homeless. Goodwill, AHEDD, and Central PA Supportive Services Inc. provide job finding and job coaching and follow along support for person with MH and ID, while Living Unlimited, Keystone, UCP, and the ARC of Dauphin County. Our ID Program is heavily invested in an imitative called Employment 1<sup>st</sup>, an approach to improving opportunities for person with an ID to attain paid employment thorough customized employment, individualized job development and supports. More information is contained in the narrative sections of our plan.

*A substantial programmatic and/or funding changes being made as a result of last year's outcomes are most notable, in the Children Welfare and Drug and Alcohol Sections of our plan.*

As a result of the 2013/14 year plan and in preparation for the 2014/15 year plan, Dauphin County identified the need to substitute programs in the Children and Youth areas which are described in more detail within the Children and Youth Narrative Section of the Plan.

The County also plans to dedicate resources to diversionary programming to be housed and administered from the Dauphin County Judicial Center, which is commonly referred to as our "Booking Center". Again, more detail on this plan is located within the Drug and Alcohol Narrative. Additionally, as the need continues to rise in the areas of drug treatment, the County stands ready to dedicate additional resources as appropriate. More detailed information is contained in the narrative sections of our plan.

Meanwhile, Dauphin County continues to develop its internal funding mechanism. This mechanism or "funding formula" will assist in the allocation of resources by applying quantitative analysis to programming and the best use of resources. The team has been working diligently over the past year to develop the measures of effectiveness; and, additional testing and verification will continue through the 2014-15 year plan.

## **PART II: PUBLIC HEARING NOTICE**

Act 80 of 2012 requires the selected counties to hold two public hearings under the auspices of the Sunshine Act, 65 P.S. §701 *et. seq.*, prior to submission of the Human Services Plan to the Department of Public Welfare. Dauphin County held three such public hearings on **January 31, 2014; April 18, 2014; and, May 23, 2014**. The hearings were properly advertised as required by the Sunshine Act and a copy of the proof of publication and meeting minutes are included as a part of *APPENDIX E* of this plan.

At each hearing specific information was presented regarding the planned delivery of services based on the allocations available to Dauphin County. Public comment was taken at each hearing and the meeting minutes are posted to the Dauphin County website. A common theme at each meeting was Employment and Employment support services.

**PART III: WAIVER REQUEST**  
*(applicable only to Block Grant Counties)*

The Homeless Assistance Plan intends to apply for another waiver similar to current FY 13-14 HAP approved waiver to fund renovation of one of our shelter provider's facilities to bring the facility into ADA compliance.

**PART IV: HUMAN SERVICES NARRATIVE**

**MENTAL HEALTH SERVICES**

**a) Program Highlights:**

The Mental Health Program continues to adjust to the reduced level of funding from FY 12 -13 budgets cuts of 10% totaling \$1,931,200. Much of FY 13-14 was focused on realigning county service priorities to available funding and developing options to improve access to outpatient care. This FY 14-15 plan is written without knowledge of the level of funding that will be available and with the possibility of reduced funding looming. Further reductions in funding will continue to decrease both the quality and quantity of MH services in our community. Service priorities were identified using data, including our Crisis data in FY 12-13, which highlighted a need to address access to MH services as a priority. A particular focus was on efforts to divert people from inpatient level of care as their first contact with the MH system. In addition, a root cause analysis and response is in process to reduce the number of people who are readmitted to MH inpatient level of care within 30 days of discharge. Several strategies and program enhancements were, and continue to be, developed as part of this initiative.

We continue to express concerns about a lack of adequate County MH funding to address the needs of people with serious mental illness (SMI) who are leaving the state prison system. Most people with SMI are released only after completing their maximum state prison sentence. In addition, many people with no history of living in Dauphin County are released to numerous state or private operated community corrections centers (CCCs) in Dauphin County with no funding or resources available to meet their mental health needs. Not all persons at CCCs have a serious mental illness, nor are they eligible for Medicaid.

Finally, we note that DPW is targeting implementation of Healthy PA in FY 14-15. Healthy PA may have a positive impact on people who are currently uninsured, but we remain concerned about increased volatility in eligibility and coordination of benefits between traditional MA, Healthy PA and County-funded services. We also note that County base funded mental health services will continue to be as important, if not more important, as Healthy PA is implemented. Healthy PA may slightly reduce the demand for some specific County funded outpatient treatment services, but the vast majorities of county funded MH services are not Medicaid reimbursable, and thus will not be impacted by Healthy PA. County MH funds will continue to be the safety net for people who need MH services.

FY12-13 is the most recent full year of mental health programs operation for analysis in the Block Grant Plan. Mental health revenue constitutes 71% of the funds managed in the Dauphin County MH/ID Program. Expenditures are closely tied to funding levels. The Block Grant period (FY 11-12 and FY 12-13) is reflected in the following tables and constitutes an 8% decrease since FY 10-11.

<b>Program</b>	<b>Expenditures FY10-11</b>	<b>Expenditures FY11-12</b>	<b>Expenditures FY 12-13</b>	<b>% Change</b>
Mental Health	\$ 19,264,500	\$ 19,167,493	\$ 17,678,639	-8%

Although the number of persons receiving mental health services increased, the amount and intensity of service provided was significantly less than prior fiscal years.

<b>Program</b>	<b>Persons Served FY09-10</b>	<b>Persons Served FY 10-11</b>	<b>Persons Served FY11-12</b>	<b>Persons Served FY12-13</b>
Mental Health	4,736	4,769	4,495	4,634
Crisis Intervention	3,346	3,422	3,493	3,344

Funds directly managed by Dauphin County mental health include State allocated, Federal non-Medicaid and county matching funds. The data suggests that despite the increased costs in delivering services to Dauphin County residents, the mental health program manages with less funds and continuous high demand. A person's eligibility for other funding such as Medicaid/PerformCare and eligibility re-determinations impacts how County managed funds are used by residents registered in our system. The increasing complexity to maintain eligible Medicaid benefits has had a negative impact for persons who are disabled and low income.

Table 1 illustrates the types of services used by persons over a four (4) year period. Cost increases in program operations are related to wages & employee benefits and utilities. In residential services where a significant portion of funds are expended, maintaining the site location is another additional cost to operating programs which are licensed. Increased costs translate to waiting periods to access services. The programs showing the highest increases in persons served are administrative management and emergency services. These services are essentially at the two opposite ends of the service array - administrative case management is the least intensive type of case management support, and emergency services are for persons being transitioned to acute inpatient psychiatric care.

**Table 1 - Service Type by Numbers of Persons Served in  
FY 2009-2010, 2010-2011, 2011-2012 and 2012-2013**

<b>Service Type</b>	<b>2009-10</b>	<b>2010-11</b>	<b>2011-12</b>	<b>2012-13</b>
Administrative Management	3389	3500	3304	<b>3512</b>
Resource Coordination	475	477	528	<b>458</b>
Intensive Case Management	595	575	563	<b>548</b>
Outpatient	993	970	800	<b>795</b>
Inpatient	6	7	5	<b>15</b>
Partial Hospitalization	70	74	67	<b>54</b>
Community Residential	403	436	413	<b>401</b>
Community Employment & Employment-Related Services	28	22	12	<b>9</b>
Facility-Based Vocational Rehabilitation	36	35	27	<b>17</b>
Social Rehabilitation	504	483	480	<b>421</b>
Family Support	9	8	8	<b>44</b>
Family-Based Mental Health Services	0	0	0	<b>1</b>
Crisis Intervention	2344	2394	2457	<b>2023</b>
Emergency Services	1005	1026	1052	<b>1321</b>

Mental health expenditures by type of service are detailed in Table 2 over a three (3) year period and FY 12-13 particularly illustrates where program cuts were made to achieve a nearly \$2 million dollars decrease in funds. Increases in inpatient care to uninsured persons and emergency services costs are related to persons being identified by Crisis Intervention services that are new to the mental health system and need intensive treatment at their initial assessment.

**Table 2 - Mental Health Expenditures by Cost Center for Fiscal Year 2010-2011, 2011-2012 and 2012-2013**

<b>MH Cost Center</b>	<b>Costs 2010-11</b>	<b>Costs 2011-2012</b>	<b>Costs 2012-2013</b>
Administrators Office	1,066,332	968,232	<b>1,012,180</b>
Community Services	1,165,016	570,026	<b>514,396</b>
Resource Coordination	250,136	353,002	<b>340,373</b>
Outpatient	917,731	887,213	<b>768,848</b>
Inpatient	59,819	102,050	<b>160,089</b>
Partial Hospitalization	326,107	261,596	<b>196,348</b>
Emergency Services	606,889	652,812	<b>702,090</b>
Crisis Intervention	1,110,364	1,172,868	<b>1,075,804</b>
Facility Based Voc. Rehab.	144,053	107,560	<b>95,693</b>
Community Residential	10,905,683	11,027,011	<b>9,947,592</b>
Social Rehab.	2,648,615	2,457,118	<b>2,185,786</b>
Family Support Services	54,268	52,430	<b>49,729</b>
Intensive Case Mgmt.	566,579	574,412	<b>669,813</b>
Family Based Services	0	0	<b>6,030</b>
Administrative Mgmt.	1,512,381	1,590,775	<b>1,585,585</b>
Community Employment	65,840	40,954	<b>49,400</b>
<b>COUNTY MENTAL HEALTH TOTAL*</b>	<b>21,399,813</b>	<b>\$20,818,059</b>	<b>\$19,359,756</b>

\*Includes State allocated, Federal non Medicaid and county matching funds



Medical assistance managed care is organized under a State program called HealthChoices. Behavioral Health services in five (5) counties are collectively managed through Capital Area Behavioral Health Collaborative and contracted with PerformCare, a behavioral health managed care program owned by AmeriHealth *Caritas*. Over 8,500 Dauphin County residents received mental health services through PerformCare in FY 2012-2013. Table 3 shows the type of services, number of persons served and expenditures.

Services such as BHRS, Family-Based MH Services and Residential Treatment are exclusively for children, teens and young adults up to 21 years of age. Clozapine and Peer support Services are exclusively for adults and all other types of services include both children and adults. The number of persons using psychiatric hospitalization, Family-Based MH Services and RTF services decreased. The number of person using outpatient clinic services increased. Approximately 250 persons received their outpatient services through tele-psychiatry.

Dauphin County MH/ID Program involvement with Medicaid managed care began in the late 1990's and today involves County staff on a daily basis. Our primary partners are the behavioral health managed care organization, now known as PerformCare and previously known as CBHNP, and the administrative oversight agency, Capital Area Behavioral Health Collaborative (CABHC). All aspects of behavioral health managed care are dealt with Dauphin County involvement along with four (4) other County Programs. The Board of CABHC, CABHC committees, PerformCare committees and initiatives offer county participation and input. Individuals and families also have roles in committee work as advisors and experts.

Formal involvement in managed care also offers different activities aimed at monitoring and administrative functions. Person-specific involvement also occurs. Analyzing the costs of services, examining processes used in managed care, and addressing grievances and complaints are some examples of programmatic roles for the County MH program, as well as planning and evaluating services as managed care requirements. Children's mental health services are almost entirely funded by managed care. The following information provides one example of the County's efforts with PerformCare, providers and families - working together to resolve issues and concerns in the MH system.

Dauphin County mental health had lead responsibility for an analysis of inpatient and services data investigating the root cause of high (over 10%) psychiatric inpatient readmission rates. Readmission is defined as returning to a psychiatric inpatient setting within 30 days or less of an inpatient discharge. Calendar year data analysis for CY2011, 2012 and 2013 was completed. Primary partners in this effort included the county-operated Crisis Intervention Program, CMU (case management/BSU agency), Pennsylvania Psychiatric Institute (PPI), NHS of PA Capital Region, Keystone Service Systems, Inc., and TW Ponessa & Associates. The last four agencies mentioned are large service providers operating multiple types of mental health services. Service information in time sequence was reviewed for 116 persons and Focus Groups were conducted with providers on causal factors among person with 3 or more readmissions involving 26 service recipients. A Grand Round was conducted with Pennsylvania Psychiatric Institute to look at programmatic strengths and needs during an inpatient stay. Recommendations from this process include: implementing a rapid-entry acute partial hospitalization program with PPI, prioritizing interagency teams in their work with persons experiencing one readmission in a 30-day period,

rather than enhanced care management monitoring of persons with 5 admissions in a 12-month period. PPI had two initiatives during this time period: medication education and follow-up at the time of an inpatient discharge and a social worker available to schedule outpatient clinic appointments at the Emergency Room setting.

In FY13-14, collaboration with managed care entities and service providers has focused on implementation of a rapid entry acute partial hospitalization program for adults to divert from inpatient admissions and reduce the number of readmissions, set up parameters for a Grand Round process at the second readmission at PPI and among case management entities ( CMU, Keystone and NHS of PA) and efforts with PerformCare for early real time intervention with members who are not known to the County system and experiencing inpatient readmissions.

For children, efforts to collaborate on improving the quality and outcomes of out-of-home treatment known as Community Residential Rehabilitation –Host homes with PerformCare and service providers will continue into FY14-15. County initiative and expertise in issue analysis, strategy development, and monitoring outcomes assist the managed care organization in accomplishing our common mission and best serve adults, children, and families in Dauphin County.

**Table 3- Dauphin County HealthChoices FY 12-13 Mental Health Services by Number of Persons and Costs**

<b>Type of Mental Health Service</b>	<b>Persons Served</b>	<b>Dollars</b>
Inpatient psychiatric, includes Extended Acute Care	822	<b>\$ 11,200,592</b>
Partial Hospitalization	300	<b>1,118,664</b>
Outpatient	6,537	<b>5,175,419</b>
Behavioral Health Rehabilitation Services (BHRS)	2,114	<b>16,770,105</b>
Residential Treatment	55	<b>3,310,292</b>
Clozapine/Clozapine Support	2	<b>276</b>
Crisis Intervention	976	<b>484,890</b>
Family Based MH Services	213	<b>2,474,191</b>
Targeted MH Case Management	2,273	<b>5,063,858</b>
Peer Support Services	102	<b>300,426</b>
Other MH , includes Assertive Community Treatment, Specialized treatment, Tele-therapy	1,154	<b>1,781,010</b>
<b>MANAGED CARE MH TOTAL:</b>	<b>8,511</b>	<b>\$ 47,679,723</b>

Several other reinvestment projects are underway in FY13-14. Some are anticipated to be completed within the fiscal year and others will continue into FY14-15. Table 4 is a brief snapshot of program efforts involving all stakeholders with approved reinvestment funds.

**Table 4 – Dauphin County Reinvestment Projects Underway FY 13-14/FY14-15**

<b>Name</b>	<b>Brief Description</b>	<b>Status</b>
Tele-Therapy in RTFs (Children)	Establish provision of secure family tele-therapy between 2 RTF providers and Dauphin County	Scheduled to be in operation by June 30, 2014
Mobile MH/ID Behavioral Services Team (Adults)	Licensed clinician and nurse support persons with dual disorders (MH & ID) to use ER and inpatient care less and remain in community settings	Provider selected; contract meeting set up/ continue into FY14-15
COD Outpatient Clinic (Adults)	Co-occurring disorders clinic (MH & Drug/Alcohol)	Providers identified, proposals submitted, coordinating review team/continue into FY14-15
The Incredible Years ( Young children identified for outpatient treatment)	Implement with school-based outpatient treatment program a child treatment group and parent intervention group in two Dauphin County school districts	Provider selected, staff trained, County funded parent groups and MA/PC funded child treatment groups held in 2014 school year/continue until 9/30/14
Rapid-entry Acute Partial Hospitalization (Adults)	Identified need in RCA to prevent adult inpatient readmissions	Program description approved for PPI, began operations /continue in FY2014-15
Housing Plan	<ul style="list-style-type: none"> <li>• Contingency Housing funds for Forensic population</li> <li>• Community Lodge renovations</li> <li>• Bridge rental subsidy to permanent housing</li> </ul>	<ul style="list-style-type: none"> <li>• Draft guidelines need finalized Continue FY14-15</li> <li>• Completed by June 30, 2014</li> <li>• Continue with Housing Authority of Dauphin County</li> </ul>

Other County mental health activity highlights include:

Transition-age youth, defined as individuals 16 years -24 years old, were the target population for the Consumer Satisfaction Survey Project in FY 12-13. The Jeremy Project Coordinator and County MH staff (children and adult) trained and supervised consumer interviewers. There are approximately 550 persons registered in the county system within that age group. However, by June 2012, only 20 youth consented and were reached to complete a survey. Based upon the responses, Dauphin County MH and all stakeholders in the mental health system can improve services for transition-age persons by:

- Consistently review personal options for changing/selecting providers
- Work with service providers to engage transition age persons as equal partners in the treatment process
- Incorporate a discussion between providers and transition age persons the advantages and disadvantages of treatment
- Reinforce confidentiality with service providers
- Identify and implement skills for providers to improve the degree of trust between young adults and treatment agencies

A persons in service survey for individuals ages 60+ was initiated, and there will be about 40 respondents surveyed by volunteers in MH services who received a stipend for their efforts. Data will be analyzed in FY14-15.

The children’s mental health system has a robust work plan underway on family engagement. This is a recognized need in all types of mental health services and among all providers. Key are activities beyond parent/family involvement in treatment such as, making parents and families more a part of program planning, evaluation and resources in the service system. A Parent Peer Support job description was drafted for all Human Services’ Directors to consider in their own organizations.

The County mental health and intellectual disabilities staff meet to improve education and communication about dual diagnosed individuals and plan for system-wide training and improved service delivery. During the FY 13-14, MH and ID staff has worked on implementing a new service intended to decrease emergency room use and inpatient psychiatric stays through the use of a mobile behavioral service for adults.

**b) Strengths and Unmet Needs:**

An overview of the strengths and opportunities to better meet the changing needs of the priority population groups mandated by the public mental health system is provided in three formats to underscore the existing systems strengths and future opportunities for improvements, emerging issues/trends and the consequences of population changes impacts from other human service systems and the court/corrections. The following chart is a brief format displaying the populations served in the system, assessed strengths, and identified opportunities. A brief service description of the system by cost center follows with particular attention to the services essential in a recovery and resiliency based system, which are not funded by Medicaid and are vulnerable to funding cuts in the State allocated funds under the Block Grant. This section closes with comments on special population issues impacting an underfunded system.

**1. Dauphin County Mental Health System: Strengths and Opportunities for Mental Health Target Populations**

**Older Adults, including Persons Transitioning Out of State Hospitals**

<b>Strengths</b>	<b>Opportunities</b>
Crisis Intervention Program Walk-in Intake Access and in community/home intake appointments upon request Person-centered planning with AAA Blended/Targeted case management Geriatric psychiatric IP resources Center-based Social Rehabilitation Services Coordinated Discharge Planning with Medical IP Units to Community and Skilled Nursing resources Community Support Planning Interagency Team meetings Advocacy Coordination of psychiatric and medical concerns in licensed MH residential services	Collaboration with County located Skilled Nursing facilities Guidelines for MH case managers referring to skilled nursing facilities and alternative community resources FQHC and OPT services co-location

**Adults, including Persons Transitioning Out of State Hospitals**

<b>Strengths</b>	<b>Opportunities</b>
<p>Crisis Intervention Program and Emergency Services                      Outreach, including in-reach to Homeless persons                      Walk-in Intake access at BSU and capacity for community/home/jail intake appointments as requested                      Homeless case management/SOAR                      Blended/Targeted case management, including forensic Homeless Outpatient Clinic                      Community Support Planning and interagency team meetings                      Tele-psychiatry                      Evidenced based outpatient clinic services                      Jail diversion at MDJ/pre-trial                      MH Screening at County Central Booking                      Assertive Community Team (ACT)                      Certified Peer specialists                      Center-based and Individualized Social Rehabilitation Services Consumer Operated Drop-in Center                      NAMI Dauphin County Family-to-Family Program                      NAMI Dauphin County Peer-to-Peer Program                      SMI priority in all residential services                      Forensic CRR program                      Transitional CRR programs for Crisis and Diversion                      WRAP and Illness Management Recovery                      Active Dauphin County CSP Committee                      Monthly Recovery Calendar</p>	<p>Licensed psychiatric rehabilitation program                      YWCA Competitive employment services (SAMHSA model)                      FQHC and MH Outpatient co-location                      Expansion of tele-psychiatry for County-funded persons                      Enhancement of Lodge resident employment skills                      Reestablishment of Mental Health Court                      Implementation of RCA activities to address IP readmissions                      Continued implementation of Rapid-acute Adult PHP                      Implementation of Mobile MH/ID Behavioral Intervention Services                      Implementation of Bridge Rental Housing program with Housing Authority of Dauphin County</p>

**Transition-Age Persons, including Persons Transitioning from Residential Treatment Facilities**

<b>Strengths</b>	<b>Opportunities</b>
<p>Walk-in intakes appointments at BSU and capacity for community/home intake appointments, including shelter/detention/jail                      Blended /Targeted case management                      Interagency team meetings                      Less reliance on RTFs and CRR-Host Homes                        Multi-system Case Reviews                      Transition Planning to Adult Services                      The JEREMY Project</p>	<p>Transitional Adult Program –CRR                      Development of Proposal for Transition-age Persons with Autism based upon The JEREMY project                      Development/proposal for FBMHS Program for persons with Autism</p>

**Children, including Persons Transitioning from Residential Treatment Facilities**

<b>Strengths</b>	<b>Opportunities</b>
Student Assistance program MH Consultation Walk-in intakes at BSU and capacity for community/home intake appointments, including shelter/detention Fast-track for children unknown to MH system in need of Out-of-Home treatment Blended /Targeted case management Coordination/planning with BH-MCO at person-level School-based Mental health Outpatient Respite The Incredible Years implemented under school-based outpatient clinics Less reliance on RTF/CRR Host Homes Multi-systemic Therapy & FBMHS CRR Intensive Treatment model implementation Case management monitoring & advocacy for children in RTFs Human Services' Supervisors Group Multi-system case reviews Interagency Team Meetings County cross-system protocol for collaboration Zero tolerance on use of mechanical restraints	Family engagement work plan Continued implementation/monitoring of CRR ITP BHRS Summit Action Plan Expansion of The Incredible years in school-based outpatient clinics Implementation of tele-therapy at select RTFs Addition of PCIT as an Outpatient EBP Use of Sanctuary model in all children's setting, especially Inpatient Continue Resiliency in Action training to providers

**All Persons with Co-occurring Disorders (MH/D&A)**

<b>Strengths</b>	<b>Opportunities</b>
Harm reduction philosophy Service provider training, including homeless network D&A Screening at MH Intakes and Transitions Blended/Targeted case management services Interagency Team meetings Referrals/Monitoring of use of D&A Services Coordination with Courts and Probation Services Therapeutic Community model in Adult Forensic CRR Assertive Community Team (ACT) Dual Licensed Outpatient clinics	COD Outpatient Clinic start-up

**2. Essential Services in a Recovery and Resiliency-oriented Mental Health System**

Addressing the needs of County residents without insurance or in the process of determining Medicaid/Medicare eligibility is a primary function of the County mental health system. Increased eligibility requirements and decreasing re-determination timeframes add to the instability of meeting continuous needs among individuals with serious and complex issues. A secondary function of the county system is to fund essential services, which are not reimbursable by Medicaid/Medicare but are necessary to recovery and use of resiliency skills. These services are rehabilitation and supportive. The county administrative costs are listed first. This section then ranks essential rehabilitative, treatment and support services by order of numbers of persons and expenditures in a county-funded system. In many areas, County mental health funds are the sole resource funding a particular type of service. HealthChoices expenditures may also be mentioned.

**Administrator's Office:** The Dauphin County Mental Health/Intellectual Disabilities Program has designated mental health staff ( 6 FTE) to carry out the program's mission and transform mental health services to a recovery-oriented system. Administrative support and fiscal staff provide the infrastructure to accomplish mental health goals. The demands of ongoing operations and system change are constantly being balanced in the process.

The protection of consumer rights in the mental health system is integral to daily operations and touches every aspect of our administrative roles. The goal of quality management is to guarantee a standard basic level of care and the protection of basic rights in the mental health system. QA activities resolve individual complaints and work with person-specific teams for resolution on a host of issues. Dauphin County mental health has a formal unusual incident reporting system for all County-funded services and consumers, which has been maintained with staff review, follow-up reporting, investigations of unusual incidents and corrective action planning.

Mental Health consumer complaints and grievances follow a reporting process, and mental health quality assurance staff engages consumers, families, advocates and service providers in providing resolution. All contracted providers are required to have complaint and grievance policies. Program staff in adult residential and children's services, as well as the Deputy MH Administrator, has participated in these processes.

All complaints regarding PerformCare and their provider network are reviewed weekly. Conflict-free Dauphin County staff participate in Level 2 Grievances for PerformCare members, and other County staff take an active role in consulting with clinical staff regarding service delivery issues, service authorizations, and consumer-specific concerns prior to using the grievance or complaint process if communication can readily resolve the issue. Administrative costs to manage the program comprise less than 6% of the overall expenditures.

**Adult Community Residential Services:** Community Residential Rehabilitation (CRR) services offer many individuals' choices for a stepping stone to independence in their recovery journey. Licensed programs offer varying degrees of support, yet because of licensing, the benefits of a quality standard of service. All adult CRR services are solely funded by County managed funds. The following table illustrates the wide range of programming and settings offered by CRR services in Dauphin County for adults:

**Table 5– Adult Community Residential Rehabilitation (CRR) Programs 2013-2014**

<b>CRR Program</b>	<b>Characteristics</b>	<b>Capacity</b>	<b>Provider</b>
Crisis and Diversion CRR - Windows	Crisis stabilization; step-down or diversion from Inpatient care.	12 (2 Crisis 10 Diversion) and 1 MH/ID bed	NHS of PA Capital Region
Crisis and Diversion CRR- Adams Street	Crisis stabilization; step-down or diversion from Inpatient care.	14 (2 Crisis 12 Diversion) and 1 MH/ID bed	Community Services Group, Inc.
Front Street	Full care staff intensive.	15 ( single/double )	NHS of PA Capital Region
Gibson Blvd	Full care Therapeutic Community model; D&A education, 12-Step, MH forensic	16	Gaudenzia
Lakepoint Drive	Staff intensive Cluster apartments in suburban area; private bedrooms; individual and small group skill development; continuous staffing and on-call system	10 (5, two-bedroom cluster apartments)	Keystone Mental Health Services
Taylor Park	Staff supportive Scattered apartments in urban area; private bedrooms; individual & transitional; continuous staffing and on-call system	14 (7, two-bedroom scattered apartments)	Keystone Mental Health Services
The Brook	Staff supportive Clustered apartments in suburban area: separate bedrooms	12 (6, two person apartments)	Keystone Mental Health Services
Third Street	Staff intensive apartment building in urban setting; private bedrooms	16 (8, two- bedrooms shared apartments)	Elwyn

There are additional types of community residential services available to adults in Dauphin County. Each program offers a uniqueness that has grown and evolved from individualized needs. NHS Capital Region closed a Long-Term Structured Residence (LTSR) in 2012 due to budget cuts. Keystone LTSR serves about 14 persons per year and offers the most intensive care to persons in the community residential program. Specialized Care Residences (SCRs) are licensed as Personal Care Homes (PCHs), but are exclusively for adults and older adults with serious mental illnesses. Staff has extensive mental health training, clinical support skills, and meets the unique characteristics of residents who also require PCH level of care. Personal care services include: assistance in completing tasks of daily living, social activities, assistance to use community services, and individualized assistance to enhance daily goals and life quality. The combined SCRs licensed capacity is 37 individuals. Four (4) SCRs have an eight (8) bed capacity and one (1) SCR has a five (5) bed capacity. Persons with serious mental illnesses, including older adults and adults with co-occurring disorders, also use larger PCHs to meet their residential needs and provide a supervised supportive environment for recovery.

All adult residential services are considered transitional housing, and the goal of the service is to increase psychiatric stabilization and daily living skills toward independent community living. There were a total of 401 persons served in residential services. 237 of them were in residential services other than the crisis CRR programs. Among the 237 served in FY12-13, 102 were discharged during the fiscal year or 43% of the individuals in residential services were discharged. The following table reflects the number/percentage of discharges by types of discharge and the length of stay among persons discharged for the past two fiscal years. Mental



health staff will examine more closely how persons impacted by budget cuts were supported during transitions and re-stabilized in different programs.

**Table 6- Persons/Percent of Discharges by Type**

Type	Number in 2011-2012 & 2012-2013	Percentages in 2011-2012 & 2012-2013	Examples
Recovery	53/51	50.9/50%	Independent housing, appropriate use of treatment/support resources
Higher Level of Care - Psychiatric	14/14	13.5/13.7%	Referred to acute inpatient care and other IP care such as Danville State Hospital or Extended Acute Care
Higher Level of Care – Medical	11/6	10.6/5.9%	Referred to inpatient medical care and/or skilled nursing care
Incarceration/Arrest	11/15	10.6/14.7%	Arrested and/or sentenced in pending court matter to incarceration
AWOL	8/9	7.7/8.8%	Left with notice or plan
Rule Violation	3/2	2.9/2.0%	Repeated program rule violation such as drinking on premises, aggression towards staff
Same Level of Care - Transfer	3/4	2.9/3.9%	Choice
Deceased	1/1	.9/1.0%	
Total	104/102	100.0/100.0%	

Type of discharge data shows that half of all discharges (50%) from residential services during FY12-13 were positive and recovery-oriented. Four (4) more persons were arrested or sentenced while living in mental health services than in FY11-12. The number of persons discharged due to a rule violation decreased from 3 in FY11-12 to 2 persons in FY12-13. This is a step in the right direction toward eliminating this type of discharge entirely as it is not reflective of a recovery-oriented system, which should emphasize teamwork supporting the individual's goals for themselves.

One other significant item is that the average length of stay for persons discharged from residential programming has changed. The maximum length of stay among persons being discharged from CRR and PCH/SCR type programming is decreasing by almost four years or more. The mean length of stay or average has also decreased.

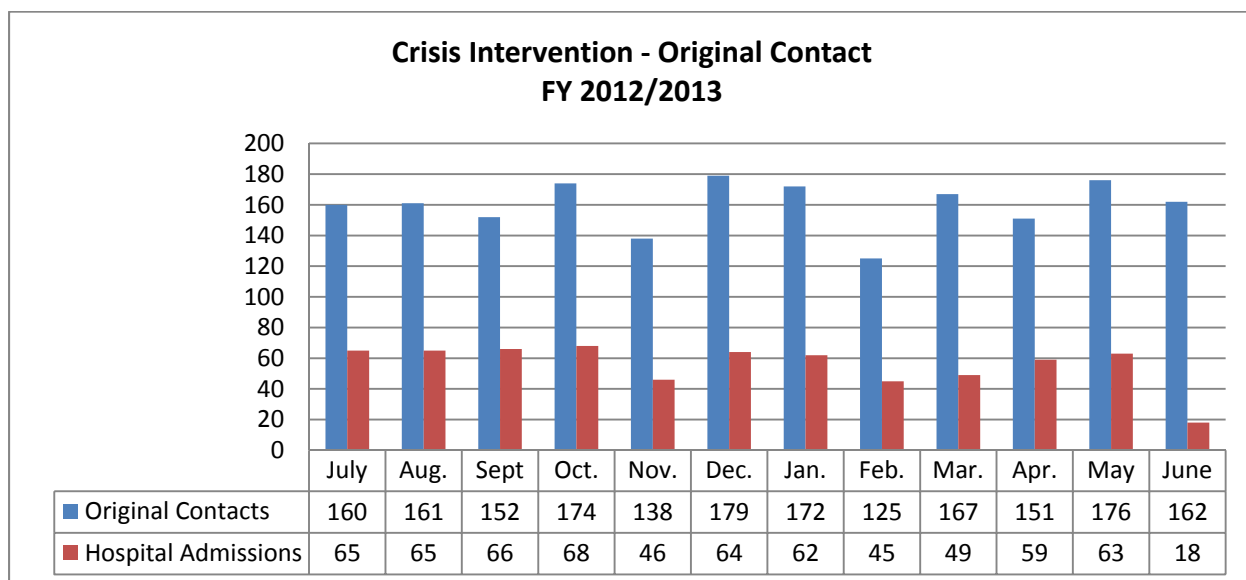
**Social Rehabilitation Services:** Social rehabilitation services are designed to increase social skills and networks in a positive 1:1 and group environment with individual and group learning experiences in making choices and building healthy relationships. Social Rehabilitation Services serves approximately 200 persons annually.

Aurora Social Rehabilitation services provide rehabilitation support for adults seven days per week and provides daily hot lunches, as well as breakfast. The program employs a certified peer specialist as part of their staff complement, which has had a huge impact on how services are delivered in the program. Aurora also provides the Transitional Life Skills (TLS) designed to help members maintain their independence and wellbeing through the development of life skills and social supports. Individualized goal planning and supports ease transitions to full community integration. Aurora's Hispanic Life Skills Program is designed for members who are Spanish speaking with limited or no English language skills. Activities include daily activities at the drop-in center, weekly individual socialization, bi-weekly group support and team building activities. A Volunteer Program provides volunteer opportunities for members. Participation in this program helps foster self-esteem, develops better community awareness, and helps develop marketable job skills. Aurora Social Rehabilitation Services provides individualized social rehabilitation one-on-one through staff visits to authorized and participating members who are homebound or who otherwise have special needs.

The Indochinese Support Services program, provided by the International Service Center (ISC), assists persons with serious mental illnesses in acquiring the skills needed to perform the necessary activities of daily living. The goal of overcoming the barriers of isolation and interest in developing specific social skills will support persons in establishing satisfying interpersonal relationships and community integration. Ethnic rehabilitative services, offered at the International Service Center (ISC), assist Vietnamese-speaking persons with serious mental illnesses, including older persons, develop appropriate social behavior and interpersonal communication skills to enhance daily living. Services and activities reinforce an individual's primary culture while exposing the person to community events, resident benefits and opportunities for English and civic/social integration.

**Crisis Intervention:** The Dauphin County Crisis Program (CI) is the only direct service offered at MH/ID that provides 24-hour, 7 days per week telephone, walk-in, and mobile outreach to persons experiencing a crisis. Assessment of presenting problems, service and support planning, referral and information, brief counseling, and crisis stabilization are the core services. Letters of Agreement with case management entities – CMU, Keystone Community MH Services Intensive Case Management, and NHS of PA Capital Region's ACT – establish roles and responsibilities for 24-hour response to individual needs. The use of Language Line services is in place when staff cannot meet linguistic needs of callers and consumers seeking services. A comprehensive policy and procedure developed by stakeholders assures face-to-face outreach to adults with serious mental illnesses involved with the criminal justice system. Crisis services are funded County managed funds and by PerformCare, HealthChoices BH-MCO. Over 3,000 persons used Crisis Intervention services in FY2012-2013. During 2012-13, Dauphin County tracked the number persons completely new to the mental health system whose point of entry was through Crisis Intervention and the disposition of their presenting problem. This is a significant number of individuals with no known involvement in the public MH system. Table 7 suggests a high number of new people presenting to Crisis had a disposition of an inpatient admission, rather than a non-hospital alternative for the period July 2012- June 2013. The large number of new persons entering the system will require further study and planning.

**Table 7 - Crisis Intervention-Original Contact/Dispositions 2012-2013**



First Contact 12 Month Total	1917
Hospital Admissions	670
Percentage Admissions	35.0

**Emergency Services:** The Crisis Intervention Program has a lead system role to carry out emergency mental health services for children, adults, older adults, transition-age youth, as well as all other populations of persons with serious mental illnesses or serious emotional disturbance including services to persons with a co-occurring disorder in Dauphin County. Coordination and cooperation with targeted case management agencies, the ACT and the Behavioral Health Managed Care Organization’s care management staff are essential. Service elements include bed searches based upon consumer/family choice and preferences, coordination, and court coordination. It is estimated that 1,300 persons will receive emergency services in Dauphin County this current fiscal year.

**Administrative Case Management:** The CMU is the Dauphin County Base Service Unit (BSU). The CMU also operates a satellite location in northern Dauphin County. Access is assured through a walk-in availability four days per week from 9:00 a.m. to 3:00 p.m., Mondays through Thursdays. Scheduled appointments, evening appointments, and off-site intake interviews are also available. Core services include identification of presenting concerns, strengths and needs assessment, psychosocial history including other system involvement or needs, D&A screening, mental health risk assessment, Environmental Matrix Scale of case management needs, financial liability determination, service planning, referral and information, mental health rights and confidentiality, and assignment of mental health administrative case management or any other level of case management services. Real-time electronic authorizations for County-funded services are coordinated through the BSU and County office for all services with the service provider network and case management entities. Administrative case management is solely funded through County managed resources and the CMU served 3,500 individuals in FY2013-2014. Administrative case management allows persons to stay

registered in the system and receive County funded treatment, rehabilitation and support services.

**Outpatient:** Dauphin County has nine (9) contracted and licensed outpatient clinic providers offering medication management, outpatient therapies and psychiatric evaluations. 800 persons receive outpatient services funded with County managed funds because they have no insurance. The table below identifies outpatient psychiatric providers, satellite clinic locations and other unique characteristics.

**Table 8 – Contracted Outpatient Service Providers 2013-2014**

<b>Provider</b>	<b>Satellites</b>	<b>Unique characteristics</b>
Catholic Charities of the Capital Region		Homeless Clinic and works with Mission of Mercy. No Medicare.
Community Services Group	Primary clinic in Lancaster; Dauphin County is satellite	Children and families. Groups for adolescents.
Commonwealth Clinical Group		Specialized offender and at-risk offender services to adults and teens. No Medicare.
NHS of PA Capital Region	Community-based sites & northern Dauphin County site	Primary clinic co-located with CMU, PA model; tele-psychiatry, DBT
Pennsylvania Psychiatric Institute (PPI)		Culture specific –Hispanic and geriatric clinics, Clozaril and dual diagnosis (MH/ID) clinics.
Pennsylvania Counseling Services	Community-based sites, including school-based sites	Also a D&A outpatient provider.
Pressley Ridge	School and community-based sites. Also in Northern Dauphin	Staff trained Play Therapists, The Incredible Years used in school based clinics
TW Ponessa and Associates	Primary clinic in Lancaster; Dauphin County is a satellite	Also a D&A outpatient provider.
Youth Advocate Programs	Community and school-based site	Certified Registered Nurse Practitioner/Art Therapist

There are several additional licensed outpatient clinics in Dauphin County that are funded by only PerformCare, private insurance and/or Medicare. Efforts to improve access to outpatient clinics have varied success. Access should continue to be prioritized. Due to over \$5 million dollars in expenditures for outpatient services per year, PerformCare has lead responsibility. In FY13-14 Dauphin County participated in a review of recommended changes to outpatient regulations aimed at lessening the administrative cost burden to providers while maintaining treatment standards. Strengthening the clinical skills of therapists through the implementation of evidenced-based practice models continues to be a priority.

**Assertive Community Treatment (ACT):** Assertive Community Treatment (ACT) Team is an Evidenced-Based Program model designed to provide treatment, rehabilitation, and support services to adults with serious mental illness whose needs have not been met by the more traditional mental health services. NHS of PA Capital Region’s ACT Team is multi-disciplinary mental health staff, including a peer specialist and drug & alcohol specialist. The NHS of PA ACT, organized as an urban team model, has a capacity of 100-110 persons who meet specific criteria for the service. The service is funded with County managed funds and HealthChoices PerformCare. County funds may support an estimated 20 persons- a decrease in previous years. The NHS of PA Capital Region ACT Team meets fidelity and licensing requirements annually.

**Housing Support Services:** The Dauphin County MH/ID Program and the provider network use the term *supportive living* to describe a cluster of supportive services and, based upon individual needs, the services can be highly flexible to focus more on housing support or other types of support necessary for independence and recovery. Keystone Mental Health Services and Volunteers of America are the supportive living providers in Dauphin County.

Keystone's supportive living services have a component that emphasizes transitional housing support. The program meets the needs of persons and assesses their independent living skills. Their plan is to acquire rehabilitative skills to live independently with or without a housing subsidy like Section 8. The goal is to have people transition from this program within 18 months. Leased apartments by Keystone offer the setting for clinical and rehabilitative assessments, social and neighborhood interaction, and individual goal planning.

Some Supportive Living Housing services were discontinued in FY 12-13, specifically transitional apartments. For all Supportive Living services, the types and lengths of services are very flexible. Supportive living services may continue after independent housing is obtained.

The Volunteers of America (VOA) Supportive Living program focuses on providing whatever supports are needed by each individual to gain their psychiatric rehabilitation goals. The goals, supports, and resources necessary to achieve their goals are determined by the consumer with the guidance and support of the supportive living case worker. Generally, the focus will be developing or relearning skills to be successful and satisfied in the areas of living, learning, working, and socializing in the environment of their choice with the least amount of practitioner intervention. The projected number of persons served in this cost center with two service agencies is 250 adults with serious mental illness and/or co-occurring disorders.

Other Housing activities include Shelter Plus Care, a joint project with the Housing Authority of Dauphin County; PATH, a Block Grant and federally funded project to assist persons to gain safe, affordable housing and a Housing Plan using reinvestment fund which is in various stages of start-up.

**Targeted Case Management: Intensive Case Management**

The CMU (Case Management Unit) and Keystone Service System are the two intensive case management (ICM) providers in Dauphin County. The two agencies provide services to adults and older adults with serious mental illnesses and co-occurring disorders, as well as other eligible persons according to State regulations. ICM services include a comprehensive needs assessment with 24-hour, seven days a week, on-call accessibility. Service activities include assessment and service planning, informal support network building, use of community resources, linking with services, monitoring of service delivery, outreach, and problem resolution. Adult ICM services are in the process of being converted to Blended TCM services for adults at the CMU.

## Blended Case Management

Blended Case Management (BCM) is available at the CMU for adults, older adults, transition- and all children & teens that meet State eligibility criteria. BCM also meets the case management needs of persons with serious mental illnesses and co-occurring substance abuse disorders. Service plan development and monitoring, coordination and authorization of services and monitoring of ongoing service provision are the functions of the program. Blended services also provide support services to persons and their family, and may offer limited adaptive skill training. Blended services offer a consumer the advantage of working with the same case manager regardless of the level of need for targeted services. The Blended case manager assists individuals regardless of whether their needs decrease or increase.

## Resource Coordination

Resources Coordination services at the CMU include a comprehensive needs assessment, service plan development and monitoring, coordination and authorization of services, and monitoring of ongoing service provision. Resource Coordination is only offered by the CMU and the program is transitioning to a Blended case management program by the end of FY13-14.

Approximately 1,000 persons are County funded each year and PerformCare funds over 2,250 persons receiving targeted case management services. County funds are used when a person is ineligible for Medicaid funding and their needs require more than administrative support.

**Community Services:** Information and referral self-help is offered via telephone through CONTACT Helpline, a 24-hour listening, information and referral service for residents of Dauphin County. CONTACT Helpline services aid all residents in their use of community health and human services. Listening actively and sensitively enables callers to talk through their concerns and identify their needs for listening, problem solving and/or referral. Providing the caller with the key information (agency name, address, telephone number, eligibility requirements, fee schedules, program services, service delivery sites, handicapped accessibility and other pertinent information) on agencies that can respond to the caller's need.

A Student Assistance Program (SAP) is designed to identify students experiencing behavior and/or academic issues, which pose a barrier to their learning and success in school. The program is a vehicle for intervening and referring students to appropriate school and community resources when mental health issues impede school success. Student Assistance is an intervention, not a treatment program. It is also an avenue for promoting prevention activities and positive mental health. Mental Health Consultants serve as liaisons to Students Assistance teams in public middle, junior high, and high schools in Dauphin County. In addition to supporting these teams, Student Assistance staff provide consultation regarding mental health issues to school personnel, students, families, and community members. Keystone Service Systems provides Student Assistance Program (SAP) services to each secondary school in Dauphin County. Dauphin County has over 40 SAP teams. Staff were trained through a MH Matters Grant in Mental Health First Aid for Youth.

**Partial Hospitalization:** Partial hospitalization services are available for all target populations with some programs focusing on rapid entry, acute care, brief intensive treatment model and others on recovery models to maintain optimum recovery gains. NHS of PA Capital Region, Philhaven, and Pennsylvania Psychiatric Institute (PPI) provide partial hospitalization services to Dauphin County residents. These include services to adults with serious mental illnesses, including persons with co-occurring disorders – substance use, children and teens. The total number of persons served were 50 due to no insurance. PerformCare also funds partial hospitalization services for 300 persons in Dauphin County per year.

**Psychiatric Inpatient Hospitalization:** Psychiatric inpatient hospitalization is comprehensive care on a 24 hour/7 day basis either as a unit within a general medical facility or as a free-standing psychiatric center. There are two types of inpatient care available for Dauphin County residents.

One type is acute inpatient care at the Pennsylvania Psychiatric Institute (PPI) in Harrisburg. PPI is a joint venture between PinnacleHealth Hospitals and the Milton S. Hershey Medical Center/PSU College of Medicine. Inpatient psychiatric services include 14-16 beds for children and adolescents, 20 adult geriatric beds, 20 general adult psychiatric beds and 20 adult high-acuity psychiatric beds.

The second type of inpatient care available to Dauphin County residents and in close proximity to the County is extended care located at Philhaven's Extended Acute Care program in Mt. Gretna (Lebanon County). The 22-bed Extended Acute Care offers a beneficial diversion from State Hospital use at Danville State Hospital. The majority of the beds (13 of 22) are managed by Dauphin County. This program is primarily funded by PerformCare and some Medicare managed care programs.

PerformCare expended over \$11 million dollars for all inpatient care to Dauphin County residents. County funding supported 15 persons with no insurance or resources for intensive care. County expenses were less than \$200,000.

**Community Employment and Employment Related Services:** Dauphin County is dedicated to supporting every individual who wants to work. Employment services in Dauphin County are comprised of varying degrees of support and independence. Employment is a frequent measure of personal success and recovery because of the value society as a whole places upon employment as an indicator of independence and accomplishment.

Transitional employment is paid work training provided at employer locations. This service focuses on improving interpersonal relationships, work habits, and attitudes to prepare individuals for competitive employment. Transitional employment creates a work setting with less intensity to provide individuals with greater opportunity to develop skills toward becoming self-sufficient in a competitive environment. Our experience with transitional employment has not led to competitive employment. Funding of transitional employment programs has shifted due to person-level outcomes and costs.

Competitive employment, including supportive employment as an evidenced-based model, is available for individuals on the job at the employer's location to provide support in the

employment experience. It may also involve job finding. Support decreases as the individual gains competitive employment skills. Staff makes individual and employer contacts and may accompany individuals to interviews to support them through a hiring process. Follow-up contacts are provided to resolve work-related issues and needs in a timely manner. With Dauphin County funds, 9 persons received transitional and competitive employment in 2012-2013. This trend will continue into FY13-14 due to the YWCA of Greater Harrisburg's supportive employment grant. Using the supported employment model, many persons using mental health treatment and rehabilitation services have also been served through the YWCA's SAMHSA federal grant. Sustainability of supportive employment programs for persons with a serious mental illness is a high priority because the model leads to competitive employment that may reduce the persons need for supervised living, intense treatment and economic dependence.

**Facility-Based Vocational Rehabilitation Services:** The overall goal of the program is to maximize vocational potential to allow individuals to transition to competitive employment. Persons in facility based vocational services are consistently assessed for transitioning to more independent work experiences. In FY 2013-2014, 17 persons received services. These services will decrease by attrition as resources are prioritized to support persons seeking competitive employment.

**Family Support Services:** NAMI PA's Dauphin County affiliate provides education, support, resources, and referral services to persons affected by mental illnesses, both individuals and families. Services include distribution of resource and educational materials, support for new residents seeking services or persons recently diagnosed, sponsored informational meetings, support groups, caller support, newsletter and an extensive on-site library at their staffed office. Extensive support has been provided to families who have family members with serious mental illnesses, including co-occurring disorders and involvement with the criminal justice system. NAMI's Family-to-Family Education Program was approved as an evidenced-based program that provides education and skill training with self-care, emotional support, empowerment and advocacy. The 12-week sessions are designed for parents, siblings, spouses, significant others and caregivers of individuals experiencing serious mental illnesses. NAMI's Peer-to-Peer Program was offered in FY 13-14.

For the past four years, Dauphin County has received a state allocation for respite services for children and adolescents including transition-age youth. Respite services have been offered by the County for over 15 years. Number of children and teens and their families benefitting from County-funded respite services were 44 children in FY12-13. There were 114 children/adolescents and 11 adults served in Dauphin County for FY12-13 served through CABHC respite management service which is reinvestment funded.

All Dauphin County case management entities and supportive living services have access to consumer support and emergency funds, which provide limited and one-time assistance for accessing housing through security deposits, housing applications, purchasing initial household items, minor repairs, as well as concrete goods or services on a discretionary basis using guidelines provided by the County MH/ID Program for families and individuals registered for County-funded services.



**Peer Support Services:** Peer support is a service designed to promote empowerment, self-determination, understanding, coping skills, and resiliency through mentoring and service coordination supports. Peer support allows individuals with severe and persistent mental illnesses and co-occurring disorders to achieve personal wellness and cope with the stressors and barriers encountered when recovering from their illness.

There are three approved CPS providers in Dauphin County: CMU, Philhaven, and Keystone Mental Health Services and about 125 persons receive PerformCare funded Peer support services annually. Aurora Social Rehabilitation and NHS of PA Capital Region ACT programs also have imbedded peer specialists in their services.

Dauphin County is interested in continuing to expand peer support services, as they are truly a catalyst for moving the mental health system toward recovery and resiliency at a system and individual-level. Peer support on psychiatric inpatient settings began in FY13-14.

**Family-Based Mental Health Services:** Family-Based Mental Health Services (FBMHS) are a combination of intensive family therapy with support coordination and family support services in a team-delivered service for children. Family Based is not a first-line service and therefore, we do not anticipate using Block Grant funds for the service. These services are funded through PerformCare as a Medicaid service or through MA Fee-for-Service funding in OMHSAS/DPW. There are many issues being assessed about FBMHS in Dauphin County in full partnership with PerformCare and the five-county oversight agency, Capital Area Behavioral Health Collaborative (CABHC). Approvals and denials are closely monitored, as well as use among transition-age children, consecutive authorization within the same family without demonstrated positive outcomes as a result of a root cause analysis. During FY13-14, some FBMHS programs closed, reduced the number of teams or are reassessing their services. Dauphin County anticipates a higher demand for services that are enhanced for children impacted by trauma due to less reliance on out-of-home treatment.

The types of services completing this section are primarily funded by HealthChoices/PerformCare or comprise a smaller amount of County funds to maintain.

**Children's Evidence-Based Practices:** Children's Evidenced-Based Practices have evolved as services specifically for children in the Juvenile Probation and/or Children and Youth systems. Start-up funding is occasionally available through CYS or through grants. Once implemented, the services have largely been funded by Medicaid Health-Choices funding. Multi-Systemic Therapy (MST) was first approved as a BHRS exception service in Dauphin County in January 2005. Since then MST-PSB (Problem Sexual Behavior) has been added.

Priorities in HealthChoices are a focus on clinical skills in licensed psychiatric outpatient clinics. During 2012-13, two providers were funded by CABHC to increase skills among outpatient staff in Cognitive Behavioral Therapy. No children's evidenced-based programming is currently funded through the Block Grant.

One of Dauphin County's most promising practices is The JEREMY Project funded through reinvestment funds. Dauphin County began The JEREMY Project under a competitive grant from OMHSAS in FY 2001-2002. Making **Joint Efforts Reach and Energize More Youth**

(JEREMY) has provided a boost forward for young people ages 16-22 by focusing on person-centered planning and preparation for adult life in four domains: education, employment, community, and independent living. In the program, participants learn to maximize control in their own lives by developing healthy peer relationships, decision-making skills, lawful and drug-free social activities, better self-esteem and acceptance.

**Children’s Psychosocial Rehabilitation Services:** Behavioral Health Rehabilitation Services (BHRS) encompass several types of direct services that meet the needs of children and teens from 0-21 years of age. Most services for children 0- school age are provided to children with Autism Spectrum disorders, other developmental disorders and/ or trauma-related disorders of childhood. All BHRS is funded solely under the HealthChoices behavioral health managed care program. Mobile Therapy is the most commonly requested and authorized service for children, including older teens and young adults with the second most frequent service being Summer Therapeutic Activities Programs (STAP). Other types of State-approved BHRS services include Behavioral Specialist Consultants and Therapeutic Staff Support. Dauphin County has nine (9) BHRS providers. Over the past two years there has been a concerted effort for assessment and strategic planning to address cost drivers using root cause analysis, overuse of service areas without demonstrated person-level benefit, and realignment of organizational priorities.

**Children’s CRR Host Homes and Residential Treatment Facilities:** CRR services for children, teens and young adults, persons are licensed as CRR Host Home programs and are solely funded by PerformCare. The service has evolved from its original design under CRR licensing to a treatment-oriented, home-based care with service coordination, host home support and clinical services for the young person and their family. CRR Host Homes have undergone a re-examination among local counties, the BH-MCO, families, and other child-serving systems. Implementation of a new type of CRR Host Home called Intensive Treatment Program (ITP) is underway to improve outcomes for intensive out-of-home treatment needs.

Residential Treatment Facilities (RTFs) are a level of care only available under the HealthChoices Behavioral Health Managed Care Organizations (BH-MCO) service array for children from 0-21 who meet medical necessity criteria and consent to voluntary services. No RTFs are located within Dauphin County. Responsive to the negative aspects of out-of-home treatment and its lack of positive evidence, Philhaven designed a new type of RTF with more intensive treatment and a shorter length of stay.

Residential MH Treatment is an overused resource that will never be evidenced based in serving children and teens with a serious mental illness. Dauphin County’s mental health system is a strong leader within the MH system and with other child serving agencies in reducing the use of RTFs and improving community based EBPs and locally based treatment services. Tele-therapy will be available in FY14-15 for families and children in distance RTF programs. No out-of-home treatment services are funded under the Block Grant; all are funded under HealthChoices.

**Psychiatric Rehabilitation:** The Dauphin County MH Program has been working with a qualified mental health provider to establish a center-based psychiatric rehabilitation program by re-purposing the use of Housing support funds. The program will be licensed and begin operations in FY14-15 expecting to serve 50-60 persons per year. Psychiatric rehabilitation is a Medicaid funded service, but not approved as such in the Capital area with PerformCare.

**Consumer Driven Services:** Patch-n-Match is a consumer-run organization with a full-time director and two full-time staff open 5-days/week. It is a reintegration program that assists people to recapture or gain skills necessary to function independently in the community. Patch-n-Match, Inc, offers a daily hot lunch, as well as educational, social and recreational opportunities for participants, both at the center and in the community. The program is also open one Saturday every month.

**Transitional and Community Integration Services:** Dauphin County is not currently using this cost center although many of the activities described in the definition are carried out at administrative, management and direct service levels within Dauphin County and in collaboration with other systems, including the Courts.

**Adult Developmental Training:** Dauphin County does not use this cost center at this time.

**Other:** Dauphin County is not using this cost center at this time.

### 3) Special Population Concerns

Throughout the document there are a multitude of references to specific and priority populations such as individuals transitioning out of State hospital settings and other intensive levels of care, person with co-occurring disorders, and persons with justice involvement both adults and children. The individual and their expressed needs drive the demand for services, and Dauphin County strives to adapt services to those needs while maintaining the integrity and fidelity of the treatment, rehabilitative and support services.

Dauphin County MH/ID Program, as well as the Medicaid BH-MCO 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. The last comparative survey of workforce demographics to the persons in mental health services occurred in the 1990 during a period of cultural diversity efforts across the Commonwealth, especially in children's mental health services. Dauphin County maintains a contract with the International Service Center for ethnic-specific services to persons, typically recent immigrants, who are of Asian descent. Persons with deaf and hard of hearing issues may need individualized resources and services to meet their needs. Dauphin County consults with area experts and OMHSAS.

Non-service connected veterans may access services based upon eligibility and availability. For veterans and their families who are service connected, veteran's assistance is provided through information and referral in applying for and accessing benefits and services that 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 County's Veteran Affairs Office annually coordinates a Stand Down program, and veterans and their families take part in the Project CONNECT events. Following these events, further outreach and follow-up is provided to individuals to assist in linking them to needed services.

Behavioral health and health disparities are not new to the Dauphin County mental health system. The relationship between health and mental health are fully understood and prioritized. While services exist, current budgetary cuts and prior cost-of-living increases not tied to real costs continue to impact the availability of services leading to waiting lists and the need to triage care. The county behavioral health system is also the primary planner and implementer of service supports and rehabilitation services not funded by Medicaid and Medicare. These are typically services which support persons living in communities. In a recovery and resilience based system, these services are as important as treatment to the individual and their family.

The relatively new relationship between Hamilton Health Center, Dauphin County's federally qualified health center, and Philhaven, a major behavioral health provider in Central Pennsylvania speaks to our commitment to link quality health and mental care to wellness. Another large service provider employs a physician as a consultant to their mental health services: outpatient, ACT, partial hospitalization, residential programming for adults. Agencies are encouraged to address coordination and communication with primary care physicians. Case management agencies focus on the referral of insured and uninsured persons to primary care programs and services, such as Mission of Mercy and Hamilton Health Center while attempting to secure and maintain benefits and address barriers.

The last comparative survey of workforce demographics to the persons in mental health services occurred in mid 1990 during a period of cultural diversity efforts across the Commonwealth, especially in children's mental health services.

Several years ago, alarmed by the death rate among persons with a serious mental illness, Dauphin County examined unusual incidents particularly those leading to death. Our findings five years ago led us to establishing a Wellness Initiative and Quality Management Plan driven by the need to educate and intervene to address rates of preventable deaths among persons with a serious mental illness. Since then, the original group of 50 persons in our incident review has been expanded to 100 persons, and over that time, Dauphin County has been instrumental in working with county-funded agencies and the Medicaid BH-MCO in designing and carrying out their own Wellness initiative. These efforts will continue and be expanded.

The Lesbian, Gay, Bi-sexual, Transgendered, Questioning and Intersex (LGBTQI) population has improved with education and clinical experience. Strategies such as training continue. Alder Health Care (formerly the AIDS Community Alliance) has been working during the current fiscal year on establishing a mental health psychiatric clinic co-located and integrated with their health services.

### **c) Recovery-Oriented Systems Transformation:**

Initiatives that define our responsibilities during the fiscal year include overarching and mission-driven areas:

- Engage contracted providers and other human service systems to **use mental health resources in a fiscally responsible and person-centered ways.**
- Annually **conduct a survey** of persons using mental health services.

- **Provide technical assistance and expertise** to the Behavioral Health Managed Care Organization, PerformCare, and oversight agency, Capital Area Behavioral Health Collaborative (CABHC) in quality, fiscal and clinical management areas.

Other initiatives for adults include:

- Reduce length of stay in adult **residential services** and improve discharges related to recovery. A recovery-oriented discharge from residential services indicates the person met service goals and/or transitioned to a more independent living arrangement such as their own apartment, family home, or less intensive type of residential service.
- **Divert adults from long-term inpatient care** at Danville State Hospital fully using available capacity in residential services, the Assertive Community Treatment team, and the Extended Acute Care program.
- Monitor and investigate **unusual incidents and complaints** including deaths and explore system changes to improve quality of care and wellness.
- **Engage persons using mental health services** in planning and evaluation activities as system moves forward as a recovery-oriented system.

And for children and their families include:

- **Reduce the use of Residential Treatment services** for children, teens and families due to the lack of effectiveness and not being community-based.
- **Implement changes to the role of County staff** in relationship to cross-system interagency teams and Children’s Mental Health Case Management.
- **Support the design and implementation of evidenced-based and promising practices** in the children’s mental health system by increasing clinical skills in the least restrictive, most cost effective settings.

**Transformation Priorities** were developed in previous fiscal years and carry over to FY14-15 activities.

## **REVISION #2 10-6-14**

**Priority #1: Strategic planning on evidence-based programs and promising practices informs the system on how to continue the transformation process.**

- NAMI Dauphin County will host Family –to-Family Program. HOPE Connections Support Group based upon Peer-to-Peer Program continues.
- Dauphin County will identify a trained provider to offer MH First Aid for Adults to first responders.
- The provision of Certified Peer Specialists on Pennsylvania Psychiatric Institute’s (PPI) the adult inpatient unit will continue. Expand availability of Certified Peer specialists employed.
- Student Assistance Program will offer three trainings in Mental Health First Aid for Youth.
- PPI will continue to work with industry, businesses, and other employers to promote appropriate use of Mental Health First Aid for Youth curriculum.
- The consumer leaders will continue to promote and offer WRAP two-day participant and five-day facilitator training.

- Continue/expand provision of Illness Management and Recovery (IMR) currently used by adult mental health residential and social rehabilitation providers.
- Continue the implementation /expansion of The Incredible Years through school-based outpatient sites in Harrisburg and Middletown Area School Districts.

**Timeline:** The timeline to look at EBPs and promising practices is FY 14-15.

**Resources Needed:** There are no identified resources needed.

**Tracking of information on priority:** County mental health program staff and Advisory Board Committees will track and monitor progress on Priority #1. All the activities in each priority are part of a Dauphin County MH work plan for either adult or children’s mental health services. Staff are assigned to track and monitor the activities through a work plan. Many activities are led by MH staff with stakeholder involvement. If not led by MH staff, County MH staff are team members are engaged in development and implementation. The work plan and activities are reviewed monthly by the Deputy MH Administrator. Reporting is completed at monthly Board Committees, bi-monthly Committee reports to the MH/ID Advisory Board and a County Annual Report to the MH/ID Advisory Board and all stakeholders such as advocates, providers, BH-MCO and others. The Annual fiscal year report is available on the County website.

Some activities are under service agreements with service providers or advocacy organizations and contract monitoring occurs at a minimum on a quarterly basis.

**Priority #2: Staff and consumer training infused in recovery and resiliency principles improve practices and outcomes.**

- To improve wellness work with Tobacco Coalition on issues of persons with serious mental illness, especially persons age 55 and older.
- Dauphin County CSP Annual Conference has primarily consumer presenters in 2015.
- PerformCare and Dauphin County will identify and promote physical health-behavioral health collaboration projects, including promoting Youth “Wellness Toolkit”.
- Dauphin County MH/ID will spearhead Northern Dauphin Community initiative on child/family well-being and safety drawing upon person and family resiliency builders.

**Timeline:** The timeline for Priority #2 is FY 14-15.

**Resources Needed:** There are no identified resources needed.

**Tracking of information on priority:** County mental health program staff and Advisory Board Committees will track and monitor progress on Priority #2. All the activities in each priority are part of a Dauphin County MH work plan for either adult or children’s mental health

services. Staff are assigned to track and monitor the activities through a work plan. Many activities are led by MH staff with stakeholder involvement. If not led by MH staff, County MH staff are team members are engaged in development and implementation. The work plan and activities are reviewed monthly by the Deputy MH Administrator. Reporting is completed at monthly Board Committees, bi-monthly Committee reports to the MH/ID Advisory Board and a County Annual Report to the MH/ID Advisory Board and all stakeholders such as advocates, providers, BH-MCO and others. The Annual fiscal year report is available on the County website.

Some activities are under service agreements with service providers or advocacy organizations and contract monitoring occurs at a minimum on a quarterly basis.

**Priority #3: Persons and families receiving services are in advisory and evaluation roles that will lead to development and implementation of consumer-run services.**

- Increase youth and family involvement with Children’s MH Committee of MH/ID Advisory Board Committee.
- Evaluate satisfaction with tele-therapy service for children, youth and families using Residential Treatment.
- Increase number of persons serving on contracted Provider Advisory/Management Boards.
- Inventory and promote peer-run groups.
- Identify future priority populations for annual county satisfaction surveys.
- Implement new family engagement strategies through Children’s MH Committee’s family engagement initiative.

**Timeline:** The timeline for monitoring and tracking the strategies identified is FY14-15.

**Resources Needed:** There are no identified resources needed.

**Tracking of information on priority:** County mental health program staff and Advisory Board Committees will track and monitor progress on Priority #3. All the activities in each priority are part of a Dauphin County MH work plan for either adult or children’s mental health services. Staff are assigned to track and monitor the activities through a work plan. Many activities are led by MH staff with stakeholder involvement. If not led by MH staff, County MH staff are team members are engaged in development and implementation. The work plan and activities are reviewed monthly by the Deputy MH Administrator. Reporting is completed at monthly Board Committees, bi-monthly Committee reports to the MH/ID Advisory Board and a County Annual Report to the MH/ID Advisory Board and all stakeholders such as advocates, providers, BH-MCO and others. The Annual fiscal year report is available on the County website.

Some activities are under service agreements with service providers or advocacy organizations and contract monitoring occurs at a minimum on a quarterly basis.

**Priority #4: Creation of housing supports and sustaining recovery-oriented services such as competitive employment resources will transform system.**

- Continue progress on implementing Housing Plan under reinvestment.
- Initiate competitive employment contract with YWCA to sustain supportive employment model program in October 2014.
- Improve landlord /tenant relations and housing options through LHOT and relationship with Housing Authority/ies.
- Organize Local Lead Agency (LLA) tasks and responsibilities with CACH.

**Timeline:** Dauphin County will devote staff to completing identified activities during FY14-15.

**Resources Needed:** There are no identified resources needed.

**Tracking of information on priority:** County mental health program staff and Advisory Board Committees will track and monitor progress on Priority #4. All the activities in each priority are part of a Dauphin County MH work plan for either adult or children's mental health services. Staff are assigned to track and monitor the activities through a work plan. Many activities are led by MH staff with stakeholder involvement. If not led by MH staff, County MH staff are team members are engaged in development and implementation. The work plan and activities are reviewed monthly by the Deputy MH Administrator. Reporting is completed at monthly Board Committees, bi-monthly Committee reports to the MH/ID Advisory Board and a County Annual Report to the MH/ID Advisory Board and all stakeholders such as advocates, providers, BH-MCO and others. The Annual fiscal year report is available on the County website.

Some activities are under service agreements with service providers or advocacy organizations and contract monitoring occurs at a minimum on a quarterly basis.

**Priority #5: Expansion of network beyond the traditional MH system will improve community integration and promote independence.**

- Resource sharing for families through web-based information distribution on mental health, wellness and resiliency.
- Increase contracted provider's use of generic community resources and referrals for greater community integration among children, adults and families.

**Timeline:** The timeline for monitoring and tracking the strategies identified is FY14-15.



**Resources Needed:** There are no identified resources needed.

**Tracking of information on priority:** County mental health program staff and Advisory Board Committees will monitor and track the two identified strategies throughout FY14-15. All the activities in each priority are part of a Dauphin County MH work plan for either adult or children's mental health services. Staff are assigned to track and monitor the activities through a work plan. Many activities are led by MH staff with stakeholder involvement. If not led by MH staff, County MH staff are team members are engaged in development and implementation. The work plan and activities are reviewed monthly by the Deputy MH Administrator. Reporting is completed at monthly Board Committees, bi-monthly Committee reports to the MH/ID Advisory Board and a County Annual Report to the MH/ID Advisory Board and all stakeholders such as advocates, providers, BH-MCO and others. The Annual fiscal year report is available on the County website.

Some activities are under service agreements with service providers or advocacy organizations and contract monitoring occurs at a minimum on a quarterly basis.

## **INTELLECTUAL DISABILITY SERVICES**

The Administrative Entity of the Dauphin County Mental Health/Intellectual Disabilities Program is located at 100 Chestnut Street, Harrisburg, PA 17101. This is the administrative office from which the county program administers services for citizens with intellectual disabilities. These services have been designed to meet the needs of local citizens with intellectual disabilities, and to support their families and caregivers. Over the past 45 years, our community system has operated with the belief that individuals with intellectual disabilities should receive the services and supports they need in their home communities and the opportunities to enjoy the same quality of life as any other citizen. Through our commitment to Self Determination and Everyday Lives, and our expertise in Person-Centered Planning for services and supports, our services have become increasingly more inclusive, effective, and targeted to meet each individual's unique needs.

CMU is the Supports Coordination Organization for Dauphin County residents with intellectual disabilities. CMU is dedicated to helping people become connected and remain connected to their community. The Case Management Unit (CMU) of Dauphin County is a private, 501(3) (c) non-profit agency, which was incorporated in 1990 to provide comprehensive case management services for residents of Dauphin County who need mental health, intellectual disability or early intervention services. CMU provides conflict-free case management services under contract with the Dauphin County Mental Health/Intellectual Disabilities Program and the Department of Public Welfare.

<b>Service Type</b>	<b>Estimated / Actual Individuals served in FY 13- 14</b>	<b>Projected Individuals to be served in FY 14-15</b>
Casemangement/Supports Coordination	250	250
Community Residential Services (GroupHome - 6400/LifeSharing - 6500)	32	32
Community Based Services & Supports (adult day, behavior support, companion, diversion, DOM Care, employment, family support & respite, home and community habilitation, home modifications, psychological evaluations, prevocational, senior supports and transportation)	260	260

### **Service Area Planning for 2014-2015**

#### ***Supported Employment:***

Dauphin County is an Employment 1<sup>st</sup> County. Along with our sister counties (Cumberland and Perry), a stakeholder group of professionals, ID providers, parents, community organizations and school district representatives, is working to embed Employment 1<sup>st</sup> strategies into our everyday practices, not only in the intellectual disabilities system, but also our school systems as well. Employment 1<sup>st</sup> reflects the belief that individuals with disabilities can work and there is a real job for everyone; a job with real wages and benefits, side-by-side with co-workers without disabilities. It raises the expectation among individuals, families, schools, human service agencies and businesses, that individuals with intellectual disabilities of working age will be hired because of their abilities, not because of their disability. Work brings not only increased financial security, but also increased opportunities for membership in the community, choice, access and control.

As an Employment 1<sup>st</sup> county, available funding is used to support employment services such as: Job Finding, Job Support and Transportation. The county prioritizes dollars for individuals requesting support in order to work in the community. Many strategies are being implemented, as well as cross system collaboration including:

- Collaboration with area school districts:
  - a. Information is shared about Employment 1<sup>st</sup> outcomes with students and families. School districts share information with students at an earlier age regarding futures

planning and the important role that families and the community have in successful transition to employment.

- b. Four projects are gearing up to support working age students in obtaining job experiences and exploring careers during the summer of 2014. These projects are building on partnerships with our local school districts and the array of employment providers that we have in our county. Students will be learning employment skills and work behaviors while working in community-based jobs, earning at or better than minimum wage.
  - c. The county continues to offer job finding and job support to students during the school year for those students interested in working after school and/or on weekends. The goal is to get students thinking that their adult life includes a job and meaningful participation in their community. In addition, these opportunities build their skills and work-related experiences.
- Children and Youth: Students of transition age are identified and collaboration occurs to provide job finding and job coaching services during non-school hours.
  - Collaboration with OVR and other employment systems to support folks with ID in obtaining and maintaining employment:
    - a. The County expects to join OVR in developing a county-based Project SEARCH. This internship program assists individuals in obtaining the job skills and work habits needed for employment in Dauphin County businesses. Individuals participating in this service will obtain support in obtaining employment by the time they exit their internship.
    - b. The county is working with both Goodwill and the Center for Industrial Training to identify individuals interested in moving from employment at a sheltered workshop to competitive employment.
    - c. Individuals receiving OVR services will receive follow along services once OVR funded ends. OVR's new Early Reach Coordinator is a collaborator with staff at the CMU, as well as with families and individuals.
  - Collaboration with families, students and higher education programs:
    - a. County staff has been instrumental in outreach to local colleges and universities and in assisting families to explore college options during the last years of special education and after graduation. The D.R.E.A.M. partnership (a separate 501 c. 3 organization) was formed and funding received through the Stabler Foundation to support local universities in this endeavor.

- b. In addition, an additional grant from OVR will help grow post-secondary education and training options for individuals with intellectual disabilities throughout the state.

***Base Funded Supports Coordination:***

Funding will be provided to the CMU, Dauphin County's Supports Coordination Organization for supports coordination services. Base funded SCO services are provided to all individuals who qualify for ID services, but who are not enrolled in an ID waiver. CMU SCO staff participates in service planning and discharge planning for all persons with an ID who are in institutional settings including State ID Centers, ICF/ID, or children's mental health RTF.

***Life sharing Options:***

Planning is underway to address the needs of individuals listed on the emergency PUNS for life sharing. The challenge in serving this group of individuals is in locating individuals/families willing to offer life sharing services in their home. We are exploring other options such as "reverse" life sharing, in which the person with a disabilities' home is used. In addition, the county office collaborates with each life sharing provider to support active and ongoing recruitment efforts. The county program is well represented on the statewide group, which seeks to overcome barriers and enhance outreach to local communities.

Often individuals with disabilities and their families are reluctant to explore independent living, instead seeking a community group home with higher levels of staff supervision. The County will support the development of a service that enables individuals to learn independent living skills, as well as the use of technology to support independent living and confidence in living in the community.

***Cross Systems Communications and Training:***

During this past year, the county office and other cross-system agencies, have formalized and are implementing our mandate for cross-system collaboration. Communication and collaboration with our MH partners continues to be enhanced. Cross-system team meetings occur when individuals have ID, as well as mental health challenges. Just as important, planning for systemic change is occurring at the management level. Two diversion beds, specifically for individuals with intellectual disabilities, have been established with Community Services Group and Northwestern Human Services. These opportunities are used to divert a person's stay at a psychiatric hospital or as a step down when they leave the hospital. In addition, these opportunities can be used to learn more about a person and their abilities when a person is new to the ID system and requesting residential support services.

***Emergency Supports:***

Additional planning for Fiscal Year 2014-2015 is based on the folks currently listed on both the emergency and critical PUNS. While folks move on and off the PUNS list because their needs change or services are provided, the overall number of folks in both of these categories at any one time, remains relatively the same.

A. Special Education Graduates:

Anticipated June 2014 Graduates	Total
26	26
Graduates Currently in PFDS/ Consolidated Waiver	14
Anticipated waiver or base funding needed for June 2013 Graduates	12

B. EPSDT “Aging-out”: 1

C. State Center: 1 (Current Dauphin County State Center Census: 11) One individual is targeted to move back home from Hamburg Center. A provider has been identified and planning has begun.

D. PUNS (May 15, 2013) We anticipate serving additional folks on the emergency PUNS with base/block grant funding to avoid higher level placement costs.

Service Area	Emergency	Critical
Adult Day Supports	11	12
Agency Group Home or Apartment less than 24 hours	16	6
Agency Group Home of Apartment – 24 hour staff	14	23
Assistive Technology	3	12
Community Employment (Supported Employment)	23	21
Environmental Accessibility	2	11
Family Living/Life Sharing	5	12
Habilitation	55	61
Individual Home Owned/Leased by the person with under 24 hours staff support	7	7
Individual Home owned/leased by the person with 24 hour staff support	1	2
Occupational Therapy	6	2
Other Day Supports – Volunteering	9	5
Physical Therapy	2	3

Post-Secondary/Adult Education	7	2
Pre Vocational Supports	24	15
Respite Supports – less than 24 hours	16	18
Respite Supports – 24 hours	20	17
Speech Therapy	7	3
Transportation	37	32
<b>Total</b>	<b>73</b>	<b>104</b>

**REVISION 8-26-14**

Due to the high need for some individuals for very expensive ID services, it is likely that some people will go without service until funding is made available. Dauphin County complies with the ODP requirement that individuals served first are those individual designated as in Emergency Status on the PUNS. See the above referenced chart. While individuals are waiting for funding, base dollars are used to support individuals in meeting low cost support needs such as respite care, habilitation, and other low cost services.

In the case of an emergency situation, individuals have 24 hour access to our Supports Coordination Organization, as well as to Crisis Intervention. An agreement exists between our SCO and Crisis for 24 hour service. In the event that a person would need residential or respite care outside of their home and planning for this can occur outside normal business hours when needed. This is managed through the 24 hour service.

For individuals needing alternative living arrangements, Dauphin County funds two beds for emergency needs and crisis diversions. In addition, residential programs are utilized when a vacancy is available for short term respite and emergency care. If the person is not enrolled in one of the waiver, base dollars would be utilized to fund this service.

**Administrative Funding:**

The Dauphin County Mental Health/Intellectual Disabilities Program intends to sign and maintain compliance with the Administrative Entity Operating Agreement (AEOA). The AEOA designates the list of delegated and purchased services as required by the agreement.

**HOMELESS ASSISTANCE SERVICES**

Dauphin County’s HAP Program serves individuals and families whose income is below 200% of Federal Poverty level and who are homeless, near homeless, and who meet the specific HAP program component requirements. Dauphin County’s HAP staff and providers collaborate with

the Capital Area Coalition on Homelessness (CACH), the lead agency for the Harrisburg City/Dauphin County Continuum of Care to coordinate services, leverage funding from HUD, Emergency Solutions Grant, and local funding. We continue to refine the use of data through HMIS, and our block grant reporting. HAP providers also collaborate with CACH for the annual CACH Project Homeless Connect.

	Estimated/Actual Individuals served in FY 13-14	Projected Individuals to be served in FY 14-15
Bridge Housing	95	95
Case Management	1,266	1,266
Rental Assistance	861	861
Emergency Shelter	770	770
Other Housing Supports	0	0

**Bridge Housing:**

Bridge Housing is a transitional housing program that allows clients who are in temporary housing to move to supportive long-term living arrangements while preparing to live independently. Clients must receive case management, supportive services and have a service plan that describes how the program will assist them for up to 18 months with the goal of returning client to the most independent life situation possible. This component is designed to “bridge” the gap between Emergency Shelter and stable long – term housing. Clients are generally eligible for 12 months of program participation. With county permission, a service provider can extend a client’s stay from 12 to 18 months. The YWCA and Brethren Housing Associates provide Bridge Housing. Dauphin County evaluates the efficacy of the program by measuring the change in accessing mainstream benefits as a result of program participation and housing status at exit as reported in Dauphin County’s FY 13-14 Block Grant Plan. No changes are planned to Bridge housing in FY 14-15.

**Case Management:**

Case management services assist clients in overcoming barriers in order to move from homelessness (out of shelter, off the street or out of danger of eviction) to a more stable situation and obtaining self-sufficiency. Case managers make referral and linkages to mainstream resources, other social service agencies and medical and treatment providers. Case managers work with HAP clients to establish realistic goals in the areas of basic life skills, financial management, parenting, home maintenance, employment preparation or employment skills. HAP clients benefit from the advocacy role case managers provide and their assistance in navigating social services and educational systems and obtaining funding for other services, finding health care, meeting basic needs, and obtaining assistance in their search for permanent housing. Case management services are available to any client receiving HAP services. Gaudenzia and Christian Churches United are funded to provide case management services. Dauphin County evaluates the efficacy of the program by measuring the change in accessing mainstream benefits as a result of program participation and housing status change and/or the number of evictions successfully resolved as reported in Dauphin County’s FY 13-14 Block Grant Plan. No changes are planned to Case Management in FY 14-15.

**Rental Assistance:**

The Rental Assistance program provides payment for delinquent rent for both apartment and mobile home lots; and security deposits and/or first month's rent for families and/or single individuals who are facing eviction or who are homeless. Clients have the opportunity to participate in budgeting; money management and landlord tenant information workshops to further assist clients in overcoming barriers and obtain assistance in gaining stability and becoming self-sufficient. Christian Churches United provides the Rental Assistance Program Service. Dauphin County evaluates the efficacy of the program by measuring the housing status change and/or the number of evictions successfully resolved as reported in Dauphin County's FY 13-14 Block Grant Plan. No changes are planned to the Rental Assistance Program in FY 14-15.

### **Emergency Shelter:**

The Emergency Shelter service provides an immediate refuge and housing to individuals and families who have no legal residence of their own. Shelter providers also provide food, support, case management, and programs that promote self-sufficiency through building life skills. Shelter providers also connect participants to mainstream resources and develop strategies to identify and mitigate the circumstances that led to homelessness. Shelter stays are about 30 days with some variance based on the client's needs and circumstances. Dauphin County funds four providers for Emergency Shelter Services: Christian Churches United provides coordination of the shelter process for Dauphin County for the provision of intake and assessment services as well as payment to the shelters for limited client emergency shelter stays and emergency hotel/motel vouchers for persons when no shelter capacity exists. Christian Churches United makes referrals to the following three emergency shelter service providers. Catholic Charities of the Diocese of Harrisburg, PA, Interfaith Shelter for Homeless Families, the only emergency shelter provider in the capital region that serves intact families. Flexible bed space allows the shelter to serve up to forty-five (45) residents. The YWCA of Greater Harrisburg serves homeless women and homeless women with children and has a capacity of twenty (20) beds. Shalom House also serves homeless women and their children and has a capacity of twenty-one (21) beds. Dauphin County evaluates the efficacy of the program by measuring the change in accessing mainstream benefits as a result of program participation and housing status at exit as reported in Dauphin County's FY 13-14 Block Grant Plan. Catholic Charities Interfaith Shelter is utilizing Dauphin County Human Services Block Grant funds transferred to the HAP funding stream, to renovate their shelter facility to bring it into compliance with ADA. Construction should be complete by September 2014. DPW HAP granted a waiver for this project and we will request an extension of that waiver for FY 14-15. No other changes are planned to Emergency Shelter in FY 14-15.

### **Other Housing Supports:**

Dauphin County does not provide "Other Housing Supports." It is not a specific service and there are no additional HAP funds allocated to Dauphin County to expand services.

**HMIS:** CACH is the lead agency for the HUD Continuum of Care PA 501 and is in full implementation of HMIS for HUD and ESG services and providers using Bowman Service Point software. HAP providers are using HMIS for their HUD and ESG funded programs and we have begun an assessment of data elements and the potential to integrate the Dauphin County Human Services Block Grant reporting requirements for HAP into our HMIS.



## **CHILDREN and YOUTH SERVICES**

Dauphin County has seen many successes in its child welfare system. Placement rates have been steadily decreasing for the last 6 years. We have decreased most levels of care ranging from foster care to congregate care. We have continued to implement and expand our utilization of evidence based programming that has proved to be effective with our families. Dauphin County

is one of five counties in Pennsylvania currently involved in the Child Welfare Demonstration Project. This has opened opportunities to partner with many great organizations, including the Casey Foundation, the National Implementation Research Network (NIRN), and Penn State University. Along with a great partnership with a researcher at Shippensburg University made available as a result of the Block Grant work, Dauphin County is on an exciting path working towards enhanced program evaluation.

While we have experienced many positives, we continue to see many challenges. The needs of the youth serviced by the agency continue to grow in complexity. The significance of youth presenting with mental health needs is staggering and we have struggled to keep our foster parents at a level capable of handling these youth. 49.5% of Dauphin Children and Youth’s placements are within Agency foster homes so we have a strong responsibility to keep them adequately trained. As outlined below, we need to continue focusing efforts to build their skill competencies to have sufficiently trained homes capable of addressing their needs always available.

Dauphin has worked diligently to maximize all funding streams to support the children and families of Dauphin County. We use Block Grant funds, Federal funds, State funds, County funds, and also Medical Assistance dollars to help provide services to our families. We work hard to develop strong collaborative relationships with our funding partners to help be creative and innovative in our provision of services. This is evidenced by our participation in both the Block Grant and the Demonstration Project.

*Identify a minimum of three service outcomes the county expects to achieve as a result of the child welfare services funded through the Human Services Block Grant with a primary focus on FY 2014-15. Explain how service outcomes will be measured and the frequency of measurement. Please choose outcomes from the following chart, and when possible, cite relevant indicators from your county data packets, Quality Service Review final report or County Improvement Plan as measurements to track progress for the outcomes chosen. When determining measurements, counties should also take into consideration any benchmarks identified in their Needs-Based Plan and Budget for the same fiscal year. If a service is expected to yield no outcomes because it is a new program, please provide the long-term outcome(s) and label it as such.*

Outcomes	
Safety	<ol style="list-style-type: none"> <li>1. Children are protected from abuse and neglect.</li> <li>2. Children are safely maintained in their own home whenever possible and appropriate.</li> </ol>
Permanency	<ol style="list-style-type: none"> <li>1. Children have permanency and stability in their living arrangement.</li> <li>2. Continuity of family relationships and connections if preserved for children.</li> </ol>

Child & Family Well-being	<ol style="list-style-type: none"> <li>1. Families have enhanced capacity to provide for their children's needs.</li> <li>2. Children receive appropriate services to meet their educational needs.</li> <li>3. Children receive adequate services to meet their physical and behavioral health needs.</li> </ol>	
Outcome	Measurement and Frequency	All Child Welfare Services in HSBG Contributing to Outcome
Reduced CYS Placement Numbers (related to Safety Outcome #2)	CYS runs a placement report each week which is distributed to the Senior Management team for analysis. This is used in many forums/workgroups and agency performance on this area is communicated with staff and stakeholders regularly. CYS admin staff have been receiving additional trainings on the abilities of our new computer system to further dissect this information.	<ul style="list-style-type: none"> <li>- Family Engagement Strategies Spectrum (FGC Grant)</li> <li>- Rental Assistance</li> <li>- Transitions Program</li> <li>- MST</li> <li>- Samara Visitation Center</li> </ul>
Improved Placement Stability (related to Permanency Outcome #1)	CYS analyzes its placement stability rating from the Hornby Zellar data packages every 6 months as they are released. While Dauphin's 2014 QSR just recently concluded and the County Improvement Plan (CIP) has not yet been developed, following the 2012 QSR review, placement stability was one of the identified 3 benchmarks. On top of HZA reports, several internal analysis reports are completed on placement stability. Dauphin also places special requests to Hornby Zellar every 6 months for increased statistical reports on our placement stability.	<ul style="list-style-type: none"> <li>- Family Engagement Strategies Spectrum (FGC Grant)</li> <li>- Rental Assistance</li> <li>- Transitions Program</li> <li>- MST</li> <li>- Samara Visitation Center</li> <li>- PRIDE Foster Parent Training</li> </ul>
Improved Placement Reentry Rates (related to Permanency Outcome #1)	Same as above for Placement Stability. Dauphin receives reports from Hornby Zellar every 6 months and also requests additional analysis from Hornby Zellar every 6 months as well. Placement re-entry rates were also an identified area of focus in our 2012 QSR County Improvement Plan. This resulted in many internal analysis reports which have aided in our understanding of our re-entry data and guided our decision making on programming. These internal reports will be continued.	<ul style="list-style-type: none"> <li>- Family Engagement Strategies Spectrum (FGC Grant)</li> <li>- Rental Assistance</li> <li>- Transitions Program</li> <li>- MST</li> <li>- Samara Visitation Center</li> </ul>

*For each program being funded through the Human Services Block Grant, please provide the following information. The County may copy the below tables as many times as necessary.*

Program Name:	Family Group Conferencing
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Please indicate the status of this program:

Status	Enter Y or N			
	Continuation from 2013-2014	Y		
New implementation for 2014-2015	N			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N			
Requesting funds for 2014-2015 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
			<b>X</b>	

Family engagement is a foundational practice principal in Dauphin County. Family Group Conferencing (FGC) is the primary planning mechanism used with families engaged in the child welfare system. Family Group Conferencing is offered to every family at every decision making point from initial involvement with the Agency and all steps moving forward. This process places the family in the role of informer and decision maker, thereby increasing their engagement in the plan. Outcomes associated with the practice include not only fewer children entering out of home placement, but also the enhancement of stability for youth in placement, effective safety planning, and stronger plans for youth exiting placement.

Family Group Conferencing is a key component in both the Administrative Office of Pennsylvania Court’s (AOPC) Permanency Practices Initiative and the Title IV-E Child Welfare Demonstration Project in both of which Dauphin County participates.

While Family Group Conferencing is the preferred planning model for Dauphin County Children and Youth has expanded its utilization of family engagement strategies and has implemented a continuum of family engagement meetings to ensure that families are a part of and hopefully helping drive decision making to the greatest extent possible. The Agency utilizes Pre-Court Meetings, Family Engagement Meetings, Team Meetings and Blended Perspective Meetings all as strategies to engage families in all decision making and these various strategies make up our family engagement continuum. Please reference the below chart for a synopsis of each family engagement strategy.

**Complete the following chart for each applicable year.**

	<b>13-14 (projected)</b>	<b>14-15</b>
Target Population	All families at all case decision making points	All families at all case decision making points
# of Referrals	FGC Referrals = 259	465

# Successfully completing program	FGC Referrals resulting in a some version of family engagement spectrum meeting =184 (Projected total of 395 family engagement spectrum meetings combined)	75%
Cost per year	\$ 236,488	\$502,851
Per Diem Cost/Program funded amount	See Below Note	See Below Note
Name of provider	Primarily handled by internal CYs staff. Overflow handled by JusticeWorks	Primarily handled by internal CYs staff. Overflow handled by JusticeWorks

NOTE: Primarily, the family engagement activities are being handled by internal CYs staff whose entire salary/benefits/etc... will be funded by the block grant. There is no unit family engagement rate for their work. Overflow Family Group Conferences are being handled by the provider JusticeWorks. The contracted rate for FGC's is \$15.65 per quarter hour (15 minutes) billed.

Dauphin experienced an under-spending compared to predicted expenses for FY 13/14. While under-spending occurred, Dauphin actually has continued to see steady high numbers of family engagement activities with families when compared to previous years.

Dauphin has been in the process of internalizing the Family Engagement service spectrum to internal staff at CYs as compared to historical practices of purchasing the vast majority. Starting in fiscal year 14/15, as one of the results of the CYs Agency staff restructuring plan, the Agency will be at a point where the vast majority of all family engagement activities for both Children and Youth and Juvenile Probation will be handled by the internal Family Engagement team. This team currently consists of a supervisor 4.5 full time equivalency caseworker positions, a case aide, and a clerical staff person. We feel this team has been built to a capacity to handle this flow and will begin taking JPO referrals July 1<sup>st</sup> 2014.

With the final stage of internalizing family engagement activities upon us, the staff salaries for this team will be charged to the Human Services Block Grant starting in FY 14/15. This will lead to a significant reduction in purchased services for Family Group Conferencing. The annual costs should become more predictable and will include the staff's salaries, benefits, and related operating costs. Part of the under-spending of FY13/14 FGC grant funds was the fact that the internal FGC team was doing an increased workload and these staff expenses were not being billed to the block grant. So, budgeted amounts for contracted family engagement services naturally decreased as internal capacity/output was increased, thereby leading to under-spending for those contracts.

Dauphin County Family Engagement Strategies Chart

Meeting Type	Duration	Location	Participants	Precipitating Factor	Format	Purpose	Frequency
<u>Pre-Court Meeting</u>	less than 1 hour	This meeting can be held anywhere, often it occurs the day of court at the agency.	caseworker, supervisor, family and family supports, community resources and additional providers	A referral is made when a court hearing is scheduled, most often when a placement occurs or a decision needs to be made before court to create consensus in the family group and the agency.	A Pre-Court Meeting (depending on time allotted) consists of information sharing by the agency for the family and visa versa if applicable. Planning can occur if the family is willing, able and there is enough time.	To familiarize the family group with the court process as well as what led up to needing court involvement. It can also be used to create a plan to present to court either with the consensus of the agency or not.	A Pre-Court Meeting most often occurs before the Shelter Care or A&D Hearing, but can be utilized before any court hearing during the life of a case.
<u>Family Engagement Meeting</u>	30 min - 2 hours	This meeting can be held anywhere, often due to the nature and the emergent need of the meeting it is held at the agency or in the family's home.	caseworker, family and family supports, providers, community resources	A referral can be made for this meeting at any time during the case, regarding any kind of planning needs or consensus building for the case.	The format of a FEM depends solely on the needs of the family; this meeting can include as much or as little agency/facilitator involvement as the family wants. Some family's simply need a place to meet with a few questions answered and a lot of private family time whereas some family's need a facilitator and agency staff present during the entire meeting.	Often this meeting is used during a time of crisis, the purpose would be to resolve what precipitated the crisis or resolve what the agency is still concerned about with the family situation.	This meeting can be utilized at any time during the life of a case.
<u>Family Group Conference</u>	2 - 4 hours	This meeting needs to occur in a neutral location (for the family and the agency).	caseworker, supervisor, family and family supports, community resources and additional providers	A referral for a Family Group Conference can be made at any time during the case, especially when planning and consensus building needs to occur regarding the direction of the case/family plan.	A Family Group Conference follows the format as prescribed by the state, which includes: strengths, concerns, resources, private family time, and plan review (and a meal).	The purpose of an FGC is for the family group to receive information from the agency, providers and community supports and then have time (privately) to plan. This planning most often focuses on the concerns that bring this family to the attention of the system. The end product is a plan that resolves all of the aforementioned concerns.	This meeting can be utilized at any time during the life of a case, it is most often used when a Family Services Plan needs to be created or updated or a major event occurs in the case/family system.
<u>Blended Perspective Meeting</u>	1 - 3 hours	This meeting can occur anywhere, due to the size of the group it usually occurs in a large meeting area (i.e. churches, community centers etc.)	identified youth, newly identified family, family supports, agency caseworkers involved, community members	A referral is made for a BPM if Family Finding has started for a youth. The referral happens when family members and community supports who have not previously been involved are interested in learning more about the youth and his/her current situation.	A BPM has a general format of information sharing with a larger group of family/community supports. These meetings include a discussion of the youth's history (# of placements, # of past workers), the positives/strengths of the child, the groups hopes for the child's future as well as the youth's foreseeability. The information sharing portion of this meeting concludes with the Biggest Unmet Need. The rest of the meeting can vary depending on the family history and involvement, options include: a time of picture sharing, the sharing of a meal, producing a genogram/family tree and sometimes minimal planning regarding future contact.	The purpose of the BPM is to create a space where the larger family/community support group can meet to engage with their youth currently in the system. This space gives the family an opportunity to spend time with and re-acquaint themselves with this youth. A portion of this meeting is then devoted to educating the family group regarding the child's history and current reality.	This meeting most often occurs during Step 3 of the Family Finding process, or at the start of a case when a lot of family/community members have been identified that are not familiar with the youth/family's situation.
<u>Team Meeting</u>	less than 1 hour	This meeting can occur anywhere but because of its emergent nature it often occurs at the agency.	most often agency/providers (family/family supports included when needed/ appropriate)	Often a referral for a team meeting is made when the various service providers/agencies are not on the same page about a family situation. When appropriate this can also be used to get a provider and the family group on the same page.	The Team Meeting has no prescribed format, it is most often a facilitated discussion regarding the immediate concerns of a case and possible solutions or agency interventions that can be engaged.	The purpose of a Team Meeting is to build consensus regarding a family involved with one or more agencies.	This meeting can be utilized at any time during the life of a case.

Program Name:	Rental Assistance
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Please indicate the status of this program:

Status	Enter Y or N			
	Continuation from 2013-2014	Y		
New implementation for 2014-2015	N			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N			
Requesting funds for 2014-2015 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
			<b>X</b>	

Housing assistance continues to be a high need for the children and families presented to and serviced by Children and Youth. The allocation will continue to provide funds for first month's rent, security deposits, or back due rent for families who are able to document a maintenance of effort for their properties. It is expected that this allocation will directly impact placement prevention and enhance the timeliness of reunification efforts for families and children.

**Complete the following chart for each applicable year.**

	13-14 (projected)	14-15
Target Population	Families in need of financial support to prevent the removal or their children, or to expedite the return of their children from out of home placement	Families in need of financial support to prevent the removal or their children, or to expedite the return of their children from out of home placement
# of Referrals	55 unduplicated families served. (Total of 68 instances of families served; duplicated count for some families receiving support more than one time during fiscal year)	60
# Successfully completing program	N/A	N/A
Cost per year	\$70,000	\$91,964
Per Diem Cost/Program funded amount	Varies on familial situation	Varies on familial situation
Name of provider	Dauphin Children and Youth	Dauphin Children and Youth

Original projections for providing Rental Assistance for FY 13/14 was \$140,000. As the fiscal year nears its end, the current projected expenses for this will be around \$70,000. Rental Assistance is an area that is wildly unpredictable and ebbs and flows significantly year to year. Expenses here are truly dictated by the needs presented to the agency each year and have proved challenging to predict. Over the years, CYS has become ever increasingly diligent to work to assure families being provided with Rental Assistance funds/support were able to present with a sustainable financial plan moving forward if provided money from the grant. While this may lead to some families being denied, it has led to more efficient spending of the money. It is the intent of CYS to not continually dump money onto a situation that is not self-sufficient and will necessitate a never-ending supply of money.

Program Name:	Strength's-Based Family Workers (SFW) - Formerly Called "Family Development Credentialing" (FDC)
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Please indicate the status of this program:

Status	Enter Y or N			
Continuation from 2013-2014	<b>Y</b>			
New implementation for 2014-2015	<b>N</b>			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	<b>N</b>			
Requesting funds for 2014-2015 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
			<b>X</b>	

NOTE: Strength-Based Family Workers is the new name for the program previously called Family Development Credentialing (FDC). The model has not changed; simply the name has been modified.

Dauphin County is fortunate to be a very resource-rich community. We partner and contract with many providers and other community organizations. It is believed that by having a consistent approach working with families across this spectrum of agencies, churches, grassroots organizations, etc... the likelihood of success for families utilizing services can be maximized. Dauphin Children and Youth has trained agency staff on a strength based perspective for working with families, and Strength-Based Family Workers is a strategy for sharing this perspective amongst community partners.

Strength-Based Family Workers is a professional development course and credentialing program for front line workers to learn the skills associated with strengths-based practice in working with families. This curriculum is supported by the Administrative Office of Pennsylvania Courts as a component of the Permanency Practices Initiative, and Dauphin County has chosen to utilize this curriculum to create a community wide approach to work with children and families. The use of this credentialing program for staff development is expected to enhance the options for families within their own communities, provide fundamental tools to community providers, and to enhance the strength and duration of relationships within the community. Each of these outcomes supports a continuum of care for sustainable change



**Complete the following chart for each applicable year.**

	<b>13-14 (projected)</b>	<b>14-15</b>
Target Population	See note below	See note below
# of Referrals	17	20 max per class cohort
# Successfully completing program	14	85%
Cost per year	\$22,500	\$22,500
Per Diem Cost/Program funded amount	Program Funded	Program Funded
Name of provider	Temple and Pressley Ridge	Temple and Pressley Ridge

NOTE:

Target Population: As described above, Strength-Based Family Workers is targeted to train frontline workers in a varying spectrum of organizations that work with families to provide a strength based approach for their work. The target population may include staff from public, private, and non-profit family serving systems.

Program Name:	Check and Connect
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Please indicate the status of this program:

<b>Status</b>	<b>Enter Y or N</b>			
Continuation from 2013-2014	<b>Y</b>			
New implementation for 2014-2015	<b>N</b>			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	<b>N</b>			
Requesting funds for 2014-2015 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
				<b>X</b>

Check and Connect is an evidence based truancy intervention service designed to promote students' engagement with their school, reduce dropout rates and increase school completion. It is a comprehensive intervention designed to enhance student engagement at school through relationship building, problem solving, and capacity building through a persistent approach. Check and Connect is implemented by a trained staff member whose primary goal is to keep education a priority issue for youth, their parents, and their teachers. Staff continually monitors a student's attendance records and constantly connects with students and their parents.

**Complete the following chart for each applicable year.**

	<b>13-14 (projected)</b>	<b>14-15</b>
Target Population	See Note Below	See Note Below
# of Referrals	72	200
# Successfully completing program	TBD (2 year program; too early to determine)	80%
Cost per year	\$108,200	\$287,000
Per Diem Cost/Program funded amount	Program funded	Program funded
Name of provider	Pa Counseling	Pa Counseling

**NOTE:**

Target Population: While each district accessing Check and Connect has a different threshold for referring a youth to the program, all referred youth are experiencing issues with school truancy. The program is intended to catch youth early to help get them back on the right track with school attendance, so theoretically the target population is any youth experiencing school truancy issues.

Dauphin County slightly underspent their anticipated expenses for FY 13/14. During FY 13/14, the Check and Connect program was only being offered to a couple school districts in the Northern Dauphin County geographical region. The plan for FY 13/14 was to expand the number of schools in Northern Dauphin that had access to the program. While Children and Youth was successful at expanding the service in Northern Dauphin, that expansion rate was slower than expected. The end game for the number of expanded schools was reached, however due to delayed implementation, costs were below initial projections.

For FY 14/15 Dauphin Children and Youth is in the process of further expanding the program to several districts in the Harrisburg region. We have initiated relationships for this program in 3 additional districts and are exploring a 4<sup>th</sup> Harrisburg-area district. These Harrisburg-area districts should be fully operational by the start of the school year in August/September 2014 and are the reason for the increased cost of the program moving forward.

Program Name:	Multi-Systemic Therapy (MST)
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Please indicate the status of this program:

Status	Enter Y or N			
Continuation from 2013-2014	Y			
New implementation for 2014-2015	N			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N			
Requesting funds for 2014-2015 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
				<b>X</b>

Multi-systemic Therapy (MST) is an intensive family- and community-based treatment program that focuses on addressing all environmental systems that impact chronic and violent juvenile offenders (their homes and families, schools and teachers, neighborhoods and friends). MST recognizes that each system plays a critical role in a youth's world and each system requires attention when effective change is needed to improve the quality of life for youth and their families. MST works with the toughest offenders ages 12 through 17 who have a very long history of arrests. Dauphin County has contracted for MST for more than 10 years. This service is utilized by both Children and Youth and Juvenile Probation.

**Complete the following chart for each applicable year.**

	13-14 (projected)	14-15
Target Population	See Note Below	See Note Below
# of Referrals	82	100
# Successfully completing program	58.2%	60%
Cost per year	\$201,000	\$275,000
Per Diem Cost/Program funded amount	See Note Below	See Note Below
Name of provider	Hempfield Behavioral Health and PA Counseling	Hempfield Behavioral Health and PA Counseling

NOTE:

- **Target Population:** MST is an evidenced-based intervention that targets high risk juveniles exhibiting criminal and/or anti-social behaviors that often co-occur with mental health issues, substance use as well as family, school, and peer struggles.
- **Cost Per Year:** The cost is dependent on several factors including which provider is doing the service, as well as which version of MST is being provided. MST is billed as weekly units. MST is a Medical Assistance funded service. Dauphin County's mental health insurance provider for Medical Assistance is PerformCare (formerly CBHNP). Dauphin County Children and Youth/ Juvenile Probation continue to enter budgetary contracts with the providers for the same weekly rate as defined by PerformCare. The two

providers utilized for traditional MST are paid separate weekly rates. Hempfield Behavioral Health is paid \$497.58 while PA Counseling is paid \$575.73. Hempfield is paid \$617.25 a week for the MST – PSB (Problem Sexual Behaviors) variation of the program.

Dauphin underspent FY 13/14 MST money by roughly \$100,000. It is always difficult to predict the exact extent of funds the County will need to fund MST. While the service is MA funded, the County has had a longstanding agreement/complex process with the Dauphin County Medical Assistance office, PerformCare, and the MST providers. This process allows for the expedited servicing of families, but makes the County’s financial commitment, while capped for each case via a tiered system, wildly unpredictable. This process/agreement has allowed Dauphin County to consistently limit itself to only a roughly 30% exposure to the total cost of the service, with the other 70% being covered by Medical Assistance.

In FY 14/15, Dauphin County will be expanding MST services to less intensive, slightly more community based referrals. This expansion will primarily cover families who present to the Children and Youth Agency but do not have a high enough need to necessitate ongoing services with the Agency beyond the point of Intake. For these cases, MST will be used as a diversionary resource. A meeting was held with CYS, JPO, PerformCare, the County Mental Health Department, and the MST providers to discuss the plan. Everyone is on board both from the model and financial perspectives. It is believed that opening this additional opportunity for MST services will help prevent families from formal long term involvement with the CYS system. This increase in referrals will lead to increased costs for the program in FY 14/15.

Program Name:	Transitions Program
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Please indicate the status of this program:

Status	Enter Y or N			
	Continuation from 2013-2014	Y		
New implementation for 2014-2015	N			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N			
Requesting funds for 2014-2015 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
			<b>X</b>	

The Transitions Program was implemented to provide transitional housing options for families. This transitional housing program assists families in building informal support networks while they build competencies in the areas contributing to their housing struggles. This includes debt recovery, budgeting, employment coaching, social services for any identified mental health or substance abuse issues, and parenting supports. While working with families on these areas, it also provides the physical housing units for families at little to no cost to them initially. The program is intended for families whose current housing situation is, or will very soon be, impacting the ability of the caregivers to maintain custody of their children. This program

allows for youth to remain with their families in the community and can also be used to more quickly reunify youth from out of home placement back to their families.

**Complete the following chart for each applicable year.**

	<b>13-14 (projected)</b>	<b>14-15</b>
Target Population	See Above	See Above
# of Referrals	Program Capacity = 4 families	Program Capacity = 4 families
# Successfully completing program	TBD (2 year program; too early to determine)	TBD (2 year program; too early to determine)
Cost per year	\$30,000	\$55,000
Per Diem Cost/Program funded amount	Program Funded	Program Funded
Name of provider	Brethren Housing Association	Brethren Housing Association

Dauphin underspent in FY 13/14 by roughly \$100,000. When preparing the budget for FY 13/14, this program was a very new concept and was still in the early stages of planning. The actual costs moving forward at that point were very unpredictable. The money for this program will now be largely based on the programs case management functions and expenses for the programs the participants complete during the course of the program. We believe the requested FY 14/15 amount to be a fairly accurate representation of the long term annual sustainability costs for the program.

Program Name:	Parent Resources for Information, Development, and Education (PRIDE) (formerly referenced as Keeping Foster and Kin Parents Supported and Trained (KEEP))
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Please indicate the status of this program:

<b>Status</b>	<b>Enter Y or N</b>			
Continuation from 2013-2014	<b>Y</b>			
New implementation for 2014-2015	<b>N</b>			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	<b>N</b>			
Requesting funds for 2014-2015 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
			<b>X</b>	

Dauphin County previously had requested and been approved via the block grant to provide the KEEP foster parent curriculum. Upon further review of different models, it was decided to switch to the PRIDE foster parent training series (Parent Resources for Information,

Development, and Education). The PRIDE model is operated by the Child Welfare League of America. Detailed information on this model can be located: <http://www.cwla.org/programs/trieschman/pride.htm>

Dauphin County is in the early stages of revamping its entire Agency foster care program. As the needs of the youth served by the agency have grown increasingly complex, the skill sets of the foster parents have not concurrently kept in tune. Implementation of this training model will provide extensive training for foster parents to encourage ongoing advanced skill development. The model includes pre-service training required before a family can accept a foster child. It also then includes 87 additional hours of In-Service training that will be accomplished over a several year period for each foster parent. Dauphin Children and Youth is working towards quadrupling the number of annual training hours required of its foster parents and the PRIDE model is the method for this skill development effort. It is hoped that by investing in this extensive additional training, that youth currently placed in congregate care will be able to be stepped-down into our agency foster homes.

Dauphin technically initiated the contract with its selected provider (Families United Network) in early June 2014, making the FY 14/15 contract a continuation of services (and not a new service in the block grant). At the time of this writing, no expenses have been billed/paid in FY 13/14. While the total cost for this program is listed below as \$0, it is expected that there will potentially be some minimal expenses for the first several weeks of the contract running through the end of FY 13/14 on June 30<sup>th</sup>. Most services are billed in units and will not be billed until units are complete. No units have yet been completed to date and it hard to predict if any current units will be complete this fiscal year or next fiscal year.

**Complete the following chart for each applicable year.**

	<b>13-14 (projected)</b>	<b>14-15</b>
Target Population	100% of Dauphin County Foster Parents	100% of Dauphin County Foster Parents
# of Referrals	Roughly 100 Current Agency Foster Parents	Roughly 100 Current Agency Foster Parents; All Newly Recruited Foster Parents Will Also Receive PRIDE training
# Successfully completing program	100%	100%
Cost per year	\$0 (see note above)	\$262,340
Per Diem Cost/Program funded amount	Currently Program Funded	Currently Program Funded
Name of provider	Families United Network (FUN)	Families United Network (FUN)

Dauphin had initially budgeted \$150,000 for the foster parent training. Dauphin Children and Youth just recently implemented a complete organizational restructuring of staff. While initially planned to implement this training model in the fall of 2013, the contracting out of our entire

foster care program became a key/integral part of the restructuring. Due to this, the timing of this transition needed to be strategized very carefully and eventually resulted in an early June 2014 rollout. This was a significant delay from the original implementation schedule, however it was necessary. Now that the contract with the provider has been negotiated and executed, the budgeted amount for FY 14/15 should be relatively accurate moving forward. It will be the first full year under a new structure of a contacted foster care program so expenses may still fluctuate as we solidify the annual operating budget.

Program Name:	Samara Visitation Center
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Please indicate the status of this program:

Status	Enter Y or N			
Continuation from 2013-2014	N			
New implementation for 2014-2015	Y			
Funded and delivered services in 2013-2014 but not renewing in 2014-2015	N			
Requesting funds for 2014-2015 (new, continuing or expanding)		<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
			<b>X</b>	

NOTE: Funds for this program had been requested and approved for FY 13/14 but the program has not officially been implemented. The chart above was selected as “new implementation for FY 14/15” but also as “continuing” funds in FY 14/15. See further explanation below.

The Samara Visitation Center is a homegrown model designed and built by Dauphin County Children and Youth and the provider, Samara. One of the goals of the Child Welfare Demonstration Project (Dauphin is one of five counties in Pennsylvania currently participating) is to improve re-entry rates for children returning home from foster care. Dauphin CYS has done extensive internal studies on its reentering population and developed the program around that data. We believe that using visitation in a more therapeutic manner, in which parents are mentored, coached, taught about developmental stages, etc. can positively impact Dauphin County’s re-entry rate. The program consists of orientation and four phases:

- **Orientation**

The initial meeting/orientation will be scheduled and conducted at the visitation house. Parents will be given a tour of the house. Children will not be present for the orientation. The initial meeting will be open to parents, Dauphin County caseworkers, program staff, and other professionals involved in the reunification process. During this meeting, parents and team will be given an overview of the visitation program. The orientation will help to create clear communication and a plan for moving forward.

- **Assessment/Relational Phase**

The assessment/relational phase is designed for parents who have not yet attended the related Intensive Parents' Program or who are not yet ready to begin the collaborative phase. From experience, the relationship and trust built between families and program staff are key to the success of our program. Parents who have not received nurturing care as children need to

experience such essential support in order to begin learning to provide nurture for their children. The goals of the assessment/relational phase are to assess the parent/child relationship through observations and to create necessary trust between parents and program staff. The observations will help staff better ascertain areas of parenting to be addressed in the collaborative phase. If this phase is successfully completed there will likely be a better long-term outcome. The assessment/relational phase will focus on creating an environment and activities where parents and children receive nurture, safety, support and observation.

- **Collaborative Phase**

The collaborative phase will focus on the visitation between biological parents and their children. During this phase parents will work on various goals. In creating these goals Samara staff will take into consideration the input of parents, children, C&Y staff, program staff and when appropriate, foster parents. The collaborative phase will likely be the longest phase of the process. The goal plans will be customized for each individual family based on the input of the parties listed above. Rubrics have been created which detail 12 areas of parenting. Each rubric includes specific, observable behaviors; additional behaviors or rubrics can be added if necessary. No family will work in every rubric, but rather areas to be addressed will be selected and prioritized. If, in the course of working with the family, new issues arise, the plan can be amended with additional areas of parenting added. During the collaborative phase program staff will focus on support, observation, nurture and safety.

- **D. Independent Phase**

The independent phase will focus on self-determination by parents and children. By self-determination we intend that parents will plan their own activities for the coming visit while taking into consideration the needs and input of their children. Parents will notify program staff of needed supplies and space. Signup sheets and negotiation will allow all families a chance to pursue their own plans and activities. Flexibility will be key in sharing the space. The role of program staff will be to provide observation, space, material resources and relational support as needed.

- **E. In Home Phase**

The in home phase will last for several weeks. Designated program staff will travel to the parents' home for the visits. The role of program staff will be to provide observation, relational support as needed and support in transitioning to the home of the biological parent. Visit times will vary depending on each family's needs. Visits may occur during transitions such as morning routines, bedtime routines, after school or mealtimes.

This program is nearly complete in its design and the current scheduled opening of the program is July 9<sup>th</sup> 2014.

- *If a New Evidence-Based Program is selected, identify the website registry or program website used to select the model.*

- Not Applicable. New Promising Practice.



**Complete the following chart for each applicable year.**

	<b>13-14 (projected)</b>	<b>14-15</b>
Target Population	See Note Below	See Note Below
# of Referrals	0	15 families
# Successfully completing program	N/A	80%
Cost per year	See Note Below	\$217,600
Per Diem Cost/Program funded amount	Program Funded	Program Funded
Name of provider	Samara	Samara

**NOTE:**

Target Population: The Samara Visitation Center was designed specifically for families whose parents have been the victims of unresolved trauma in their lifetimes. The program is intended to provide significant nurturance to those parents while helping the parent understand and identify how their past life experiences have impacted their life decisions and ultimately have an impact on the sustainability of keeping custody of their own children.

Cost Per Year (FY 13/14): The actual costs for FY 13/14 are still being determined. On 6/6/14, a conference call was held between the State and Dauphin County to discuss a waiver that was requested for the FY 13/14 funding. The projected final costs will be split between Act 148 funds and Block Grant funds. The final numbers/split have not yet been determined.

While some costs will be ultimately billable to the Block Grant for FY 13/14 (to include staff training and purchasing of program supplies), due to a delayed implementation of the program for the reasons described above, the full projected costs for the year were underspent.

## **DRUG and ALCOHOL SERVICES**

Dauphin County Department of Drug and Alcohol Services is the Single County Authority (SCA) for the County of Dauphin. The SCA Administrative Option is Public Executive. Access to assessments for outpatient treatment services occurs at contracted outpatient treatment providers, however outpatient providers will screen and assess for all levels of care. The Department's Case Management Unit also conducts screenings and assessments for Inpatient level services by appointment and/or on a walk-in basis. The SCA also conducts screening and assessment for institutionalized individuals and those in local emergency rooms. Additionally, the SCA conducts screenings and assessments for clients ordered into the county's Drug Court Program. The Unit also conducts case coordination which includes working with clients on their non-treatment needs. Additionally, the SCA contracts with Hamilton Health Center for a specialty Intensive case management program for pregnant women and women with children up to 2 years of age. The SCA contracts with a network of Treatment providers for all levels of care.

The SCA contracts with a network of community and school based providers to perform prevention services in the six federal strategies of prevention which include: information dissemination, education, alternative activities, problem identifications and referral, community based process, and environmental strategies. The SCA also maintains a resource center and serves as a training hub for D & A professionals and other social service professionals by providing free Pennsylvania Certification Board approved trainings throughout the fiscal year. The SCA also provides Student Assistance Program Liaison services to all 11 Dauphin County school districts which include assessments, referrals to treatments and follow up services.

The SCA has a host of ancillary services provided to clients to assist with their non-treatment needs and for special populations. This includes intervention level services for youth through the use of our Interrupted program. The SCA in partnership with Children & Youth has a Holistic Family Support Program that is an intensive case management, prevention, treatment and recovery support program for expecting mothers and women with children. The SCA is also involved in a myriad of programs to assist those with substance use disorders embroiled in the criminal justice system such as a participant in the DDAP and DPW MA Prison Pilot Project, school based treatment services, Outpatient and Intensive Outpatient services provide onsite at our Work Release Center and diversion to treatment opportunities at the county's Judicial Booking Center.

Currently, the SCA has been effective at managing access to its treatment provider network; however, capacity particularly at the Inpatient level can create temporary waitlists. Dauphin County has a limited number of Inpatient facilities as it relies as other counties, on a statewide network to meet the full continuum of care. Thus, some facilities are at capacity at varying times. There remains little to no wait for OP and IOP levels of care.

## **COLLABORATION**

The SCA is a part of the Capital Area Behavioral Health Collaborative (CABHC) that assists in managing the regional Managed Care Organization, Perform Care. This serves as an on-going resource for treatment services. Moreover, the SCA sits on the CABHC Board of Directors and

Drug and Alcohol Reinvestment Committee. The SCA after exploring the creation of drug and alcohol school-based services currently has a provider in all 4 school districts in the Northern part of our county and is working with a provider and all the districts in the lower part of the county to do the same. The SCA is also a part of the County's Integrated Human Services Plan Committee, Cross Systems Children's Meeting, Family Group Conference and Family Engagement committees, the Steelton-Highspire Initiative, Hamilton Health's Healthy Start Consortium, Northern Dauphin Human Services Advisory Panel and Superintendent's meeting, Systems of Care Planning Committee and Faith Based Initiative, DDAP's Overdose Rapid Response TASC Force, DDAP's Latino and Veterans Access Committee, PACDAA and the PACDAA Prevention Committee, CPA, County Reentry Subcommittee, Criminal Justice Advisory Board, C&Y Stakeholders meeting, Juvenile Probation Leadership Meeting, PPDA, Dauphin County Prison Board and Dauphin County Drug Court. The SCA also attends stakeholder meetings for Veterans Court. Additionally, the SCA participates in the annual Homeless Connect Program, sponsored by the YWCA and also continues to meet with the County's MH/ID agency on collaboration and coordination for individuals with co-occurring disorders.

## **EMERGING TRENDS**

### *YOUTH TRENDS*

According to Student Assistance Program (SAP) Use Report for FY 2012-2013, marijuana, alcohol, and tobacco is the most self-reported substances among youth attending school.

Overall, from the Pennsylvania Youth Survey (PAYS) data, the drugs of choice in the lower part of the county (urban and suburban areas) included alcohol, marijuana, and nicotine. In the upper part of the county, Northern Dauphin, the drugs of choice were alcohol, nicotine, marijuana, inhalants and other illicit drugs (LSD, cocaine, amphetamines) a larger experimentation was evident. SAP assessments for FY 2011 – 2012 were 182 and for FY 2012-2013 were at 131.

Through the use of the PAYS data and focus groups it is notable to mention that heroin and synthetic drugs have become more prevalent in Harrisburg and Hershey school districts. Lower Dauphin saw a rise in the lifetime use of illicit drugs other than marijuana in its 6<sup>th</sup> grade population, Middletown showed concerns with inhalant and other illicit drug use in 2011. Steelton school district showed lifetime use of marijuana and alcohol was greater than the state average according to PAYS data and heroin was a concern according to law enforcement. In the Halifax school district there was a significant increase in inhalant use according to PAYS. Lifetime prescription drug use for Williams Valley students was 9.4% and 4.4% of methamphetamines in the 12<sup>th</sup> grade population which was significantly higher than most of national and state reported data. Also reported use of Molly (a drug similar to ecstasy) and methamphetamine was reported by student focus groups.

County wide summation of PAYS data shows that for lifetime use 38.6% of the students use alcohol, 17.9% nicotine and 17.4% marijuana. The reported past 30 day use number one was alcohol 18.7%, followed by marijuana at 10% and nicotine at 6.9%.

## *ADULT TRENDS and DATA*

According to SCA Client Suite data, alcohol, tobacco, and other drugs (ATOD) use in Dauphin County has traditionally involved alcohol, marijuana, cocaine, and heroin abuse in that order. The SCA saw in FY 2011-2012, marijuana surpass alcohol use yet still closely matched followed by opiate then stimulant use. In FY 2012-2013, alcohol again surpassed marijuana use yet still closely matched followed by a significant increase in opiate use followed by stimulant use. The typical adult SCA client is involved with the criminal justice system; either incarcerated, on probation, or with pending charges. The client is also male and has a prior use history. In FY 2011-2012, the SCA served white males at 32.3% followed by black males at 30.4%, then white females at 16.2% and black females 9.7%; Hispanic males at 7.7% and Hispanic females at 1%. In FY 2012-2013, the SCA served white males at 37.4%, followed by black males at 26.7%, then white females at 14.2% and black females at 7.6%; Hispanic males at 9.5% and Hispanic females at 1.6%. The majority of clients served FY 2011 – 2012 were between the ages of 18-35 at 51.7% followed by those 36-64 at 36.3% and then 15-17 year olds at 10.4%. Similarly in FY 2012-2013 the majority of clients served were between the ages of 18-35 at 53.8%, followed by those 36-64 at 38.9% and then 15-17 year olds at 6.5%.

According to the Uniform Crime Reporting System (UCR) data, in 2013 there were 1,909 arrests for drug related offenses and 2165 arrests for alcohol related offenses. This currently reflects alcohol as being the primary substance of choice. Further, the County Coroner's office reports that 36% of all accidental deaths were drug related and 8% of all suicides were drug related for FY 2011-2012 and 37% accidental deaths were drug related and 5% of suicides were drug related for FY 2012-2013.

The SCA identified the following as Risk and Protective Factors based off Key Representative and Convenience Surveys; anecdotal information from stakeholders and other County agencies:

**Risk:** Low Neighborhood Attachment, Community Disorganization, Availability of ATOD, Lack of Clear, Enforced Policy on the Use of ATOD; Perceived Risk/Harm of Substance Abuse; Favorable Parental Attitudes Toward ATOD Abuse, Laws and Norms Favorable to Substance Abuse, Lack of Clear Healthy Beliefs and Standards from Parents, Schools and Communities, Perceived Availability, Availability of ATOD in School, Favorable Attitudes toward Substance Use, Family Management Problems and Lack of Monitoring/Supervision.

**Protective:** Community Bonding ; Community Supported Substance Abuse prevention efforts and Programs; Availability of Constructive Recreation; Social Bonding; Reinforcement for Pro-Social Involvement; Extended Family Networks; Social Competence; Pro-Social Opportunities.

Overall, prevalence data estimates that 12.7% of Dauphin County residents have or may have a substance abuse problem. This far exceeds the National averages of 3-4% of the overall population. Substance abuse is a pervasive and on-going issue in Dauphin County.

## *DEMOGRAPHIC TRENDS*

Dauphin County has seen slowly increasing population trend of 268,100 residents in 2010, 269,797 in 2011 and 270,937 in 2013 from the prior 251798. This constitutes an increase of 0.6% from 2010 to 2012 and a 1.1% increase from 2010 to 2013.

## ***Target Populations***

### **OLDER ADULTS**

Research on substance abuse of older adults indicates that alcohol and prescription drug use among adults 60 and older is one of the fastest growing health problems facing the country. Yet, even as the number of older adults suffering from these disorders climbs, the situation remains underestimated, under identified, underdiagnosed, and undertreated. Until relatively recently, alcohol and prescription drug misuse, which affects up to 17 percent of older adults, was not discussed in either the substance abuse or the gerontological literature (D'Archangelo,1993; Bucholz et al., 1995; National Institute on Alcohol Abuse and Alcoholism, 1988; Minnis, 1988; Atkinson, 1987, 1990).

The following are statistical information from the Center for Substance Abuse Treatment:

- By 2010, the baby boomers will swell the ranks of older adults to 40 million and begin to depend on Medicare.
- By 2030, the 65 and over population will grow to 70 million- DOUBLE the current number- or 1 out of every 5 Americans.
- Potentially inappropriate use of prescription drugs affects up to 23.5% of older adults who live in the community.
- Mental health disorders, especially depression, often co-occur with alcohol and drug use in older adults.
- This “hidden epidemic” increases the need for prevention and early detection.

SCA data indicates what the above research reflects which is that older adults are underrepresented in treatment. Therefore, the SCA estimates are that only 1% of its client population would meet the criteria of older adult. The current services of this population include the already imbedded services in the SCA plan which includes the clinical services of assessments, inpatient treatment services (detox and rehab), and case management. To address the low numbers of older adults in treatment, the SCA expanded its Injection Drug Use Outreach Protocol program (IDU Outreach Protocol). The IDU Outreach Protocol is a direct contact, information, and referral program designed for individuals that inject drugs. The SCA through a contract with Alder Healthcare through a contract with the SCA hires direct service workers that canvas locations throughout Dauphin County known for IDU activity. Service workers offer information and referral to treatment and provide when necessary cotton and bleach kits to individuals as a means to reduce the transmission of diseases and incidences of overdose. This program is highly effective in that service workers develop relationships with communities and reach individuals where they are located. The SCA has expanded this model with BHSI funds for not only those injecting drugs but other drugs as well including alcohol and reach out specifically

to the older adult community as meeting individuals where they are most comfortable has served as a successful model for client engagement. Further, direct service workers have engaged physicians and hospitals as research suggests identifying within this population, individuals that may need a referral to treatment services.

### ***ADULTS***

The current services for this population include all levels of treatment to include assessments, outpatient, intensive outpatient, inpatient (hospital and non-hospital rehab, detox), and Medication assisted treatment i.e. Methadone and Buprenorphine. Additionally, adults are eligible for recovery support services. Adults are also the target of the IDU Outreach Program and have access to CONTACT Helpline services. BHSI and Act 152 funding will be utilized to support The following services for adults: assessments, case management services, detox, rehab, access to CONTACT Helpline ( see description)referral services, and the recovery support programs that include the Bridges and Recovery Community Project (see description) and funds will be utilized for the Buprenorphine Coordination Project (see description). Lastly, funds will also be utilized to help fund a position at the county's newly opened booking center (see description).

### ***TRANSITION AGE YOUTH***

Prevalence data from the National Survey on Drug Use and Health (NSDUH) shows that potentially 32,991 residents in Dauphin County may at some point in their lives have an issue with substance abuse. This can run the gamut of use and abuse to addiction. The age group most at risk according to the prevalence rate is 18-25 years of age. This may be because of adolescents transitioning into adulthood, leaving their families, maybe continuing their education and in many instances away from home. Further, primary prevention has targeted school age children more so than adults. This can create a vulnerable time with decreased family and community supports which are risk factors for abuse and addiction.

In the SCA system, transition age youth are regarded as adults thus they have access to all the services mentioned above with special emphasis on recovery support services and for individuals abusing opiates, the Buprenorphine Coordination Project which has shown to be effective among this age group.

### ***ADOLESCENTS***

The SCA plan for use of its allocated amount in BHSI and Act 152 funding streams for adolescents rests in several strategies informed by the preceding information on youth use trends: The SCA contracts with an agency to provide intervention services. The program is called the Community Intervention Project (CIP) and serves approximately 250 youth per year. This program reflects SAMHSA's prevention/intervention strategy of Problem Identification and Referral which is programming designed for youth that have experimented with ATOD or at risk for use. Additionally, the SCA will also provide assessment, case management, inpatient, and detox services to this population.

## ***CO-OCCURRING***

The SCA worked in conjunction with county Mental Health and the Case Management Unit to provide services to individuals identified as having co-occurring disorders. This included revisions in the referral process and better tracking of these clients. The SCA served 269 clients identified as having a co-occurring disorder. In FY 2010-2011, individuals within the SCA system identified as co-occurring have access to all services for adults. The SCA makes available rehab that designed for individuals with co-occurring disorders within its provider network to meet the needs of this population.

## ***CRIMINAL JUSTICE***

Currently, 70% of the individuals that the SCA serves for treatment services are involved in the criminal justice system on some level including, arrests, prison, probation, pre-trial etc. Dauphin County has been prudent in its efforts at serving this population. Typically, these individuals have high recidivism rates due not only to their substance use disorders and often co-occurring mental health issues, but also for ongoing criminal behaviors developed at times as a result of chronic jail stays. Treating these individuals often presents barriers including probation and transportation and case management needs to often work on a multitude of non-treatment needs including physical health, education and employment. The SCA is currently a part of the DDAP and DPW MA Prison Pilot. This pilot seeks to have an inmate's Medical Assistance turned on and a warm transfer from jail to treatment in lieu of lengthy jail stays. The SCA also works with two treatment facilities to provide Outpatient and Intensive Outpatient treatment services at the county's Work Release Center. The county also has intentions to imbed assessment and case management services within the county's Judicial Booking Center that sees approximately 5, 000 individuals that have been arrested. A high number of those arrests are substance use and abuse related.

## ***VETERANS***

Services for veterans are no different than any other population. Veterans shall be assessed and referred when appropriate to the Veterans Administration for treatment services. In the instances of ineligibility, veterans have the option of county funding for treatment as with all other populations. The SCA is working with the DDAP and local veterans' organizations to better coordinate care for specific needs such as post-traumatic stress disorders, reintegration into the community, etc.

## ***RACIAL/ETHNIC/LINGUISTIC MINORITIES***

County treatment demographic data reflects that the largest populations of individuals served are White/Caucasian males and females at 51%. However, African Americans who are 18% of the county population represent over 35% of those who receive treatment. Latinos who make up 7% of the county population make up 12% of the SCA treatment population. County demographic data suggests an increasing diverse county populace, all with distinct needs and cultural norms that may have an impact on successful treatment. Additionally, these groups also need special consideration for prevention efforts as well. Linguistically, the county has Spanish speaking ability at one treatment provider and subcontracts with a Spanish speaking Inpatient provider for those services. However, Spanish speaking is only the 'floor' in terms of providing appropriate and culturally competent services. Thus, the SCA is working with the DDAP on access issues for

Latinos, which is low throughout the Commonwealth. Additionally, the SCA encourages its treatment provider network to retain counselors of all racial/ethnic backgrounds and recently added an African American and Islamic owned outpatient facility to its network. The SCA prevention efforts have also strived to be culturally competent as well with services and curriculums in a multitude of communities and school districts that speak to the diverse learning styles, experiences and cultural norms of the youth we serve.

### ***Recovery –Oriented Services***

Recovery has been an important aspect of the SCA, but it has lacked a formal framework. In Fiscal Year 2010-2011 the Dauphin SCA reviewed its Treatment Needs Assessment and how the SCA could further incorporate recovery and recovery principles into our current systems. An average of 70% of the SCA's treatment clients has had experience with the criminal justice system and many of them have had prior experience with treatment services. Research indicates that supporting clients' recovery helps cut down on recidivism and makes better use of the limited funding available.

The SCA contracts with the two Recovery Support Providers (RSP) for recovery support services. In FY 2102-2013 both organizations served over 1,080 Dauphin County residents with recovery services. The two programs are called Recovery Community Project and Bridges. The programs provide the following services and BHSI and Act 152 funds will utilized for the following services:

- One-on-one Recovery Coordination Services (RCS) for individuals with a history of chronic relapse, significant family of origin deficiencies, extensive periods of incarceration, or pressing personal needs. The primary purpose of RCS is to help individuals in early recovery navigate through cross-systems successfully while assisting them to gain access to resources, services, or supports needed in order to achieve sustained recovery.
- Life Skills classes which provide educational skills that individuals need in everyday life. Topics covered included prioritizing, budgeting, appropriate workplace behavior, appropriate attire, anger management, self-respect, personal hygiene, responsible citizenry, coping skills, personal development, health, and positive attitudes.
- Recovery 101 support groups- Classes are interactive and provide the fundamental tools to begin and maintain recovery. The curriculum covers perspective, pathways to recovery, spirituality, 12-step meetings, meeting etiquette, sponsorship, boundaries, relationships, maintaining focus, behaviors, feelings, triggers, and any other needs that may arise among the individuals in attendance. Weekly co-occurring disorders support group for individuals both currently involved in formal treatment and after. This group provides health promoting behaviors such as medication adherence, assistance in seeking healthcare, and engaging in self-care activities.
- Recovery check-up services identified local outpatient providers.
- Outreach services and distribution of recovery materials. These services are accomplished through media campaigns, literature and brochures, referral information, community events, website, and a quarterly newsletter.



The SCA established in February of 2011 the Recovery Oriented Systems of Care (ROSC) Committee. The committee is comprised of representatives from all aspects of Human Services as well as Treatment, Prevention, Support, and Intervention Providers, the Courts, client's, and members of the community. The group initially focused on the definition of recovery, where recovery was happening successfully, and how we could expand it to a systems-wide perspective understanding the paradigm shift from an acute care to a chronic care model which is client centered and directed. The work of this committee is to support the on-going development of the framework required for successful implementation of a ROSC. The committee is currently developing a series of survey instruments to further assess all areas impacted by substance abuse disorders in Dauphin County.

### **Program descriptions**

**Injection Drug Use Outreach Protocol-** A program that delivers HIV prevention outreach to a minimum of 1,500 Dauphin County residents who use injection drugs. Outreach is offered to the partners of any Dauphin County resident who receives services. HIV prevention outreach consists of community mobilization and distribution of small-media materials and risk reduction supplies. Further, the program identifies Dauphin County residents who are in need of drug and alcohol treatment services and refers individuals to SCA funded treatment providers. The program is to expand to older adults and adult populations using other drugs and other means of transmission of drugs. Total to be served : 2000 Budget:\$20,000.00

**CONTACT Helpline** - provides a 24-hour hotline that provides Dauphin County residents drug and alcohol specific referrals and language interpretation services as needed. Total to be served: 100 people Cost: \$ 5,000.00

**Buprenorphine Coordination Project-** This program uses the tenants of the *Counselor's Guide and Buprenorphine in the Treatment of Opioid Dependence*, American Academy of Addiction Psychiatry (AAAP). Clients in this program receive care coordination from a recovery support coordinator a minimum of one (1) time per week for one (1) hour for the duration of weeks 1-12, two (2) times per month for one (1) hour for the duration of weeks 13-24, and one (1) time per month for 15 minute telephone support from week 25 until discharge. A minimum of 16 participants will be served. The program also provides daily Buprenorphine tablet dispensing for up to 6 months, medication management, urinalysis testing, and treatment oversight. All clients involved in the program must be actively participating in outpatient drug and alcohol treatment, as further defined by the Pennsylvania's Client Placement Criteria (PCPC) manual as implemented by the Pennsylvania Department of Drug and Alcohol Programs.

Total to be served: 20 Cost: \$50,000.00

**Community Intervention Project-** An intervention program that facilitates community based youth intervention groups. Each group will meet one time per week for a one hour sessions. Intervention groups are focused on youth ages 12-18 years of age identified as at risk of becoming involved with drug and alcohol use. The groups provide resources, treatment referrals if necessary, refusal skills and education. Total to be served: 250 Cost: \$70,000.00

## **Inpatient Services**

- **Halfway House:** A community based residential treatment and rehabilitation facility that provides services for chemically dependent persons in a supportive, chemical-free environment. Total to be served: 4 Cost: est. \$11,000.00
- **Medically Monitored Inpatient Detox:** A residential facility that provides 24-hour professionally directed evaluation and detoxification of addicted individuals. Total to be served : 56 Cost: est. \$60,000.00
- **Medically Monitored Residential (Short or Long Term):** A residential facility that provides 24-hour professionally directed evaluation, care and treatment for individuals in acute or chronic whose addiction symptomatology is demonstrated by moderate or severe impairment of social, occupational or school functioning, with rehabilitation or habilitation as a treatment goal. Total to be served: 30 Cost: est. \$ 132,000.00

## **Outpatient Services**

- Only assessments are included in this line item. Other funding is used for Outpatient and Intensive Outpatient treatment . Department of Drug and Alcohol Program licensed Outpatient treatment facilities are contracted to perform assessment services. Assessments include the Level of Care and placement determination based of the Pennsylvania Client Placement Criteria and American Society of Addiction Medicine. Total to be served: 750 Cost: est. \$75,000.00

**Case Management Operating Expenses -** DDAP requires the SCA to provide screening, assessment, and case coordination. These functions encompass various activities. Screening includes evaluating the individual's need for a referral to emergent care including, detoxification, prenatal, perinatal, and psychiatric services. The SCA utilizes funds to support the operation and monitoring of these services including its data management system. Cost: \$77,000.00

**Booking Center Criminal Justice Liaison –** The newly opened booking center in Dauphin County has become the centralized area for all law enforcement and is an opportunity for the county to do early identification of client needs. All clients that enter the center are reviewed by the center staff and the judicial system for disposition. Some clients are sent to Dauphin County Prison, some held until sober, and others released on their own recognizance. After coordinating with the center, the county's prison and the reentry subcommittee, it has become evident that a position is needed at the center to help make recommendations to divert some of the individuals entering the booking center to drug and alcohol treatment/detox, mental health facilities or other resources. To be served: 240 Cost is estimated to include at a minimum: \$61,000.00.

**Recovery Support Services-** These services support individuals in recovery from substance use disorders. These services include recovery coaching, recovery planning, and recovery life skills classes. To be served: 285 Cost: \$161,000.00

Lastly, the SCA will retain some funding for administrative costs to administer, monitor, and evaluate all of these services (\$135,000.00). Notable changes from previous FY include the shifting of funds from the county's Drug Court program to the Booking Center in part because of increased funding opportunities from other sources for the county's Drug Court program. Additionally, Partial Hospitalization services have been removed although still provided through other funding sources by the SCA.

**HUMAN SERVICES and SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND**

	<u>Estimated / Actual</u> Individuals served in FY 13-14	<u>Projected</u> Individuals to be served in FY 14-15
Adult Services	5	15
Aging Services	N/A	N/A
Generic Services	7,138	9,493
Specialized Services	1,175	1,115

Dauphin County Human Services Block Grant Advisory Committee held public meetings to ensure the full scope of community needs are being considered as we recommend programs and services to meet those needs. Dauphin County utilizes HSDF to support individuals who do not meet the criteria under our human service categorical agencies, within the current service array. Based on the information gathered at public meetings, as well as unmet needs being brought to each agency and the Human Service Director’s Office’s attention by individuals, families and community members, we have selected each service is carefully, to meet the needs of our residents and ensure comprehensive, non-duplicative services.

**Administration**

Dauphin County has a human services structure that supports the communication and collaboration necessary to support the administration of the block grant. The Dauphin County Human Services Director’s Office oversees the Human Services Departments of Area Agency on Aging, Drugs and Alcohol Services, Social Services for Children and Youth, and Mental Health/Intellectual Disabilities. The Human Services Director’s Office is a link between these departments and the Dauphin County Board of Commissioners. This fiscal year, we also have the benefit of the Block Grant Coordinator, leading all aspects of managing the Block Grant. The Block Grant Coordinator and the newly formed Block Grant Advisory Committee and the Human Services Director’s Office is responsible for human services planning and coordination, program development, and grant management. The Human Services Director’s Office is also responsible for issues related to access to services.

The Human Services Director’s Office also oversees the Human Services Development Fund, State Food Purchase Program, Family Center, Child Care Network, Homeless Management Information System, and the human services provided by the Northern Dauphin County Human Services Center.

In accordance with this structure already in place, management of the block grant will be handled by the Block Grant Coordinator and the Human Services Director’s Office with oversight by the Board of Commissioners. All reporting generated by Children and Youth Services, Mental Health/Intellectual Disabilities, Area Agency on Aging and Drug and Alcohol Services go to that office for review, compilation and submission to the Department of Public Welfare. Our fiscal officers and directors work collaboratively in the production of fiscal and outcomes reports.

### **Interagency Coordination**

The amount of \$101,305 has been allocated to Interagency Coordination. This item includes partial salary funding for several staff members associated with the Human Services Development Fund/Human Services and Supports. Also included is support funding for our Systems of Care program, dues for the Pennsylvania Association of County Human Services Administrators along with small amounts of monies for the following: Northern Dauphin Human Services Center, Cultural Diversity Celebration, Outreach Materials, Training, Strategic Planning Initiatives and Contingency.

### **Adult Services**

Funding is allocated for the below listed Programs and services for adults ages 18 through 59 years. The providers will utilize all financial support from other sources in combination with or before HSDF.

#### Home Delivered Meals:

Dauphin County's Area Agency on Aging (AAA) delivers hot luncheon meals made in their kitchen to qualified individuals every Monday through Friday. This program is commonly known as "Meals on Wheels". During the 2014-2015 Fiscal Year, it is estimated that fifteen individuals will benefit from these daily meals. Expected expenditures \$ 9,600.00.

### **Generic Services-**

Funding is allocated for the below listed programs and services which meet the needs of two or more client populations.

#### Service Planning/ Case Management:

Christian Churches United offers intake, assessment, case management, referrals and direct services for emergency needs for adults (ages 18-59), including Spanish speaking clients. These emergency services include: coordination of and placement into emergency shelter, intake for and provision of vouchers for emergency travel, prescriptions and utilities assistance. During the 2014-2015 Fiscal Year, approximately 1,800 persons will benefit from this organization. Expected expenditures \$ 5,010.00

The Capital Area Coalition on Homelessness (CACH) is the planning body for both Dauphin County and the City of Harrisburg in order to qualify for U.S. Housing and Urban Development Continuum of Care funds. In 2007, the county and the city formally selected CACH as the lead entity for the implementation of "HOME RUN: The Capital Area's 10-Year Plan to End Homelessness". CACH educates and mobilizes the community and coordinates services to prevent and reduce homelessness throughout the capital region. During the 2014/2015 Fiscal Year, the approximately 793 homeless persons in the region will potentially benefit from the work performed by CACH. Expected expenditures \$872.00

### **Information and Referral:**

The following services are critical to ensure residents get connected quickly to services and information related to human services, as they are needed, in a customer service oriented and culturally competent manner.

CONTACT Helpline provides supportive listening, health and human services information and referrals, anonymously and without question to all callers, free of charge. Staff members also answer Dauphin County Crisis Intervention phones during certain instances. It is the only 24 hour non-emergency service in Dauphin County with volunteers answering the phones and immediately assisting callers. During the 2014-2015 Fiscal Year, it is anticipated that 6,500 Dauphin County residents will be served. Expected expenditures \$ 12,500.00

The International Service Center consists of a multi-lingual team of part-time staff and volunteers to provide vital information including language support and information and referral (I&R) services to refugees, immigrants and citizens in Dauphin County. Examples of I&R services include adult and child protective services, consumer education, economic development, crime protection/prevention, domestic violence, employment and education. During the 2014-2015 Fiscal Year, it is estimated that 400 clients will be served. Expected expenditures \$ 501.00

### **Specialized Services-**

Funding is allocated for services designed to meet the unique needs of our clients outside the current categorical agency limitations.

#### Central Pennsylvania Food Bank:

This provider is our meets a unique need, which our other categorical programs are unable to satisfy. The Central Pennsylvania Food Bank has established a food pantry in the Northern Dauphin Human Services Center in rural Elizabethville, PA. Since opening in January 2009, the food pantry has serviced an increasing number of households/individuals. During the 2014/2015 Fiscal Year, it is estimated that the food pantry will serve more than 375 households and more than 1,100 different individuals. Expected expenditures \$ 90,000.00

#### The Shalom House Emergency Shelter:

Provides women and their children a home during a time of crisis and the tools they need to become more self-sufficient by connecting women with available community resources. This organization's model is built upon the premise of self-empowerment through personal responsibility, moving women into housing in the community and avoiding the creation of dependency upon the shelter in the future. During the 2014-2015 Fiscal Year, approximately fifteen persons will be served by this provider. Expected expenditures \$ 3,890.00

## **Appendix D**

### **Eligible Human Service Definitions**

#### **Mental Health**

For further detail refer to Cost Centers for County Based Mental Health Services Bulletin (OMHSAS-12-02), effective July 1, 2012.

#### ***Assertive Community Treatment (ACT) Teams and Community Treatment Teams (CTT)***

SAMHSA-recognized Evidence Based Practice (EBP) delivered to individuals with serious mental illness (SMI) who have a Global Assessment of Functioning (GAF) score of 40 or below and meet at least one other eligibility criteria (psychiatric hospitalizations, co-occurring mental health and substance abuse disorders, being at risk for or having a history of criminal justice involvement, and a risk for or history of homelessness).

#### ***Administrator's Office***

Activities and services provided by the Administrator's Office of the County MH Program.

#### ***Administrative Management***

Activities and administrative functions undertaken by staff in order to ensure intake into the county mental health system and the appropriate and timely use of available resources and specialized services to best address the needs of individuals seeking assistance.

#### ***Adult Development Training***

Community-based programs designed to facilitate the acquisition of prevocational, behavioral activities of daily living, and independent living skills.

#### ***Children's Evidence Based Practices***

Practices for children and adolescents that by virtue of strong scientific proof are known to produce favorable outcomes. A hallmark of these practices is that there is sufficient evidence that supports their effectiveness.

#### ***Children's Psychosocial Rehabilitation Services***

Activities designed to assist a child or adolescent (i.e., a person aged birth through 17, or through age 21 if enrolled in a special education service) to develop stability and improve capacity to function in family, school and community settings. Services may be delivered to the child or adolescent in the home, school, community or a residential care setting.

#### ***Community Employment and Employment Related Services***

Employment in a community setting or employment-related programs, which may combine vocational evaluation, vocational training and employment in a non-specialized setting such as a business or industry.

***Community Residential Services***

Care, treatment, rehabilitation, habilitation, and social and personal development services provided to persons in a community based residential program which is a Department-licensed or approved community residential agency or home.

***Community Services***

Programs and activities made available to community human service agencies, professional personnel, and the general public concerning the mental health service delivery system and mental health disorders, in order to increase general awareness or knowledge of same.

***Consumer Driven Services***

Services that do not meet the licensure requirements for psychiatric rehabilitation programs, but which are consumer-driven and extend beyond social rehabilitation services.

***Crisis Intervention***

Crisis-oriented services designed to ameliorate or resolve precipitating stress, which are provided to adults or children and their families who exhibit an acute problem of disturbed thought, behavior, mood or social relationships.

***Emergency Services***

Emergency related activities and administrative functions undertaken to proceed after a petition for voluntary or involuntary commitment has been completed, including any involvement by staff of the County Administrator's Office in this process.

***Facility Based Vocational Rehabilitation Services***

Programs designed to provide paid development and vocational training within a community-based, specialized facility (sheltered workshop) using work as the primary modality.

***Family-Based Services***

Comprehensive services designed to assist families in caring for their children or adolescents with emotional disturbances at home.

***Family Support Services***

Services designed to enable persons with serious mental illness (SMI), children and adolescents with or at risk of serious emotional disturbance (SED), and their families, to be maintained at home with minimal disruption to the family unit.

***Housing Support Services***

Services provided to mental health consumers which enable the recipient to access and retain permanent, decent, affordable housing, acceptable to them.

***Other***

Activities or miscellaneous programs which could not be appropriately included in any of the cited cost centers.

***Outpatient***

Treatment-oriented services provided to a consumer who is not admitted to a hospital, institution, or community mental health facility for twenty-four hour a day service.

***Partial Hospitalization***

Non-residential treatment services licensed by the Office of Mental Health & Substance Abuse Services (OMHSAS) for persons with moderate to severe mental illness and children and adolescents with serious emotional disturbance (SED) who require less than twenty-four hour continuous care but require more intensive and comprehensive services than are offered in outpatient treatment.

***Peer Support Services***

Refers specifically to the Peer Support Services which meet the qualifications for peer support services as set forth in the Peer Support Services Bulletin (OMHSAS 08-07-09), effective November 01, 2006.

***Psychiatric Inpatient Hospitalization***

Treatment or services provided an individual in need of twenty-four hours of continuous psychiatric hospitalization.

***Psychiatric Rehabilitation***

Services that assist persons with long-term psychiatric disabilities in developing, enhancing, and/or retaining: psychiatric stability, social competencies, personal and emotional adjustment and/or independent living competencies so that they may experience more success and satisfaction in the environment of their choice, and can function as independently as possible.

***Social Rehabilitation Services***

Programs or activities designed to teach or improve self-care, personal behavior and social adjustment for adults with mental illness.

***Targeted Case Management***

Services that provide assistance to persons with serious mental illness (SMI) and children diagnosed with or at risk of serious emotional disturbance (SED) in gaining access to needed medical, social, educational, and other services through natural supports, generic community resources and specialized mental health treatment, rehabilitation and support services.

***Transitional and Community Integration Services***

Services that are provided to individuals who are residing in a facility or institution as well as individuals who are incarcerated, diversion programs for consumers at risk of incarceration or institutionalization, adult outreach services, and homeless outreach services.

**Intellectual Disability*****Administrator's Office***



Activities and services provided by the Administrator's Office of the County ID Program. The Administrator's Office cost center includes the services provided relative to the Administrative Entity Agreement, Health Care Quality Units (HCQU) and Independent Monitoring for Quality (IM4Q).

***Case Management***

Coordinated activities to determine with the client what services are needed and to coordinate their timely provision by the provider and other resources.

***Community Residential Services***

Transitional residential habilitation programs in community settings for individuals with intellectual disabilities.

***Community Based Services***

Community-based services are provided to individuals who need assistance in the acquisition, retention, or improvement of skills related to living and working in the community and to prevent institutionalization.

***Other***

Activities or miscellaneous programs which could not be appropriately included in any of the cited cost centers.

**Homeless Assistance**

***Bridge Housing***

Transitional services that allow clients who are in temporary housing to move to supportive long-term living arrangements while preparing to live independently.

***Case Management***

Case management is designed to provide a series of coordinated activities to determine, with the client, what services are needed to prevent the reoccurrence of homelessness and to coordinate their timely provision by administering agency and community resources.

***Rental Assistance***

Provides payments for rent, mortgage arrearage for home and trailer owners, rental costs for trailers and trailer lots, security deposits, and utilities to prevent and/or end homelessness or near homelessness by maintaining individuals and families in their own residences.

***Emergency Shelter***

Refuge and care services to persons who are in immediate need and are homeless; i.e., have no permanent legal residence of their own.

***Other Housing Supports***

Other supportive housing service for homeless and near homeless persons that are outside the scope of existing HAP components.

## **Children and Youth**

### ***Promising Practice***

Dependency and delinquency outcome-based programs must include the number of children expected to be served, the expected reduction in placement, the relation to a benchmark selected by a county or a direct correlation to the county's Continuous Quality Improvement Plan.

### ***Housing***

Activity or program designed to prevent children and youth from entering out of home placement, facilitate the reunification of children and youth with their families or facilitate the successful transition of youth aging out or those who have aged out of placement to living on their own.

### ***Alternatives to Truancy***

Activity or service designed to reduce number of children referred for truancy, increase school attendance or improve educational outcome of student participants, increase appropriate advance to the next higher grade level, decrease child/caretaker conflict or reduce percentage of children entering out of home care because of truancy.

### ***Evidence Based Programs***

Evidence-based programs use a defined curriculum or set of services that, when implemented with fidelity as a whole, has been validated by some form of scientific evidence. Evidence-based practices and programs may be described as "supported" or "well-supported", depending on the strength of the research design. For FY 2014-15, the CCYA may select any EBP (including Multi-Systemic Therapy (MST), Functional Family Therapy (FFT), Multidimensional Treatment Foster Care (MTFC), Family Group Decision Making (FGDM), Family Development Credentialing (FDC), or High-Fidelity Wrap Around (HFWA)) that is designed to meet an identified need of the population they serve that is not currently available within their communities. A list of EBP registries, which can be used to select an appropriate EBP, can be found at the Child Information Gateway online at: [https://www.childwelfare.gov/preventing/evidence/ebp\\_registries.cfm](https://www.childwelfare.gov/preventing/evidence/ebp_registries.cfm).

## **Drug and Alcohol**

### ***Care/Case Management***

A collaborative process, targeted to individuals diagnosed with substance use disorders or co-occurring psychiatric disorders, which assesses, plans, implements, coordinates, monitors, and evaluates the options and services to meet an individual's health needs to promote self-sufficiency and recovery.

### ***Inpatient Non-Hospital***

#### ***Inpatient Non-Hospital Treatment and Rehabilitation***

A licensed residential facility that provides 24 hour professionally directed evaluation, care, and treatment for addicted clients in acute distress, whose addiction symptomatology is demonstrated by moderate impairment of social, occupation, and/or school functioning.

***Inpatient Non-Hospital Detoxification***

A licensed residential facility that provides a 24-hour professionally directed evaluation and detoxification of an addicted client.

***Inpatient Non-Hospital Halfway House***

A licensed community based residential treatment and rehabilitation facility that provides services for individuals in a supportive, chemically free environment.

***Inpatient Hospital***

***Inpatient Hospital Detoxification***

A licensed inpatient health care facility that provides 24 hour medically directed evaluation and detoxification of psychoactive substance abuse disorder clients in an acute care setting.

***Inpatient Hospital Treatment and Rehabilitation***

A licensed inpatient health care facility that provides 24 hour medically directed evaluation, care and treatment for addicted clients with co-existing biomedical, psychiatric and/or behavioral conditions which require immediate and consistent medical care.

***Outpatient/ Intensive Outpatient***

***Outpatient***

A licensed organized, non-residential treatment service providing psychotherapy and substance use/abuse education. Services are usually provided in regularly scheduled treatment sessions for a maximum of 5 hours per week.

***Intensive Outpatient***

An organized non-residential treatment service providing structured psychotherapy and client stability through increased periods of staff intervention. Services are usually provided in regularly scheduled sessions at least 3 days per week for at least 5 hours (but less than 10)

***Partial Hospitalization***

Services designed for those clients who would benefit from more intensive services than are offered in outpatient treatment projects, but do not require 24 -hour inpatient care. Services consist of regularly scheduled treatment sessions at least 3 days per week with a minimum of 10 hours per week.

***Prevention***

The use of social, economic, legal, medical and/or psychological measures aimed at minimizing the use of potentially addictive substances, lowering the dependence risk in susceptible individuals, or minimizing other adverse consequences of psychoactive substance use.

***Medication Assisted Therapy (MAT)***

Any treatment for opioid addiction that includes a medication approved by the U.S. Food and Drug Administration for opioid addiction detoxification or maintenance treatment. This may include methadone, buprenorphine, naltrexone, or vivitrol.

***Recovery Support Services***

Services designed and delivered by individuals who have lived experience with substance-related disorders and recovery to help others initiate, stabilize, and sustain recovery from substance abuse. These services are forms of social support not clinical interventions.

***Recovery Specialist***

An individual in recovery from a substance-related disorder that assists individuals gain access to needed community resources to support their recovery on a peer to peer basis.

***Recovery Centers***

A location where a full range of Recovery Support Services are available and delivered on a peer to peer basis.

***Recovery Housing***

A democratically run, self-sustaining and drug-free group home for individuals in recovery from substance related disorders.

**Human Services Development Fund / Human Services and Supports**

***Administration***

Activities and services provided by the Administrator's Office of the Human Services Department.

***Interagency Coordination***

Planning and management activities designed to improve the effectiveness of county human services.

***Adult Services***

Services for adults (a person who is at least 18 years of age and under the age of 60, or a person under 18 years of age who is head of an independent household) include: adult day care, adult placement, chore, counseling, employment, home delivered meals, homemaker, housing, information and referral, life skills education, protective, service planning/case management, transportation, or other service approved by the Department.

***Aging***

Services for older adults (a person who is 60 years of age or older) include: adult day care, adult placement, chore, counseling, employment, home delivered meals, homemaker, housing, information and referral, life skills education, protective, service planning/case management, transportation, or other service approved by the Department.

***Generic Services***

Services for individuals that meet the needs of two or more client populations include: Adult Day Care, Adult Placement, Centralized Information and Referral, Chore, Counseling, Employment, Homemaker, Life Skills Education, Service Planning/Case Management, and Transportation Services.

***Specialized Services***

New services or a combination of services designed to meet the unique needs of a client population that are difficult to meet with the current categorical programs.

**APPENDIX C-1 - BLOCK GRANT COUNTIES**  
**HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS**

**Directions:** *Using this format for Block Grant Counties, provide the county plan for allocated Human Services fund expenditures and proposed numbers of individuals to be served in each of the eligible categories:*

**Estimated Clients** – Please provide an estimate of the number of clients to be served in each cost center. Clients must be entered for each cost center with associated expenditures  
**HSBG Allocation** - Please enter the total of the counties state and federal HSBG allocation for each program area (MH, ID, HAP, C&Y, D&A, and HSDF).  
**HSBG Planned Expenditures** – Please enter the planned expenditures for the Human Services Block Grant funds in the applicable cost centers. The HSBG Planned Expenditures must equal the HSBG Allocation.

**Non-Block Grant Expenditures** – Please enter the planned expenditures for the Non-Block Grant allocations in each of the cost centers. Only MH and ID non-block grant funded expenditures should be included. This does not include Act 148 funding or D&A funding received from the Department of Drug and Alcohol.

**County Match** - Please enter the planned county match expenditures in the applicable cost centers.

**Other Planned Expenditures** – Please enter planned expenditures from other sources not included in either the HSBG or Non-Block Grant allocations (such as grants, reinvestment, etc.) in the cost centers. *(Completion of this column is optional.)*

**Block Grant Administration** - Counties participating in the Human Services Block Grant will provide an estimate of administrative costs for services not included in Mental Health or Intellectual Disability Services.

**\*Use the FY 13-14 Primary Allocations for completion of the Budget\* If your county received a supplemental CHIPP allocation in FY 13-14, include those funds in your FY 14-15 budget.**

**APPENDIX C-1 - BLOCK GRANT COUNTIES  
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS**

<b>County:</b>	<b>ESTIMATED CLIENTS</b>	<b>HSBG ALLOCATION (STATE AND FEDERAL)</b>	<b>HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)</b>	<b>NON-BLOCK GRANT EXPENDITURES</b>	<b>COUNTY MATCH</b>	<b>OTHER PLANNED EXPENDITURES</b>
<b>MENTAL HEALTH SERVICES</b>						
ACT and CTT	23		134,853			
Administrator's Office			1,005,923			4,077
Administrative Management	3,095		1,458,162			
Adult Developmental Training						
Children's Evidence Based Practices						
Children's Psychosocial Rehab						
Community Employment	11		47,700			
Community Residential Services	430		8,695,831	137,594	494,312	565,109
Community Services	1		504,518			5,000
Consumer Driven Services						
Crisis Intervention	2,529		434,136	76,021		498,488
Emergency Services	1,083		658,261			
Facility Based Vocational Rehab	21		77,000			
Family Based Services						
Family Support Services	6		73,790			
Housing Support	289		1,341,712			
Other						
Outpatient	786		855,966			
Partial Hospitalization	60		223,164			
Peer Support	11		161,089			
Psychiatric Inpatient Hospitalization	20		83,748			
Psychiatric Rehabilitation	50		186,522			
Social Rehab Services	200		744,746			
Targeted Case Management	1,070		868,069			
Transitional and Community Integration						
<b>TOTAL MH SERVICES</b>	<b>9,685</b>	<b>17,555,190</b>	<b>17,555,190</b>	<b>213,615</b>	<b>494,312</b>	<b>1,072,674</b>

**APPENDIX C-1 - BLOCK GRANT COUNTIES  
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS**

County:	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
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**INTELLECTUAL DISABILITIES SERVICES**

Admin Office			1,408,623			23,145
Case Management	250		191,327			
Community Residential Services	32		992,951	50,199	194,658	
Community Based Services	260		1,074,205			
Other						
<b>TOTAL ID SERVICES</b>	542	3,667,106	3,667,106	50,199	194,658	23,145

**HOMELESS ASSISTANCE SERVICES**

Bridge Housing	95		167,219			
Case Management	1,266		100,887			
Rental Assistance	861		296,327			
Emergency Shelter	770		106,635			
Other Housing Supports						
<b>TOTAL HAP SERVICES</b>	2,992	703,274	671,068		0	0

**CHILDREN & YOUTH SERVICES**

Evidence Based Services	585		779,879		20,472	
Promising Practice	115		467,318		12,622	
Alternatives to Truancy	204		279,452		7,548	
Housing	60		143,677		3,287	
<b>TOTAL C &amp; Y SERVICES</b>	964	1,670,326	1,670,326		43,929	0



**APPENDIX C-1 - BLOCK GRANT COUNTIES  
HUMAN SERVICES BLOCK GRANT PROPOSED BUDGET AND SERVICE RECIPIENTS**

<b>County:</b>	<b>ESTIMATED CLIENTS</b>	<b>HSBG ALLOCATION (STATE AND FEDERAL)</b>	<b>HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)</b>	<b>NON-BLOCK GRANT EXPENDITURES</b>	<b>COUNTY MATCH</b>	<b>OTHER PLANNED EXPENDITURES</b>
<b>DRUG AND ALCOHOL SERVICES</b>						
Inpatient non hospital	90		203,000			
Inpatient Hospital						
Partial Hospitalization						
Outpatient/IOP	750		75,000			
Medication Assisted Therapy	20		50,000			
Recovery Support Services	285		161,000			
Case/Care Management	3,735		77,000			
Other Intervention	2,590		126,000			
Prevention						
<b>TOTAL DRUG AND ALCOHOL SERVICES</b>	<b>7,470</b>	<b>827,000</b>	<b>692,000</b>		<b>0</b>	<b>0</b>

<b>HUMAN SERVICES AND SUPPORTS</b>						
Adult Services	15		9,600			
Aging Services						
Generic Services	9,493		18,883			
Specialized Services	990		93,890			
Children and Youth Services						
Interagency Coordination			101,305			
<b>TOTAL HUMAN SERVICES AND SUPPORTS</b>	<b>10,498</b>	<b>248,531</b>	<b>223,678</b>		<b>0</b>	<b>0</b>
<b>COUNTY BLOCK GRANT ADMINISTRATION</b>						
			192059		0	
<b>GRAND TOTAL</b>	<b>32,151</b>	<b>24,671,427</b>	<b>24,671,427</b>	<b>263,814</b>	<b>732,899</b>	<b>1,095,819</b>